GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cwm Taf Morgannwg University Health Board

Annual Report & Accounts 2023-2024

Contents

What this Annual Report will tell you.

This report is part of a set of documents that provides you with information about Cwm Taf Morgannwg University Health Board (CTMUHB), the care we provide and what we do to plan, deliver and improve healthcare, in order to meet changing demands and future challenges. It provides information about CTMUHB's performance, what was achieved during 2023-2024 and the improvement activity.

The report recognises the importance of working with our population, stakeholders and partners, listening and learning from feedback and ensuring we continue to deliver better services to meet needs in the most effective, efficient, safe and sustainable ways.

The Annual Report is divided into the following sections:

- **Chapter 1 – Performance Report** – The purpose of the performance section is to provide information on CTMUHB, its main objectives and strategies and the principal risks and challenges that it faces.
- **Chapter 2 – Accountability Report –** The purpose of the accountability section is to meet key accountability requirements to the Welsh Government, and focusses upon governance, leadership, accountability and remuneration matters.
- **Chapter 3 – Financial Statements and Accounts –** The purpose of this section is to present the full Financial Statement for CTMUHB.

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Foreword from the Chief Executive and Chair

We are pleased to introduce this annual report for Cwm Taf Morgannwg University Health Board (CTMUHB).

Producing this report is a statutory duty, and it provides us with the opportunity to share important information about our workforce, our performance, our finance, and our governance during the last financial year, 2023-2024.

During the last year, we have continued to work closely with our community partners and charities to identify new ways of improving the health and wellbeing of residents, and to develop the CTMUHB's understanding of the socio-economic factors affecting choices and opportunities for healthy lifestyles. The growth of our CTM2030 Leaders' Network, with more diverse membership representing a broader range of geographical and issue-specific issues, has enabled us to focus on barriers to good health, explore technological barriers and opportunities for our communities, and to develop powerful insights to drive informed decision making by CTMUHB.

We have also been pleased to welcome new Independent Members to our Board, further expanding the range of expertise, experience and local knowledge available to our organisation.

As in previous years, this annual report will describe a challenging financial environment for CTMUHB during which we have explored opportunities to manage and deliver our services more efficiently whilst ensuring we maintain their safety and accessibility. Our Board has continued to balance the need for financial rigor with both the evolving needs of our communities and the need to invest in programmes that will deliver future benefits for our population. Our acute clinical services plan remains under development with our clinical colleagues and will set out how we will address these imperatives whilst ensuring our teams have the tools and resources to provide excellent care for their patients.

Importantly, this foreword is an opportunity for us to record our sincere thanks to the 12,857 strong workforce of CTMUHB who have demonstrated exceptional resilience during the last year. CTMUHB has continued to meet emergency care demand and has continued to reduce wait time for elective services, and it is thanks to our colleagues that we have achieved this and delivered improvements in some crucial areas, despite some unexpected additional pressures including Industrial Action.

We continue to work closely with our trade union colleagues to understand how we can support colleagues to enjoy fulfilling and productive careers with CTMUHB, and our wellbeing service offers an ever evolving range of support to staff to help them manage the challenges of working within the NHS while staying emotionally and physically healthy. At the time of writing, we await the detailed results of the annual NHS Staff Survey that will provide us with further insights into the experiences of staff to drive ongoing improvements to people's working lives.

We know that embracing technology and new approaches to care is essential if we are to meet the continually evolving needs of our population, and the last year has seen us make some exciting advances.

In September, we opened the Snowdrop Breast Centre, a state-of-the-art diagnostics and treatment centre for breast cancer care and a 'one-stop clinic' for patients referred from their GP. Jointly funded by CTMUHB and Welsh Government, the £2m Centre, located near the Royal Glamorgan Hospital, provides care and support for patients with breast cancer within one dedicated setting, offering a full suite of services including surgery, chemotherapy, radiotherapy, medication, prosthetic advice and fitting as well as counselling and complementary therapies.

Colorectal and gynaecological surgery has also taken an exciting leap forward at CTMUHB with the introduction of robot-assisted operations. CTMUHB is now part of the National Robotic Assisted Surgery Programme and surgeons have begun using the technology to perform complex procedures with greater precision and minimal access, improving cancer outcomes while reducing post-operative pain and length of hospital stay.

Such changes demonstrate our ambition to continually improve the quality, safety and effectiveness of the services we provide local people, and ensure our staff are provided with the resources and facilities they need to deliver the care they aspire to.

Thank you for taking the time to read this annual report, which we hope you find both informative and interesting.

Paul Mears, Chief Executive

Jonathan Morgan, Chair

About Cwm Taf Morgannwg University Health Board

CTMUHB was formed on 1 April 2019, providing and commissioning a full range of community-based and hospital services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local primary care services (GP Practices, Dental Practices, Optometry Practices and Community Pharmacy), health centres and community health teams.

The resident population of CTMUHB was estimated at 444,037 (StatsWales Welsh Government, November 2023). The region has high levels of deprivation, with 56.5% of the population of the Health Board area living in the two most deprived fifths in Wales (WIMD 2019 with populations from ONS, 2020). The highest levels of deprivation lie mainly in the valleys to the north of the CTMUHB area.

The Board continues to develop its CTM2030 strategy of which improving the health of our population is a key tenet. As outlined in the Integrated Medium Term Plan, 2024-2027 will see us continue the work of our Strategy Groups to tackle some of the most pressing health issues for our population.

CTMUHB employs 11,251.78 whole-time equivalent (WTE) staff, with a headcount of 12,789. A significant percentage of our workforce live within the CTMUHB's area, making our staff not only the core of our organisation but representatives of the diverse communities that we serve.

CTMUHB is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the CTMUHB boundary through Welsh Health Specialised Services Committee (WHSSC). The role of WHSSC is further explained below under 'Hosted Organisations'.

Hosted Organisations

CTMUHB hosts the following organisations within NHS Wales:

Joint Committees:

- **Welsh Health Specialised Services Committee (WHSSC)** - is a joint committee of each Local Health Board (LHB) in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales. The WHSSC Standing Orders, Standing Financial Instructions (SFI's) and the Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; set out the governance framework for its operation. LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains. They are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

WHSSC is hosted by CTMUHB on behalf of LHB's in Wales and there is a hosting agreement in place to confirm the hosting arrangement which has been approved by the Joint Committee.

- **Emergency Ambulance Services Committee (EASC)** - (Wales) Directions 2014 No.8 (W.8) detailed the framework for Health Boards in Wales to establish a joint committee to 'plan and secure emergency ambulance services for the sick and injured'. In December 2015, the Welsh Ministers directed the Health Boards under the EASC (Wales) (Amendment) Directions 2016 No.8 (W.8)1 to be responsible for commissioning Non-Emergency Patient Transport (NEPT) services via the Emergency Ambulance Services Committee from April 2016. The National Collaborative Commissioning Unit (NCCU) was established by the Minister for Health and Social Services in 2015 for the purpose to improve patient outcomes and experience through the services it delivers aiming to "Lead quality assurance and improvement for NHS Wales through collaborative commissioning". NCCU is established under the organisational arrangements of EASC. EASC is hosted by CTMUHB on behalf of LHB's in Wales.

With effect from the 1st April 2024, WHSSC and EASC will cease to exist and a new Joint Commissioning Committee (JCC) will be formed. The new JCC will be hosted by CTMUHB.

National Programmes:

- **National Imaging Academy Wales (NIAW) -** was established in 2018 and is a purpose-designed state of the art facility to deliver the highest level of training to generate consultant radiologists to meet the increasing pressures imaging professions are facing. The National Imaging Academy has an annual work plan and performance management arrangements that are agreed between the Director of the National Imaging Academy and the Collaborative Executive Group, prior to final sign off by the Collaborative Leadership Forum. NIAW is hosted by CTMUHB on behalf of Health Boards and Trusts in Wales.

Detailed information about the services that we provide can be found on the 'services' section of our website.

CTM2030: Our Health, Our Future – Strategy Groups

CTM 2030: Our Health, Our Future is our organisational strategy, which has been developed in conjunction with our staff, population and partners. The summary of CTM 2030 can be seen in the diagram below, setting our strategic goals and our 'life course' approach which supports the delivery of the goals. CTM 2030 covers all aspects of how we deliver population health through public health, primary, community and mental health; integrated care with local authorities and third sector; and our hospital services.

Figure 1

Issues of Particular Note for 2023-2024

Escalation Status

On the 25th April 2024, the Cabinet Secretary for Health and Social Care wrote to CTMUHB to confirm that she agreed with the recommendation that Maternity and Neonatal Services, Quality and Governance, Leadership and Culture, Trust and Confidence, be de-escalated from enhanced monitoring to routine arrangements.

As at the time of finalising this report the escalation status of CTMUHB remained unchanged in the following areas:

Figure 2

Area	Previous Status	New Status
Planning and Finance	Enhanced Monitoring	Enhanced Monitoring
Performance	Targeted Intervention	Targeted Intervention

CTMUHB came into 2023-2024 with a forecast £80m deficit plan. In November, Welsh Government confirmed an additional £72m in year allocation and a requirement that we deliver a 10% (£8m) improvement to achieve a break even position for the year. We are pleased that we have delivered this for 2023-2024 and submitted a break even plan for 2024-2025 putting CTMUHB into a more sustainable financial position.

With regard to the escalation status for performance, whilst there has been significant improvement across the identified metrics, there is still progress required to meet our agreed performance trajectories. With the ongoing support from various improvement programmes across urgent and emergency care, cancer, planned care and child and adolescent mental health services (CAMHS), we are confident CTMUHB will achieve the required performance trajectories to support further de-escalation in 2024-2025.

Quality Governance Review (Audit Wales and Health Inspectorate Wales)

In response to the identification of weaknesses in governance around quality governance arrangements, Health Inspectorate Wales (HIW) and Audit Wales (AW) undertook an urgent review, the findings of which were initially published in November 2019. A subsequent report published in May 2021 set out details of progress made since the original 2019 review. A further follow-up review was undertaken in March 2023 and the key findings from the "CTMUHB – Quality Governance Arrangements Joint Review Follow-Up – August 2023" are captured below:

- "The Health Board has made significant progress in addressing the substantial concerns and recommendations set out in our 2019 report.

- As part of our work, we reviewed the Health Board's arrangements for overseeing the implementation of our 2019 recommendations and the delivery of the required improvements to maternity and neonatal services. We found that the Health Board's arrangements were effective and transparent. Senior Executives and Independent Members have been fully involved, providing a good balance of support, scrutiny, and challenge. The Health Board has also ensured that staff and other stakeholders have appropriately been informed of progress on an ongoing basis.

- The Health Board has a stronger strategic focus on quality and patient safety compared to 2019. The Health Board's new three-year Quality Strategy clearly articulates the organisation's quality vision, mission, pledge, ambitions, and goals. It also sets out clearly the Health Board's approach to quality, as well as what success will look like. The strategy, together with the new three-year Quality and Patient Safety Framework, provides a good foundation to support the delivery of the new Duty of Quality and Duty of Candour, which came into effect in April 2023. At the time of our work, the Health Board was developing an Annual Quality Work Plan to set out the quality objectives to support delivery of the strategy. Whilst this is a positive development, finalising the plan at pace must remain a priority for the Health Board to ensure corporate and operational teams fully understand their role in delivering the quality ambitions and goals of the organisation. The Health Board also needs to put robust arrangements in place to monitor the delivery of the plan and strategy to ensure they are improving quality outcomes as intended".

The full report is available here: Cwm Taf Morgannwg University Health Board - Quality Governance Arrangements Joint Review Follow-up (audit.wales)

No further follow-up reviews are planned and progress against any remaining recommendation actions will be monitored through self-assessment and the Audit Tracker received by the Audit & Risk Committee.

Ty Llidiard

Ty Llidiard, the Tier 4 Child and Adolescent Mental Health Service (CAMHS) Inpatient Unit within CTMUHB, was placed into Level 4 escalation with WHSSC, who raised concerns in April 2022 regarding the Quality Assessment and Improvement Service (QAIS) report findings and progress in relation to the Escalation Action Plan.

We were pleased to report that on the 16th August 2023, Ty Llidiard was completely de-escalated by WHSSC to Level 0 – Routine Monitoring. Routine performance monitoring meetings were established with WHSSC and CTMUHB from September 2023 in line with the WHSSC Performance Framework.

Following full de-escalation, the Ty Llidiard, team who led on a detailed and robust Quality Improvement Plan, were keen to continue on their improvement journey. The team have set themselves a goal of becoming accredited members of the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC) programme.

An Improvement Board chaired by Lauren Edwards, Executive Director of Therapies and Health Science, oversaw the implementation of changes required to enable colleagues to consistently deliver high quality care and the best outcomes and experiences for our Young People and their families.

Some of the areas of improvement are illustrated in the following pictures. The first picture highlights the improvements made to the environment to provide a safe and comfortable space for our young people to sit and to improve communication and interaction with the Ty Llidiard team. A successful engagement process with key stakeholders, including our young people and our colleagues, informed the service values, identify, types of furniture and colour scheme displayed in the pictures. Significant improvements have been delivered regarding the multi-disciplinary clinical model of care, co-production, team culture and compassionate leadership.

Figure 3

Mental Health Improvement Programme

The Mental Health and Learning Disabilities (MHLD) Care Group is responsible for six adult inpatient services based at the Royal Glamorgan and Princess of Wales Hospitals. There have been concerns raised following Health Inspectorate Wales (HIW) Inspections and a HIW report 'Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board' that was published in March 2023.

During 2023-2024, an Adult Inpatient Improvement Board was established to ensure continuous improvements in the delivery of high quality, safe and effective care to the service users and carers in contact with mental health inpatient services. This Improvement Board seeks to provide assurance to the Board that suitable progress is being made to improve Adult Mental Health Inpatient Services and that these improvements are sustained. It provides assurance to Welsh Government and other stakeholders that CTMUHB is delivering the actions outlined in the HIW Discharge Review improvement plan.

There were initially nine workstreams reporting to the Improvement Board each aligned to one of three overarching projects:

- Quality of Leadership and Management

- Safe and Effective Care
- Quality of Patient Experience.

In order to ensure comprehensive oversight and assurance of sustained quality improvements, a single action plan was developed and monitored by the Improvement Board, chaired by the Executive Director of Therapies and Health Science. Significant progress has been made against the 40 recommendations made by HIW and the programme has recently been refreshed so that broader improvement activity can continue in 2024-2025, with alignment to the national Mental Health Patient Safety Programme for in-patient mental health services. Going forward the improvement programme will focus on five workstreams, with the remaining workstreams of Ward Assurance, Policies, High Quality Clinical Records and People's Experience reporting routinely to the existing MHLD Care Group Quality Safety Risk Experience Board (QSRE).

CTM Operating Model

Following the launch of the Care Group operating model in 2022, which saw the organisation transition from Integrated Locality Groups (ILGs) to Care Groups, we have delivered the second and final phase to develop and implement the care group leadership and management structures. This is to ensure that we continue the theme of integrated care and maintain a focus on pan-CTM service delivery within CTMUHB. Additionally, we want to ensure that our busy clinical hospital sites are fully supported and there is local ownership to ensure a high quality of service is delivered for our population. In a true 'One CTM' approach, we want to ensure that our patients have access to safe and high-quality care across the organisation, irrespective of geographical location.

A new triumvirate senior leadership team leads each Care Group. This team, supported through professional leads, and underpinned by corporate business partners, focuses on the coordination of the services under their control across the organisation. The following six Care Groups have been established as part of the transition to a new operating model:

- Planned Care Group
- Unscheduled Care Group
- Children & Families Care Group
- Diagnostics, Therapies, Pharmacy and Sciences Care Group
- Mental Health & Learning Disabilities Care Group
- Primary & Community Care Group

The organisation will stand up the full leadership and management structures from April 2024.

Acute Clinical Service Plan

As part of our CTM 2030 strategy we are in the process of developing our Acute Clinical Services Plan (ACSP). This plan will consider the future model of services for our hospitals including our community hospitals and acute mental health facilities. It will change and improve the way we provide NHS services in Cwm Taf

Morgannwg, making sure we use our resources, expertise and support to enable our staff to provide safe, effective care so that we can meet the needs of all those in our communities in the future.

It is important to note, that the ACSP is just one of three elements that will deliver CTM 2030, Our Health, Our Future. The other two elements are "Integrating Community Services" and "Building Healthier Communities", both of which are critical to improving the health and wellbeing of the population of CTMUHB.

We have been progressing the development of the ACSP through undertaking a baselining exercise with all of our care groups, supported by the strategy and planning teams. A first draft of this work has been produced and further iterations will be worked on moving forward, with the aim of getting a clear understanding of all our services, including workforce, quality, national standards and transformation considerations. CTMUHB also recognises that the development of our ACSP needs to shape and be shaped by our regional planning conversations.

A South East Wales Regional Planning Workshop took place at the start of December 2023, where representatives from CTMUHB came together with Cardiff and Vale and Aneurin Bevan University Health Boards to learn from our regional work to date and set out our commitment to work together in the future. Further work is planned with colleagues in our neighbouring Health Boards to ensure an alignment between our strategies, particularly with regard to specialist and tertiary services provided by Cardiff and Vale University Health Board.

Looking beyond 2023-2024, to support the development of the ACSP we have commissioned "The Consultation Institute" to work alongside us in developing a bespoke framework for conducting hyperlocal engagement, i.e. identifying and engaging with stakeholders living in our communities, who have influence over the population's perception of the NHS, health services and CTMUHB. This will help to ensure an insight-led approach to engagement, with messaging and methodologies that reflect the preferences, barriers and lived-experience of local people. This engagement work will provide additional support to the existing engagement work with our CTM Community Leaders Group. It is our intention to use this activity to help the health board identify community engagement ambassadors who are able to engage their own communities and peer-groups on the ACSP in meaningful and accessible ways. The Institute will also lead a risk-review to identify potential risks to the successful deployment of our public engagement and consultation activities, to enable us to focus resources and attention appropriately.

Chapter 1 – Performance Report

The Performance Overview is a summary of the Performance Report. It provides the reader with an overview of the challenges we have faced and how we have addressed them, as well as achievements and progress made.

The overview includes headline information as to how we have performed against Welsh Government targets and our actions to improve. The full Performance Report goes into detail, but the summary will also assess how we have maintained a focus on safety and quality during our continued recovery from the pandemic and considers what we have learned and how this will inform future work.

Chief Executive's Introduction and Performance Overview

NHS Wales and our social care and third sector partners continue to face significant and sustained pressures. Alongside service pressures, the sector is managing some very significant challenges to its performance, finances, staff recruitment and retention. Our vision for the future remains focused on responding to these challenges by delivering modern facilities, integrated community services and connected communities, that all make the best use of technology and the skills of our staff, maximising effectiveness and really enabling individuals to be in control of their own health.

The challenges of poorer health outcomes for the population of CTMUHB are considerable when compared to Wales as a whole and large inequalities exist within CTMUHB area. Life expectancy for men and women in CTMUHB is less than the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for men and women.

These factors, coupled with the continuing impact of the COVID-19 pandemic on health and social care services which is still being felt by our population (with people experiencing longer waiting times for diagnostics tests and treatment) means that the focus of our Integrated Medium Term Plan and CTM2030 Strategy, must be to address inequalities, at the same time as delivering healthcare service development and recovery. Our aim is to ensure that we undertake activity to improve the health and wellbeing of our population alongside activity to improve access to services and incorporate proactive and preventative approaches based on population need. It is fundamental that we seek to improve access in a sustainable way, reducing our impact on the environment, which in itself is a prevention activity, through redesigning healthcare to reduce waste and unnecessary steps and delivering value-based healthcare (VBHC) pathways and avoiding the delivery of interventions of limited value. Further information on Public and Population Health is captured on page 71.

Key to this introduction is for me to outline CTMUHB's approach to the planning

Planning Framework 2023-2026 and the Integrated Medium Term Plan (IMTP)

The process of developing agreed plans for CTMUHB is an inclusive set of activities by which the best ways to achieve the requirements of planning guidance is set out. The requirement from Welsh Government (WG) is to develop a three year plan which delivers a financial break-even position during the three-year period.

For 2023-2024, the Board agreed that submission of a balanced plan was not possible, thus an Accountable Officer letter in February 2023 informed the Director General of Health and Social Services/Chief Executive NHS Wales, that CTMUHB would not be able to submit an IMTP and would instead be submitting an Annual plan. The plan was submitted by the Board in March 2023 setting out intentions to deliver quality and performance requirements, however, we came into 2023-2024 with a forecast £80m deficit plan. In November 2023, Welsh Government confirmed an additional £72m in year allocation and a requirement that we deliver a 10% (£8m) improvement to achieve a break even position for the year. We are pleased that we have delivered this for 2023-2024 and submitted a break even plan for 2024-2025 putting CTMUHB into a more sustainable financial position.

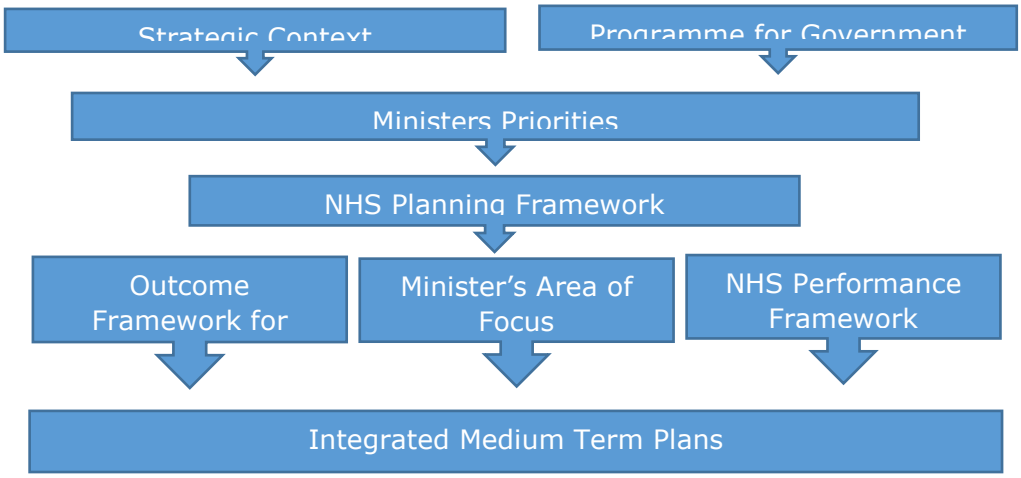
Specifically funded WG programmes of work are reported quarterly (to the Planning, Performance & Finance Committee and WG direct) and are on track.

These programmes of work include Decarbonisation, Child and Adolescent Mental Health Services (CAMHS), Weight management, smoking cessation, learning disabilities improving lives, value based healthcare and foundation economy.

Other performance indicators are shown later in this report. In terms of services the focus has been on reducing wait times and improving the urgent care pathway and patient experience. Delivery challenges have largely related to high levels of demand, such that the next focus will be on managing people more effectively in community settings.

The process of planning for 2024-2027 has been extensive and set within the following context of different requirements and guidance:

Figure 4



The 2024-2027 process began in September 2023 overseen by key executives.

Initially visioning workshops were held with Care Groups including representatives from Strategy Groups, Finance, Organisational Development and Procurement, along with Corporate Teams to discuss chapters. Care Groups were asked to provide by early December a 'Plan on a Page' of any significant change items, emergency plans (any high risk items on the Risk Register) and to include digital and workforce considerations based on risk registers. In December 2023, detailed templates from Care Groups were used to inform the financial and performance trajectories.

Meeting the financial duty has been challenging again. The Board decision taken in March 2024 was to submit a balanced plan, but with almost £10m worth of risk. This assumes delivery of £23m of savings. This has been made possible due to an increase in funding from Welsh Government in 2023-2024, most of which is allocated internally to Care groups to ensure better value patient care delivery. There have been minimal allocations to meet support service pressures, such as IM&T licenses and addressing out of date systems.

The IMTP for 2024-2025 was submitted to Welsh Government on 28th March 2024, this included the submission of a balanced financial plan which has been welcomed by Welsh Government. We received a letter from the Deputy Chief Executive of NHS Wales on 3rd May 2024 who raised a number of queries. A response from CTMUHB was sent on 29th May 2024 and a positive collective review was held with the NHS Executive on 26 June 2024. The Health Board is now awaiting Cabinet Secretary approval of the recommendations.

It is the expectation of the Board that focussing on internal delivery of budgets this year will open up the possibility in the next two years of investing further in high priority service developments and strategic transformational activities. Work continues to plan and ensure that we make the most of this opportunity.

We believe that CTMUHB is in a strong position to build resilience, continue to improve service standards and to prepare for a sustainable future, better serving the needs of our communities for years to come.

The link to the CTMUHB IMTP, approved by the Board in March 2024 is available here: 28 March 2024 - Cwm Taf Morgannwg University Health Board (nhs.wales).

Signature:

Paul Mears

Chief Executive

Date: 11th July 2024

Delivery and Performance Analysis

Throughout the year we have maintained a sharp focus on monitoring of performance. The Board supported by the Board's sub committees continue to provide oversight and challenge where appropriate and we apply our risk management process in assessing the risks and opportunities that we face by striving to achieve the targets which are set.

We recognise the importance of working with strategic partners to help achieve better outcomes. Engaging positively with our local authority partners to look how we can best overcome the challenges over accessibility to social care. Increasingly looking to work in collaboration with neighbouring health boards looking at how services may be delivered on a more regional basis in the future.

We are also establishing a Productivity, Improvement and Transformation programme with the primary objective of improving the efficiency and effectiveness of Planned Care and elective services. This will be achieved through optimisation of existing resources, reduction of waste, and working to enhance patient outcomes.

The purpose of this section of the performance chapter is to provide information on our organisation, its main objectives and strategies and the principal risks that we face. The requirements are based on the matters required to be dealt with in a Strategic Report as set out in Chapter 4A of Part 15 of the Companies Act 2006, as amended by SI 2013, No. 1970. The main features flow from our delivery plans setting out what was achieved for the year being reported – in this case 1st April 2023 to 31st March 2024.

Performance against the 2023/2024 Annual Plan

As indicated earlier in this report, for 2023-2024 CTMUHB identified that it would not be possible to submit a financially balanced three year Integrated Medium Term Plan (IMTP) and consequently developed an annual plan setting out our ambitions for the 12 months up March 2024.

The Annual Plan was submitted to Welsh Government (WG) and CTMUHB received formal notification from WG that the Annual Plan would be subject to ongoing monitoring via the Performance Framework and Integrated Quality Planning and Delivery (IQPD) meetings between WG and Health Board officials.

Feedback on the achievement of the deliverables included within the Annual Plan for Quarters 1 and 2 were reported to the Board in November 2023 and it is expected that reporting of Quarters 3 and 4 will occur during May 2024. Pleasingly we have continued to improve the quality and trust in our services and operations over the course of 2023-2024 and this has been recognised by Welsh Government, Health Inspectorate Wales and Audit Wales, who have de-escalated the requirements for external performance on us in this area as outlined on page 13.

Welsh Government Performance Framework

The Welsh Government Performance Framework sets out the expectations on us and the other Health Boards in Wales, in regards to performance, monitoring, management and improvement. The framework for 2023-2024 is available online at:
NHS Wales performance framework 2023 to 2024 | GOV.WALES

The measures within the NHS Performance Framework for 2023 to 2024 strategically align and underpin the delivery of the Welsh Government's policy on health, 'A Healthier Wales', and reflect the Ministerial priority areas of focus:

- A Healthier Wales
- Population health
- Covid – response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

The Integrated Performance Report (IPR) provides CTMUHB's Performance against the Welsh Government Performance Framework and other key deliverables for the organisation on a monthly basis. The IPR containing the year end position for 2023-2024 can be found here.

The bi-monthly report is intended to provide an ongoing assessment of CTMUHB's progress in delivering the Ministerial and CTMUHB's priorities as described in the Annual Plan, concentrating on areas of greatest priority and those areas where a significant change in performance has been observed, rather than a full discrete evaluation of all measures.

During 2023-2024, the Board agreed a number of priority areas where specific focus and resource would be deployed to achieve improvements. These form the Apex scorecard, which is provided in the CTMUHB performance reports, and are the measures which are described in greater detail in this section. These follow publication of our complete performance across all of the WG Performance Delivery measures provided on the following pages.

Performance Metrics Analysis 2023-2024

CTMUHB'S strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown in the following pages:

Figure 5

Quadruple Aim 1:
People in Wales have improved health and well-being with better prevention and self-management

Percentage of adult smokers who make a quit attempt via smoking cessation services

Target	2022/23	Qtr 1 to Qtr 3 2023/24		Target compliance
5% annual target	4.50%	4.05%	4.05% on the basis of this extrapolation compliance should hit 5.40% at year end	

Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse

Target	Qtr 4 2022/23	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24	Target compliance
4 quarter improvement trend	81.0%	77.0%	81.4%	77.8%	Not available	

Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)

Target	Qtr 4 2022/23	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24	Target compliance
95%	89.0%	88.5%	89.1%	89.2%	Not available	

Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *(applicable during: 01.04.23 - 30.06.23 & 01.01.24 - 31.03.24)*

Target	Qtr 4 2022/23	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24	Target compliance
90%	N/A	90.6%	Not applicable		Not available	

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *(data reflects the last week of each month applicable during 01.09.23 - 31.03.24. Data available from October 2023)*

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
75%	Not applicable						Not available	54.3%	64.7%	70.1%	71.3%	72.0%	72.1%	

Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster *(data reflects the last week of each month. Applicable during 01.04.23-30.06.23 & 01.09.23 - 31.03.24: aged 75 yrs & over, residents in care home for older adults & immunosuppressed aged 5 yrs & over)*

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
75%	N/A	37.7%	60.8%	68.8%	Not applicable		4.6%	23.1%	42.1%	49.9%	52.6%	53.1%	Not available	

Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
90%	5.3%	0.0%	0.0%	5.1%	1.8%	4.8%	5.7%	6.8%	0.9%	0.0%	4.8%	Not available		

Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
90%	97.8%	96.2%	95.7%	95.1%	97.1%	97.1%	98.1%	97.1%	97.9%	97.0%	97.5%	Not available		

Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
95%	97.8%	94.2%	96.3%	96.6%	94.3%	95.7%	95.3%	94.4%	94.6%	97.4%	98.2%	96.6%	Not available	

Quadruple Aim 2:
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-Hours

Target	2022/23	2023/24
100%	100%	Not available

Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)

Target	Apr 23 to Sep 23	Apr 23 to Oct 23	Apr 23 to Nov 23	Apr 23 to Dec 23	Apr 23 to Jan 24	Apr 23 to Feb 24	Apr 23 to Mar 24	Target compliance
A month on month increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024	54.8%	70.4%	70.6%	79.3%	80.6%	90.6%	105.0%	

Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of reduction by 31 March 2024 (profile 1,303)	625	609	591	697	690	616	624	669	678	441	663	631	Not available	

Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
An increase on the number in the equivalent month in the previous year	791	711	922	870	1,000	932	928	1,128	1,248	1,509	1,860	1,769	Not available	

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people age under 18 years

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
80%	20.7%	10.3%	24.6%	64.2%	88.4%	87.3%	99.2%	100.0%	98.2%	96.7%	96.0%	100.0%	Not available	

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
80%	34.6%	39.0%	47.1%	51.0%	41.2%	39.8%	37.1%	47.8%	33.7%	36.6%	51.0%	63.6%	Not available	

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults age 18 years and over

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
80%	84.0%	65.5%	74.3%	71.1%	70.6%	49.0%	46.6%	63.6%	82.2%	81.0%	83.8%	85.4%	Not available	

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
80%	88.6%	90.2%	93.9%	92.0%	91.6%	94.5%	87.2%	94.7%	95.3%	95.6%	90.4%	93.7%	Not available	

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
65%	42.5%	45.5%	47.2%	46.3%	43.7%	49.1%	43.2%	39.8%	43.0%	41.2%	43.9%	44.8%	42.4%	

Median emergency response time to amber calls

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month improvement trend	02:06:05	01:23:06	01:05:06	01:09:50	01:22:46	01:42:56	01:48:11	01:48:14	01:28:46	02:18:01	01:37:22	01:58:45	01:55:30	

Median time from arrival at an emergency department to triage by a clinician

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month reduction trend	15	13	13	12	13	13	13	12	11	13	12	14	13	

Median time from arrival at an emergency department to assessment by a senior clinical decision maker

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month reduction trend	73	65	68	69	76	74	77	76	68	73	63	73	71	

Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement compared to the same month in 2022-23, towards the national target of 95%	62.3%	64.7%	67.7%	67.9%	63.3%	61.4%	62.8%	62.4%	64.6%	60.7%	65.7%	63.8%	64.5%	

Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero by 31 March 2024	2,115	1,760	1,402	1,535	1,833	1,932	1,956	1,965	1,712	1,949	1,837	1,830	1,856	

Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of 80% by 31 March 2026	50.5%	47.9%	49.0%	47.9%	48.7%	50.5%	50.6%	50.6%	55.6%	52.1%	51.7%	49.4%	Not available	

Number of patients waiting more than 8 weeks for a specified diagnostic

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero by 31 March 2024	15,299	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236	

Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month improvement trend	86.5%	87.8%	82.9%	82.8%	86.0%	82.6%	80.5%	78.4%	82.1%	81.2%	88.8%	92.8%	94.0%	

Number of patients waiting more than 14 weeks for a specified therapy

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero by 31 March 2024	1,145	1,173	1,323	1,442	1,438	1,654	1,758	1,583	1,449	1,398	1,418	1,455	1,582	

Number of patients waiting over 52 weeks for a new outpatient appointment

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero	14,017	13,812	13,334	12,558	12,619	12,948	12,548	12,865	13,309	13,943	13,780	13,945	13,923	

Number of patients waiting over 36 weeks for a new outpatient appointment

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero	23,569	23,741	22,992	22,523	22,561	22,865	22,102	22,535	23,203	24,269	24,586	24,730	25,100	

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero	33,208	35,260	34,874	34,556	35,079	35,623	36,221	36,717	36,928	38,222	38,952	39,516	40,817	

Number of patients waiting more than 104 weeks for referral to treatment

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero	6,151	5,855	5,430	4,031	3,447	3,185	3,015	2,980	2,938	2,973	2,854	2,804	2,381	

Number of patients waiting more than 52 weeks for referral to treatment

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards a national target of zero	28,339	28,035	27,569	25,755	24,853	24,471	23,689	23,312	23,213	23,575	23,206	23,539	23,597	

Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) - CTMUHB operate a single point of access & all sCAMHS referrals are assessed under Part 1 of the Mental Health Measure hence no data from Nov 2023

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
80%	27.3%	44.4%	72.7%	58.3%	35.3%	28.6%	50.0%	100.0%						

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
80%	30.4%	31.9%	33.8%	35.7%	41.3%	38.3%	35.4%	35.6%	32.4%	31.4%	26.5%	28.0%	29.8%	

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
80%	44.5%	47.8%	46.8%	49.3%	49.5%	48.8%	50.9%	57.8%	65.0%	58.8%	58.9%	62.1%	Not available	

Quadruple Aim 3:
The health & social care workforce in Wales is motivated & sustainable

Percentage of sickness absence rate of staff

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month reduction trend	7.37%	7.21%	7.15%	7.04%	6.93%	6.90%	6.91%	6.91%	6.86%	6.78%	6.80%	6.81%	Not available	

Turnover rate for nurse and midwifery registered staff leaving NHS Wales

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Rolling 12 month reduction against a baseline of 2019-20 (8.65%)	9.99%	11.43%	11.31%	11.13%	9.60%	9.44%	9.05%	8.61%	8.58%	Not available				

Agency spend as a percentage of total pay bill

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month reduction trend	9.1%	8.1%	7.1%	6.3%	7.9%	7.1%	6.9%	7.1%	6.6%	6.7%	6.1%	7.5%	Not available	

Percentage of headcount who have had a Personal Appraisal and Development Review (PADR) / medical appraisal in the previous 12 months (including doctors and dentists in training)

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
85%	60.3%	60.8%	59.4%	62.8%	62.1%	65.5%	63.1%	64.4%	64.6%	64.8%	65.8%	63.8%	63.4%	

Quadruple Aim 4:
Improvement and innovation

Percentage of episodes clinically coded within one reporting month post episode discharge end date

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Maintain the 95% target or demonstrate an improvement trend over 12 months	56.8%	73.3%	74.8%	94.8%	95.0%	94.8%	95.2%	95.2%	95.5%	96.8%	95.9%	Not available		

Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification

Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
90%		68.8%	69.8%	74.6%	71.1%	93.9%	96.9%	95.6%	93.1%	98.1%	95.9%	94.7%	Not available	

Percentage of calls ended following WAST telephone assessment (Hear & Treat)

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
17% or more	14.9%	14.7%	13.5%	12.8%	12.8%	12.6%	11.9%	14.1%	13.2%	14.2%	13.6%	14.1%	Not available	

Number of Pathways of Care delayed discharges

Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month reduction trend		296	233	258	255	301	291	288	282	224	262	330	336	

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
90%	83.7%	80.6%	84.0%	88.2%	88.2%	88.6%	90.9%	90.7%	89.8%	90.3%	90.0%	89.8%	Not available	

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
90%	87.6%	90.9%	87.1%	88.4%	86.7%	88.2%	88.1%	86.4%	88.0%	87.5%	88.7%	89.0%	Not available	

Number of patient experience surveys completed and recorded on CIVICA

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Month on month improvement	Not available	476	538	537	571	592	651	943	1,631	1,464	Not available			

Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp

Target		Apr-23	Apr-23 to May-23	Apr-23 to Jun-23	Apr-23 to Jul-23	Apr-23 to Aug-23	Apr-23 to Sep-23	Apr-23 to Oct-23	Apr-23 to Nov-23	Apr-23 to Dec-23	Apr-23 to Jan-24	Apr-23 to Feb-24	Apr-23 to Mar 24	Target compliance
63		10	17	27	36	45	54	70	80	93	99	111	118	

Cumulative number of laboratory confirmed bacteraemia cases - P. aeruginosa

Target		Apr-23	Apr-23 to May-23	Apr-23 to Jun-23	Apr-23 to Jul-23	Apr-23 to Aug-23	Apr-23 to Sep-23	Apr-23 to Oct-23	Apr-23 to Nov-23	Apr-23 to Dec-23	Apr-23 to Jan-24	Apr-23 to Feb-24	Apr-23 to Mar 24	Target compliance
24		1	2	3	5	5	8	12	13	14	16	18	21	

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - E-coli

Target		Apr-23	Apr-23 to May-23	Apr-23 to Jun-23	Apr-23 to Jul-23	Apr-23 to Aug-23	Apr-23 to Sep-23	Apr-23 to Oct-23	Apr-23 to Nov-23	Apr-23 to Dec-23	Apr-23 to Jan-24	Apr-23 to Feb-24	Apr-23 to Mar 24	Target compliance
67.00		92.21	104.04	102.82	94.03	91.47	92.03	90.87	89.70	86.98	86.20	85.38	85.13	

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - S.aureus bacteraemia

Target		Apr-23	Apr-23 to May-23	Apr-23 to Jun-23	Apr-23 to Jul-23	Apr-23 to Aug-23	Apr-23 to Sep-23	Apr-23 to Oct-23	Apr-23 to Nov-23	Apr-23 to Dec-23	Apr-23 to Jan-24	Apr-23 to Feb-24	Apr-23 to Mar 24	Target compliance
20.00		24.41	28.01	32.19	32.01	31.91	33.35	33.46	33.01	31.36	32.32	30.51	31.08	

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - C.difficile

Target		Apr-23	Apr-23 to May-23	Apr-23 to Jun-23	Apr-23 to Jul-23	Apr-23 to Aug-23	Apr-23 to Sep-23	Apr-23 to Oct-23	Apr-23 to Nov-23	Apr-23 to Dec-23	Apr-23 to Jan-24	Apr-23 to Feb-24	Apr-23 to Mar 24	Target compliance
25.00		16.27	24.01	23.25	22.67	24.46	27.57	30.42	30.01	30.77	30.17	29.28	28.38	

Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Reduction against the same month in 2022/23 (Feb 23 - 32.8%)	37.5%	32.3%	31.2%	39.0%	40.0%	35.2%	30.4%	44.3%	43.1%	41.2%	38.3%	20.4%	Not available	

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
95%	60.5%	65.7%	63.1%	65.4%	66.4%	72.0%	66.9%	68.5%	69.0%	71.4%	67.3%	66.3%	70.0%	

Number of ambulance patient handovers over 1 hour

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024	1,094	952	445	594	756	780	764	1,079	752	883	1,024	1,049	964	

Number of National Reportable incidents that remain open 90 days or more

Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Target compliance
12 month reduction trend	49	52	61	70	66	71	70	70	59	58	58	62	61	

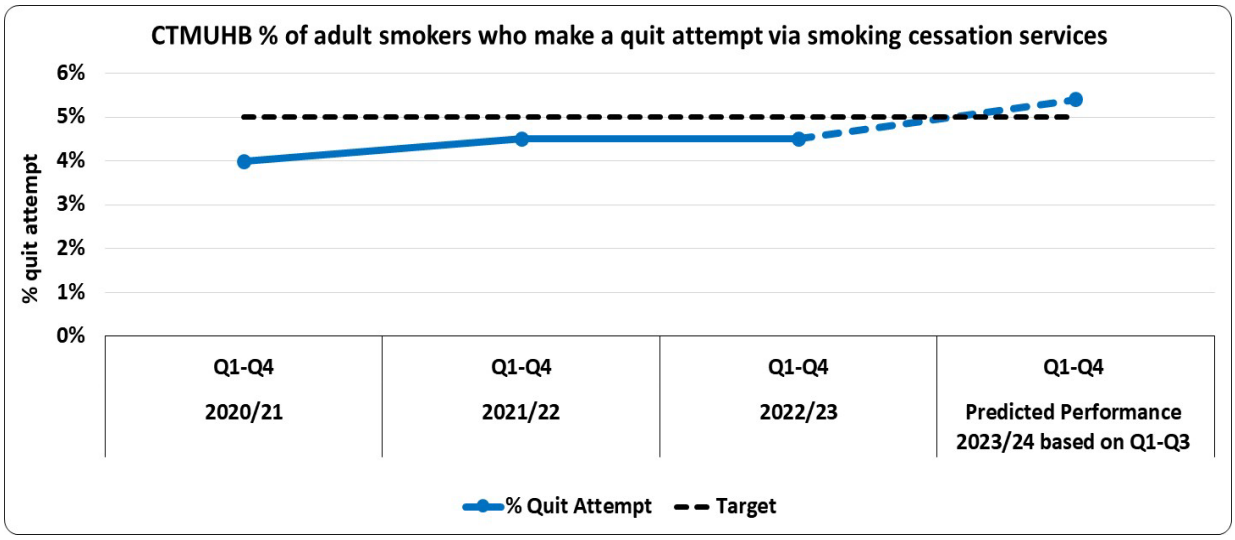
Data published in the Quadruple Aim scorecards are correct at the time of writing the report	
Targets are measured against year end (Mar 24) or the latest period data is available	**Key**
Target Delivered	
Target not Delivered	

Our Key Performance Measures 2023-2024

Focus area 1: Population Health

Measure 1: Smoking Cessation

Figure 6



Smoking remains one of the leading causes of preventable death and illness worldwide. In the UK alone, approximately 76,000 individuals lose their lives to smoking-related diseases each year, with countless others living with debilitating chronic conditions. From lung cancer and cardiovascular diseases to respiratory ailments and reproductive issues, the toll of smoking on health is staggering.

During 2023-2024, based on a straight line prediction of 4.05% of all adult smokers making a quit attempt in the first 9 months, it is predicted that 5.40% (2,884) of the smoking population of 53,421 in CTM will have made an attempt to quit smoking via the Smoking Cessation Services over the course of the full year.

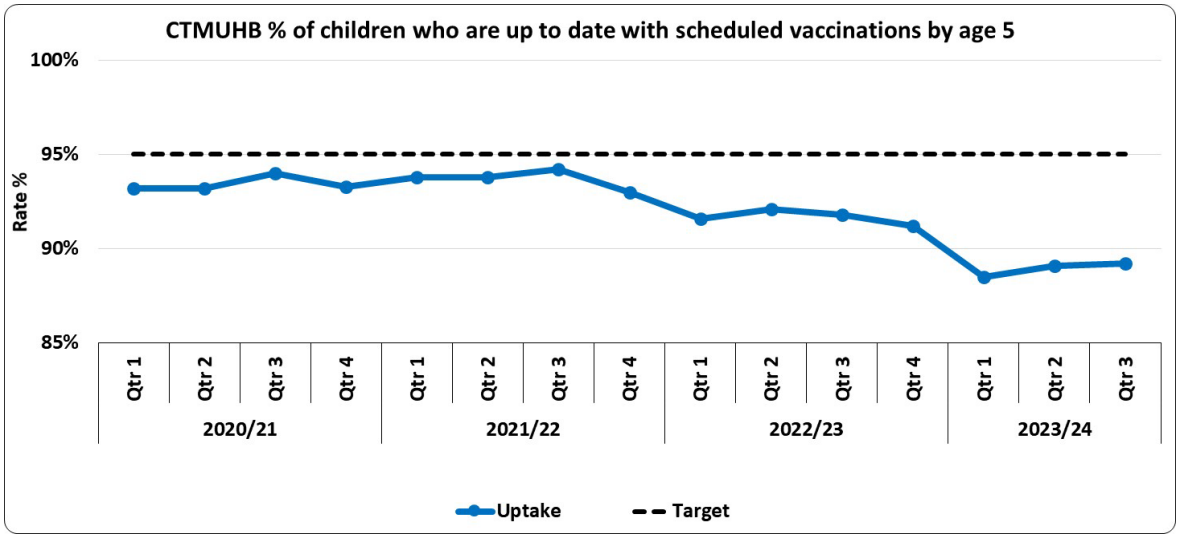
Our achievement of the 5% target and improvement on previous years has largely been achieved by implementing plans to improve the numbers of treated smokers and reducing smoking prevalence including:

- Further developing the Help Me Quit (HMQ) in community pharmacies and also increase the number of pharmacies delivering the Level 3 Enhanced Smoking Cessation Service which provides counselling, treatment, guidance on devices and managing side effects, as well as ongoing support to help you stay motivated;
- Developing and implementing the HMQ In-hospital model; including securing additional HMQ advisor capacity;
- Continuing to deliver and improve the HMQ for Baby service, ensuring that all pregnant women are offered carbon monoxide monitoring and referral to cessation support if they smoke;
- Ensuring the HMQ service is promoted within Primary Care with clear referral routes, including offering Making Every Contact Count training; and

- Targeting work at groups who we know have higher smoking prevalence, including work with registered social landlords to explore how promotion of the HMQ service and discussion of smoking in relation to the cost of living can be incorporated.

Measure 2: Vaccination rates in children reaching their 5th birthday

Figure 7



By a child's 5th birthday, children in Wales are scheduled to have had vaccinations to protect against:

- Diphtheria, Tetanus, Pertussis (Whooping Cough) and Polio - (4 in 1 booster)
- Influenza and meningitis-C
- Measles, Mumps and Rubella; collectively known as MMR.

These are all conditions that can lead to severe complications and even death if left untreated. Vaccinating children against these illnesses is crucial for protecting both vaccinated individuals and those who cannot receive the vaccine. It helps prevent outbreaks, ensures herd immunity and reduces the risk of serious complications like pneumonia and encephalitis.

The proportion of children residing in CTM who have received their scheduled immunisations by their 5th birthday has seen a gradual decrease since the 3rd quarter of 2021/22 and fell to its lowest level during quarter 1 of 2023/24. However, this stabilised thereafter and the rate currently stands at 89.2% as at Quarter 3 of 2023/24 (data for quarter 4 will not be available until July 2024). As shown in the table below uptake of the vaccines has varied considerably throughout our Local Authority areas:

Age 5 scheduled vaccinations as at Quarter 3, 2023/24	
Merthyr Tydfil LA	**82.7%**
Rhondda Cynon Taf LA	**90.6%**
Bridgend LA	**89.6%**
Cwm Taf Morgannwg HB	**89.2%**

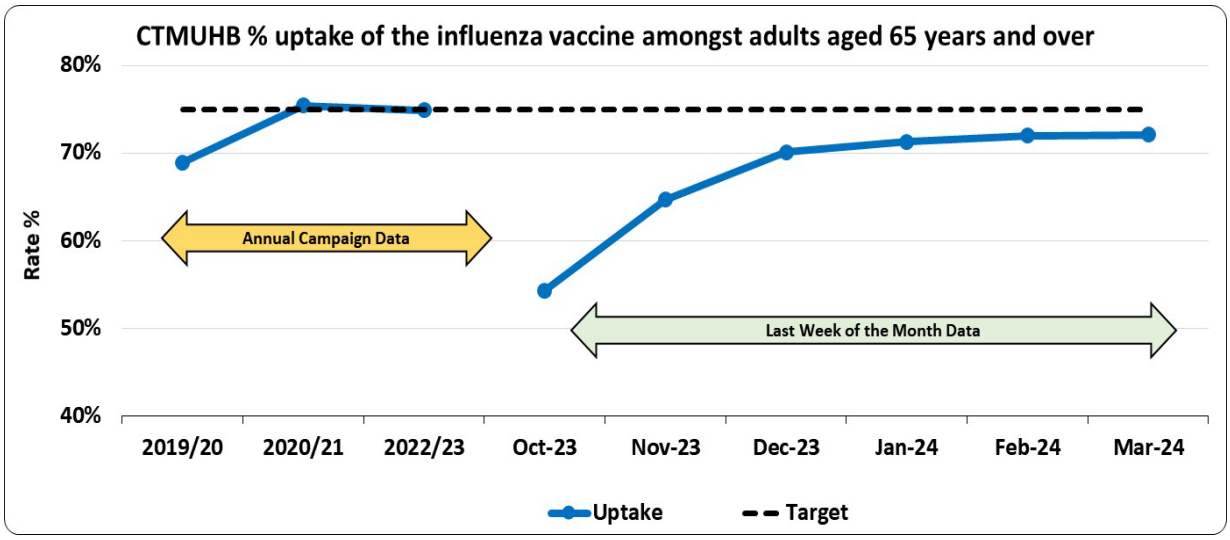
Our ability to achieve a 95% uptake in vaccination has been challenging given:

- the increasing range of languages and complexity of communication requirements within our population;
- vaccine hesitancy, driven by the limited awareness and understanding of the value of vaccination by parents, and confounded by the dissemination of disinformation by Vaccine Deniers;
- vaccination fatigue post Covid-19;
- the non-mandatory nature of the vaccination; and
- a lack of accurate vaccination history and poor availability of population information.

Following measles outbreaks across a number of communities in South Wales, significant effort and resources has been made to increase uptake and we anticipate uptake of the MMR vaccine to have risen considerably since January 2024.

Measure 3: Influenza vaccine rates amongst adults ages 65 years plus

Figure 8



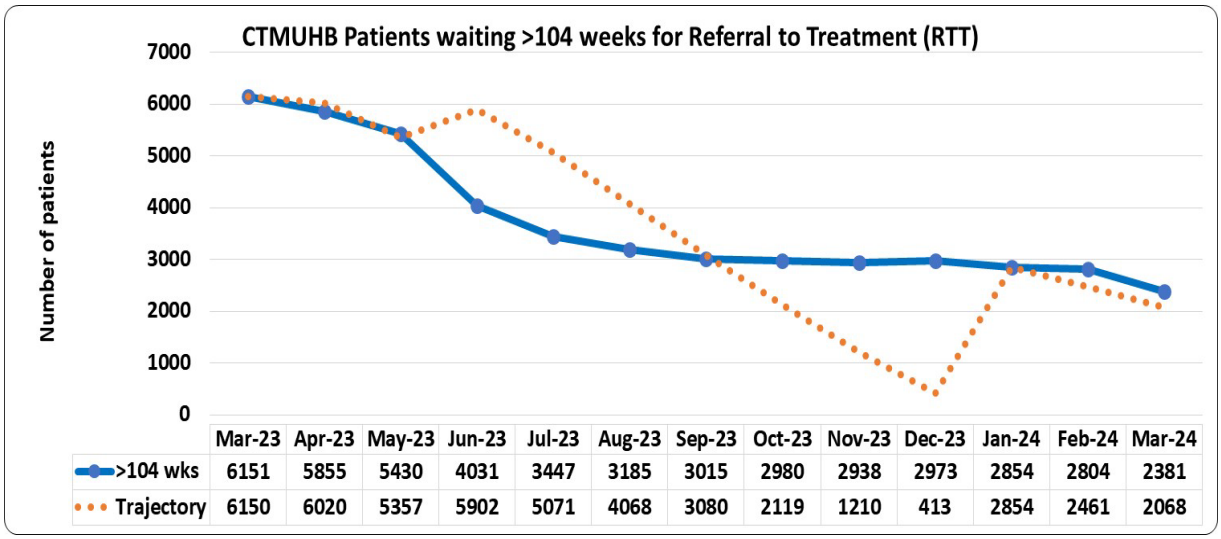
Influenza, also known as flu, is a common respiratory illness that can lead to severe complications, especially among young children, the elderly, and individuals with underlying health conditions. Annual outbreaks of influenza result in millions of cases worldwide, leading to hospitalisations and deaths.

High vaccine uptake reduces morbidity and mortality associated with influenza and is evidenced to reduce hospitalisations. The annual campaign data for the complete year, 2023-2024, is not yet available, however as at 1st March 2024, we had succeeded in delivering influenza vaccinations to 72.1% of our eligible adults who are aged 65 years and over. Based on our management data CTMUHB is expecting to fall just short of the desired target of 75% in 2023-2024, a situation that has been affected by the requirement to prioritise uptake of the MMR vaccine in light of the recent outbreaks.

Focus area 2: Operational Performance

Measure 4: Reducing the number of patients waiting over 2 years for a planned operation

Figure 9



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
>104 wks	6151	5855	5430	4031	3447	3185	3015	2980	2938	2973	2854	2804	2381
Trajectory	6150	6020	5357	5902	5071	4068	3080	2119	1210	413	2854	2461	2068

Over the course of 2023-2024 the CTMUHB provided 16,611 elective inpatient and day case procedures and delivered 631,073 outpatient consultations. This level of activity has resulted in the number of patients waiting in excess of 2 years reducing from 6,151 to 2,381 (61%) and the overall number of patients waiting for treatment (Stage 4) also reducing by a 61% over the 12 months.

During 2023-2024, CTMUHB increased the activity delivered to our elective patients by 3% for outpatients (610,973 consultations delivered in 2022-2023 c.f. 631,073 in 2023-2024) and 24% for treatments (13,376 in 2022-2023 c.f. 16,611 in 2023/24). This was achieved through a range of initiatives which included:

- General productivity gains across our elective services as part of our elective recovery programme;
- Outsourcing patients to alternative providers from the private sector and establishing an insourcing agreement with ID Medical. This insourcing contract provided the Health Board with an additional team of theatre staff to cover 30 theatre sessions per week;
- CTMUHB's surgical teams providing additional treatment capacity over and above their NHS contracts as Waiting List Initiatives. This capacity was essential to treating the longest waiting patients and our higher risk patients; and
- Continuing our partnership working with Cardiff & Vale University Health Board, through the Vanguard Programme, which has provided cataract operations to 1200 CTM residents in 2023-2024.

Cancer Care

Measure 5: Reduce the number of patients waiting in excess of 62 days to start definitive cancer treatment from the point of suspicion

In the UK, 1 in 2 people will be diagnosed with cancer in their lifetime. Every year around 19,500 people in Wales are diagnosed with cancer. Due to earlier diagnosis and treatment and breakthroughs in research, cancer survival in Wales is improving, with 58.5% of people surviving their cancer for five years or more.

Figure 10

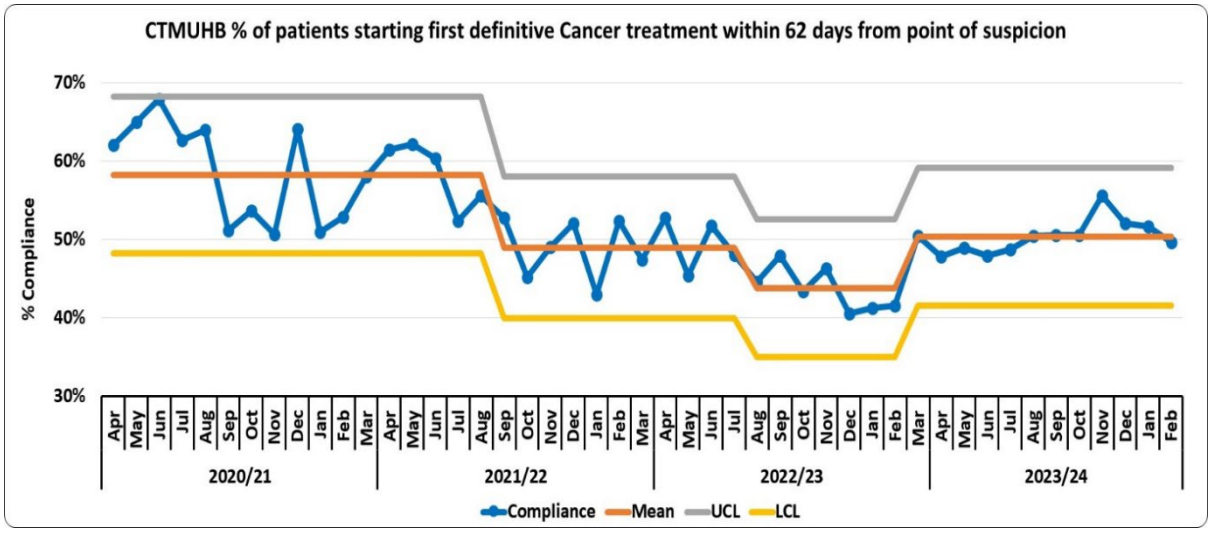
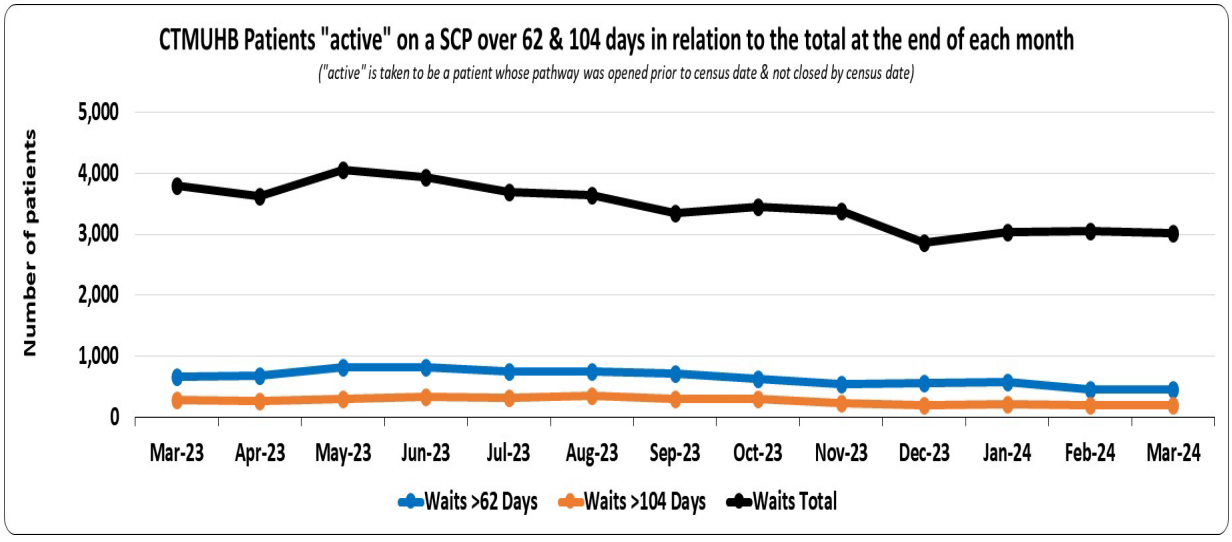


Figure 11



CTMUHB measures improvement in access times by monitoring the proportion of cancer patients treated within 62 days and the number of cancer patients at the end of each month who had yet to commence treatment and had been waiting in excess of 62 and 104 days.

As is shown in the top chart, during 2023-2024 improvements in access have been made in increasing the proportion of our patients who commenced treatment within 62 days, with the rate increasing from 45.7% in 2022-2023 to 50.4% in 2023-2024.

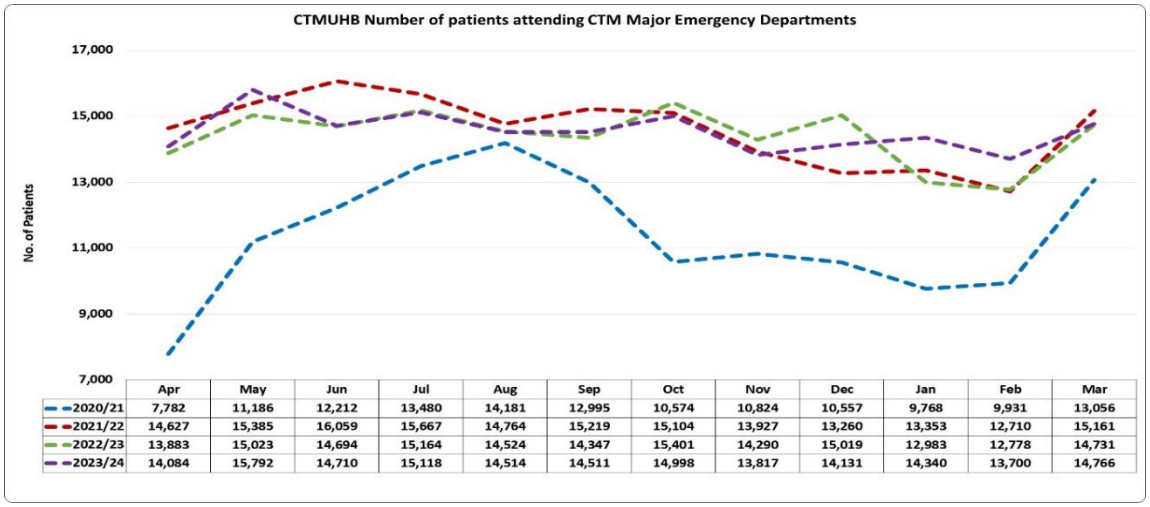
In 2022-2023 the average number of patients waiting over 62 days at the end of the month reduced from 752 in 2022-2023 to 648 patients in 2023-2024, with the position at the end of March 2024 (451) having reduced by 219 compared with the March 2023 position of 670. An improvement was also noted in the number of patients waiting over 104 days where the average backlog reduced from 304 to 265 patients and the end of year position has reduced from 289 patients in March 2023 to 204 patients at the end of March 2024.

Improving the flow of patients through the bottleneck areas of radiology, endoscopy and pathology has driven the majority of the pathway improvements, with successful initiatives including:

- More effective scheduling of cancer patients to minimise delays in their care and reducing variation in access times across CTMUHB;
- Increasing the proportion of patients who go Straight to Test (STT) without requiring an initial outpatient appointment;
- Reducing and sustaining waiting times below 14 days in radiology;
- Instigating accelerated imaging for Lower & Upper Gastrointestinal post endoscopy abnormality;
- Improving theatre utilisation on endoscopy lists and the commissioning of additional endoscopy capacity through a partnership with InHealth;
- The Centralisation of the Breast Service with the opening of the Snowdrop centre in September 2023, which has improved patient experience and developed a faster service for patients across the whole of CTM; and
- The continuing outsourcing of pathology specimens, as a means of increasing overall levels of activity.

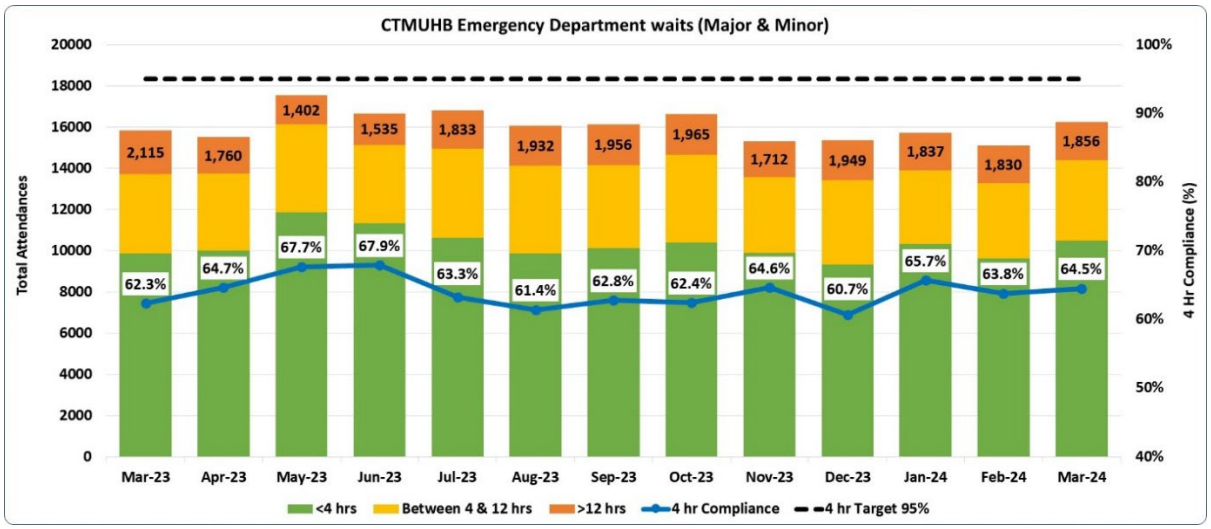
Measure 6: Quick Access to Emergency Department Services

Figure 12



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	7,782	11,186	12,212	13,480	14,181	12,995	10,574	10,824	10,557	9,768	9,931	13,056
2021/22	14,627	15,385	16,059	15,667	14,764	15,219	15,104	13,927	13,260	13,353	12,710	15,161
2022/23	13,883	15,023	14,694	15,164	14,524	14,347	15,401	14,290	15,019	12,983	12,778	14,731
2023/24	14,084	15,792	14,710	15,118	14,514	14,511	14,998	13,817	14,131	14,340	13,700	14,766

Figure 13



Treating patients within 4 hours in Emergency Departments is crucial to ensuring timely access to care, which can significantly impact patient outcomes. Delays beyond this timeframe can lead to worsening conditions, increased complications and even mortality in severe cases. The benefits of timely treatment helps the UHB to manage hospital resources effectively and maintain the flow of patients through the Emergency Department.

During 2023-2024, CTMUHB provided 193,154 attendances in our Emergency and Minor Injury Departments; a 7.1% increase on the previous year. The vast majority of the increase during 2023-2024 was observed in our Minor Injury Units, where activity increased from 7,541 in 2022/23 to 18,604; an increase of 146.7%. This was a planned increase which resulted from the full year effect of re-opening the Ysbyty Cwm Cynon unit and the cessation of the requirement to phone first prior to attending the Ysbyty Cwm Rhondda unit. Activity in our Major Emergency Departments increased by 1% from 173k to 175k.

The proportion of patients spending less than 4 hours within our Emergency Departments and Minor Injury Units improved from 62.8% in 2022-2023 to 65.6% for 2023-2024, with the number waiting in excess of 4 and 12 hours decreasing from 67k to 66k and 23k to 21k in 2023-2024 respectively.

The relative increase in Minor Injury Units activity compared to acute hospitals within CTMUHB is positive evidence of the CTMUHB's intention to provide care closer to home and to utilise our Minor Injury Units more efficiently.

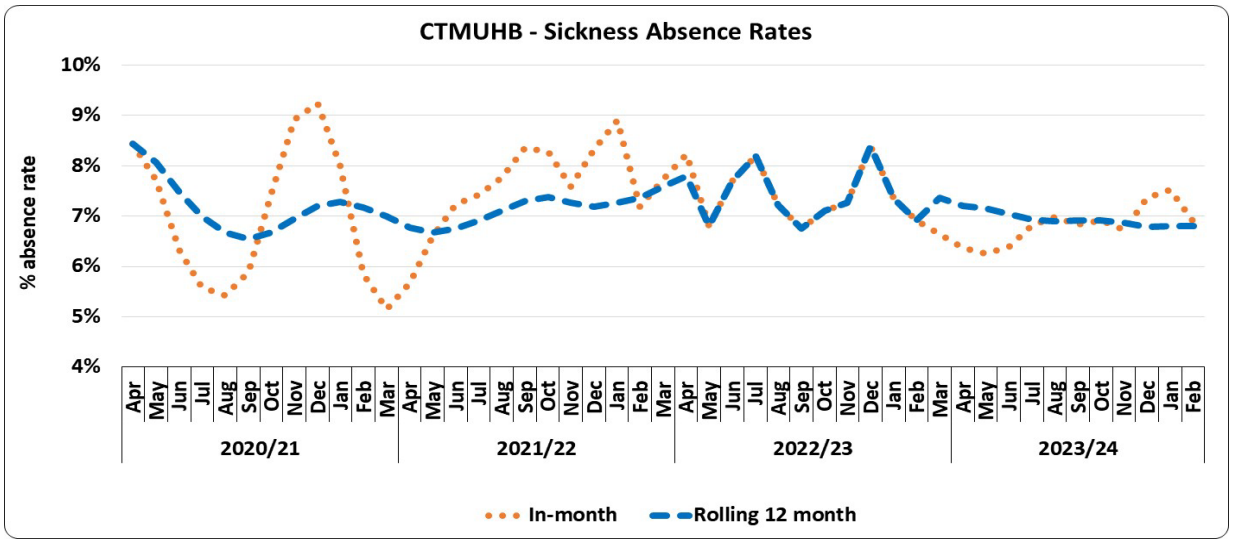
As part of the national Six Goals for Urgent & Emergency Care programme, CTMUHB has also made sizeable investments in establishing a navigation hub, remodelling services to incorporate "Discharge To Recover and Assess" (D2RA) approaches, and Medical Same Day Emergency Care. This latter initiative has resulted in over 14,000 attendees being seen and treated in this way during 2023-2024.

Despite these, there remain a number of systemic challenges to transforming unscheduled care with the key constraint being the sustainability and accessibility of social care services.

Focus area 3: People

Measure 7: Sickness Absence Rates

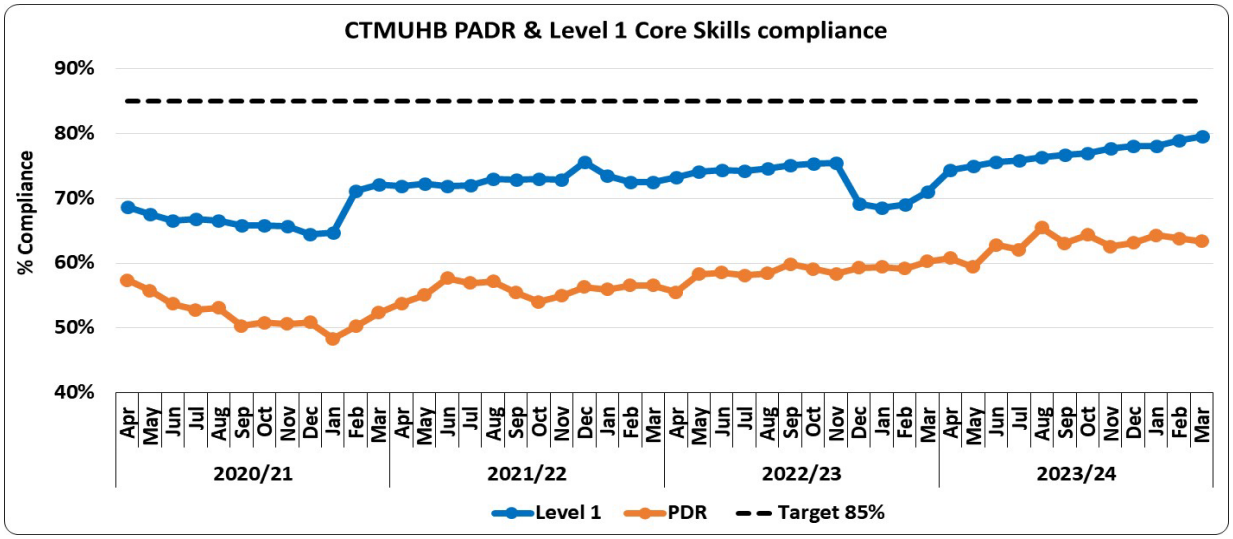
Figure 14



CTMUHB currently employs in the region of 11,100 whole-time equivalent (WTE) staff, with a headcount in the region of 12,750 and 40% of our workforce working part-time. During the course of 2023-2024 sickness absence has been reducing, with rolling 12 month sickness rates for the Health Board having fallen from 7.4% in March 2023 (which approximates to c. 30,800 hours or 821 full time staff) to 6.8% (28,305 hours or 755 full time staff) in February 2024.

Measure 8: PADR & Level 1 Core Skills

Figure 15



CTMUHB has a number of mandatory training packages which staff are required to have undertaken at least tri-annually. The uptake of these training packages is seen as essential in improving the safety of our staff and patients and CTMUHB's ability to comply with statutory and legislative regulations.

The Level 1 Core Skills compliance has improved throughout the year and as at March 2024 stands at its highest level of attainment of 79.5%. A breakdown by competency is shown below:

Figure 16

CTMUHB Level 1 Core Mandatory Training	
Equality, Diversity and Human Rights	85.3%
Safeguarding Children	84.8%
Health, Safety and Welfare	84.1%
Safeguarding Adults	84.1%
Moving and Handling	83.8%
Information Governance	79.9%
Violence and Aggression	77.7%
Fire Training	77.8%
Infection Prevention and Control	74.6%
Resuscitation	62.8%
CTMUHB Overall Compliance	**79.5%**

CTMUHB's compliance for staff who have received a Personal Appraisal & Development Review (PADR) increased from 59.4% to 63.4% during the year.

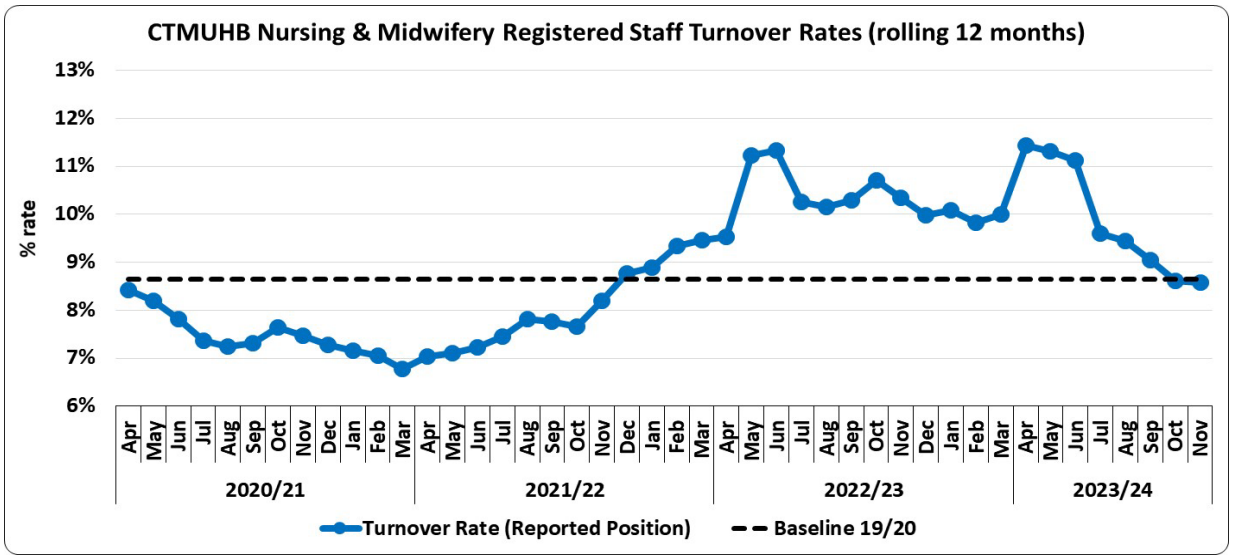
CTMUHB has positively developed and piloted the "Making the most of PDR – *Your Conversation*" workshop and offers educational support to take staff through the PDR process.

Targeted communications are sent to areas where compliance is below the WG target of 85% and where staff are due to progress to their next pay progression gateway.

Measure 9: Nursing & Midwifery Turnover Rates

CTMUHB employs in the region of 4,037 nurses and midwives (3,613 WTE) and is carrying approximately 6% vacancies for this staff group, a position reflective of the complex local, national and international position regarding the shortage of registered nursing and midwifery professionals.

Figure 17



In order to maintain patient safety and effectiveness, the retention of nursing and midwifery staff is thus a critical operational requirement.

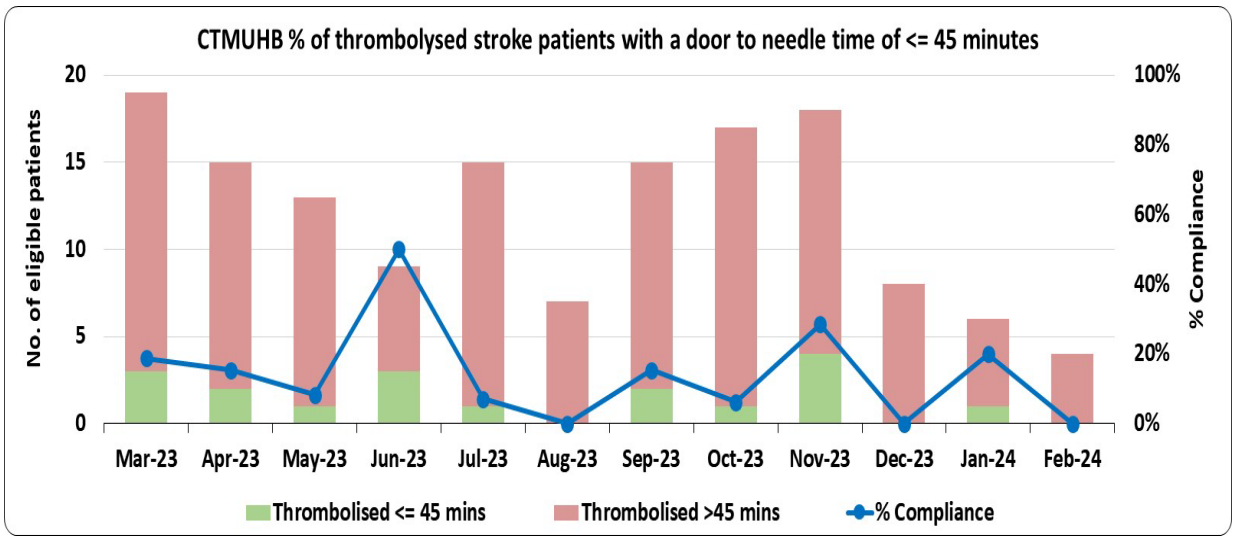
The Nursing & Midwifery staff turnover rates (which include retire and return), having greatly increased after Covid, have seen a gradual reduction and as at November 2023 fell to 8.58% and sits below the 2019-2020 baseline target of 8.65%.

Work-life balance and promotion remain the top two reasons for leaving and CTMUHB is focusing on improving flexible working and embedding a new lateral moves scheme as retention initiatives that will seek to improve these.

Focus area 4: Quality & Safety

Measure 10: Stroke Quality Improvement Measure - Thrombolysis with a door to needle time within 45 minutes

Figure 18

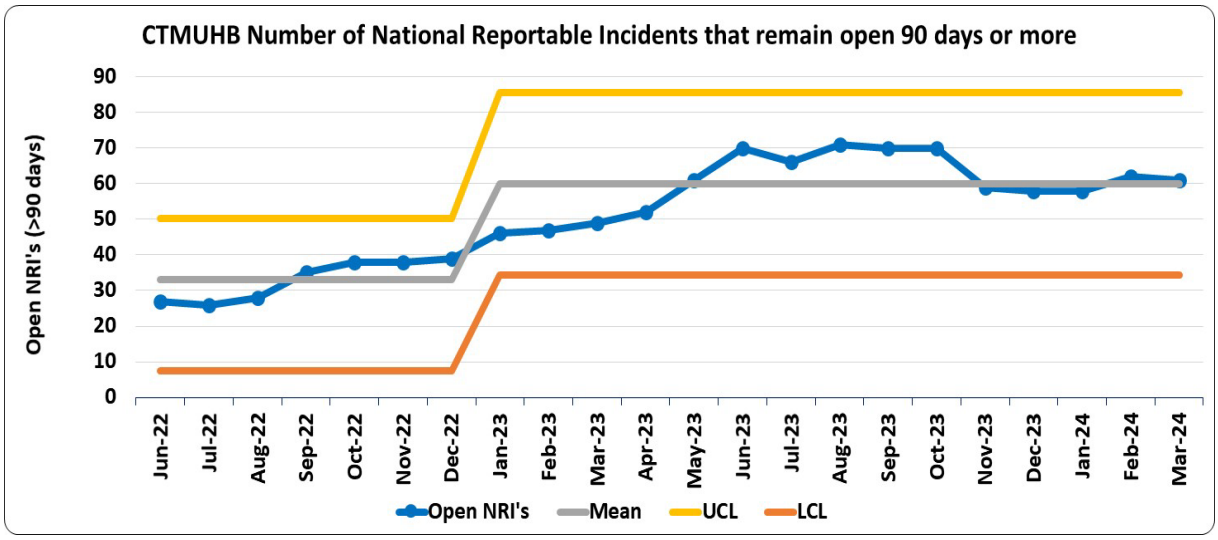


Administering thrombolytic therapy to stroke patients within 45 minutes of their arrival is crucial for maximising a patient's chances of a positive outcome. The 45-minute window is particularly significant because the longer a stroke goes untreated, the greater the risk of irreversible brain damage and long-term disability. Rapid administration of thrombolytic therapy not only improves the chances of survival but also increases the likelihood of minimising long-term neurological deficits and improving overall quality of life for stroke survivors. Therefore, optimising stroke systems of care to ensure prompt recognition, diagnosis, and treatment within this critical timeframe is paramount in reducing the burden of stroke-related morbidity and mortality.

During 2023-2024, 13.4% of stroke patients eligible for thrombolysis received the intervention within 45 minutes, a level of performance unchanged from the previous year, and attributable to the absence of a 24/7 stroke clinician and patient flow constraints across the health care system.

Measure 11: National Reportable Incidents open >90 days

Figure 19



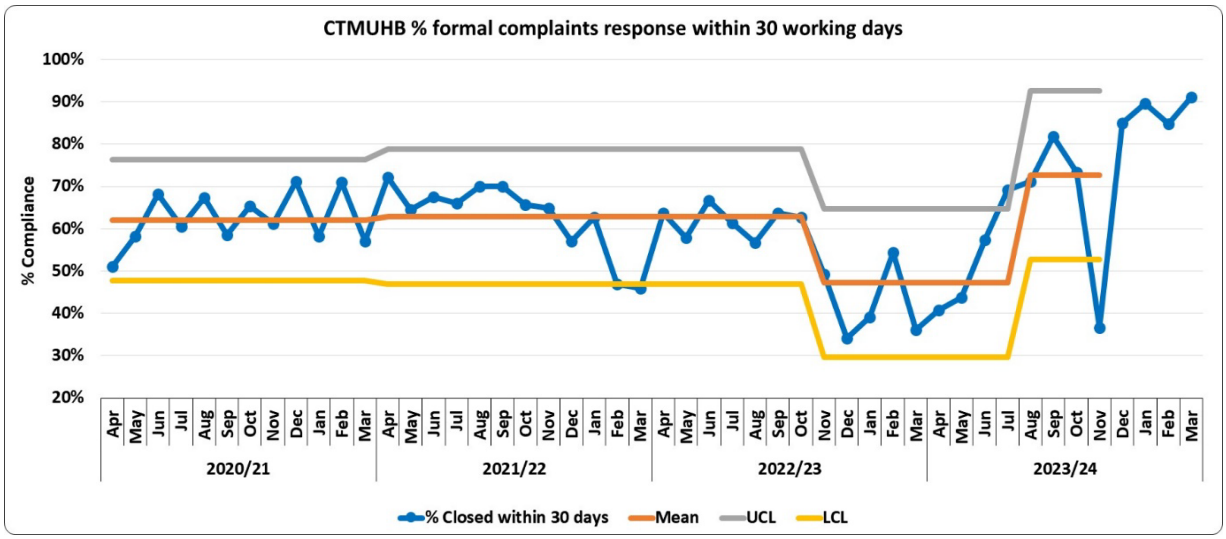
National Reportable Incidents are patient safety incidents which caused, or contributed to, the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.

As at the end of March 2024, CTMUHB had 73 open Nationally Reportable Incidents (NRI's), of which 61 were overdue the timescale of 90 days for completion. This is an increase from the 49 incidents overdue the timescale of 90 days for completion observed at the start of the financial year.

All serious incidents are thoroughly investigated and reported to identify any learning and improvements in care that can be made. Root Cause analysis training is delivered by the central patient safety team to educate colleagues on the expectations of completing a robust investigation following an incident.

Measure 12: Complaints Closed within 30 working days

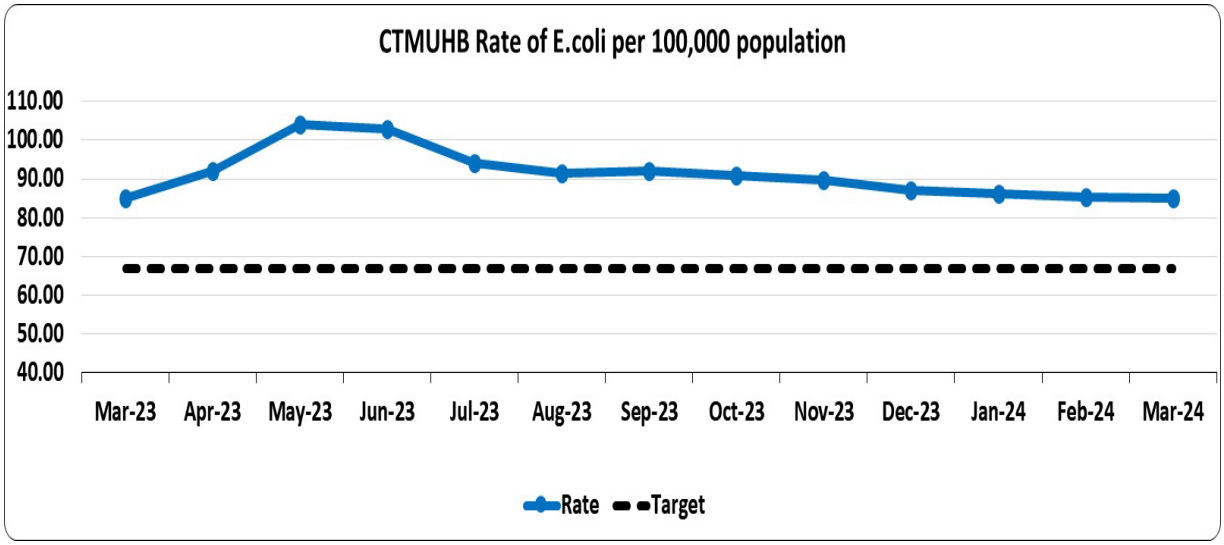
Figure 20



During 2023-2024, CTMUHB closed a total of 684 formal complaints managed under the Putting Things Right Regulations. Of those complaints, 63% were closed within the requisite timescale of 30 working days. During November 2023, focussed work was undertaken to address the number of historic open cases where a final response to patients or their families had not been provided for more than 30 days. As a result of this focussed work, compliance fell sharply during November, but with the reduction in the backlog, improved thereafter and has since remained above the target of 75%, with March 2024 recording a compliance rate of 91%.

Measure 13: Reduce the rate of E.coli Bacteraemia

Figure 21



E.coli bacteraemia, caused by the bacterium Escherichia coli, is a serious and potentially life-threatening infection that poses significant risks to public health and can be found in the blood stream. E.coli bacteraemia can lead to sepsis, a

systemic inflammatory response syndrome that can progress rapidly and result in organ failure and death if not promptly treated with appropriate antibiotics. Individuals with weakened immune systems, the elderly, and those with underlying medical conditions are particularly vulnerable to the complications of E.coli bacteraemia. Prevention strategies such as proper food handling, infection control measures in healthcare settings, and judicious use of antibiotics are essential in reducing the prevalence and impact of this dangerous bloodstream infection.

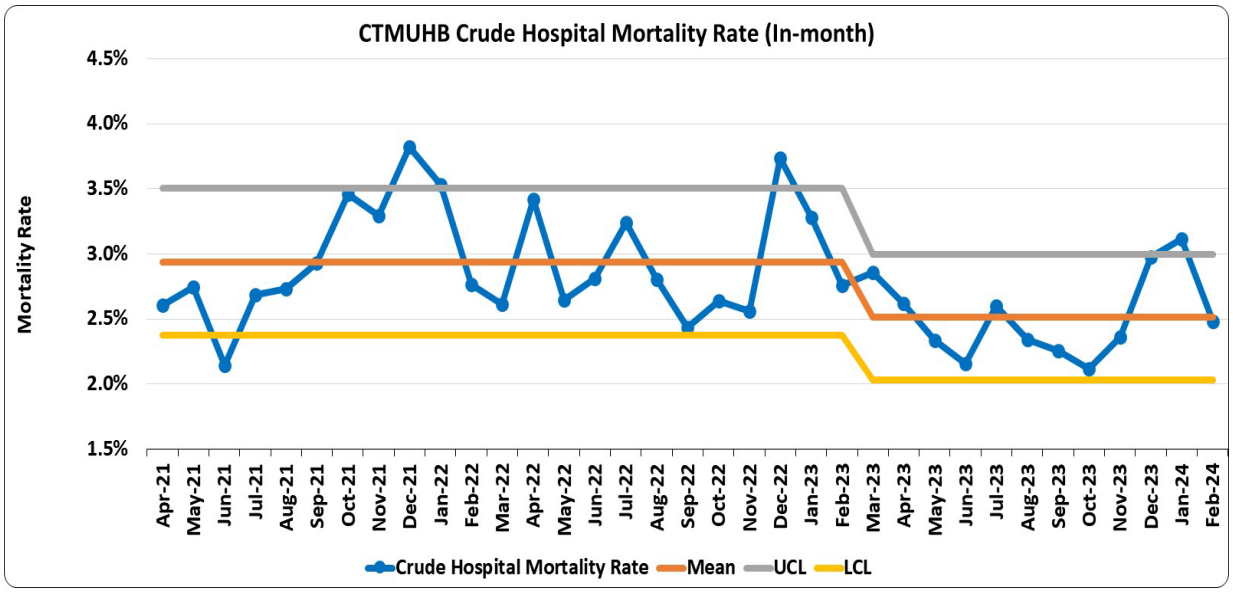
Between April 2023 and March 2024, 378 E.coli bacteraemia were reported by the Health Board. This is 4 (1.1%) fewer cases than equivalent period of 2022-2023. The provisional rate per 100,000 population for 2023-2024 is 85.13 and is above the WG set target of 67.00 per 100,000 population.

Community onset specimens (E.coli assumed to be acquired outside of a hospital environment) account for 78% of the total cases and around 8% of cases are linked to a urinary catheter. An Infection, Prevention & Control (IP&C) huddle is arranged to discuss each preventable bacteraemia and learning is shared widely.

CTMUHB's infection prevention and control team continues to work with clinical teams to undertake a point prevalence study to identify urinary catheter usage, improve Aseptic Non Touch Techniques and IP&C training compliance and to ember the catheter passport in secondary care.

Measure 14: Crude Hospital Mortality Rate

Figure 22



The crude hospital mortality rate measures the proportion of inpatient admissions into CTMUHB Hospitals that result in death within hospital. The rate is used as an indication of quality, but is highly susceptible to a number of confounding factors such as counting practices, the ratio of elective to emergency admissions, the time of the year and the case mix of the patients we have been treating. It is therefore complimented by a number of other methods and measures.

The chart above demonstrates the inherent seasonality within CTMUHB's mortality rate and the reduction from 2.9% to 2.5% over the 12 month period.

To aid quantitative approaches to monitoring and analysing trends in mortality, the use of benchmarking dashboards are being revisited and the mortality review process is being digitised. Key benefits of which will be:

- the ability to improve access to the causes of death for patients dying in hospital;
- the ability to link mortality data to the wider patient record; and
- the ability to digitally include information pertaining to the death within the deceased's health record.

Data linkage between the reason for death stated on the death certificate and Health Board held information has been undertaken, which may re-enforce or inform our actions to reduce avoidable deaths and the Scottish approach to use Hospital Standardised Mortality Rates is being explored.

Quality of Data

CTMUHB makes every attempt to ensure the quality and robustness of its data. As such processes have been implemented that include regular checks to assure the accuracy of information relied upon. These processes are underpinned by a policy framework incorporating Data Quality, Information Governance and Information Security.

It is important to recognise that the adoption of these policies as custom and practice across the organisation has been variable. The reasons for this variation are multi-factorial and include:

- The supporting technologies available to make the record;
- The effectiveness of the record keeping processes that are in place across a diverse range of environments and services; and
- User training and behaviours relating to the direct and indirect value perceived to be gained from maintaining an accurate and consistent record.

There are also a multiplicity of systems and data inputters across the organisation that means there is always the potential for variations in quality. To that end, a Data Quality Assurance Framework has been developed with the overarching aim of ensuring that all staff irrespective of roles are aware of:

- What is needed to deliver high quality data;
- Why it is so important;
- The consequences of non-delivery; and
- The role each individual has to play in ensuring delivery.

In the past two years, we have rapidly increased our use of and dependency on, digital technologies and data. As the opportunities become apparent from the data available to improve health and care, the quality of our data has undoubtedly improved. As a Health Board we are committed to a data and digital programme that seeks to improve the quality of data by:

- Improving our digital technologies, making them easier and quicker to use;
- Democratising and increasing our use of the data, so that our clinical teams and decision-makers have increased access to all the requisite parts of the record and gain greater benefit from its completeness and accuracy;
- Improving the knowledge and skills of our teams and providing direct feedback to them through auditing prospective and retrospective; and
- Using Artificial Intelligence, Natural Language Programming and other analytical techniques to enhance data completeness, accuracy and availability.

To further support our performance chapter we have included performance updates from our key Care Group areas and our central delivery functions.

Six Goals for Urgent and Emergency Care

The Six Goals for Urgent and Emergency Care policy handbook sets out Welsh Government's expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health. The national Six Goals for Urgent and Emergency Care Programme has also been established with senior clinical leadership to enable local teams to deliver the goals and improve experience and outcome for service users.

During 2023-2024, CTMUHB has achieved the following deliverables:

Priority 1: Delivery and implementation of a 24/7 Urgent Care Service, accessible via 111 Wales to support improved access and General Medical Services (GMS) sustainability (Workstream 1: Goal 1, 2 and 3)

- Established pathways to support emergency and urgent demand and avoid hospital conveyance.
- 111 press 2 for Mental Health/District Nurse Call Taking/GP Out of Hours /Nursing Home Pathway.
- Physician Triage and Streaming Service (PTaS 1) – inbound calls from paramedics on scene for higher level of clinical advice where conveyance may be appropriately avoided/C3 Radius Physician Triage and Streaming Service (PTaS) – pulling cases directly from ambulance stack (remote triage) and paramedic on scene.
- Recognition of Life Extinct (ROLE) for Unexpected Death pathway/Emergency Departments (ED)/Redirection pathways/Professional advice line/Covid Antiviral assessment service /Emergency Dental service /Launch of Respiratory Monitoring Service for Chronic Obstructive Pulmonary Disease (COPD) (Virtual Ward concept) launched 31st January 2024.

Priority 2: Implementation of Same Day Emergency Care (SDEC)/direct access pathways/Workstream 2: Goal 3 & 4

- Acute care of the elderly (ACE) unit set up within Acute Medical Unit (AMU) template in Princess of Wales Hospital (POWH) and working alongside AMU team. Frailty service with a multidisciplinary team delivers comprehensive geriatric assessment and operates by in-reaching into AMU and Emergency Department (ED).

- Ambulatory Emergency Surgical Unit in Princess of Wales provides access to rapid surgical treatment for patients who would normally be admitted through ED for surgery.
- Ambulatory frailty established in Royal Glamorgan Hospital (RGH) - Multidisciplinary Team (MDT) delivering Comprehensive Geriatric Assessment in Royal Glamorgan Hospital (RGH), focusing on those presenting to the Acute Medical Unit (AMU) but working towards including those who attend the Emergency Department (ED).
- Ambulatory Care Unit in RGH extended operational hours from 5.30pm to 10pm led by on-call team. This enabled the assessment and care of patients of the second peak of patents referred late in the afternoon.
- Ambulatory Emergency Surgical Unit an extension to existing surgical hub in RGH.
- Frailty pathway in Prince Charles Hospital (PCH), frailty consultant provides delivery of frailty ward and community link with Stay Well @ Home team for acute frailty assessment and wrap-around care. Investment in therapies posts supporting same day interventions
- 2x consultants appointed for Medical Same Day Emergency Care (SDEC) in PCH.

Priority 3: Continued commitment to the reduction of ambulance handover delays waits and safely reduce ambulance conveyance to Emergency Departments/Workstream 2 & 3: Goal 4

- Assurance and performance monitoring.
- Monthly meetings established, membership and Terms of Reference agreed.
- Action plan developed by each site.
- Operating model – Directorate Manager appointed (Starting Date 11th March 2024), Service Manager appointed (Starting Date 1st April 2024), Clinical Director/Clinical Lead recruitment in progress.
- Internal audit review Emergency Department (ED) 4 hr performance.
- Action plan developed; Unscheduled Care (USC) dashboard developed.
- Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hr breach exception report.
- Review the impact of collaborative pilot between Welsh Ambulance Services Trust (WAST) and RGH to ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing handover delays and to deliver early diagnosis and treatment.

Priority 4: Reducing Pathways of Care Delays (POCD) for patients who experience a Length of Stay >7 and >21 days/Workstream 3 & 4: Goal 5 & 6

- The 'Optimise' framework encompasses the four pillars of effective flow and discharge; multidisciplinary board rounds using SAFER Patient Flow bundle in conjunction with the 'Red and Green Days' approach (the team discuss for every patient whether the day ahead is 'red' – a day where there is little or no value adding acute care or 'green' – a day of value for the patient's progress towards discharge), discharge to recover then assess model and digital enablers i.e. electronic Whiteboards, electronic transfer of care to enable

integrated approach to the delivery of optimal flow, safe and appropriate discharge for our patients with Home First as its principle. 'Red and Green Bed Days' are a visual management system to assist in the identification of wasted time in a patient's journey. Applicable to in-patient wards in both acute and community settings, this approach is used to reduce internal and external delays as part of the SAFER patient flow bundle. It is not appropriate for high turnover areas such as Emergency Departments, Assessment Units, Clinical Decision Units/Observation Units, and Short Stay Units where using Red and Green on an hours/minutes basis may be more appropriate. Further explanations around the "Red and Green" day approach is highlighted in the infographic below:

Figure 23

A **Red** day is when a patient receives little or no value adding acute care. The following questions should be considered:

- Could the care or interventions the patient is receiving today be delivered in a non-acute setting?
- If I saw this patient in out-patients, would their current 'physiological status' require emergency admission?

If the answers are 1. Yes and 2. No, then this is a 'Red bed day'

Examples of what constitutes a **Red** bed day:

- A planned investigation, clinical assessment, procedure or therapy intervention does not occur.
- The patient is in receipt of care that does not require an acute hospital bed.
- The medical care plan lacks a consultant approved expected date of discharge.
- There are no consultant approved physiological and functional clinical criteria for discharge in the medical care plan.

A RED day is a day of no value for a patient

A **Green** day is when a patient receives value adding acute care that progresses their progress towards discharge.

A **Green** day is a day when everything planned or requested gets done.

A **Green** day is a day when the patient receives care that can only be in an acute hospital bed.

A GREEN day is a day of value for a patient

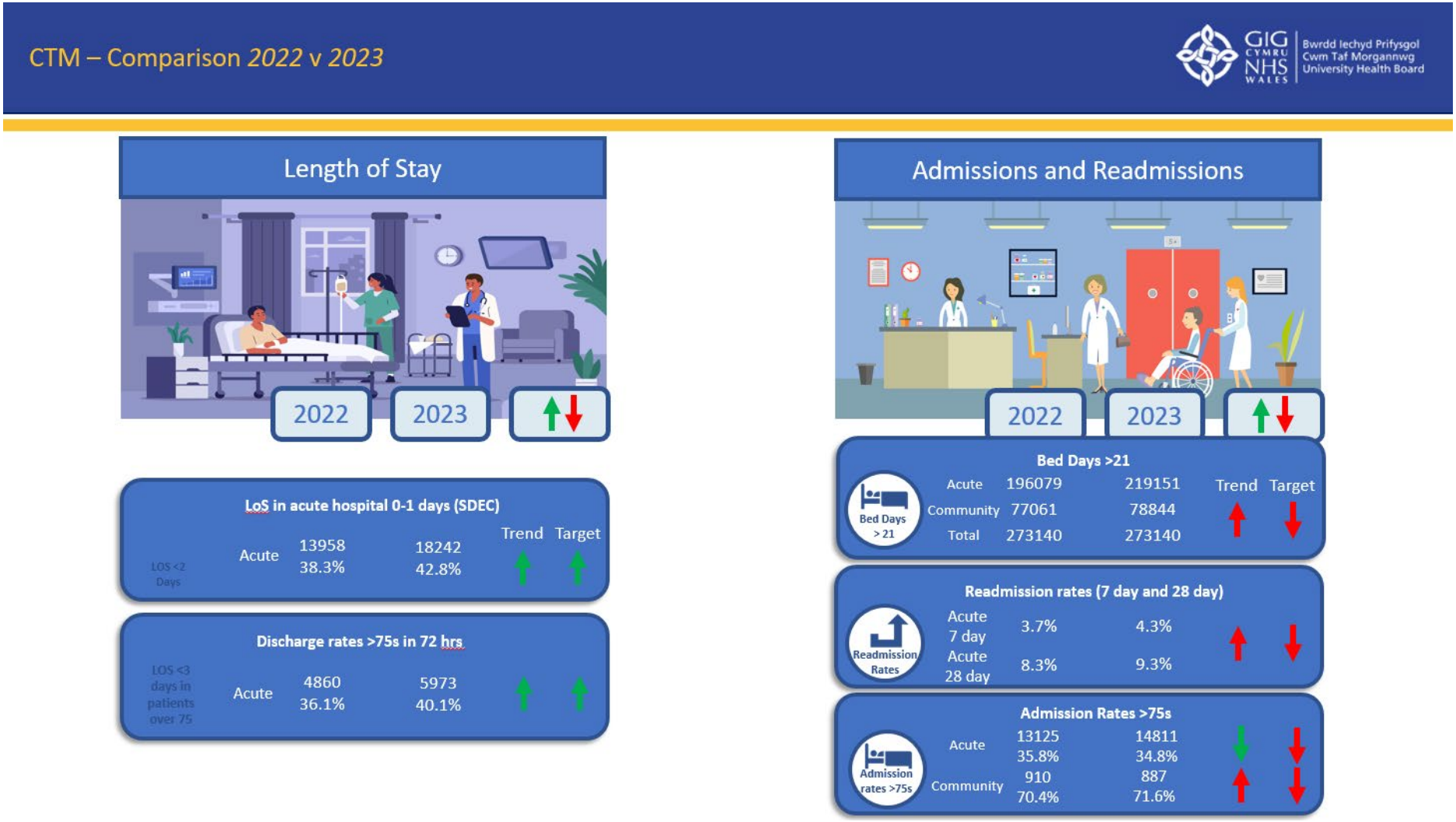
All four pillars (SAFER, Red and Green, D2RA and digital enablers) together achieve cumulative benefits and when followed consistently, length of stay and delays in discharge planning (POCD) reduce, patient safety and flow improves.

- Good Multi-Disciplinary Team attendance.
- Improved discussion around criteria to reside.
- Improved discussion around suitability for discharge.
- Increased allocation of 'Discharge to recover then Assess' (D2RA) pathways to patients in ward areas.
- D2RA pathway allocation within 24 hrs – increase in comparison to July-September period, decrease in December in comparison to October-November period.

- Performance improvement in the Discharge Hub – validation of electronic transfer of care (eToCs) received prior to submission for Local Authorities.
- Improved and increased utilisation of electronic whiteboards (eWhiteboards)
- Improved and increased utilisation of eToC.
- New Discharge Policy finalised and signed off for implementation (integrated document produced in partnership with Local Authority partners).
- Toolkit for staff in progress with anticipated completion by end of quarter 4.
- 6x Trusted Assessors appointed to support discharge on three acute sites (2x TAs per site) through D2RA Pathway 0 (simple discharge) and D2RA Pathway 1 (home with support)

The infographic on the following page applies across the scope of the Six Goals.

Figure 24


CTM – Comparison 2022 v 2023
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board
Length of Stay
2022
2023
LoS in acute hospital 0-1 days (SDEC)
LOS <2 Days
Acute
13958
38.3%
18242
42.8%
Trend
Target
Discharge rates >75s in 72 hrs
LOS <3 days in patients over 75
Acute
4860
36.1%
5973
40.1%
Admissions and Readmissions
2022
2023
Bed Days >21
Bed Days > 21
Acute
196079
219151
Community
77061
78844
Total
273140
273140
Trend
Target
Readmission rates (7 day and 28 day)
Readmission Rates
Acute 7 day
3.7%
4.3%
Acute 28 day
8.3%
9.3%
Admission Rates >75s
Admission rates >75s
Acute
13125
35.8%
14811
34.8%
Community
910
70.4%
887
71.6%

Planned Care

Within Planned Care, there has been significant work underway to improve the position, with the following areas of particular note:

- A Theatre Productivity Group has been embedded;
- Fewer extreme waits;
- Activity in outpatients is now higher than it was before the COVID-19 pandemic;
- The Care Group has supported innovation – including the purchase and establishment of the new Surgery Robot;
- Transformation Projects for Ear Nose and Throat (ENT), Pre-assessment, Ophthalmology, Endoscopy, Urology and Outpatients has been established;
- Good housekeeping has been a focus – validation, backfilling and ensuring that all capacity is used to its maximum;
- Outsourcing has reduced – and the resource used for the provision of additional activity on and within CTMUHB's own premises supported by appropriate staff establishments.

Looking at the Single Cancer Pathway (SCP), there has been a sustained improvement in performance and the care of these patients remains a priority for CTMUHB.

Actions undertaken this year include:

- Increased Straight To Test (STT) across CTMUHB;
- Ongoing collaborative working with network for regional diagnostic solutions;
- Changes to the Standing Operating Procedure in Pre Assessment Clinic to ensure cancer process is as efficient as possible;
- A Urology Sustainability Group has been formed;
- The Text & Remind Service has been rolled out;
- A Lung Health Check Pilot has commenced;
- Endobronchial ultrasound (EBUS) (diagnostic procedure) has been established across CTMUHB;
- Accelerated imaging has been implemented for lower and upper GI post endoscopy abnormality as has a Urology haematuria pathway;
- There has been a sustained backlog reduction – excluding Bowel Screening Wales – ranked 4th.

This focus will be maintained for 2024-2025 and beyond.

Diagnostics and Therapies

In the Diagnostic and Therapies areas, progress has been made. In particular:

- Non Obstetric Ultra Sound (NOUS) improvement plan continues to deliver significant additional capacity over core and a reduction in the over eight week breaches;

- There are plans in place to tackle Magnetic Resonance Imaging (MRI) delays and they have delivered a tangible reduction in the backlog of reporting capacity;
- More sustainable solutions are being developed for Computed Tomography (CT) and Magnetic Resonance (MR) scans so that improvements can continue to progress;
- An Endoscopy Transformation Programme is ongoing with improvement already underway, including weekly task and finish group. A number of actions completed which has resulted in an increase in throughput due to ongoing productivity and efficiency schemes including digital solutions, booking processes and pathway management;
- A recovery plan has been developed for Bowel Screening Wales (BSW) which includes a short term plan to clear current backlog to run alongside the sustainable plan.
- The Therapies Service has achieved some successes and faces further challenge in other areas:
    - The demand for adult and paediatric weight management continues to increase and with the paucity of staff in paediatrics it looks as though this will remain a difficult area with current capacity;
    - Physiotherapy was impacted by recruitment challenges, however, with posts now approved it looks likely that performance in this area will return to zero breaches;
    - The Dietetic service continues to account for the vast majority of the total patients waiting beyond the 14 week target for therapies (90%). The majority of the dietetic patients waiting are adults who are waiting for Level 3 weight management service.

Despite real challenges and against a background of staff vacancies and rising referrals in key areas, colleagues in Therapies have made some significant improvements. The process will continue into the coming year.

Mental Health and Learning Disabilities

This Care Group has seen some significant improvements during 2023-2024 as highlighted below:

- In Adult Mental Health, assessment within 28 days is the area of significant focus with internal targeted intervention in the adult area in particular, as the Older Adult and Learning Disability areas are above target.
- Children and Adolescent Mental Health Service (CAMHS) measures have improved significantly and been sustained. Part 1b *(Part 1b of the "Mental Health Measure: Therapeutic intervention started within 28 days following assessment")*, which is 80% of therapeutic intervention started within 28 days, is now the area of focus, however, with the backlog resolved the growth is planned over the coming months. Psychological Therapies, although below target, are performing competitively against the all Wales means.

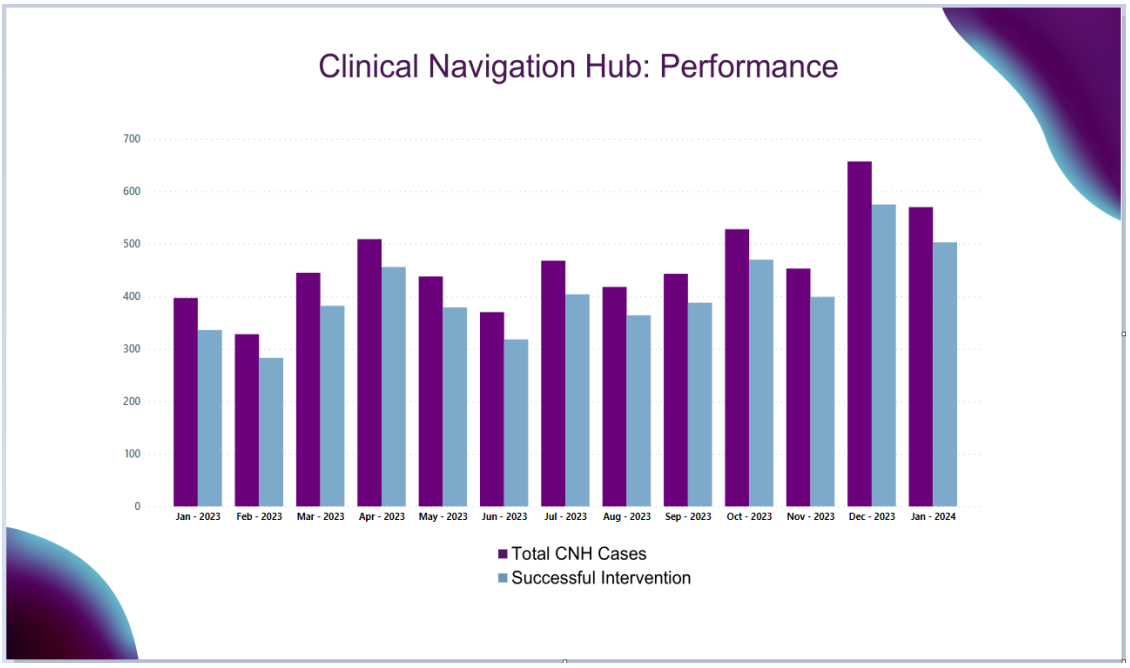
- There has further been success in the CAMHS area as the targeted intervention / monitoring measures have been lifted within Ty Llidiard, a real achievement for staff and an improvement for patients as noted on page 14.

Primary Care and Community

Primary Care and Community plays an increasing role in the achievement of targets and of improved patient care. This is against a background of increasing activity and increased escalation levels for GP surgeries caused by demand and staff sickness – and once thresholds are reached the General Medical Service (GMS) team contact surgeries to see what support can be provided.

As well as the continued improvement in the performance and use of the Clinical Navigation Hub as outlined below, there has been work looking at the longer term sustainability of the GMS service, work with the new Welsh Optometry Contract, engagement with General Dental Services and the conclusion of the GMS contract negotiations, which will see the injection of significant funding.

Figure 25



Work has started on the redesign of Community Hospitals – this extensive and far reaching project will be a major focus for the coming few years.

Our People

Workforce Modernisation, Productivity and Efficiency

During 2023-2024, we maintained our focus on driving strategic workforce planning and workforce modernisation, productivity and efficiency. Progress towards a more effectively planned, sustainable and affordable workforce is essential, with the ever increasing need to balance the ambition and affordability of our service plans, whilst driving the quantity and quality of the workforce contribution. Ensuring that we have the right people, in the right place, doing the right work, with the right skills and at the right cost has never been more important given the demands on the health and social care system together with societal and demographic challenges (including system wide workforce shortages).

Specific areas of achievement in 2023-2024 have included:

- **Reducing temporary staffing usage & spend** (progress further detailed in our response to the Welsh Health Circular: All-Wales Control Framework for Flexible Workforce Capacity (December 2023)):
    - The Value and Effectiveness Portfolio Board, supported by the Nursing and Medical Productivity Programmes, oversees our multifaceted approach to this work;
    - At month 10 there is a 2023-2024 year- end agency expenditure forecast of £47.9 million (6.8% of pay), compared with £60.141 million (8.7% of pay) in 2022-2023. This includes the following year-end forecasts compared to spend last year for key staff groups: Medical & Dental £15.8m against £18.8m, Nursing & Midwifery £21.9m against £26.1m, Additional Clinical Services (including Health Care Support Worker (HCSW)) £4.6m against £8.6m and Admin. & Clerical £1.3m against £2.4m;
    - October 2023 cessation of both administrative & clerical agency workers and HCSW agency workers (With allowances for HCSW Mental Health, only areas with agreement only by exception);
    - Delivery of Bank Modernisation & Improvement project;
    - Introduction of consistent and equitable Extra Contractual Rate Card for Junior Doctors;
    - Mandate of Retinue Direct Engagement, and associated reduction in VAT costs. Increase in M&D from 81% to 98%, AHP from 91% to 100% with £100k savings (FYE).

- **Accurate and accessible workforce data reporting:**
    - Partnership working with Digital and Finance to scope out the People Data Architecture model to enable easily accessible data. Development and implementation of this model will be challenging, but will build robust and sustainable foundations to enable one source for people data

- Building of People Analytics expertise through recruitment and the review of analytical and technical training/ development needs to enable the introduction of training plans that link in with partnership organisations such as Health Education Improvement Wales (HEIW), National Data Resource (NDR) and ONS;
- Design and development of People Data Dashboards (e.g. the Nursing Dashboard, the Medical Establishment workstream) with partnership working across Finance, Care Groups, Digital and People Directorates to provide the holistic dashboards that users require;
- Continuation of improved reporting functionality, e.g. to support WG Vacancy Reporting;
- Development of supply & demand data modelling to support a shift from prescriptive data to predictive insights and scenario modelling.

- **Optimisation of workforce systems and processes:**
  - Promotion of efficient and timely rostering based on good practice principles and supported by training has led to improvements across roster management (including compliance of roster approval/ finalisation/unavailability and audit and time balances);
  - Continued rollout and promotion of Wagestream, a system enabling staff to access overtime and bank pay on a weekly basis with benefit to both the individual and the organisation;
  - Partnership working with Digital to develop CTMUHB approach to Robotic Process Automation (RPA).

- **Strategic Workforce Planning:**
  - KPMG Strategic Workforce Planning review: maturity assessment and development of short/medium/ long term actions in response to recommendations to improve operational & strategic workforce planning approaches;
  - Building internal expertise and capability, including targeted training using evidence-based methodologies in key priority areas;
  - Engagement in Audit Wales Strategic Workforce Planning audit;
  - Designing & implementing sustainable future workforce models, e.g. expanding and embedding use of Physician Associates and Advanced Clinical Practitioners (ACPs);
  - More robust and data driven approach to Education Commissioning to ensure we can deliver against our future ambitions and anticipated levels of service effectively and safely.

- **Attraction, Resourcing & Retention:**
  - Successful recruitment initiatives, e.g. HCSW Bank recruitment, expansion in Nursing Flexi Route & Open University places and engagement with NHS Wales Shared Services Partnership (NWSSP) Medical Overseas Project (recruitment of 4 Junior Clinical Fellows);

- Delivery of Internationally Educated Nursing programme (51 recruits including 11 via new International Nurse Adaptation Programme);
- Further integrating and expanding of our pathways, widening access and apprenticeships offer, creating the conditions for people to develop, grow and improve their lives through learning. This includes apprenticeships, qualifications, supported internships and work experience;
- Development & implementation of holistic Retention Action Plan, aligned to national programme of work and our Employee Experience & wellbeing offer. This has included the launch of our new Lateral Moves scheme for Band 5 Nurses and Midwives;
- Although turnover remains a challenge there has been a reduction in turnover rate from 13.22% in February 2023 to 11.65% January 2024, with Nursing & Midwifery reducing from 12.79% in February 2023 to 10.54% in January 2024.

Employee Wellbeing

As a Health Board we are acutely aware of the pressures and challenges faced by our workforce, not only whilst in work but in their outside lives too, and we have outlined below some of the areas of support that are in place, led by our fantastic Employee Wellbeing Service.

The Employee Wellbeing team provides emotional, physical and financial wellbeing services to all staff at CTMUHB.

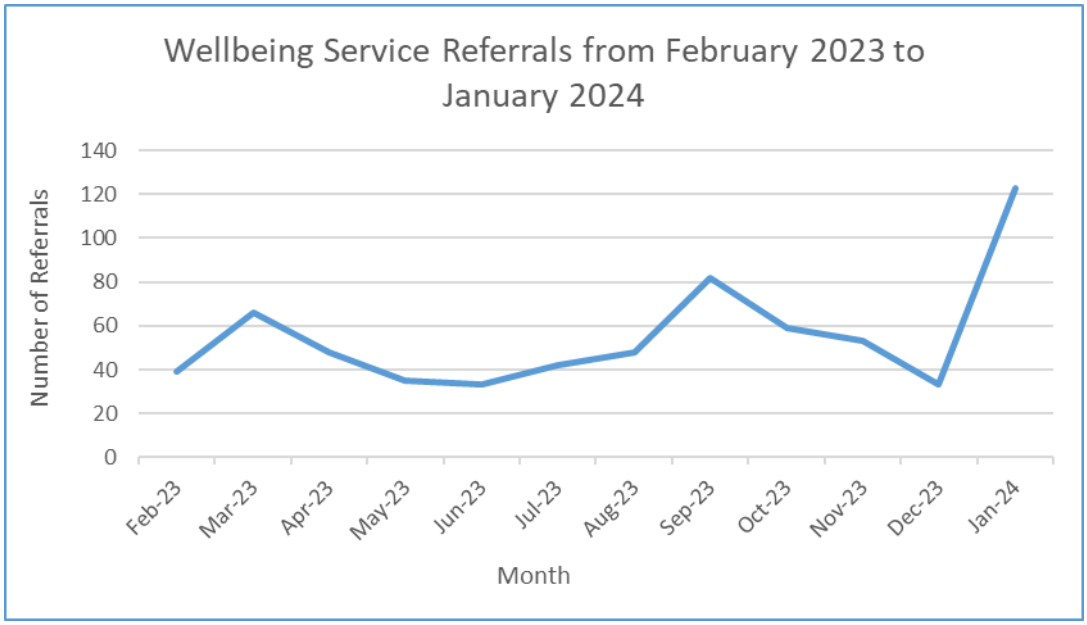
Emotional Wellbeing

The Service provides an evidenced based, stepped care preventative and interventive approach to promote positive emotional staff wellbeing and supports those staff who may be struggling. We conducted our annual staff Wellbeing Survey in May 2023 (response rate 21%) which monitors staff wellbeing across the whole of CTMUHB and provides the basis from which to design the services we provide over the coming 12 month period. In response to the survey we launched a new Navigating Tough Times initiative: The impact of stress workshop in October 2023 and Navigating Tough Times eight week therapy course for people struggling with stress and burnout in November 2023.

In October 2023, we also launched a new Managing Staff Wellbeing course to upskill managers in understanding their role in creating the conditions for staff to thrive in their services, and how to support staff whom may be struggling. In September 2023 the Wellbeing Service launched a bespoke wellbeing offer to support those individuals impacted by Phase 2 of the Organisational Change Process. In that month we also launched our new Processing and Containing Emotions in Teams service, which provides intensive whole team/department therapeutic intervention where staff are displaying high levels of distress, trauma and relational conflict.

Average referral rates to the Employee Wellbeing Service in the period February 2023 to January 2024 were 55.6 referrals per month. Our clinical outcome data demonstrates that, on average, 71% of staff report a decrease in their levels of distress.

Figure 26



Financial Wellbeing

The Employee Wellbeing Service continues to provide a financial care pathway offering extensive information on how staff can access financial training, advice and support. In partnership with the Trussell Trust, we also provide Food Bank vouchers to staff in food poverty. The Trussell Trust also provide hygiene products and pet food to staff in need of them. 86 staff members accessed a Food Bank voucher from the Wellbeing Service between January and December 2023.

Physical Wellbeing

In our 2022 Staff Wellbeing Survey, only 15% of staff indicated that they engage in the government recommended amount of exercise per week (150 minutes per week). In response to this, in May 2023 the Employee Experience and Employee Wellbeing Services launched The Big Team Challenge, and 396 members of staff in 74 teams of 4-6 people set out to complete the virtual length of the Welsh coastal path over 6 weeks (564 miles).

- 75% of participants increased the amount of physical activity they were doing per week after completing the challenge.
- 82% of participants felt they were likely to maintain this level of activity after the challenge.
- 85% of participants felt that the challenge had a positive impact on their emotional wellbeing.
- 83% of participants felt that the challenge had a positive impact on their physical wellbeing

Alongside the challenge the Wellbeing Service continue to offer Healthy Lifestyles and Barriers to Exercise courses and in December 2023 the Wellbeing website was updated to include information on how to promote physical wellbeing.

In October 2023, the Wellbeing Service conducted Menopause Roadshows across our three district general hospital sites and met with over 180 staff face to face to provide information and sign post to Menopause@CTM services.

Quality Governance

As mentioned under "Issues of Particular Note for 2023-2024" on page 13, CTMUHB has made significant progress in addressing its quality governance arrangements during the year. Whilst challenges are still being faced the progress outlined below demonstrates the commitment to improvement.

The **Medical Directorate** led by Dom Hurford, Executive Medical Director, wishes to highlight the following key areas during 2023-2024:

Mortality

Mortality Review Process - Currently all deaths in hospital are scrutinised under the Medical Examiner Service. This service ensures that the appropriate actions have occurred after a death including involving the bereaved in the process. Where necessary it is ensured that investigations have occurred and that learning is gleaned where appropriate.

Mortality Data.

CTMUHB continues to improve its method of acquiring mortality data making it more pertinent to the teams working within the organisation.

This improvement plan will allow data to be collected more accurately and engage the Consultants with the '*Cause of Death'* process. The bereavements teams will be collecting more data to feed into this improved plan.

Medical Workforce Productivity

During 2023-2024, the Medical Workforce Productivity Programme (MWPP) has been re-purposed to achieve improvements across the medical workforce pressure points. Improvements have been made in the following areas:

- *Rate Card for non-Consultants* - Introduction of a rate card that matches our neighbouring health boards. This has allowed control into the rising costs but also pays a reasonable rate for extra work performed by colleagues.
- *Direct Engagement* - CTMUHB now employ 98% of our agency doctors directly and not via other bodies. This is being managed by each Care group. There is a new quality assurance process and structure in place holding Care Groups to account to deliver on objectives.
- *Job Planning* - Care Groups are clearer through new written guidance of what a job plan should entail. Support from the MWPP has allowed the service areas

to start to better manage doctors' jobs plans and improve job plan compliance. This will improve throughout 2024-2025.

Theatre Utilisation Group

During this period there has been close working with the Getting It Right First Time (GIRFT) team and Welsh Government to structure a new pan-CTMUHB approach to standardising practice across our three theatre suites. Significant progress is being overseen by the team and has received many positive comments. There is still a lot of work to do going into 2024-2025, however, embedding the process and joint working has been very useful.

Safeguarding

This year saw the new appointment for the role of "Named Doctor for Safeguarding Children", who will work closely with the Safeguarding Team to provide training and advice to our clinical teams and work with partner agencies to provide safeguarding care for children within CTMUHB.

Organ donation

CTMUHB has received significant praise from a very positive review of the organ donation service offered within CTMUHB, which is testament to the hard work undertaken by the whole team for successful transplant management.

The **Allied Health and Health Science Professions** led by Lauren Edwards, Executive Director of Therapies & Health Science, wish to highlight the following key areas during 2023-2024:

A CTM Allied Health Professions (AHPs) and Healthcare Sciences (HCS) Delivery Plan 2023-26

This plan was developed and launched during 2023-2024. Produced in collaboration with key stakeholders from across CTMUHB, the Delivery Plan sets out in detail how our AHPs and HCS will deliver our priority outcomes, how we will measure our success, and how we will continually improve.

The Delivery Plan has not been developed in isolation but is aligned to the four goals of CTM 2030 – Our Health, Our Future, CTMUHB Acute Clinical Services Plan, CTMUHB Quality Strategy, All Wales Directors of Therapies and Health Science priorities and Welsh Government AHP and HCS Frameworks. Local priorities for AHP and HCS have been identified, through robust stakeholder engagement, to understand key local challenges and priorities for the next three years across CTMUHB.

Progression towards delivering our objectives will be monitored through our governance structures, inclusive of feedback and collaboration with our stakeholders, and will form part of our formal reporting structures. Through regular review, we will ensure that our Delivery Plan and associated work continue to meet the needs of our organisation and our communities.

Cwm Taf Morgannwg University Health Board and University of South Wales Allied Health Professions and Healthcare Science Leadership Opportunity

One of the ambitions linked to our CTMUHB Allied Health Professions and Health Care Science Delivery Plan was for the Executive Director of Therapies and Health Science to provide a tailored leadership opportunity for our Professional Heads of Service. Following close collaboration, a bespoke leadership training package has been developed and funded by the University of South Wales.

The course comprises of an initial in-person session, five virtual learning sessions, two action learning sets and plenary and focuses on areas of needs identified by our professional heads and their managers. The intention being that the course will provide the learning required to ensure that CTMUHB develop AHP and HCS leaders who excel in leading our workforce and services.

Development of Clinical Director of Healthcare Science

During 2023-2024, CTMUHB became the first Health Board in Wales to develop and recruit into the post of Clinical Director of Healthcare Science, which demonstrates the ambition in CTMUHB to raise the profile of our Health Care Scientists and to ensure they have an equal and strong voice in helping us shape our future services.

Partnership Working

Collaboration with Cardiff and Vale University Health Board to allow CTMUHB patients access to their 'Keeping Me Well' website and resources alongside the development of CTM specific pages continues.

There is ongoing collaboration with Health Education Improvement Wales (HEIW) and local universities to develop proposals for AHP Pathfinder projects to support the physical health of adults experiencing mental ill health. At the time of writing this report CTMUHB is awaiting notification of whether these proposals have been successful in attracting fixed-term funding.

Workforce

The following areas of note have been highlighted for 2023-2024:

- Therapies Workforce plan – Therapies was the first department in CTMUHB to have adopted the HEIW workforce planning toolkit and completed the three session training. The finalised Therapies Workforce Plan will be available in the first half of the 2024-2025 financial year.
- The Therapies team undertook a successful recruitment drive in summer 2023 via social media, face to face weekend and evening sessions, and a lunchtime webinar.

Service User Feedback

During 2023-2024, the Therapies Directorate were pleased to now be able to access service user feedback via the Civica platform. This feedback will be used to inform service developments moving forward.

Digital Enablers

CTMUHB were delighted to have appointed the first Therapies Informatics Lead role in Wales, to support digital transformation during this period.

Clinical Transformation

The Therapies and Health Science Directorate are pleased to highlight the following areas of Clinical Transformation activity for 2023-2024:

- Public health dietetics: the successful roll out of PIPYN, which supports children and families with nutrition skills and advice. Due to the success of this project, it has been expanded and funded for 2024-2025;
- Multi-Disciplinary Team (MDT) support to develop specialist critical care Speech and Language Therapy (SLT) roles in each critical care unit in CTMUHB to support the MDT and improve patient experience and outcomes.
- Development of an Early Supported Discharge (ESD) service for stroke patients in Bridgend, ensuring equitable access across CTMUHB.
- Same Day Emergency Care (SDEC) services for Princess of Wales Hospital and Prince Charles Hospital prevent avoidable admissions at the front door or reduce the length of stay for those that require admission, thus reducing risk of deconditioning and healthcare acquired infections.
- Development of a long term conditions offer to include support for cardiac rehab, pulmonary rehab, long Covid, Myalgic Encephalomyelitis (ME), cancer prehabilitation, and a neonate follow up service.
- Welsh Government Funding of the AHPs in Primary Care project. Allowing for:
    - Occupational Therapists in the Navigation Hub to support patients in the community to stay in their own homes and avoid unnecessary admissions;
    - Development of a CTMUHB Physio-led Falls Service, focusing on prevention;
    - Hot clinic access to SLT, Podiatry and Dietetics. This is vastly reducing outpatient waiting times, with patients being seen within two-five days of referral.

The **Patient, Care and Safety Directorate** led by Greg Dix, Executive Director of Nursing / Deputy Chief Executive, wishes to highlight the following key areas during 2023-2024, starting with highlights from Care Groups.

Children's & Families Care Group Highlights

- Children's Ward at Prince Charles Hospital (PCH) has recruited their first paediatric nurse for neurodiversity.
- Royal College of Midwives (RCM) UK and Her Royal Highness the Princess Royal, visited maternity and neonatal units.
- Quality improvement project in school nursing for the development of E-consent to support the school immunisation programme.
- First Multi-Professional, Multi-Agency 'Baby Shower' Engagement event at Orbit Centre, Merthyr Tydfil in June 2023. The event received over 40 families with plans to repeat across CTMUHB.

- Royal College of Nursing, Nurse of the Year Wales Awards celebrated on June 29th: Chief Nursing Officer Award Winner and Improving Individual and Population Health Award Winner; Supporting Education & Learning in Practice Runner – Up
- New toys acquired across all acute paediatric sites, from endowment funding.
- Baby Friendly (BFI) accreditation achieved across both PCH and Princess of Wales (POW) neonatal units.
- Butterfly Garden of Remembrance opened by television presenter Andrea Byrne at PCH in August 2023.
- 'Aqua Yoga' course for pregnant mothers in Rhondda Cynon Taf (RCT) about to start. Thirty participants attended cohort one, evaluation positive 'Made for Mams' 'Water Warriors'.
- Care Group Diverse Cymru training being arranged. Work underway to improve recording of 'Ethnicity' for pregnant women and people.
- Midwife commenced ultrasound training at University of the West of England, supporting development of third trimester midwife led ultrasound service increasing continuity of carer and improved surveillance of small for gestational age babies.

Unscheduled Care Group Highlights

- Application made by Princess of Wales Hospital to be revalidated as a Venous thromboembolism (VTE) Exemplar Centre.
- Red 2 Green engagement days – excellent engagement across the 3 acute sites with a focus on patient's time and value added care with the patient at the centre of all we do within CTMUHB.
- Paediatric Emergency Department has implemented a visual board within the department of QR codes for patient Information leaflets. These link with the national guidelines and are a great service development and quality improvement initiative within the department.
- Implementation of the Acute Care of the Elderly Unit co-located on Acute Medical Unit, utilising 15 beds since April 2023, has had positive outcomes for both patients and staff with a reduction in length of stay and reduced requirements for additional staffing.
- Patient journey signage has been created within the Emergency Department (ED) at Royal Glamorgan Hospital (RGH) waiting room to support patient understanding of ED attendance and process.
- Following the completion of the Organisational Change Process, the senior and lead nurses within the USC Group have been aligned to their new portfolios.
- Prince Charles Hospital (PCH) have developed an Advanced Nurse Practitioner (ANP) role as part of a proof of concept piece of work supporting patient flow at the front door, across ED, Clinical Decisions Unit and GP Assessment Unit. Since January 2024 there has been a significant positive impact to patient care, safety, experience, length of stay and patient flow.
- Student Nurse placements have returned to the ED at PCH and the University of South Wales have been monitoring progress closely. The department are pleased to notify that they have received 98% positive feedback and are looking to increase the number of student placements available.

- CTMUHB and Welsh Ambulance Service NHS Trust (WAST) colleagues are working collaboratively to ensure we deliver a quality service to our patients.

Planned Care Group Highlights

- The Critical Care Nurse team produced a pressure damage booklet-appropriate for staff, patients and families.
- Monthly Ward Assurance audit reports via Audit Management and Tracking (AMaT) fully embedded.
- Oesophageal High resolution Manometry / pH monitoring Service commencing in CTMUHB, which is the gold standard for diagnosis and treatment of patients with reflux and other oesophageal common benign conditions.
- Human Tissue Audit on Ward 5 in Prince Charles Hospital achieved 100% compliance.
- Pressure damage, falls and medication errors Scrutiny Panels are fully embedded across all three sites.
- Patient Diaries have been launched within Critical Care in Princess of Wales Hospital as part of an initiative with the unit psychology team.
- Creation of patient information leaflet regarding 'How to Safely Obtain Diet and Fluids when Lying Flat', which has been shared across the Health Board.
- Significant reduced Bowel Screening Wales (BSW) waiting times from 25 weeks in October 2023 to 5 weeks in January 2024.
- New information boards within Critical Care at Princess of Wales Hospital and Royal Glamorgan Hospital.

Mental Health & Learning Disability Care Group Highlights

- The repatriation of Community Children and Adolescent Mental Health Services (CAMHS) to Swansea Bay University Health Board was completed as planned and all services transferred at the end of March 2023.
- Royal College of Nursing (RCN) Nurse of the Year Awards – Two Learning Disability Acute Liaison Nurses were winners at the ceremony in June 2023.
- The Older Adult Falls Safe Care Collaborative is progressing its work. The improvement project commenced at Angelton and was rolled out to the wider Care Group in September 2023.
- Ty Llidiard was de-escalated to 'routine monitoring' by its commissioner: Welsh Health Specialist Services Committee (WHSSC).
- Two Health Care Support Workers (HCSW) won the RCN Nursing Award in the Nursing Support Worker category for their work on Maintaining Standards and Reducing Restrictive Interventions at Ty Llidiard and received their award in person at the ceremony in Liverpool in November.
- The Head of Nursing led the development of a recruitment and retention plan, which includes actions such as working closely with the local universities to maximise Serious Shortage Protocol opportunities for recruitment.
- The Veterans Mental Health team has introduced a new clinic in Bridgend to accommodate increased referrals into the service.
- The Community Mental Health Team's in Bridgend have held open days for people who use the service and their carers, in conjunction with Bridgend

County Borough Council and third sector providers to gain feedback and look for ways to co-produce services in the future.
- A dedicated primary care liaison role for people with a learning disability has been introduced in the Taff Ely cluster. The post holder is working closely with the cluster and Improvement Cymru to develop a quality improvement project to improve compliance with annual health checks for people with a learning disability.
- During February Half Term our CAMHS Schools In-Reach team ran three open access online webinars for parents and carers of young people who experience worries and anxiety. These were published on the CTMUHB intranet and social media and were well attended and received.

Diagnostics, Therapies, Pharmacy and Sciences Care Group Highlights

- Radiology Quality Assurance framework.
- CTMUHB have appointed the first Consultant Podiatrist post in NHS Wales. The post holder provides strategic and clinical leadership on expert practice for the management of foot and ankle care.
- Focus on early resolution of any complaint/concern has meant a consistently low number of formal complaints month-on-month.
- Permanent pharmacist support now secured on paediatric ward at Royal Glamorgan Hospital.
- The Pharmacy Team won a National Pharmacy Led Anticoagulation Initiation and Monitoring Service Award at the Venous Thromboembolism (VTE) Awards in November 2023.
- The Multi-Disciplinary Care Homes projects in Bridgend won a prestigious Medi Wales Award 'Social Care Innovation through Collaboration Award' – Awarded to personnel who have collaborated to innovate on a social care project that has resulted in major impact and benefit.
- Therapies Quality Exemplar – Dietetics Oncology undertook a review of oncology patients requiring specialised dietetic care. 220% improvement on Referral to Treatment (RTT) times – from 4-6 weeks to 9 days.

Primary & Community Care Group Highlights

- District Nursing Night service operational management has been aligned as one CTMUHB wide service, to ensure that equitable services are evident for all.
- Specialist Immunisation service Senior Nurse received a Lifetime Achievement award in recognition of services to individual and population health.
- Community Hospitals Bed redesign work commenced.
- Plans to create five designated palliative care bed areas within His Majesty's Prison Parc (HMP).
- Clinical Lead at HMP Parc awarded a Chief Nursing Officer (CNO) Excellence Award for her work within Dementia Care.
- The Community Integrated wellbeing team merged into the Cluster networks to offer support to individuals with neurological conditions ensuring a more holistic approach to the care provided.
- HMP Parc, introduction of numerous service delivery improvements:
    - Sexual health screening on admission to prison.

- Kings Fund Pilot on a tool developed to assess the environment to provide effective care for men with Dementia.
- Five allocated cells being changed to 'Palliative rooms', which will be used to provide end of life care.
- Information leaflet devised to share with all.
- All patients to be provided with information for them to be aware of all the Health services available at HMP Parc.

In addition to the Care Group activity, the central functions within the Patient, Care and Safety Team would like to highlight the following key areas of activity for 2023-2024:

Putting Things Right (PTR)

PTR was established to review the existing processes for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales. The aim is to provide a single, more integrated and supportive process for people to raise concerns.

During 2022, CTMUHB moved to a Care Group Model and to support this change the quality governance structures were reviewed and centralised so that they operated using a business partner model. Quality Governance provides Board assurance through a systematic approach to maintaining high quality care and standards which uses ongoing measurement and reporting on safety, effectiveness, staff and user experience, identifying areas for improvement and enabling the sharing of good practice in accordance with statutory obligations. Staff strive to deliver the best patient experience in all our services, and it is important to us to understand the reasons why, on occasion, care has fallen below the standards we would expect, so that we can take appropriate action to prevent this recurring.

The Welsh Government NHS Delivery Framework requires Health Boards and Trusts to report quarterly the percentage of complaints which were responded to in 30 working days. The NHS Wales target is to respond to 75% of complaints within this timeframe. Some complaints can be more complex and take longer to provide a detailed response and we aim to resolve those within 6 months. Our complaints management systems were centralised in February 2023, which enabled the implementation of triaging concerns, with the aim of ensuring that each complaint is managed in the most effective way.

Our overall goal of deceasing the proportion of complaints requiring management under the formal complaints process was achieved, which has seen a corresponding increase in the compliance with the NHS Wales target of 75% for responding to complaints:

- Formal Complaints received 2022/23: 966
- Formal Complaints received 2023/24: 563
- Total Complaints responded within 30 days:
    - January to March 2023: 46%

- January to March 2024: 89%

Over the coming months, to strengthen our engagement with our patients, families, carers, staff and third party stakeholders, and to understand what receiving care feels like to them and to ensure their voices are heard and that feedback is used to drive service improvements, the People's Experience Team will be collaborating more closely with the PTR/Concerns and Care Group Quality & Patient Safety Teams.

Public Services Ombudsman for Wales

Where service users are not content with the response to their complaint prepared by CTMUHB staff, they are entitled to refer their complaint to the Public Service Ombudsman for Wales (PSOW) who has the power to review such matters on an independent basis where appropriate. CTMUHB's PSOW Liaison Officer has continued to work closely with the PSOW's Investigation Officers, ensuring that regular communication is maintained, particularly if there are any delays and also to ensure cases are escalated appropriately.

Regular in-depth reviews of PSOW referrals are held with the Head of Concerns and Business Intelligence, Complaints Team Manager and the Liaison Officer to ensure that the Health Board is meeting compliance and that any necessary support/assistance is put in place. As per PSOW request to all Health Boards across Wales, CTMUHB continues to share quarterly complaints returns with the PSOW's office and this data is published on their website.

Redress

If during the investigation of a complaint a breach of duty in our care has been identified which has caused the patient harm, there may be a qualifying liability. In such cases the matter will transfer into our Redress process to undergo further detailed investigation.

Incident Management

To facilitate, support and promote the effective delivery of this work, a further iteration of the Incident Management Framework to outline, detail and provide guidance to colleagues on each step of the process was rolled out across the organisation in March 2024. Root Cause Analysis investigation training continues to be delivered across the organisation.

Duty of Candour

The Duty of Candour, which came into force in April 2023, is a legal obligation for healthcare providers to be open and honest with patients and their families when harm occurs during care delivery and has been implemented within our Health Board for the past year.

CTMUHB were active members of the National Implementation Group and the three work-streams which focussed on: Education and Training; Reporting and Learning; and Communications and Engagement.

In line with legislation, a CTMUHB policy was developed and disseminated across the organisation. This included a comprehensive review and triage system.

Extensive training sessions were conducted to educate healthcare staff about their responsibilities under the Duty of Candour. This included workshops on the requirements of the duty, effective communication and disclosure practices. This was supported by the various training materials developed nationally.

The Duty of Candour principles have been integrated into daily practice routines. This has involved updating documentation processes, including incident reporting mechanisms, to ensure transparency and accountability and a concerted effort was made to foster a culture of openness, transparency, and learning from adverse events.

Within CTMUHB, the implementation of the Duty of Candour has made significant strides in promoting transparency, trust, and accountability in healthcare delivery. While challenges remain, the commitment to fostering a culture of candour and continuous improvement will guide our efforts over the forthcoming year.

Duty of Quality

The Duty of Quality (DOQ) is a legal obligation, which came into force in April 2023, and has been successfully implemented at Board Level against the Welsh Government Quality & Safety Framework (2021). The DOQ requires all NHS organisations within Wales to commit to deliver improvements in the quality of health services and requires the publication of an Annual Report for Quality, setting out the steps they have taken to secure these improvements. Our Report will be published on the Health Board's website at the end of the first quarter of 2024-2025.

The challenge for CTMUHB, going forward, is to ensure the Care Groups, Directorates and Service Groups are aligned for self-assessment against the Framework and the six domains of quality: Safe, Timely, Effective, Efficient, Equitable and Patient Centred care.

Healthcare Inspectorate Wales (HIW)

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. HIW inspects NHS services, and regulates healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. HIW has undertaken inspections across CTMUHB and details of these inspections can be found here.

Overall, the themes and trends that were common across some areas of CTMUHB, include:

- Statutory mandatory training compliance could be improved.
- Communal areas, especially outside areas, could be maintained more pleasantly.
- Staffing levels could be improved in some areas.

- Many examples of staff demonstrating a caring, respectful, kind and understanding attitude to patients and relatives.

Over the last year, 2023-2024, regular updates were provided to the Quality & Safety Committee on progress against the open actions held on the CTMUHB's HIW tracker.

In the coming year, the Inspection Module within the Audited Management and Tracking (AMaT) system will be further developed and implemented to capture the open actions, learning, themes and trends from HIW Inspections across CTMUHB.

Organisational Listening & Learning Framework

CTMUHB is committed to promoting a culture which values and facilitates learning, and in which the lessons learned are used to improve the quality of patient care, safety and experience.

CTMUHB's Listening & Learning Framework launched in 2022 demonstrates how learning is identified, stored, triangulated, shared, disseminated and implemented in practice to facilitate and embed a culture of appreciative enquiry and continual improvement. The Framework recognises that the Care Groups and Clinical Service Groups have internal governance and learning structures. The Framework, therefore, seeks to complement and build on these arrangements, by adding a strategic approach to support the organisation to learn lessons from a range of internal and external sources, to store and use this learning to share knowledge, shape change and create opportunities to develop excellence in practice.

A learning repository was developed on a SharePoint platform which provided ease of access to all staff across CTMUHB. The repository stores learning, based on themes such as medication errors, pressure damage, falls etc. Learning stored includes action plans, newsletters, internal safety briefs and audits. The site has been further developed and in 2024 will include Learning from Events Reports (LFERs) and patient stories, with links into learning around Mental Health and Safeguarding. In order for learning to be shared across the organisation, the platform is continually updated and developing that allows access to shared learning for all staff.

A monthly patient safety newsletter is also produced to highlight positive learning, themes and trends from incidents, concerns and key activity within the Health Board Patient Safety and governance services. This newsletter is due to be reviewed over the second and third quarter of 2024-2025 to ensure we are meeting the needs of all staff across the Health Board.

In addition to this, patient safety clinics are offered to teams across CTMUHB. These clinics are a proactive mechanism for communicating and engaging with staff in relation to key patient safety themes that have been collated from events and learning across CTMUHB. It provides a forum for staff to gain knowledge and understanding of patient safety and is a platform for learning as well as enabling a closer working relationship between the patient safety team and health professionals.

CTMUHB held their second annual Listening and Learning Conference in May 2023 and shared learning both within the organisation and across NHS Wales. The next annual event is scheduled to take place in June 2024, and the emphasis will be engaging more with clinicians, from all disciplines.

In March 2024, CTMUHB won an award, and was highly commended, in the Welsh Experience National Awards for being a "Listening and Learning" organisation.

Quality Assurance

Whilst the process of ensuring quality and patient safety is a CTMUHB wide objective, the management and oversight of this has continued to be strengthened. Responsibilities have been strengthened in relation to quality and patient safety across the executive team and within the care group structures. A weekly 'at a glance' report facilitates high-level awareness of quality and patient safety concerns. Additionally, a comprehensive slide-deck outlining the Health Board's position for: Concerns/PTR Compliance; Learning from Event Reports (LFERs); Inquests; Claims and Redress, and incidents is reviewed at the weekly patient safety executive-led meetings. This ensures that key priorities are identified for the upcoming week and relevant issues are escalated to the Executive Team and Board in a timely manner.

The quality of information presented to each meeting of the Board's Quality and Safety Committee (Q&S) for assurance and scrutiny has continually improved over the year. These reports cover all service settings including acute hospital care, primary and community, mental health, and maternity services. They also include overarching CTMUHB-wide quality metrics such as data on the incidence of falls, pressure ulcers and medication safety. The reports contain information across a wide range of quality indicators and enable scrutiny of patient safety and experience across all care groups through the use of a standard template, which enables comparisons. The Q&S Committee papers can be found here.

Quality Impact Assessments

To ensure that planning is underpinned by quality, and as part of the work being undertaken following the implementation of the Duty of Quality, the Quality Impact Assessment (QIA) procedure was revised in the second quarter of 2023. Following this, any new plans, service change, programmes, projects or saving schemes are required to undergo a Quality Impact Assessment. This is a fundamental process to ensure that any service changes or plans are examined, understood and the potential consequences on quality are considered, with mitigating actions outlined in a comprehensive way.

Patient Safety Alerts

The internal management, monitoring and reporting process for Patient Safety Alerts (PSAs) and Patient Safety Notices (PSNs) is now operating in a structure of devolved responsibility to the relevant Care Groups with the central Patient Care and Safety Team providing support, co-ordination and oversight, leading to

reporting compliance. Details of patient safety alerts and notices are publicly available here. CTMUHB is currently fully compliant with all Patient Safety Notices.

Infection Prevention and Control (IPC)

Healthcare Associated Infections

Welsh Government set annual targets for Health Boards in Wales to achieve reductions in healthcare associated infections. The targets are set against five key surveillance organisms and monthly infographics are produced by the IPC Team, to enable the care groups to monitor their progress and trends. An increase in C.difficile, MRSA bacteraemia and Klebsiella spp. bacteraemia has been reported compared to the same period last year but fewer cases of E.coli and Pseudomonas bacteraemia.

The IPC Team investigate all preventable infections and multi-disciplinary meetings are held to identify learning to inform practice and influence patient care, all of which is widely shared.

A significant proportion of infections are deemed to be community acquired and there will be a focus in 2024 to restructure the IPC Team as well as collaborative interventions with Public Health colleagues to meet the demands of the CTMUHB population. Clinical engagement is critical to introduce targeted interventions to improve patient care.

Infection Prevention and Control Team.

A strategic review of the IPC Team is underway and a restructure will enable the team to provide an integrated service for secondary, community and primary care. The team will support the care groups to identify and drive improvements in practice.

Absences and vacancies have negatively impacted the Teams' ability to drive improvements this year. Every effort has been made to complete the planned annual audit programme but not all areas have been completed. These areas will be prioritised next year. Support has been requested from clinical teams to address sub optimal IPC practices and environmental issues identified during the IPC audits and ward visits.

The ICP Team have reintroduced a blended approach to support delivery of IPC education and training. Face to face sessions have been reintroduced to support the eLearning packages available to staff.

Acute Respiratory Infections (ARI)

CTMUHB realigned its testing strategy in line with the revised national framework in response to widespread vaccination and changing public health conditions. An increase in ARI including COVID-19, Influenza and other respiratory pathogens proved challenging during the winter months as admissions to hospitals with ARI peaked, hospitals were operating at maximum capacity with the added complication of staff sickness. Individual cases of ARI and outbreaks of infection

were managed by the IPC Team but decisions to close wards were often over ruled and a risk based approach to maintaining patient flow through the hospitals was adopted.

Point of care testing was introduced in the Emergency departments and paediatric wards at the acute hospital sites to inform patient management.

A new COVID-19 variant was identified during the summer and the impact of its transmissibility and severity is being monitored.

Decontamination

A dedicated Decontamination Officer has been appointed to drive the decontamination agenda. An external audit carried out last year, provided reasonable - substantial assurance for the decontamination arrangements, processes and systems across CTMUHB. Plans to centralise the endoscope decontamination unit at the Princess of Wales hospital are progressing.

Safeguarding and Public Protection

One of the priorities for 2023-2024 has been to increase the compliance of level 3 training for those who work with children and vulnerable adults. In addition to monthly level 3 sessions, bespoke training has been provided to students, nursing, General Practitioners and medical colleagues to enhance their knowledge in the recognition and management of safeguarding concerns. Learning from incidents, reviews and complaints has been incorporated into all training, in addition 7 minute briefings have been developed and disseminated to colleagues across all care groups. Throughout Safeguarding week numerous activities were delivered throughout CTMUHB, including a learning event. It is recognised that training and education underpins effective safeguarding practice.

CTMUHB were involved in a Rapid Review of child protection arrangements within Merthyr Tydfil and a Joint Inspection Review of Child Protection Arrangements within Bridgend. This was a cross inspectorate review of how well safeguarding partners work together to protect children. Health Inspectorate Wales (HIW) the independent inspectorate and regulator of healthcare in Wales led on the health component of the review and contributed to the overall report published in September 2023. Following this review, a joint action plan was developed and overseen by the Cwm Taf Morgannwg Regional Safeguarding Board (CTMSB).

Throughout both reviews it was acknowledged that good practice was evidenced through supervision and peer review meetings. CTMUHB's safeguarding team was seen as a valued resource, offering support, advice, supervision, and training to staff. The team was identified as being proactive in ensuring learning from reviews was shared via the development of 7-minute briefings and the revision of training to capture key messages. Good practice was also evidenced through holistic health assessments for children looked after. However, the report suggested that improvements were required in specific areas, particularly CTMUHB's contribution to core group meetings and review child protection conferences for school aged children. This represented missed opportunities to be involved in multi-agency child protection arrangements. Therefore, collaboration with those services

working with school aged children is ongoing to provide equitable and meaningful co production working for those children with a care and support plan. Part of this work has included the revision of child protection case conference reports.

Building on the positives identified throughout the review, CTMUHB have continued to build on efforts to ensure that the voice of children and adults at risk are heard and captured through the services they receive. Improvement planning has included the development of questionnaires for children, their families and survivors of domestic abuse. The voice of these individuals will be utilised to drive improvements within child protection medicals and services providing care and support to those affected by domestic abuse.

The role of the health Independent Domestic Abuse Advocate (IDVA) has been integral to understanding the needs of patients accessing services within CTMUHB. This role has facilitated advice and support for those who have accessed acute services, and in need of ongoing support and safety advice with third sector services.

In line with Safer Lives guidance, CTMUHB have ensured mental health attendance at all Multi-Agency Risk Assessment Conferences. This ensures that those suffering with mental health problems and affected by domestic abuse receive appropriate assessment, support and interventions. Health services are seen as uniquely placed to help identify victims/survivors and perpetrators of domestic abuse and to refer to appropriate support. A bespoke package of training was delivered to mental health colleagues in partnership with the Independent Domestic Violence Advisor (IDVA) and Drive partnership programme to share learning from adult practice and domestic homicide reviews.

The safeguarding hub provides access to child protection medical examinations for children over the age of one, in normal working hours, in a child centred environment. This Hub has been extended to provide cover over 5 days, this facilitates timely child protection medicals in a dedicated space for children residing within Cwm Taf Morgannwg and Powys.

CTMUHB are active partners of the regional safeguarding board and strive to deliver services in line with its priorities. CTMUHB also contributes to the Community Safety Partnership and Corporate Parenting Boards. CTMUHB have recently engaged in the national safeguarding review and committed to driving improvements, this includes exploring different ways of working with multi-agency challenges.

Deprivation of Liberty Safeguards (DoLS)/Mental Capacity Act

DoLS are an amendment to the Mental Capacity Act 2005 (the 'Act'), and provide protection for vulnerable people, in care homes or hospitals who lack capacity to consent to the care or treatment they need. If it is in the best interests of a person for a hospital or care home ('the Managing Authority') to deprive a person of their liberty to keep them safe from harm and provide appropriate treatment, then the Managing Authority must apply for permission (a DoLS authorisation).

In 2019 the law was changed with an amended Mental Capacity Act (2019) (the MCA). The MCA (amendment) 2019 was to put in place new legislation, the publication of a new code, and regulations under Liberty Protection Safeguards (LPS). However, in April 2023 the Department of Health and Social Care announced that the implementation of the LPS, and the Mental Capacity (Amendment) Act 2019, would be delayed.

CTMUHB have been fortunate to receive Welsh Government funding to increase the numbers of completed Deprivation of Liberty Safeguard authorisations and reduce any backlog. This funding was utilised to expand the DoLS team and commission an external agency. This allowed for increased numbers of authorisations to be completed within statutory timescales. A bid has been submitted to Welsh Government to further progress on this work through 2024-2025.

An internal audit was completed for 2023-2024, the review looked at the current processes for DoLS applications, to ensure they are managed in accordance with the DoLS Code of Practice, Welsh Government guidance, and CTMUHB procedures. It also considered the Liberty Protection Safeguards preparatory work undertaken by CTMUHB, and how it is used to improve current DoLS processes.

The findings of the review identified areas for further improvement. These included recommendations for the development of a standard operating procedure (SOP), a review of the current management system, to ensure each stage of the process is captured, monitoring of mental capacity act training completion rates at the various levels and future prediction work to better understand what is required to better understand the demand on the DoLS service.

In order to provide assurances, a quarterly quality improvement meeting has been developed to have oversight of the action plan, drive improvements and have oversight of the quality of authorisations at each stage. Management systems have been adapted to provide improved scrutiny over the accuracy of data at each stage of the process. Work is ongoing to find a digital solution that can provide a more robust management system for use in CTMUHB.

Consent is central to healthcare practice, The Mental Capacity Act (MCA) provides a legal framework for all staff who work with/come into contact with patients and/or families and individuals who may lack Mental Capacity who are 16 and over. The development of an MCA Practice Educator and Practitioner has enabled CTMUHB to develop, deliver and oversee all levels of MCA training. Levels 1, 2 and 3 MCA and DoLS training has become mandatory throughout the health board. Competencies have been reviewed and allocated in line with the framework.

Wards across community and district general hospitals have already received training, along with community services. In addition, Mental Capacity Act principles resources including banner pens, posters and leaflets have been designed and distributed across all sites to raise awareness amongst staff and community during a roadshow.

The team have produced a twitter page dedicated to raise awareness and keep people updated in respect of changes and plans for CTMUHB. A newly designed

intranet page ensures that all colleagues can access relevant guidance and documents pertaining to Mental Capacity Act.

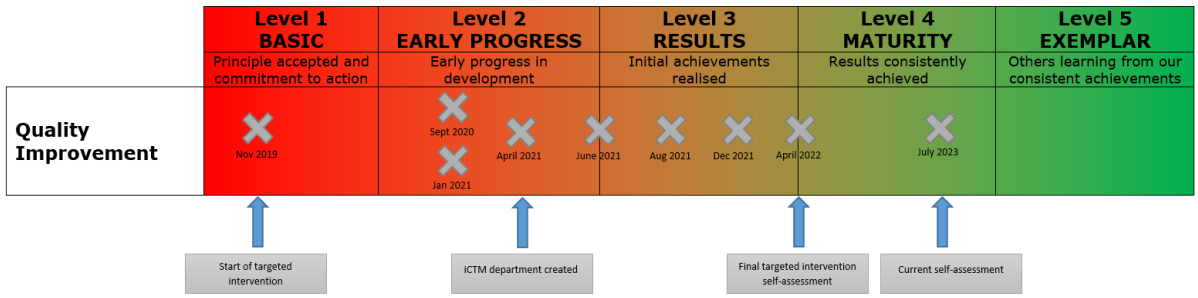
The MCA and DoLS team have also arranged Court of protection training for managers/key individuals from across different disciplines and sites. This ensured those individuals understood the principles and the process, and were able to disseminate the information more widely.

The MCA Practice Facilitator is working collaboratively with the Deprivation of Liberty Safeguards (DoLS) team leader, and Head of Legal and Risk, to explore an e-Capacity Assessment form, which is user friendly. They are also exploring the development of a teaching session on keeping the MCA and DoLS teams up to date with legal legislation, and ensuring good and shared practice.

Innovation and Improvement

iCTM is there to ensure a robust Improvement, Innovation and Value Based Healthcare capability exists to support and facilitate service and quality enhancement and enable the organisation to build the change capability needed to meet its strategic objectives and future vision. In 2019 CTMUHB entered Targeted Interventions for a number of areas including Quality Improvement, with WG setting maturity assessment criteria for progression. Over the last 3 years CTMUHB has moved from a basic level of Quality Improvement (QI) to Maturity/Exemplar status which is a testament to its people in embracing change and delivering improvements within their areas.

Figure 27



During 2023-2024, CTMUHB has continued to see its capability and capacity to deliver sustainable patient focused improvement build and mature with training and development for our people, which has enabled us to build a network of improvement and value based healthcare champions across the organisation and taking us towards our vision of everyone being an improvement agent. Complementing this community, and unique to CTMUHB is a Multi-Disciplinary Improvement Faculty made up of frontline Multi-Disciplinary Team resource of QI champions who provide two sessions each of support every week to quality improvement.

This capability and support in CTMUHB has allowed us to work with our partners as part of the Safe Care Collaborative (in partnership with 'Improvement Cymru' and 'Institute for Healthcare Improvement'), which has seen CTMUHB teams create a number of key improvement projects which are driving forward

improvements in patient care, safety and experience along with improving process and work for our people:

- Acute Deterioration (RADAR)
- Paediatrics Diabetics
- Falls Reduction Improvement
- Pressure Damage Reduction
- Community Midwifery
- Navigation Hub

Our staff ideas scheme has continued to build momentum with over 1,000 active users engaging with challenges, generating over 140 improvement and innovation ideas.

In 2023-2024, CTMUHB procured a new single platform for the continued roll-out, across CTMUHB, Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS), providing valuable insight into the experience of our patients and identifying areas for improvement and innovation.

Notable achievements in 2023-2024:

- 5 Improvement Initiative posters shortlisted for Institute for Healthcare Improvement;
- Launch of Value-Based Healthcare project launched in partnership with Welsh Wound Innovation Centre to address Community Acquired Pressure Ulcers;
- Falls Reduction Collaborative in Adult Mental Health launched;
- Success of our capacity building approach demonstrated at our first Quality Improvement showcase event;
- Endoscopic Retrograde Cholangiopancreatography improvement work where waste and patient safety / quality issues have been identified;
- First Patent secured for over 10 years from an idea suggested by a member of staff turned into a prototype for breast wound protection clip;
- Sustainability initiatives including a project run by our Regional Innovation Coordination Hub (RIC) on cardboard recycling into commercial viable products including horse bedding for South Wales Police (shortlisted for NHS Wales Award);
- 6 Value Based Healthcare projects won awards including – Heart Failure Diagnostics, Remote Monitoring Heart Failure Digital App, Frailty, MyMobility T&O, Lymphoedema, Mobile Respiratory Bus.

Research & Development (R&D)

CTMUHB's R&D Department supports the set up and delivery of a broad range of commercial and non-commercial Clinical Research Portfolio (CRP) studies, to maximise the opportunity for CTMUHB's population to participate in high quality research, with potential access to new treatments and therapies, which may improve patients' outcomes or quality of life.

The R&D Department continues to meet and collaborate with its academic partners to optimise research opportunities that will have impact, both for the NHS and academic institutions. Collaborative working has supported the submission of

high-quality funding applications. Recent successful collaborative grant applications include Welsh Intensive Care Society (Swansea University), Burdett Trust (University of South Wales) and NIHR Health Determinant Research Collaborator (Cardiff University/Rhondda Cynon Taf Local Authority). CTMUHB's R&D Department provides an annual Collaborative Academic Research Funding scheme to support staff to develop new research partnerships with an academic institution to address a current healthcare challenge and 5 projects have recently been awarded £3000 each.

The R&D department continues to support the CTMUHB's workforce pursuing external funding for project and personal awards to progress their research ideas, to include "first into research" and "research training awards".

CTMUHB's R&D Department continues to monitor the main performance metric for participant recruitment from Welsh Government, which is for 80% of CRP and commercial studies to close having recruited to time and target (target number of participants recruited within the specified timeframe). During 2023-2024, 100% of CRP and commercial studies have closed having met their recruitment target.

The continuing review of the R&D infrastructure has led to the addition of 1 x Band 6 Research Nurse, 1 x Research midwife and 0.5 x Band 7 Research Physiotherapist, with the appointment of an additional Band 7 Clinical Research Specialist Officer in process. The successful award of external grant funding has also enabled the appointment of a fixed term Band 6 Research Nurse and Band 5 Research Officer.

Following the opening of the Clinical Research Centre at the Royal Glamorgan Hospital site in February 2021, the R&D team continues to seek designated research space at Prince Charles Hospital and Princess of Wales Hospital sites.

The provision of addition of long term designated clinic facilities and space for research will be essential for CTMUHB to participate in, contribute to and support the upcoming significant research opportunities. Such an opportunity will include access to UK government funding as part of an investment initiative with the ABPI. This initiative (voluntary scheme for branded medicines pricing, access and growth (VPAG)) is being implemented to increase commercial research activity across the UK, notably in the field of new medications and treatments. The Welsh NHS R&D services have an opportunity to access this funding and enhance the research opportunities for the population of Wales.

With support from CTMUHB's Executive Leadership Group, the R&D Department is working hard to promote and implement the Health and Care Research Wales NHS R&D Framework, which was published in July 2023. This is a key document that details the role of the Health Boards in helping support and facilitate research activity for all health care professionals and our population.

The annual Research and Development Conference took place in November 2023 at the Vale Resort, Hensol, providing an opportunity to showcase the multi-disciplinary and multi-professional research being hosted and undertaken across many specialties within CTMUHB as well as providing a networking opportunity for delegates to develop further research collaborations. The event was the best

attended to date with 214 delegates from academia, NHS, industry and patient representatives. There were 11 oral presentations, including the keynote speaker and 54 poster presentations sharing and disseminating research findings. The event was shared through CTMUHB R&D's and Health and Care Research Wales's social media.

Public and Population Health

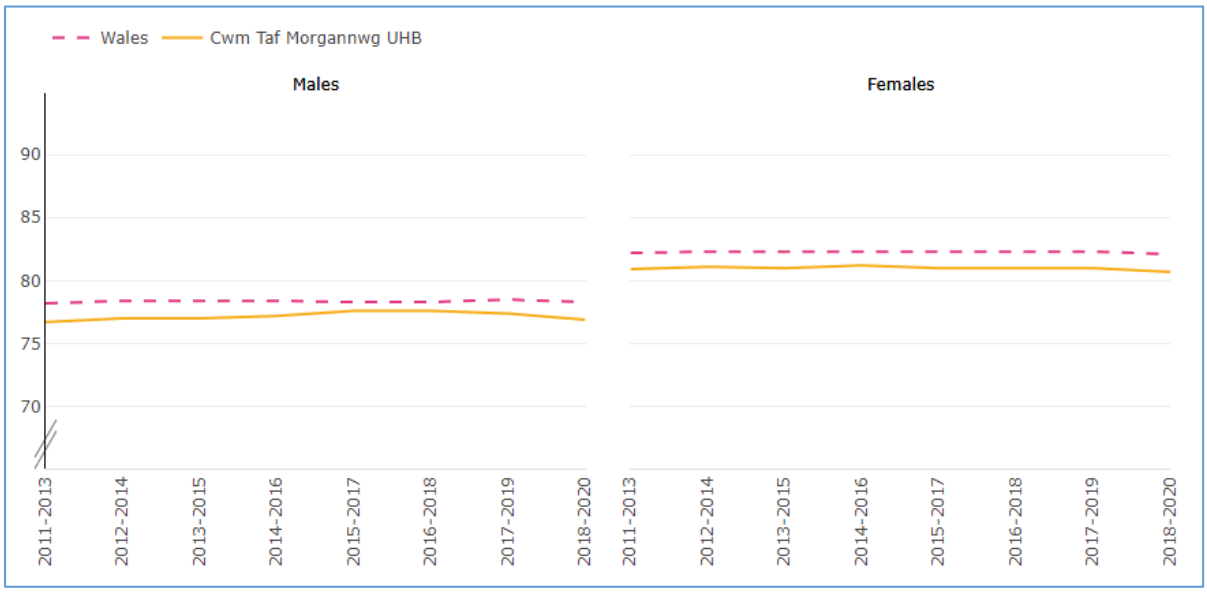
The Population We Serve

The resident population of CTMUHB was estimated at 444,037 (StatsWales Welsh Government, November 2023). The region has high levels of deprivation, with 56.5% of the population of the Health Board area living in the two most deprived fifths in Wales (WIMD 2019 with populations from ONS, 2020). The highest levels of deprivation lie mainly in the valleys to the north of the CTMUHB area.

The challenges of poorer health outcomes for the population of CTMUHB are considerable when compared to Wales as a whole and large inequalities exist within the CTMUHB area. Life expectancy for men and women in CTMUHB is less than the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for men and women. The inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy can be seen in the following charts:

Life expectancy at birth, Total, males and females, 2011-2013 to 2018-2020

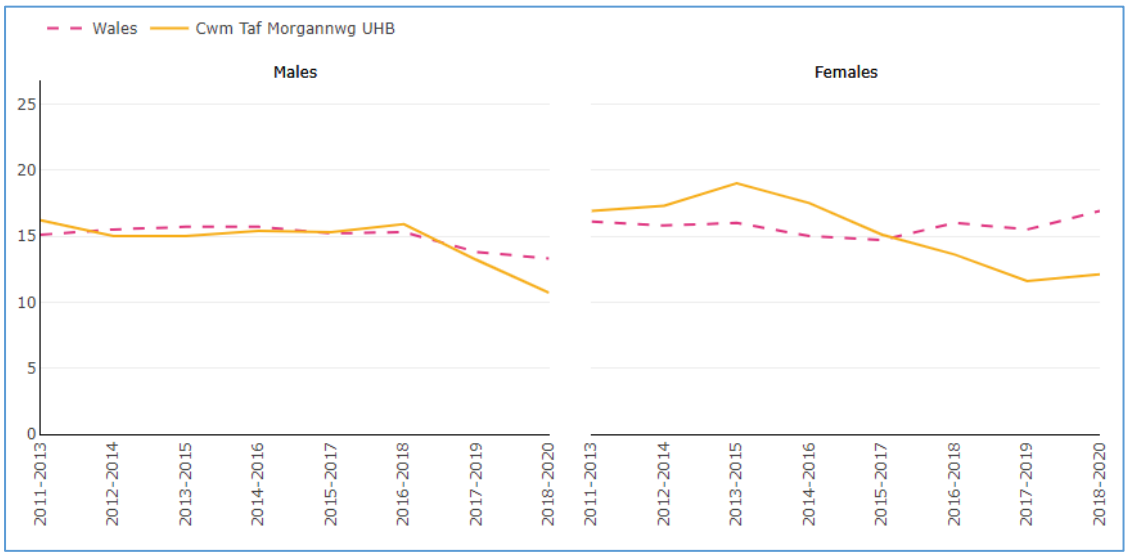
Figure 28



Source ©2023 PHW using APS, 2011 Census, PHM, MYE (ONS)

The gap in Healthy life expectancy at birth between the most and least deprived, males and females, 2011-2013 to 2018-2020

Figure 29



Source ©2023 PHW using APS, 2011 Census, PHM, MYE (ONS)

Seen within the wider UK context, in 1950, Britain had the 7th highest life expectancy in the world, the highest of all G7 countries (UK, Canada, USA, Germany and Italy, France and Japan). By 2020, life expectancy in the Britain had fallen to 36th place internationally and 6th amongst the G7. Only the United States has fared worse[1].

Whilst this can be explained in part by other countries, particularly in Asia, "catching up", social and economic policies lie at the heart of this decline. Income inequality has continued to rise since the 1980s. In financial year ending (FYE) 2022, the income of the richest 20% of people in the UK was over six times higher than the poorest 20%, while the richest 10% received 50% more income than the poorest 40%[2]. This has led to an increase in the variation in life expectancy between different social groups. One reason why the overall increase in life expectancy has been so sluggish in the UK is that, in recent years, it has fallen for those living in deprivation. Within Wales, whilst female life expectancy in the richest (least deprived) fifth of the population continues to rise, it is falling for women in the most deprived fifth[3].

CTMUHB experienced the worst COVID-19 outcomes in Wales[4]; however, the decline in life expectancy predates the pandemic. Austerity measures since 2008 have affected not only the wider determinants of health, but also as the capacity

[1] Hiam L, Dorling D, McKee M. (2023) Falling down the global ranks: life expectancy in the UK, 1952–2021. *Journal of the Royal Society of Medicine* doi:10.1177/01410768231155637

[2] Household income inequality, UK - Office for National Statistics (ons.gov.uk)

[3] Life Expectancy and Mortality in Wales (2020) - Public Health Wales (nhs.wales)

[4] CTM DPH report, 2022

of services to address increasing demands placed upon them. A steepening social gradient in health has resulted in poorer people spending more of their shorter lives in ill health[5]. The current cost of living crisis serves to compound these already stark inequalities. Taken in conjunction, we are at risk, warns Professor Sir Michael Marmot, of a "*significant humanitarian crisis*"[6].

Additionally, the region lags behind Wales in terms of practising healthy behaviours. Healthy behaviours impact on the rates of conditions such as diabetes, heart disease, dementia and cancer. The following are some of the key risk factors for our population:

- High smoking prevalence in those aged 16 years or older ('daily smoker' or 'occasional smoker'); Rhondda Cynon Taf at 15.7%, Merthyr Tydfil at 15.8% and Bridgend at 10.1% when compared with Wales at 12.8% (2022-23 National Survey for Wales).
- 66.9% of adults in CTM are overweight or obese. This compares with an all-Wales average of 61.7%. The Wales average for those aged 16 or over eating at least five portions of fruit or vegetables a day is 29.1% compared with 25.3% in CTM. At Local Authority level, the percentage of people eating at least five portions of fruit or vegetables was highest in Bridgend (31.0%), followed by Rhondda Cynon Taff (22.7%), and lowest in Merthyr Tydfil (22.0%). Similarly, those aged 16 or above meeting the physical activity guidelines is 55.7% for Wales, with all CTM areas reporting lower figures (Rhondda Cynon Taf 54.8%, Bridgend 51.2%, and Merthyr Tydfil 47.9% (Adult lifestyle by local authority and health board, StatsWales, July 2023).
- Highest levels of childhood obesity in Wales; https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2018-19/child-measurement-programme-for-wales-report-2018-19/
- High levels of teenage pregnancy at 20.5% in CTM compared with 15.2% in Wales (PHOF, 2021).
- Low levels of breastfeeding at 10 days, with 31.2% in CTM and 36.3% across Wales as a whole (PHOF, 2022).
- Higher percentage of babies in CTM born with low birth weight (6.5%) compared to Wales (6.1%).

These factors, coupled with the impact of COVID-19 on health and social care services which is still being felt by our population (with people experiencing longer waiting times for diagnostics tests and treatment) means that the focus of our three year plan must be to address inequalities, at the same time as delivering

[5] the-marmot-review-10-years-on-executive-summary.pdf (instituteofhealthequity.org)
[6] Institute of Health Equity (2022) *Fuel Poverty, Cold Homes and Health Inequalities in the UK* LINK

StatsWales, Mid-year population estimates (2009 onwards), by Welsh health boards, by single year of age and sex, November 2023

National Survey for Wales – adult lifestyle by local authority and health board, 2021-22 & 2022-23, https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-healthboard-from-202021

healthcare service development and recovery. Our aim is to ensure that we undertake activity to improve the health and wellbeing of our population alongside activity to improve access to services and incorporate proactive and preventative approaches based on population need. It is fundamental that we seek to improve access in a sustainable way, reducing our impact on the environment, which in itself is a prevention activity, through redesigning healthcare to reduce waste and unnecessary steps and delivering value-based healthcare (VBHC) pathways and avoiding the delivery of interventions of limited value.

The External Environment

The post-pandemic environment presents health and social care organisations with sustained and new challenges. The impacts of operational pressures and workforce constraints (across health and social care systems) alongside ongoing impacts of COVID-19 and the significant financial pressures present a complex challenge to planning and recovery of services. The Health Board's over-riding imperative is to deliver our statutory functions to provide safe and high-quality healthcare services to our population balanced with the financial duties.

Given the complexity of the environment, and scale of challenge facing our organisation, we are presenting this plan in a three year context, with a focus on the actions required for the first year, in recognition of the dynamic approach to planning required to drive sustainable change in this context.

CTMUHB Vaccination Programme

Vaccination represents one of the most successful and cost-effective interventions for protecting the health of the population. Vaccination programmes are a cornerstone of public health, and with the exception of safe water, no other modality has had such an impact on mortality reduction and population growth.

The release of the National Immunisation Framework for Wales in October 2022 shaped the development of a three-year Vaccination and Immunisation Strategic Plan, and required the development of a Vaccine Equity Strategic Plan during 2023-2024. The Executive Leadership Group signed off both Strategic Plans in December 2023, and during 2024-2025 implementation plans will be developed within the wider Health Protection system.

National Vaccination Uptake Targets

NHS Wales published four vaccine-related delivery measures in 2023-2024[7] in the NHS Performance Framework, which are reflected in the incremental targets within our 3-year Vaccination and Immunisation Strategic Plan:

Figure 30

	Delivery Measure
1	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1
2	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15
3	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
4	Percentage uptake of the COVID-19 vaccination for those eligible

Local Performance 2023/24 – Childhood Vaccination and Influenza

Routine Childhood Vaccinations

The following table (derived from Public Health Wales COVER report 148[8]) shows the % uptake of selected vaccinations in resident children reaching their 1st, 2nd, 5th and 16th birthday between 1 July 2023 and 30 September 2023, and resident on 30 September 2023, compared to Wales.

The national uptake target for all routine children's immunisations, except the Human Papillomavirus Virus (HPV) vaccine, is 95%.

Figure 31

Area	Age 1 year				Age 2 years				Age 5 years		Age 16 years			
	6 in 1[1]	Men B[2]	PCV	Rotavirus	MMR 1	PCVf[3]	MenB[4]	Hib/Men C	MMR 2	'4 in 1'[1]	MMR 1	MMR 2	MenACWY	'3 in 1' teenage booster[5]
Bridgend LA	97.1	97.1	97.9	95.9	95.7	96.0	95.2	95.7	90.0	89.7	97.3	93.2	88.5	87.8
Merthyr Tydfil LA	94.2	94.8	97.4	94.2	95.9	95.2	95.2	94.5	86.9	86.9	94.6	93.0	83.8	84.3
Rhondda Cynon Taf LA	95.5	95.5	96.8	93.0	95.9	95.9	95.4	95.6	91.7	91.8	96.5	94.7	85.4	85.6
Health Board Total	95.8	95.9	97.3	94.1	95.8	95.8	95.3	95.5	90.4	90.4	96.6	94.0	86.2	86.1
Wales	93.8	93.6	95.7	91.4	93.3	93.0	92.5	92.7	88.9	89.2	94.7	91.6	80.9	80.8

Above 95% = Green; Below 90% = Red; Between 90% and 95% = Amber

[1] Uptake of pertussis as a proxy

[7] NHS Wales Performance Framework 2023-2024 (gov.wales)

[8] COVER - National childhood immunisation uptake data - Public Health Wales (nhs.wales)

[2] Uptake of two doses of meningococcal serogroup B (MenB Vaccine), scheduled at 2 and 4 months of age
[3] Children receiving the final dose of PCV
[4] Uptake of three doses of meningococcal serogroup B (MenB Vaccine), scheduled at 2, 4 and 12-13 months of age
[5] Uptake of diphtheria (reinforcing booster dose) used as a proxy

Influenza

The following table[9] shows the % uptake of Influenza by Health Board, Local Authority and Wales, as of 27 February 2024. The national uptake target for Influenza is 75%.

Summary by Health Board and Local Authority (27th February 2024)

Figure 32

		Children 2 to 3 years		
		Denominator	**Immunised**	**Uptake (%)**
CTMUHB	**Bridgend**	3,053	1,295	42.4%
	Merthyr Tydfil	1,261	519	41.2%
	Rhondda Cynon Taf	4,738	2,355	49.7%
	CTM Total	9,052	4,169	46.1%
Wales	**Wales**	60,477	25,888	42.8%

		Clinical Risk 6m to 64 years		
		Denominator	**Immunised**	**Uptake (%)**
CTMUHB	**Bridgend**	24,798	9,639	38.9%
	Merthyr Tydfil	9,925	3,605	36.3%
	Rhondda Cynon Taf	38,168	14,102	36.9%
	CTM Total	72,891	27,346	37.5%
Wales	**Wales**	458,472	177,530	38.7%

		65y and older		
		Denominator	**Immunised**	**Uptake (%)**
CTMUHB	**Bridgend**	34,617	25,997	75.1%
	Merthyr Tydfil	11,755	7,874	67.0%
	Rhondda Cynon Taf	49,756	35,373	71.1%
	CTM Total	96,128	69,244	72.0%
Wales	**Wales**	704,293	507,850	72.1%

[9] Workbook: IVOR TABLES 2019-20 (cymru.nhs.uk)

Achievements:

During 2023-2024, a number of Welsh Health Circulars (WHC) have been received and enacted. These include, but are not limited to the following:

- WHC (2023) 024 Change of Vaccine and Cohort Expansion for Shingles Vaccination Programme (from September 2023)
- WHC (2023) 023 The National Influenza Immunisation Programme 2023-24
- WHC (2023) 043 Vaccination of Healthcare Staff to Protect Against Measles
- WHC (2024) 008 Vaccination of Children to Protect Against Measles

Further information on the WHC's received by CTMUHB is captured on page 138.

A range of service development projects have been undertaken in collaboration with departments and teams, such as the Public Health team, the Specialist Immunisation team, Child Health, School Nursing, Primary Care, Occupational Health, Local Authority colleagues, and Public Health Wales to support the above, implementation of the National Immunisation Framework, and CTMUHB incremental targets.

Service developments have included:

- Fluenz/Measles Mumps Rubella (MMR) Mop up Clinics – During January 2024, all unvaccinated children aged 2-11 years old were invited to a Community Vaccination Centre (CVC) for their Fluenz vaccination. Vaccination appointments were sent via the Notify system using an evidence based template letter, which also included links to Frequently Asked Questions (FAQ) for parents and guardians regarding both vaccination programmes. This project included an in-depth data cleanse of vaccination details held on electronic vaccination platforms, and Fluenz vaccination were given to 680 children, alongside 39 MMR vaccines (opportunistically);
- MMR Staff Vaccination Programme – In line with the WHC, and increasing rates of measles within the UK, a decision was taken to offer a staff wide MMR vaccination catch up programme (ongoing). All staff have been encouraged to check their vaccination status via the Occupational Health portal, and attend for vaccination in a CVC, via Occupational Health, or at their place of work (priority wards have been identified for pop up clinics);
- Changes to the Shingles Programme – Due to a change in eligibility for the shingles programme, a stock take exercise and audit was undertaken with GP Practices, which supported the development of a regional plan for submission to Vaccine Programme Wales. In addition, the Specialist Immunisation team updated all vaccinators of the changes to the programme (eligibility and vaccine type), and provided Practices with template invitation letters;
- Winter Respiratory Programme – A number of activities were undertaken over the winter respiratory period to support uptake of the vaccinations (flu vaccine and COVID-19 booster) by Healthcare staff. Staff were able to access their vaccinations via a variety of opportunities, such as walk-in appointment in the CVCs, and clinical site walkabouts. Previously gathered insight and data were used to inform the development of targeted communications for staff, and a number of staff Q&A sessions were attended to answer questions on the

vaccines, and to provide information on how to access. In addition, a staff FAQs document was developed, and shared;
- Pharmacy Script/FAQs – It was identified that uptake of the flu vaccination was sub-optimal amongst our clinically at risk under 65 cohort with respiratory illness. Subsequently, a task and finish group was established, and drawing from previously gathered insight into facilitators and barriers for vaccination uptake, a behaviourally informed conversational script, and supporting FAQs were developed for staff working within community Pharmacy settings to facilitate vaccination based conversations with patients. Both the script and FAQs are currently being evaluated as part of the wider winter respiratory programme debrief.

The focus for 2024-2025, will be our 3-year Vaccination and Immunisation Strategic Plan, which is underpinned by the Vaccine Equity Strategic Plan, and is informed and guided by data, learning from the national strategic policy context, and the design principles set out within the National Immunisation Framework.

Our long standing aims within CTMUHB's vaccination programmes are:

- To reduce preventable disease in the population by vaccinating consenting individuals at the appropriate time, in line with recommendations from the Joint Committee on Vaccination and Immunisation (JCVI) and direction from Welsh Government; and
- To reduce the inequality in preventable disease distribution in Cwm Taf Morgannwg by increasing uptake of vaccinations, and reducing vaccine inequities.

Our ultimate goal is to achieve vaccination uptake in line with the national targets set by Welsh Government, and our Strategic Plans encompass 5 improvement pillars to support our implementation of the National Immunisation Framework:

- Vaccine Equity;
- Data and Monitoring;
- Evidence Based Practice and Evaluation;
- Innovation and Sharing; and
- Governance and Accountability.

CTMUHB has a statutory duty for improving and protecting population health. It is assured that it discharges its duties through relevant Board and Committee structures. A detailed 3 year CTMUHB vaccination and immunisation implementation plan will be developed which will outline how this strategic plan will be delivered across CTMUHB, and used for reporting purposes, and assurance.

Wellbeing of Future Generations (Wales) Act 2015

Wellbeing Objectives

CTMUHB's Wellbeing Objectives are fully aligned and integrated with the CTM2030: Our Health, Our Future strategy and our ambition to being a population health organisation.

Our current Wellbeing Objectives are:

- Work with communities and partners to reduce inequality;
- Promote wellbeing and prevent ill-health;
- Provide high quality, evidence based, and accessible care;
- Ensure sustainability in all that we do, economically, environmentally and socially; and
- Co-create with staff and partners a learning and growing culture.

A high level review of the objectives, led by Philip Daniels, Executive Director of Public Health is planned for quarter 4, 2024-2025.

Activity during 2023-2024

A commitment to the principles of the Wellbeing of Future Generations Act (WBFGA) continues to provide a "golden thread" throughout the work of the Health Board.

The **CTM2030 Strategy, Our Health, Our Future**, continues to guide CTMUHB's ambitious programme of strategic transformation, identifying four strategic priorities (*creating health, sustaining our future, improving care and inspiring people*), underpinned by strategic implementation groups which work across the life course.

Work plans have been developed for each of the strategic priorities and groups are meeting regularly to report on progress.

The Creating Health strategic pillar foregrounds Population Health Management approaches across the work of CTMUHB, which aim to embed data-driven planning and delivery of proactive care to improve the health of the population, whilst *reducing health inequalities within and across the population.* A key facet of this is the *Building Healthier Communities Steering Group, which* continues to coordinate activities which contribute to developing, supporting, and working with our communities to build capacity to encourage wellbeing and prevention.

This includes:

- Our role as an anchor institution;
- Our role as part of the foundational economy and circular economy;
- Our role in ensuring "More than just words" is enacted and embedded;
- Our role in achieving Net Zero.

The Sustaining our Future strategic pillar encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

- Becoming a green organisation;
- Ensuring our services financial sustainability;
- Embedding value based healthcare;
- Ensuring our estate is fit for the future.

The overarching ambition of "building healthier communities together" represents a fundamental shift towards preventing ill health from happening, rather than treating people when they get sick, whilst ensuring that we are able to provide the best care possible when people need our support. Recognising that many of the determinants of population health and wellbeing exist outside of our direct control, CTMUHB is actively pursuing its role as an effective system leader; working with community leaders and multi sectoral partners to achieve better population health outcomes and reduce health inequalities for people living in CTMUHB.

During the past year we have;

- Further established the CTM2030 Community Leaders' Network for developing and building new relationships and partnerships between CTM UHB and the voluntary and community sector in Cwm Taf Morgannwg. This in-person forum meets quarterly; it facilitates discussion with community leaders across the three strategic aims. It also creates opportunity to test thinking and ideas for change or improvement;
- Improved how we share information, and engage with, community leaders by introducing 'highlights/actions reports' following each community meeting and by developing a dedicated CTM2030 Community Leaders' Hub;
- Worked in collaboration with our three Community Voluntary Councils to deliver a regional engagement series, involving 140 women and 30 voluntary sector organisations; with the purpose of determining the core issues affecting women's health in CTMUHB. The series outcomes are being connected internally within CTMUHB via its established Women's Hub and Women's Network;
- Along with Housing and employment: recognising employment as core determinant of health, we have developed an Employability Working Group; this is a task and finish group of our CTM 'Healthy Housing Alliance'. It brings together housing and health partners to develop employability pathways into CTMUHB. Housing leaders are also now core members of our CTM2030 Community Leaders' Network and are working with CTM Regional Social Landlords to improve communication and information sharing between health and housing, for supporting the social wellbeing of CTMUHB residents;
- Co-designed a new 24/7 Alcohol Care Service for CTMUHB with people living with Alcohol dependency. We are engaging with community leaders across CTM to identify need and providing support information to community leaders, and other strategic partners, to promote the availability of this service for local residents. Community organisations are also being signposted to support and

information for expecting mums; highlighting a campaign called 'Drymester' which promotes a zero tolerance to alcohol during pregnancy;
- Partnered with 'Business Education Together'; this is Merthyr Tydfil County Borough Council's new partnership forum for supporting the attainment and employment opportunities, including pathways into employment, for children and young people living in Merthyr Tydfil. The forum connects 70 business and education leaders in Merthyr, together with health;
- Continue to identify partnership opportunities with local groups, organisations and charities for supporting people's health and wellbeing needs. This has included the expansion of 'CTMs Bereavement, Loss and Grief Café' We have also seen the expansion of CTMs Wellness Improvement Service (WISE) into community settings;
- Delivered integrated education and awareness campaigns with the CTM Regional Partnership Board to engage people with protected characteristics living in CTM around their health and wellbeing. This has included support for people with Learning Disabilities and people living with Dementia;
- Grown and continue to grow our network to support warmer, healthier homes and tackle fuel poverty across CTMUHB. Working with Interlink, Warm Wales, National Energy Action and our GP Clusters to raise awareness of and socially prescribe free home improvement programmes such as ECO4 as well as partnering to provide wrap around energy advice and support to local households;
- Developed data linkage capability between health & housing sectors in order to target our collaborative work on health prevention and early intervention in CTM communities.

As we look ahead to 2024-2025, we will:
- Continue to develop community and third sector partnerships to address the critical issue of how we can collectively enable our residents to achieve healthy weights and maintain a healthy body mass index (BMI). The 'CTM Heathy Weights Programme will have a continued focus on addressing obesity in Children and Young People and will also be addressing the increasing prevalence of people living with Diabetes Type 2 in CTM, by providing information on managing care and risk prevention;
- Build on our existing data driven approach to population health (management and prevention) in the planning and delivery of proactive care, to achieve maximum impact for the health and wellbeing of the population. Using a population data tool for the region, we will help people to manage their conditions, identify risk factors for different health conditions and support people to reduce their risk factors using behavioural insights and effective engagement;
- Core to CTM's engagement and involvement approach is utilising existing links and structures across the CTM region. Making Every Contact Count (MECC) is a public health approach to behaviour change that utilises daily interactions to support people with making positive changes to their physical and mental health and wellbeing. We are focused on embedding the MECC approach to support and empower CTMs community leaders to contribute to the population health agenda;

- Whilst serving as a brief precis, these activities ably demonstrate CTMUHB's long term vision and commitment to the Seven Wellbeing Goals and five ways of working, as laid out within the WBFGA.

Public Service Boards (PSBs)

The Wellbeing of Future Generations Act (WBFGA) 2015 gives a legally-binding common purpose to improve the economic, social, environmental and cultural wellbeing of their area by contributing to the achievement of the seven national wellbeing goals. The WBFGA puts a wellbeing duty on specified public bodies including local authorities, local health boards, fire and rescue services and Natural Resources Wales to act jointly via PSBs. PSBs are required to assess the state of economic, social, environmental and cultural wellbeing in their areas (the Wellbeing Assessment), to use that to set local wellbeing objectives (the Wellbeing Plan) and to act together to meet those objectives.

In 2023, the previous two PSBs in operation in the CTM area joined together to from one PSB, to reduce duplication and enable more effective joint working to improve the wellbeing for people in the CTM region. Updates on the work of the CTM PSB are provided via CTMUHB's Population Health & Partnerships Committee and a copy of its report to the meeting held on 7 November 2023 are available here.

In 2023, the PSB published the CTM Wellbeing Plan for 2023-2028 (found here), in line with the requirement to produce this document every five years. The document sets out the local wellbeing objectives and the steps it proposes to meet these objectives. The PSB have used the Wellbeing Assessment as the evidence base for the Wellbeing Plan, the data and information gathered has been used alongside what local communities and people have advised about life in Merthyr Tydfil, Rhondda Cynon Taf and Bridgend through ongoing engagement with members of the public, and community groups. The Wellbeing assessment identified inequalities across the communities and the draft plan sets out how the PSB will work together to reduce these inequalities to improve the wellbeing for people living in the region now and for building towards a fair future. The Wellbeing Plan will drive every aspect of the Public Services Board's activity and has two main objectives:

- Objective one: Healthy local neighbourhoods;
- Objective two: Sustainable and resilient local neighbourhoods.

Regional Partnerships Boards (RPBs)

Part 9 of the Social Services and Wellbeing Act (2014) requires local authorities and health boards to establish RPBs to manage and develop services to secure strategic planning and partnership working and to ensure effective services, care and support are in place to best meet the needs of their respective population. A funding stream is in place by way of the Health and Social Care Regional Integrated Fund (RIF) which is providing five years of revenue funding to deliver a programme of change from April 2022 to March 2027.

The RPB's aim is to be a strong and meaningful cross-sector partnership that works with professionals and residents to improve services. Its vision is to make a difference to people's lives by involving them, listening and taking action together to transform the way services are delivered. It is important that the CTMUHB plays an active role within the partnership arrangements as it is well acknowledged that health care services alone only contribute to between 10-20% to the health and wellbeing of the population. The RPB's work focuses on eight priority groups: people with learning disabilities; unpaid carers; people with dementia; people with accessibility needs; neurodivergent people; children and young people; older people and people who access mental health services.

Following the development of a Population Needs Assessment in 2021, a Regional Area Plan has been co-produced with professionals and people with lived experiences. The plan sets out the priorities for the RPB until 2027. The plan focuses on what is important to the communities it serves, and the areas that need immediate prioritisation and can be found here.

Sustainability Report

CTMUHB is actively realising its unique contribution to a globally responsible Wales. The CTMUHB Environmental Sustainability Group (ESG) plays a key role in advising, guiding and monitoring the development and implementation of:

- CTMUHB's Decarbonisation Strategy (2022–2030) and Decarbonisation Action Plan (DAP). The DAP has been refreshed for 2024-2026 as per Welsh Government guidelines;
- A wide range of programmes and projects delivering decarbonisation and environmental sustainability;
- Annual carbon emission reporting to Welsh Government which serve to monitor CTMUHB's progress towards its strategic goal of 'Sustaining Our Future' and becoming a carbon neutral organisation in line with Welsh Government's NHS Decarbonisation plan. The latest submission was reported to CTMUHB Board in September 2023, and submitted to Welsh Government the same month and can be found here and highlighted a reduction in carbon emissions from the previous year. Work is underway to understand the detail of this as there were changes in the measurement processes which are likely to have had an impact.

Quarterly reports on progress against the DAP are submitted to Welsh Government.

As a committed Anchor Institution, CTMUHB has developed an Anchor Strategy and over the last year has established a Building Healthier Communities Steering Group to maximise the positive impacts of its employment, procurement, environmental and corporate activities. Whilst serving as a brief precis, these activities ably demonstrate CTMUHB's long term vision and commitment to the Seven Wellbeing Goals and five ways of working, as laid out within the Wellbeing of Future Generations Act (WBFGA).

Environmental Sustainability

CTMUHB requires that all staff and in particular all managers at all levels of the organisation be aware of, and fully supportive, of their responsibilities to sustainability, in line with CTMUHB's compliance to the ISO14001:2015 environmental certification. As part of the CTM2030 Clinical Strategy development CTMUHB has identified 'Sustaining our Future' as one of the four strategic goals.

This goal encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015) and demonstrates CTMUHB's commitment to:

- Becoming a green organisation;
- Ensuring our services financial sustainability;
- Embedding value based healthcare; and
- Ensuring our estate is fit for the future.

ISO 14001 Certification – Environmental Management

ISO 14001:2015 is the international environmental standard that specifies requirements for controlling aspects of an organisation that have a significant impact on the environment, through an effective Environmental Management System (EMS). It is a requirement of Welsh Government that Health Boards in Wales are accredited to ISO 14001:2015.

The accreditation is on a three-year cycle with surveillance audits every year for CTMUHB to ensure compliance. CTMUHB achieved re-certification in June 2023 where assurance was provided that the environmental management system and processes have been maintained by the CTMUHB Facilities and Estates team and with no non-conformities to the ISO14001:15 requirements and standards reported.

Internally, CTMUHB is actively realising its unique contribution to a globally responsible Wales. The CTMUHB Environmental Sustainability Group (ESG) plays a key role in advising, guiding and monitoring the development and implementation of:

- CTM's Decarbonisation Strategy (2022–30) and implementation plan;
- CTM's Biodiversity and Resilient Ecosystem Strategy (2022-25) and implementation plan;
- Programmes and projects delivering decarbonisation and environmental sustainability;
- Annual carbon emission reporting to Welsh Government which serve to monitor CTM's progress towards our strategic goal of 'Sustaining Our Future' and becoming a carbon neutral organisation in line with Welsh Government's NHS Decarbonisation plan.

Carbon Reduction and Energy Management

CTMUHB is committed to trying to achieve the challenging targets set out in the NHS Wales Decarbonisation Strategic Delivery Plan, which sets out a series of aims and initiatives for Health boards in Wales to address in order to contribute towards Wales decarbonisation targets, including the aim for the public sector in Wales to be net zero by 2030. For building energy this translates to a 34% reduction in CO_2 emissions by 2030, with an interim 16% reduction in CO_2 by 2025.

CTMUHB has an Environment & Sustainability Group which is the over-arching steering group for the decarbonisation agenda in CTMUHB. In addition, we have the ***Green CTM Group*** which is the staff working group actively engaged in responding to the *NHS Wales Decarbonisation Strategic Delivery Plan*. The group gathers ideas and engagement from staff about how the Health Board can deliver carbon net zero by 2030 in line with this delivery plan. CTMUHB also have a dedicated Green Space intranet site, the home to CTMUHB's climate change work.

In terms of the carbon emissions from the energy usage of our buildings and estates, the Capital & Estates Team within CTMUHB is committed to tackling these and to a continual drive to reduce the carbon footprint of our building energy

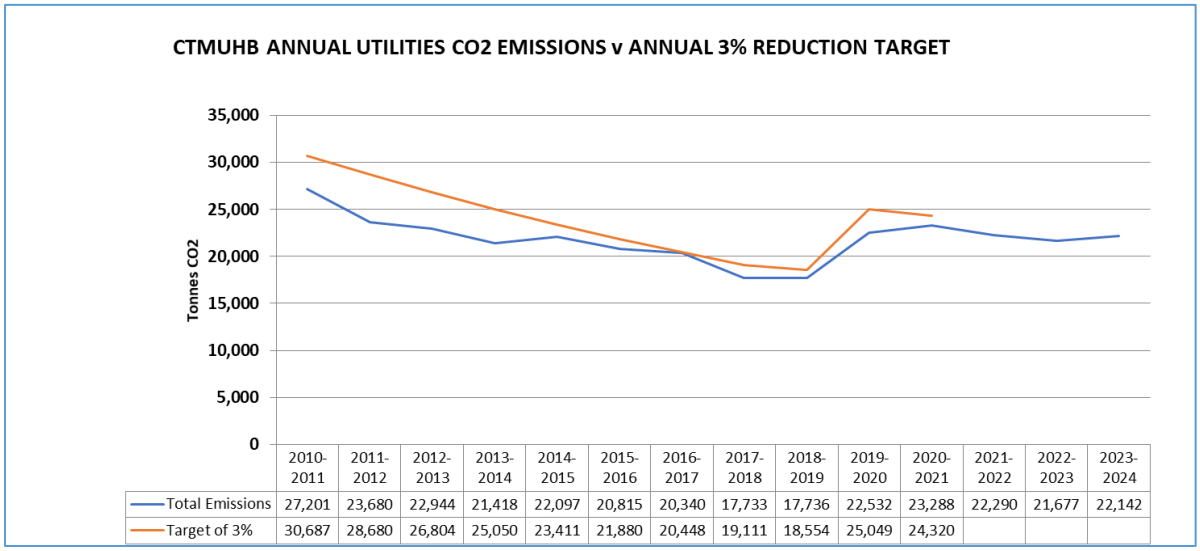
emissions. Set against the challenges of a growing estate and demand for services, this challenge can only be achieved through a major step-change in the way we manage and use energy.

In 2023-2024, carbon emissions from energy (heat and power) was 22,142 tonnes CO2e, which, disappointingly is a slight increase on 2022-23 (see figures 33 and 38). Likely reasons include increased service demands upon the organisation, seasonal variations in weather (potentially increasing seasonal demand for heating or cooling and reducing the forecast output from our solar PV installations), reduced performance from biomass and CHP units (combined heat and power).

In terms of our energy costs, in 2023-2024 this stood at £15.7 million (see figure 38 on page 93), which, whilst a decrease on last year's historic highs are still over double the costs from prior to the COVID-19 pandemic and other global volatility challenges. Although consumption decreased marginally it is vital that the drive continues to reduce energy usage and the resulting carbon emissions.

Prior to the introduction of the National Decarbonisation Strategic Delivery Plan, our progress was measured against a 3% year-on-year reduction target and, although this has now been withdrawn it still provides a useful illustration of the long-term direction of travel for energy and carbon reduction:

Figure 33



	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Total Emissions	27,201	23,680	22,944	21,418	22,097	20,815	20,340	17,733	17,736	22,532	23,288	22,290	21,677	22,142
Target of 3%	30,687	28,680	26,804	25,050	23,411	21,880	20,448	19,111	18,554	25,049	24,320			

(Note – the step increase in 2019 represents the addition of Bridgend area estate into the previous Cwm Taf estate)

Re:Fit Future Plans

The key plan within CTMUHB Capital and Estates to improve upon this and to deliver the transformational level of change required is to enter into a programme called Re:Fit. This is a Welsh Government backed energy performance contracting framework that supports public sector bodies wishing to implement energy efficiency and decarbonisation measures across the estate through a long-term partnership (typically 10 year) based on a guaranteed savings arrangement.

CTMUHB signed a contract in April 2024 with its preferred Re:Fit partner company and work has started to develop the first phase of energy and carbon reduction projects to commence in 2025. The types of initiatives likely to form part of the first phase of Re:Fit include solar photovoltaic generation installations, the rapid roll-out of LED lighting and low carbon heating systems.

Current Activity

In terms of specific projects and activity delivered within the CTMUHB Estates and Capital Teams, much has been achieved in recent years and the team continues to work hard to build on these schemes. Including:

- Onsite generation – CTMUHB now employs a variety of onsite energy generation technologies e.g., Solar Photovoltaics (PV), gas turbine CHPs, Absorption Chillers, Biomass boilers;
- In the last two years there have been significant new Solar PV installations across the estate, including at Dewi Sant, Ysbyty Cwm Cynon, Ysbyty Cwm Rhondda & Kier Hardie Health Park. This has increased the installed solar PV capacity by almost 700 kilowatts;
- Further major PV installations commencing at Glanrhyd Hospital and Williamstown Medical Records Store totalling over 500 kilowatts;
- Together this will result in approximately 1.2 Megawatts of new solar PV across our estate;
- LED Lighting upgrades (internal & external) continue with the UHB now having converted approximately 40% of the estate;
- Air Source Heat Pumps (a low carbon heating technology) are currently in use at Keir Hardie Health Park;
- Insulation & other building fabric improvements (including window replacement) undertaken where funding available;
- Monitoring & targeting – the Health board is pro-active in utilising Building Energy Management Systems such as Team Sigma, and Automatic Meter Reading;
- Voltage optimisation technology has been installed at a number of sites which was able to deliver savings in electrical consumption.

Clearly these are positive developments, however they are by themselves relatively small scale and are not able to deliver the transformative change required to reduce carbon emissions in line with national aims. This makes it clear why moving ahead with the Re:Fit partnership is seen as the best option to deliver the scale and pace of carbon reduction activity required.

Partnerships with Local Authorities

CTMUHB continues to pursue opportunities with our Local Authority partners to deliver on carbon reduction initiatives where our estate is located in proximity to any local authority schemes.

- **Rhondda Cynon Taf** – working with the Local Authority on a large-scale PV scheme to supply the Royal Glamorgan Hospital with a 1MW installation generating 1 million kWh annually of zero carbon renewable electricity from a

nearby Local Authority solar farm development via a private wire. CTM has recently signed a PPA (Power Purchase Agreement) with the Local Authority to formalise the arrangement.
This supply has been sized to match the hospital's electricity demand during peak summer (when solar generation is at its maximum), therefore ensuring greatest efficiency. Overall, the solar farm will supply approximately 15% of the typical current annual electricity demand of the Royal Glamorgan Hospital.

- **Merthyr Tydfil** – working with the Local Authority on PV schemes based at a school redevelopment near to Prince Charles Hospital, to include a private wire supply and an agreement to supply the hospital with all surplus electricity (i.e., not required by the schools). It is anticipated that this mutually beneficial scheme could total over 1.3 megawatts of installed capacity and CTMUHB is currently beginning negotiations with Merthyr Tydfil Council over the PPA to supply.
- **Bridgend** – CTMUHB is in discussion with the Local Authority on their plans for heat and power networks for the whole Bridgend area, which could benefit both Princess of Wales and Glanrhyd Hospitals. This is a complex scheme and it is at an early stage in development led by the local authority.

Waste Management

Our aim is the delivery of high quality, compliant and sustainable Waste services to enable our contribution towards net zero carbon emissions by 2030 and 2050. Reduce associated manufacture damages to nature, biodiversity and the environment globally.

Our priorities are:

- Deliver the Welsh Government Waste Recycling Reforms;
- Meet the April 2024 recycling reform delivery target for Community and Primary Care healthcare sites;
- Meet the April 2025 recycling reform delivery target for Acute and Community hospital sites;
- Support the Welsh Government and CTMUHB Strategic Decarbonisation Action Plan (DAP) where we have continued to progress the waste management objectives and targets;
- Work closely with procurement and suppliers to reduce the impact on the environment of packaging and product waste;
- Improve supply chain resilience by using recycled material in manufacture and reducing dependence on raw materials;
- Use innovation and promote Recycle, Repurpose and Reuse.

Waste Management performance monitoring data can be found in figures 34 and 35 below:

Figure 34

Financial Year	Clinical Waste		Offensive Hygiene Waste	
	Tons	Cost (£million)	Tons	Cost (£million)
2021 - 2022	992	£0.3829	143	£0.02714
2022 - 2023	1172	£0.5267	371	£0.10750
2023 – 2024	1059	£0.6242	434	£0.1689

Figure 35

		2021 - 2022	2022- 2023	2023-2024
Non-Financial Indicators (Tonnes)	Total Waste	3120	4274	4298
	Landfill	65	58	63
	Reused/Recycled	1077	1608	1546
	Composted	0	0	0
	Incinerated with energy recovery	2382	2718	1196
	Incinerated without energy recovery	0	0	0
Financial Indicators (£million)	Total Cost (See note below)	£0.678,666	£1.403,091	£1.550,717
	Landfill	£0.004,510	£0.017,347	£0.018,196
	Reused/Recycled	£0.164,996	£0.329,589	£0.379,202
	Composted	0	0	0
	Incinerated with energy recovery	£0.495,764	£0.711,117	£0.359,410
	Incinerated without energy recovery	0	0	0

Waste Notable Achievements

Figure 36

In October 2023, CTMUHB in partnership with Elite paper Solutions became the overall category winners of the NHS Wales award for 'Working Seamlessly across the Third and Public Sector'.

The NHS Wales Awards recognise how innovative ideas for change can make a significant difference to the patients who need care, the organisations who provide care, and the health and care system as a whole. It is an opportunity to showcase hardworking and inspiring teams working together, striving to improve healthcare practices and patient care across Wales.

The project has removed cardboard from the HTM0701 category of waste and moved it in to a biodegradable resource, an animal bedding currently being used in partnership with South Wales Police Mounted section and Dog section.

Transport and Travel Management

Our aim is the delivery of high quality, compliant and sustainable Transport Fleet services to enable Decarbonisation of fleet and work towards Net Zero emissions and help support the well-being of current and future generations.

Our priorities are:

- Reduce Transport fleet where practically possible to do so;
- Deliver NHS Wales and CTMUHB Decarbonisation Strategic Delivery Plan (DSDP) reduce emissions by Target 1 (16%): 2025 and Target 2 (34%): 2026-2030. Transfer current petrol and diesel Fleet to EV's by 2027;
- Working closely with the All-Wales Transport Group and in support of CTMUHB Estates to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of service fleet, staff and visitor EV charging infrastructure (EVCI);
- Deliver on the NHS Wales Decarbonisation Strategic Delivery Plan and its Fleet Initiatives 17, 18, 19, 20 & 21;
- Identify best option for Fleet Management telematics software.

Travel Mileage and CO2

Fleet Vehicles

The Scope 1 kg CO_{2e} for this reporting period has been determined by the fuel card provider applying the annual kg CO_{2e} /lt conversion for diesel and unleaded petrol from the Defra '*Greenhouse Gas Conversion Factor Repository - Government conversion factors for company reporting'*: *https://www.gov.uk/government/collections/government-conversion-factors-for-company-reporting*

Scope 1 transport emissions, determined using litres of fuel used and the above Defra conversion data, indicates that the fleet and pool vehicle emissions have increased compared to the previous year 2022-2023, from (310) to (330) tCO2e. The travel emissions data in Table 5 indicate the total CO2e emissions, and the Scope 1 and Scope 3 breakdown for fleet vans, pool cars, staff business mileage and lease car user claims.

Business and Staff Lease Vehicles

The fuel usage related to staff business (grey fleet) and staff lease car mileage cannot be determined, therefore the fuel consumed basis used for determining Scope 1 kgCO2e cannot be used for calculating Scope 3 emissions.

For consistency with previous annual reports comparing the Scope 3 emissions data in this report, we have continued using the conversion factors from the CarDio: NHS Wales Carbon Calculator, which used Defra provided conversion factors for vehicle CO2 emissions.

A breakdown across expense items has been provided in figure 37 for the period 1st April 2021 to 31st March 2024.

Figure 37

Financial Year	Expense Item	Mileage Total	Cost Total	Tonnes CO2 e
2021-2022	Business Mileage	2,526,969.20	1,137,136.14	800
	Lease Car Mileage	283,301.92	33,996.23	90
	Salary sacrifice	176,790.58	79,555.76	56
	Total	2,987,061.70	1,250,688.13	946
2022-2023	Business Mileage	3,854,930.22	1,714,928.30	1220
	Lease Car Mileage	252,311.80	28,795.24	80

	Salary sacrifice	173,400.45	76,626.06	55
	Total	4,280,642.47	1,820,349.60	1355
2023-2024	Business Mileage	4,081,373.33	1,836,618.00	1292
	Lease Car Mileage	111,145.35	12,670.57	35
	Salary sacrifice	172,221.40	19,633.24	55
	Total	4,081,373.33	1,856,251.24	1382

Comparing the figures in figure 35 suggests a decrease in business mileage claims of 5% (from 4,280,642 miles in FY 2022-2023 to 4,081,373 miles in 2023-2024).

Staff lease car mileage claims has also decreased by 78% from 252,311 miles in FY 2022-2023 to 111,145 miles in 2023-2024.

The decrease suggests more staff are working from home, reduced travel between sites and an increase in meetings being held on Teams.

Figure 38 indicates that the 2021-2022, 2022-2023, 2023-2024 year on year Scope 3 CO2e emissions have increased by 62% from 1.287 to 2.432 (1,000 t CO2e). The Scope 3 emissions relating to **staff mileage and lease car** user claims continue to be the largest element of the UHB transport kg CO2e emissions.

Figure 38

Greenhouse Gas Emissions * **Indicates estimated figures**		**2021 – 2022**	**2022-2023**	**2023-2024***
Tons CO_{2e} Non-Financial Indicators (1,000 t CO_2e)	Gross Emissions Scope 1 (direct) - Energy (Gas)	16,317	15,182	15,337*
	Gross Emissions Scope 2 (Indirect) - Energy (Electricity)	5,973	5,951	6,264*
	Gross Emissions Scope 1 (direct) - Travel	0.230	0.310	0.330*
	Gross Emissions Scope 2 (Indirect) - Energy (CHP)	0.76	0.61	0.65*
	Gross Emissions Scope 2 & 3 (Indirect) - Travel	1.114	2.236	2.432*
	Total Gross Emissions Energy and Travel	22,291.34	21,679.54	22,144.76*
Related Energy Consumption (megawatt Hrs)	Electricity: Non-renewable	7.65	4.28	5.09*
	Electricity Renewable	28.35	30.71	30.24*
	Gas	89.56	83,17	83.84*
	LPG	0	0	0
	Other- Biomass (Woodchip)	3,938	3,885	2,036*
	Other - Oil	0.16	0.12	0.29*
Financial Indicators (£million)	Expenditure on Energy	£10.03	£17.5	£15.7*
	CRC License Expenditure (2010 onwards. CRC ended 2019 but evidence packs to be kept updated to 31.03.2025.)	0	0	0
	Expenditure on accredited offsets (e.g., GCOF)	0	0	0
	Expenditure on official business travel	£1.250	£1.820	£1.856*

Biodiversity and Resilient Ecosystem

Biodiversity is defined in the *Environment (Wales) Act 2016* as 'the diversity of living organisms, whether at the genetic, species or ecosystem level. Biodiversity drives the functioning and resilience of our ecosystems'.

A healthy natural environment helps society and the economy flourish. Our natural resources and ecosystems can help us in many ways: to reduce flooding, improve air quality and supply materials for construction. They also provide a home for a variety of wildlife and give us landscapes we value within the localities of the Health Board sites, encouraging patients to be treated, staff to work and visitors to visit healthily and comfortably.

The CTMUHB Biodiversity and Ecosystem Resilience Plan' meets our obligations in accordance with the Environment (Wales) Act 2016, to demonstrate how we will *'seek to maintain and enhance biodiversity in the proper exercise of their functions and in doing so promote the resilience of ecosystems'*.

This plan details the mechanisms by which the aims will be delivered by the Health Board to halt the decline of biodiversity, reduce the effects of climate change and promote sustainable development whilst also helping to deliver the Health Board's commitments under the Well-being of Future Generations (Wales) Act 2015 (WBFGA).

The actions will set out what the Health Board intends to do and corresponds with the targets in its Strategic Decarbonisation Action Plan, which reference biodiversity and ecosystem resilience.

CTMUHB requires that all staff and in particular all managers at all levels of the organisation to be aware of, and fully supportive, of our responsibilities to biodiversity and ecosystem resilience.

Task Force on Climate-related Financial Disclosures (TCFD)

Governance

- CTMUHB Board receive an annual update on the delivery of our Decarbonisation Strategy and associated Decarbonisation Action Plan which includes climate related risks and opportunities. The Population Health and Partnerships Committee as a sub-committee of the Board receive more regular updates.
- The Executive Director of Strategy and Transformation is the Senior Responsible Officer (SRO) for Decarbonisation, which climate change is part of. All Board and Committee reports include an assessment of the Environment/Sustainability impact (5 Rs – Reuse, Recycle, Repurpose, Reduce, Refine) so any management project or initiative must take these into account.

Work on the adaption agenda is commencing as it was recognised that this was a gap in the work of CTMUHB.
CTMUHB is part of a piece of work which has just commenced and being led by the Partnership Services Board (PSB) which is focused on undertaking a Climate Change Risk Assessment, the outcomes of which will be considered by the Health Board.

Metrics and Targets

- The organisation uses the metrics set out within the Welsh Government reporting processes on decarbonisation.
- The annual carbon emissions report sets out the appropriate Scope 1, Scope 2 and Scope 3 emissions and the last return was submitted to Welsh Government in September 2023. The totals were as follows:

Figure 39

Scope 1	16,588,247
Scope 2	5,776,271
Scope 3	120,314,533

Welsh Language Standards

Increasing our capacity and capability to provide more of our services in Welsh is a CTMUHB strategic objective and is one of our ten People Plan priorities. We have made further progress in improving and consolidating our bilingual provision in year, continuing to view this agenda through the lens of cultural and behavioural change.

The following are some of our key Welsh language achievements in 2023-2024:

- Created an internal framework for communication, focussed around 4 themes inspired by the COM-B model of behaviour change, namely **Da Iawn** (to share best practice, small wins and examples of how staff have embedded Welsh in their roles), **Skills, Learning and Development** (to promote opportunities to learn and develop Welsh language skills), **Staff Support** (to share information on the support on offer to embed Welsh, such as translation and advice) and **More Than Just Words** (to share stories of what using Welsh has meant to patients and staff);
- Launched an internal campaign focussed on the concept of 'Hiraeth', as we continue to build a culture of belonging around Welsh language and culture, moving away from solely 'compliance', giving staff the opportunity to explore their identity and what Welsh language and culture means to them as individuals;
- Created a new guide for patients on what their rights are to use Welsh with new web content;
- Fully embedded the Welsh Language into our newly launched Equality Impact Assessment so that we have a robust, independent methodology to assess the impact of business change on Welsh;
- Included Welsh as part of our developing Leadership Competency Model under the umbrella of 'Inclusivity', focussing on aspects of Leading Self, Leading Others and Leading Systems in relation to bilingualism.

Further information, including details on our level of compliance and other areas of progress, can be found in our Welsh Language Standards Annual Monitoring Report published annually in August and available here.

Conclusion and Forward Look

I hope you found that this performance section provided a wide ranging summary of activity across a range of our programmes of work for 2023-2024.

Despite what continues to be a very challenging period, CTMUHB is extremely proud of what its staff have achieved in terms of improvements in waiting times and performance across specialties, which has been the result of commitment to our patients and a great deal of focused effort against a challenging backdrop.

Of course, there is further work to do and we will be focussing our efforts to improve key areas including cancer services and planned care waits.

There are a number of performance meetings established where scrutiny is undertaken and direction given on the actions required and proposed to see real improvements.

Looking Forward

CTMUHB has plans in place to continue its trajectory of improvement into 2024-2025, and will be looking at:

- Continued development of **patient flow**, at the front door and at the point at which patients leave us, including innovative ways of providing safe care that facilitates smooth and swift movement through all stages;

- Further **increasing the activity rates** within Unscheduled, Planned Care and across the other areas of CTMUHB, looking to return and overtop pre-COVID-19 levels where appropriate and safe. This will include, amongst other things, continued theatre efficiency, full utilisation of outpatients along with proactive management of the waiting lists, using Consultant Connect, validation exercises and innovation wherever possible. Where appropriate, CTMUHB will learn lessons from other organisations and take direction as has happened this year with the involvement of the Delivery Unit and colleagues from Welsh Government. The focus on cancer services will be maintained;

- Further **development of measures within Primary Care and Community** to support hospital services – including changes to the Community Hospitals, developments in Primary Care access and extending the bedding in of the Navigation Hub.

Risks and Mitigation

In common with other NHS organisations there are risks that will need to be managed to achieve our aim of maintaining and improving both activity and quality and of course mitigations will be in place.

The main issues going forward are:

- The **continuation of Industrial Action** by any staff group within the Service would inevitably result in delays to elective activity as an absolute minimum. Staff are becoming familiar with the process of Industrial Action and managing risks associated;

- The high level of activity and acuity of medical and other patients coming through the Emergency Departments in CTMUHB, especially in the winter months, is a **risk to elective activity**. CTMUHB will mitigate against this with the usual "winter pressures" series of actions though this is an issue over which there is limited control;

- The **availability of staff in "hard to recruit to" areas** can be an issue and can result in significant delays – this is an issue across the NHS. CTMUHB continues to look for innovative and focused options to improve this situation when it arises;

- **Increasing referrals, increases in population need** are an increasing issue as identified in the performance section of this report.

Wherever there are risks, we will identify them and secure mitigations to reduce their impact.

The key strategic and high level risks facing CTMUHB are captured in the Accountability Section on page 116 of this report.

Signature:

Paul Mears

Chief Executive

Date: 11th July 2024

Chapter 2 – Accountability Report

Corporate Governance Report

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across CTMUHB during 2023-2024, it includes:

- **The Directors' Report:** This provides details of the Board who have authority or responsibility for directing and controlling the major activities of CTMUHB during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.

- **The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities:** This requires the Accountable Officer, Chair and Executive Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts is fair, balanced, and understandable.

- **The Governance Statement:** This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within CTMUHB and brings together how the organisation manages governance, risk, and control

Directors Report

The Composition of the Board and Membership

CTMUHB is made up of 11 Independent Members (including the Chair and Vice-Chair) who are appointed by the Minister for Health and Social Services, and 9 Executive Directors.

All Independent Members and Executive Director Members have full voting rights.

There are also three Board Level Directors (Director of Corporate Governance/Board Secretary, Director of Digital and Director Communications, Engagement and Fundraising) on the Executive Leadership Group who are invited to attend the Board as 'in attendance' members, but have no voting rights.

In addition, there are three Associate Members who have been appointed by the Minister for Health and Social Services following a recommendation from CTMUHB in accordance with Standing Orders. Associate Members have no voting rights.

Before an individual may be appointed as a Member or Associate Member they must meet the relevant eligibility requirements, set out in Schedule 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulation 2009, and continue to fulfil the relevant requirements throughout the time that they hold office. The Regulations can be accessed via the following link.

Further details in relation to the composition of the Board can be found at pages 142-146 of the Governance Statement. This will include Board and Committee membership, including the Audit and Risk Committee, for 2023-2024, the meetings attended during the year and the champion roles fulfilled by Board Members.

Statement of the Chief Executive's responsibilities as Accountable Officer of CTMUHB

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the CTMUHB.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by Welsh Government.

As far as I am aware there is no relevant audit information of which the entity's auditors are unaware, and I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that CTMUHB's auditors are aware of that information.

I can confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and I take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

I am responsible for authorising the issue of the financial statements on the date that they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:

Paul Mears Chief Executive		Date: 11th July 2024

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of CTMUHB and of the income and expenditure of CTMUHB for that period.

In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury.
- Make judgements and estimates which are responsible and prudent.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above-mentioned direction by the Welsh Ministers.

By Order of the Board

Signed:

Jonathan Morgan Chair		Date: 11th July 2024
Paul Mears Chief Executive		Date: 11th July 2024
Sally May Executive Director of Finance		Date: 11th July 2024

Governance Statement

Scope of Responsibility

The Board is accountable for Governance, Risk Management and Internal Control.

As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

This Annual Report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified, mitigated and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

The Executive Leadership Group assist me as Chief Executive in discharging my accountabilities and meet weekly for formative discussion, support and decision-making. The Executive meets more formally with the wider leadership management group via the monthly Operational Management Board meetings. It has strong links to all relevant governance forums inside and outside CTMUHB.

The organisation’s work is supported by the achievement of the policies, aims and objectives. These are delivered in the knowledge that there is a need to safeguard public funds and the organisation's assets for which Board Members are personally responsible.

Escalation and Intervention Arrangements

Please refer page 13 of this Annual Report which outlines the current escalation status of CTMUHB and the changes during 2023-2024. In summary, as at the time of finalising this report the escalation status of CTMUHB remained unchanged in the following areas:

Area	**Previous Status**	**New Status**
Planning and Finance	Enhanced Monitoring	Enhanced Monitoring
Performance	Targeted Intervention	Targeted Intervention

Our Governance Framework

The Board is accountable for governance, risk management and internal control and focuses on strategy, performance and behaviour. Board Members have responsibility for the strategic direction and to provide leadership and direction to the organisation, ensuring sound governance arrangements are in place. The Board is also responsible for encouraging an open culture with a view to ensuring high standards.

Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation and for making sure it is responsive to the needs of its communities. Independent Members will often have a designated area of interest or focus and may also be allocated to 'champion' a particular issue. Independent Members are supported by an annual development appraisal discussion with the Chair.

The Chair's performance is assessed by the Minister for Health and Social Services whilst the Chief Executive's performance is assessed by the Chair with input from the Director General Health and Social Services/Chief Executive NHS Wales, Welsh Government.

Monitoring quality and performance information occurs at all levels of the organisation to provide 'Community/Ward to Board' reporting. Performance, risk and incident reports are received regularly by the Operational Management Board providing oversight that CTMUHB is meeting both internal and external targets for quality and performance. The Board Assurance Framework, discussed later in this section, is also received at every routine Health Board meeting.

Hosted Organisations (WHSSC, EASC and NIAW) provide a Governance Statement or a Compliance Statement to support the Chief Executive in signing the CTMUHB Governance Statement. These are available upon request from the Director of Corporate Governance/Board Secretary or via CTMUHB's Audit & Risk Committee papers on our website for the month of July 2024, available here.

CTMUHB continues to work closely with local authority partners and stakeholders, and the third sector. The organisation's 'University Health Board' status which continues to help the ongoing drive to provide high quality, responsive care and services for the communities in strengthened collaboration with our academic partners.

Model Standing Orders, Reservation and Delegation of Powers

Model Standing Orders, Reservation and Delegation of Powers are issued by Welsh Ministers for the regulation of the CTMUHB's proceedings and business. These translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide

the regulatory framework for the business conduct of the health board and define its 'ways of working'.

The All-Wales Model Standing Orders, Reservation and Delegation of Power for Standing Orders and the Standing Financial Instructions are reviewed annually.

During 2023-2024, Welsh Government issued updated Model Standing Orders for NHS bodies in Wales, as outlined below:

Issued July 2023 - The main changes related to reflecting the provisions of the Health and Social Care (Quality and Engagement) Act 2020, including:

- Introduction of the duty of quality and duty of candour;
- Changes linked to the establishment of Llais and the dissolution of the Community Health Councils and the Board of Community Health Councils;

These amendments were approved by the Board at its meeting on the 28th September 2023.

Issued March 2024 – The main changes related to the adoption of the Joint Commissioning Committee and the ceasing of WHSSC and EASC. These amendments were adopted by the Board at its meeting on the 28th March 2024.

These documents form the basis upon which our governance and accountability framework is developed and, together with the adoption of our Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

Variation to standing Orders

Conducting Board Meetings – Standing Orders states that 'The board and its committees shall conduct as much of its formal business in public'.

During the pandemic, CTMUHB was unable to meet in public, in accordance with the Public Bodies (Admissions to Meetings) Act 1960, due to limitations on public gatherings, however, to ensure business was conducted in as open and transparent manner as possible during this time, it continued to:

- Live broadcast all Board meetings;
- Publish agendas and papers in advance of the meeting – ideally seven days (the board acknowledge that this is a breach of Model Standing Orders which stipulates agendas should be published 10 days prior to meetings, however a local variation has been made);
- Provide a clear link to the health board's website pages and social media accounts signposting to further information and publication dates; and
- Make amendments to the website (which constitutes the official notice of board meetings) and explain why the board is not meeting in public.

This variation to our Standing Orders continued until 30 March 2023, when the Board returned to meeting in person. Live streaming of Board meetings has continued to maintain transparency and accessibility by the public and staff to board business and decision making and from January 2024 members of the public and staff were encouraged to observe Board meetings in person.

The public are not currently invited to attend Board Committees in person or via virtual form. This equates to a breach of CTMUHB's Standing Orders. This has been risk assessed, taking into account that all decisions are made by the Board, and committee papers and minutes are made available on the CTMUHB website, available here.

CTMUHB also records a breach of Standing Orders by failing to meet the 10 day publication of papers requirement by routinely only publishing 7 days in advance of Board meetings.

With regards to the Annual General Meeting (AGM) - Standing Orders states that CTMUHB 'must' hold an AGM in public no later than the 31 July each year.' In light of the revised timetable for Audit Wales (AW) to submit final Annual Reports and Accounts to HSSG Finance for the reporting period 2022-2023, Welsh Government confirmed that AGMs will take place no later than 28 September 2023. This variation was noted by the Audit & Risk Committee on the 19 April 2023 and Board on the 25 May 2023 directing that the health board: 'must hold its 2023 AGM in public no later than the 28 September. This variation from the date of July will be reviewed on the 31 March 2024.' This was reported to the Board in May 2023.

The AGM position for 2023-2024 is that it shall be held no later than the 28th September. CTMUHB is planning to hold its AGM at the end of September 2024.

CTMUHB Board

CTMUHB Board provides leadership and direction to the organisation and is responsible for governance, scrutiny, and public accountability, ensuring that its work is open and transparent.

The Board functions as a corporate decision-making body. All Board Members share corporate responsibility for formulating strategy, ensuring accountability, monitoring performance, and shaping culture, together with ensuring that the Board operates as effectively as possible.

The Board is comprised of individuals from a range of backgrounds, discipline, and areas of expertise, and provides leadership and direction ensuring that sound governance arrangements are in place.

During 2023-2024, all Board meetings in public were broadcast live, with a recording of the meeting uploaded to our website after each meeting.

During 2023-2024, the Board held:

- 6 meetings in public (all were quorate)
- One Annual General Meeting
- 8 Board Development / Briefing Sessions

Attendance is formally recorded within the minutes, detailing where apologies have been received and where deputies have been nominated.

The dates, agendas and minutes of all public meetings can be found on the CTMUHB website:

CTMUHB Board has an Annual Cycle of Board Business and a Forward Work Programme, which is adapted during the year to respond to emerging events and circumstances. There is also a Shared Listening and Learning (Staff and Patients) centred focus by the Board and Board Committees, demonstrated by the presentation of stories at each meeting where appropriate.

Items considered by CTMUHB Board during 2023-2024, included:

Governance, Risk and Assurance • Policy on Policies - Inclusion of Data Protection Impact Assessment Section • WHSSC Governance and Accountability Framework & WHSSC Standing Orders and Standing Financial Instructions • Amendments / Variations to CTMUHB's Standing Orders and Standing Financial Instructions • Internal Audit Annual Audit Plan 2023/2024 • Chairs Report and Affixing of the Common Seal • Chief Executives Report • Board Assurance Framework • Annual Review of the Risk Management Framework • Board Committee Highlight Reports and Annual Reports • Annual Report and Accounts 2022-2023 • JAG Accreditation Position Statement • Audit Wales and Healthcare Inspectorate Wales Joint Follow Up Review Quality Governance • Welsh Language Standards Annual Report 2022-2023 • CTMUHB Assurance Manchester Arena Inquiry – Recommendations • Audit Wales Structured Assessment 2023 • Charitable Funds Annual Report and Accounts • Effective Management of Board Business • Strategic Equality Plan • Audit Wales Annual Audit Report	Environmental & Sustainability • Decarbonisation Action Plan • Active Travel Charter	Public Health & Population • Decarbonisation Action Plan • Director of Public Health Report 2020 – 2023 • Vaccination and Immunisation and Vaccine Equity Strategic Plans 2023-2026
Planning, Performance & Finance • Integrated Performance Dashboard • Civil Contingencies and Business Continuity Report • Finance Report • CTM 2030 Our Health, Our Future • CTM 2030 Clinical Services Plan • Regional Capital Board – Capital Plan • Annual Plan Quarterly Updates • Annual Plan 2023/2024 Resubmission	Quality Governance • Nurse Staffing Levels Annual Assurance Report 2022-2023 • Carers Annual Report	Partnership Working • Working in Partnership • WHSSC Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service Engagement and Next Steps • Regional Ophthalmology Strategy

• Annual Carbon Plan • CTM 2023 Strategy Update • Llantrisant Health Park Update – To include the year one+ Plan – Presentation • Integrated Medium Term Plan	• Putting Things Right Annual Report • . Infection Prevention & Control Annual Report • Clinical Education Annual Report • Public Services Ombudsman For Wales A Year of Change – A year of Challenge Annual Report and Accounts 2022/2023 • Safeguarding Annual Report	• Regional Partnerships Board & Public Services Board 6 Monthly Report - Verbal Update • Implementing a Regional Model of Integrated Community Care Services • Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales

CTMUHB - Board Membership

The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. The Board consists of 20 voting members (11 Independent Members and 9 Executive Directors). There are also three Associate Members that take part in board meetings in public, though they do not hold any voting rights. The Board is supported by the Director of Corporate Governance/Board Secretary, the Director of Digital and the Director of Communications, Engagement & Fundraising, who attend its meetings but do not have voting rights.

There have been a number of changes to the Independent Members of the Board during 2023-2024, CTMUHB has said farewell to:

- Jayne Sadgrove, Vice Chair on 31 August 2023;
- James Hehir, Independent Member (Legal) on 30 September 2023;
- Mel Jehu, Independent Member (Community) on 31 March 2024.

CTMUHB also warmly welcomed two new Independent Members to the Board in 2023-2024:

- Kath Palmer, Vice Chair on 13 November 2023;
- Helen Lentle, Independent Member (Legal) on 2 January 2024.

Where there were changes in Independent Board Member appointments during the year, every effort was made to ensure that the interval until a new appointee was confirmed was a short as possible. Such action helped to bolster Board Member arrangements and therefore avoid any adverse impact on decision-making. Unfortunately, there was a short gap in appointment of an Independent Member (Legal) and the Vice Chair due to system changes within the Public Appointments Unit in Welsh Government which delayed the appointment process.

Whilst we initiated the recruitment process for a new Independent Member straightaway, we also undertook a review of committee membership to ensure that committees were appropriately covered and supported by other Independent Members as appropriate.

In March 2024, the Chair recommended to the Minister the re-appointment of Associate Board Members, Anne Morris and Lisa Curtis-Jones. Their new terms will commence in 2024-2025.

Biographies, providing further information on Board Members, are published on CTMUHB's website.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board Members also fulfil a number of Champion roles where they act as ambassadors for these matters. The table at Appendix B of the Governance Statement sets out the composition of the Board in 2023-2024 outlining the positions held, the area or expertise/ representation role, the Board and Committee membership and attendance, and the Champion roles.

The following key changes have been made to the Executive Leadership Group during the year:

- CTMUHB faced challenges in appointing a substantive Executive Director of Public Health, however, in the interim, the portfolio was covered by Philip Daniels, Consultant in Public Health, who following a competitive recruitment exercise was successful in being appointed to the substantive role as Executive Director of Public Health, which commenced on the 13 November 2023.

- Gareth Watts was successfully appointed to the role of Director of Corporate Governance / Board Secretary commencing on the 6 September 2023. Prior to Gareth's appointment the Corporate Governance portfolio had been covered by the Assistant Director of Governance and Risk following the departure of G Galletly in November 2022.

Board Committees

The Board can and has delegated certain functions to Board Committees, whilst maintaining that the Board is ultimately accountable and responsible for decision-making.

An effective Board and Committee structure provides the mechanism for Board Members to be able to focus on "Oversight, Insight and Foresight".

There are currently **9** formal Board Committees

1. Audit & Risk Committee
2. Charitable Funds Committee
3. Digital & Data Committee
4. Mental Health Act Monitoring Committee
5. People & Culture Committee
6. Population Health & Partnerships Committee
7. Planning, Performance & Finance Committee

8. Quality & Safety Committee
9. Remuneration & Terms of Service Committee

There is currently **1** formal Sub Committee of the Board:

1. Health Safety & Fire Sub Committee (Sub Committee of the Quality & Safety Committee)

Each Committee and Sub-Committee is chaired by an Independent member. These committees have an important role in providing scrutiny and seeking assurance in relation to the achievement of our strategic and planning objectives, provision of safe and effective services, compliance with legislation and standards, learning from lessons, and oversight of performance and risk.

The Terms of Reference for all Board Committees are reviewed on at least an annual basis and can be found on CTMUHB website as follows:

The chair of each committee provides a written Highlight Report to the Board following each meeting outlining key risks and highlighting areas, which need to be brought to the Board's attention to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives or other matters. The committees, as well as reporting to the Board, also work together on behalf of the board to ensure, where required, that cross reporting and consideration takes place, and assurance and advice, is provided to the board and the wider organisation. As well as producing formal minutes, each committee maintains a table of actions that is monitored at meetings, a Committee Cycle of Business and a Forward Work Programme. Each committee chair is also responsible for providing the board with an annual report, setting out a helpful summary of its work throughout the year. Each committee has an Executive Director lead(s) who works closely with the chair of each committee in agenda setting, business cycle planning and to support good quality, timely information being

Agenda planning meetings are held with Committee Chairs, Vice Chairs, Executive Leads and the Corporate Governance Team which provides an opportunity to reflect on the effectiveness of the previous meeting and consider the agenda for the next, whilst also referencing the Committee Cycle of Business, Forward Plan, the Board Assurance Framework and high risks on the Organisational Risk Register.

There is an agreed process for committee referrals where the Chair of the referring Committee will ensure the following questions are clarified prior to an item being deferred:

- What are you referring?
- Why are you referring it?
- What is the outcome that you are anticipating from this referral?

During 2023, each committee has undertaken a self-assessment and produced a meaningful summary and action plan, as appropriate, to ensure there is continual learning and improvement.

Appendix B of the Governance Statement includes a table outlining Board and Committee Membership attendance for 2023-2024.

Appendix C of the Governance Statement includes a table outlining the Board and Committee meetings held during 2023-2024, highlighting any meetings where there may have been an issue with quoracy.

An Effective Management of Board Business Review Proposal commenced in January 2024, with a report to the Board on the 28th March 2024 recommending a revised Board and Committee structure. This recommendation was approved and the arrangements will be implemented during 2024-2025.

Board Advisory Groups

CTMUHB has a statutory duty to 'take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals'.

- **Stakeholder Reference Group (SRG)**
  The SRG is formed from a range of partner organisations from across the Health Board's population area and engages with and has involvement in the strategic direction, advises on service improvement proposals and provides feedback to the Board on the impact of its operations on the communities it serves. The SRG met six times during 2023-2024. This group is chaired by Anne Morris, Associate Board Member.

- **Clinical Advisory Group (CAG) (Formerly known as the Health Professionals' Forum)**
  The CAG provides the mechanism to seek essential contributions from clinicians across CTMUHB in the development of CTMUHB's clinical strategy. It provides a structure within CTMUHB that enables the front-line clinical team voices to reach management and the Board from a pan-health board perspective. The CAG met eight times during 2023-2024. This group is chaired by Sally Bolt, Associate Board Member.

- **Local Partnership Forum (LPF)**
  The LPF engages with local trade union representatives from all recognised trade unions, on matters relating to operational and strategic workforce and CTMUHB service delivery issues. It provides the formal mechanism through which the CTMUHB works together with trade unions and professional associations to improve health services for the population served. It is the LPF where key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and health service issues. The LPF met five times during 2023-2024. This forum is jointly chaired by a Staff Side Representative and Hywel Daniel, Executive Director for People.

Board Development

CTMUHB has held regular Board Development Sessions throughout 2023-2024 on a variety of topics to support ongoing awareness, learning and development for Board Members. Examples of the topics covered include:

- Reflection on Integrated Performance Dashboard contents;
- Risk Tolerance – in a Clinical Context;
- Mental Health & Learning Disabilities Briefing;
- Clinical Services Plan;
- Critical Care Framework;
- Creating Health through Whole Systems Leadership;
- Response to Healthcare Inspectorate Wales Review into Mental Health Services – Update;
- Healthcare Inspectorate Wales/Audit Wales Joint Follow Up Review into Quality Governance;
- Recognition of the Royal College of Nursing Award Finalists;
- Facilitated Session: Developing High Quality Care Cultures;
- Focussed session on Diabetes;
- Annual Updates from Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee;
- Presentation on Long Term Conditions;
- CTMUHB Self-Assessment: Speaking Up Safely – A Framework for the NHS in Wales;
- Presentation on the Future Models of Primary Care;
- Community Engagement and CTMUHB Ambition to become an 'Engaging Organisation';
- The Employee Wellbeing and Experience Service: Past, Present and Future;
- Research & Development.

The purpose of these sessions is to promote Board engagement, relationships and collaboration and increase the opportunity for Board members to gain a greater understanding of their core responsibilities, develop the skills of the collective Board, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a Board. The continuing approach for Board Development Sessions will be a structured programme of development, facilitated where appropriate.

There will be at least four sessions per annum where Board Members are asked to prioritise attendance in person, it is considered that meeting in person supports and builds positive relationships and engagement amongst Board Members.

Where possible the sessions will be limited to two topics per session to allow for sufficient time for robust discussion and learning.

Board Briefings

During 2023-2024, Board Briefing sessions have been held to brief Board Members on topical issues (including confidential issues) and to raise awareness and

understanding to better inform decision-making and scrutiny. Items are suggested by the Executive, or requested by Independent Members to build a programme of briefings relevant to topical and timely issues.

Board Effectiveness

Board Annual Self-Assessment of its Effectiveness 2023-2024

During 2023-2024, CTMUHB has undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness self-assessment, these are:

Internal Sources of assurance:
- Effective Management of Board Business Review;
- Board Development Session – Developing High Quality Care Cultures;
- Corporate Governance in Central Governance Departments: Code of Practice 2017;
- Good Governance Activity, such as;
    - Reflective Practice following Board and Committee meetings
    - Board Committee Effectiveness
    - Independent Member Scrutiny Toolkit
    - Board Assurance Framework Reporting
    - Board Development Programme / Board Briefings
- Annual Review of the Risk Management Framework;
- Responding to the 2022-2023 Annual Board Effectiveness Self-Assessment.

External Sources of Assurance:
- Audit Wales Structured Assessment 2023;
- Internal Audit Review of the Board Assurance Framework;
- Joint Escalation and Intervention Arrangements Status – Quality & Governance, Trust and Confidence;
- Quality Governance Review (Audit Wales and Health Inspectorate Wales).

Following due consideration of the sources of assurances and supporting documentation, the Board were asked to consider an overall level of maturity in respect of governance and Board effectiveness, based on the same criteria used in previous years, the Board concluded its maturity rating in respect of Board Effectiveness / Governance, Leadership and Accountability to be "Level 4 –We have well developed plans and processes and can demonstrate sustainable improvement throughout the service", and this was formally approved by the Board at its meeting on the 30th May 2024. The full report is available here: ctmuhb.nhs.wales/about-us/our-board/board-meetings-papers/2024-board-papers/30-may-2024/agenda-and-papers-health-board-meeting-30-may-2024-v2-compressed-pdf/

Joint Committees

As noted on page 10, CTMUHB hosts the following Committees on behalf of NHS Wales:

- **Emergency Ambulance Services Committee (EASC)**
- **Welsh Health Specialised Services Committee (WHSSC)**

Further detail on EASC and WHSSC is captured on page 10 of this report.

Partnership and Collective Working

NHS Wales Shared Services Partnership Committee

NWSSPC was established in 2012 and is hosted by Velindre University NHS Trust. It is responsible for the shared services functions for the NHS, such as procurement, recruitment, and legal services. CTMUHB is represented by the Executive Director for People at this committee with regular reports received by the Board following each meeting.

A 'Working in Partnership' update report is received by the Board at every meeting. Update reports from the Advisory Groups, Joint Committees and Statutory Partnerships are also received and these can be found with the Board papers available via the following link

Command and Control Structure

As reported in previous annual reports a command and control structure was established to facilitate planning and preparations in response to the COVID-19 pandemic. During 2023-2024, the command and control structure was stood up to support the response to Industrial Action and to manage service impact and to minimise disruption to services.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

The Board is accountable for maintaining a sound system of internal control which aids achievement of the organisation's objectives. It has been supported in this role by the work of the main Committees, each of which provides regular reports to the Board, underpinned by a Board Committee structure, as outlined in Appendix D of the Governance Statement. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability.

CTMUHB recognises that scrutiny has a pivotal role in promoting improvement, efficiency and collaboration across the whole range of its activities and in holding those responsible for delivering services to account.

Capacity to Handle Risk

Risk Management Strategy

CTMUHB is committed to developing and implementing a Risk Management Strategy (and Board Assurance Framework) that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Annual Plan.

The Board Assurance Framework (BAF) is used by the Board to identify, monitor and evaluate risks which impact upon strategic objectives. It is considered alongside other key management tools, such as workforce, performance, quality dashboards and financial reports, to give the Board a comprehensive picture of the organisational risk profile.

CTMUHB reviewed and approved a revised Risk Management Strategy at its meeting in May 2023, which is available on the Health Board's website: and is further complemented by an updated Risk Management Policy and Risk Assessment Procedure.

The Risk Management Strategy, Risk Management Policy and Risk Assessment Procedure outline how CTMUHB escalates areas of weakness (risk) from service to Board.

'Llais', who represent the views of and advocate for people across health and social care in respect of complaints about services) are represented at the Quality & Safety Committee and Health Board meetings where risk is discussed.

Where work is delivered in partnership with strategic partners, such as via the Public Services Board and Regional Partnership Board, risk management arrangements are led by the host organisation. These risk management arrangements dovetail with the CTMUHB's Risk Management Framework to feed into the Organisational Risk Register and Board Assurance Framework as appropriate.

Risk Appetite Statement

CTMUHB's Risk Appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas the Health Board's risk tolerance may be cautious in others it may be eager for risk and willing to carry risk in the pursuit of important strategic objectives.

CTMUHB will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

The Risk Management Strategy, Risk Appetite Statement, Board Assurance Framework and Risk Scoring Domain Matrix were reviewed in April 2023 and approved at the Public Board Meeting in May 2023. They are next scheduled for review in May 2024.

The current risk appetite domains are:

Quality and Safety risks - (including physical and/or psychological harm) of its patients, workforce and the public) – the Health Board has adopted a ***Cautious*** stance for quality and safety risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.

Reputation / Adverse Publicity (Trust in Confidence) risks - the Health Board has adopted a ***Cautious*** stance for reputational risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.

Business Continuity risks - the Health Board has adopted a ***Cautious*** stance for Business Continuity Risks. The Board will receive ongoing assurance from the testing of business continuity plans.

Legal / Regulatory Compliance risks – the Health Board has adopted a Cautious stance for Legal, Regulatory and Compliance risks, seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. The Board will receive assurance that compliance regimes are in place.

Data and Information Management risks – the Health Board has adopted a ***Cautious*** stance for data and information management risks seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. There is acceptance for the need for operational effectiveness with risk mitigated through careful management of information sharing and limiting distribution.

Financial stability risks – the Health Boards stance for financial risk is varied as follows:

- ***Averse*** for financial propriety and regularity risks with a determined focus to maintain effective financial control framework accountability structures;
- ***Averse*** – in terms of risks related to the Health Boards qualification of accounts, associated process and deviation from reporting timescales;
- ***Minimal*** – as to risk relating to breaching individual control totals;
- ***Cautious*** – in relation to the Health Boards budget spend with the intention that it should maximise the use of resource each year. The Health Board will seek safe delivery options with little residual risk that only yield some upside opportunities. The Board would receive ongoing assurance through reporting structures that policies and procedures are in place to comply with HMT guidance.

Assets and Estates risks – the Health Board has adopted ***Cautious and Open*** stances for assets and estates respectively, seeking value for money but with a preference for proven delivery options that have a cautious residual risk. This means that the Health Board will use solutions for purchase, rental, disposal, construction, and refurbishment that ensures it protects the public purse from as much risk as possible, producing good value for money whilst fully meeting organisational objectives.

Technological advances - the Health Board has adopted an ***Open*** stance for risks associated with technological advances accepting that system and technology developments can enable improved delivery. Responsibility for non-critical decisions may be devolved in accordance with the Scheme of Delegation. Plans

Board Assurance Framework

CTMUHB's Board Assurance Framework (BAF) was first approved by the Board on the 31st March 2022. A review was undertaken in April 2023 and an updated BAF was approved at the Public Board meeting in May 2023.

The BAF is articulated via a Board Assurance Report (BAR) presented to Board that brings together the organisation's strategic goals and the strategic risks which may impact CTMUHB's ability to deliver its objectives. The BAR identifies the controls in place to manage these risks, assurances which show whether they are working and the further mitigating action required.

The BAR:

- provides action plans to mitigate any gaps in controls or assurances;
- links to key measures of performance and National priority measures; and
- aligns strategic risks to operational risks on the Organisational Risk Register.

The benefits of the BAR include:

- that it is designed specifically for Board-level oversight;
- it is a structured and evidence-based assessment of the key risks facing CTMUHB
- can be used to shape cycles of business and the work of the Board and Board Committees;
- enables Independent Members to focus their scrutiny and constructive challenge; and
- supports strategic decision-making.

CTMUHB will monitor the BAR and ensure remains up to date by the following activity:

- each strategic risk has a Lead Executive(s);
- the Assistant Director of Governance and Risk will review the risk score, action plan and current performance with the Lead Executive(s) in readiness for reporting to the Board;
- each principal risk is aligned to a Board Committee(s) for assurance;
- the BAR will include a trend line for each strategic risk, showing how the score has changed over time;
- the Board should consider annually whether the principal risks are comprehensive, or if risks need to be added / removed / changed.

The Audit and Risk Committee, as a Committee of the Board, has oversight of the processes through which the Board gains assurance in relation to the management of the BAF. The latest Board Assurance Framework Report which was received at the Board meeting on the 28th March 2024, is available here.

Strategic / Principal Risks

As at the 31st March 2024, there are ten Strategic Principal Risks captured within the Board Assurance Framework as follows:

Figure 40

Strategic / Principal Risk 1	Sufficient capacity to meet emergency and elective demand.	This risk has a risk score of 16.
Strategic / Principal Risk 2	Ability to deliver improvements which transform care and enhance outcomes.	This risk has a risk score of 16.
Strategic / Principal Risk 3	Finance Revenue Resources. *This risk was approved for closure at the Board meeting on the 28th March 2024 as the target score had been achieved.* *A new financial risk was developed and presented for approval at the May 2024 Board meeting.*	This risk has a risk score of 8.
Strategic /Principal Risk 4	Sufficient workforce to deliver the activity and quality ambitions of the organisation.	This risk has a risk score of 20.
Strategic / Principal Risk 5	Community and Partner Engagement.	This risk has a risk score of 12.
Strategic / Principal Risk 6	Delivery of a digital and information infrastructure to support organisational transformation.	This risk has a risk score of 16.
Strategic / Principal Risk 7	Leadership and Management.	This risk has a risk score of 12.
Strategic / Principal Risk 8	Culture, Values and Behaviours.	This risk has a risk score of 12.
Strategic / Principal Risk 9	Fulfilling our Environmental and Social Duties and Ambitions.	This risk has a risk score of 16.
Strategic / Principal Risk 10	Healthy Life Expectancy.	This risk has a risk score of 20.

Aligned to the Strategic/Principal risks within the Board Assurance Framework report are organisational risks which have been escalated to the Organisational Risk Register, which have a risk score of 15 and above.

A summary of some of the highest graded risks facing the organisation, which have been escalated to the Organisational Risk Register, are listed below. This is

not an exhaustive list and the Organisational Risk Register as at the end of March 2024 is available here.

CTMUHB has a number of Improvement Programmes supporting the mitigation of risk, for example, the Planned Care Recovery Programme, Six Goals, and Stroke Improvement Programme.

The Impact of COVID-19 Pandemic

In terms of the COVID-19 Risk Logs, when Gold Command was stood down, any relevant legacy risks were transferred to the Organisational Risk Register as appropriate. It is evident from the CTMUHB's risk register that the impact of the pandemic has significantly affected the organisation's position in terms of recovery and resetting of its services.

Service to Board Escalation

The risk management process in relation to the escalation of new risks is defined in Appendix 3 of the Risk Management Strategy

Risk Tolerance Levels

CTMUHB's Risk Management Strategy indicates that any risk graded 15 and above, or those not able to be managed, are escalated to the Organisational Risk Register for consideration by the Board once they have been signed-off through the relevant escalation stages.

Organisational Risk Register

A copy of the Organisational Risk Register (as at March 2024) is available here. It is received in its entirety at the Audit & Risk Committee and assigned risks are considered at each Board Committee meeting as appropriate. The cover paper supporting the register outlines the new risks, control measures and the action taken to mitigate risks. The register is also made available to Board Members at each Board meeting for reference when scrutinising the Board Assurance Report.

Risk Management Training

Risk Management training continues on a monthly basis delivered by the Assistant Director of Governance & Risk and the Heads of Quality & Safety. Sessions are planned throughout 2024 and continue to result in positive feedback and results in training numbers growing year on year.

Independent Assurance on Risks

- Internal Audit Review – Board Assurance Framework (April 2023)

  An Internal Audit Review on the Board Assurance Framework (BAF) was undertaken during the final quarter of 2022-2023, which concluded with a 'Substantial Assurance' rating. The report (including management action plan) was submitted to the Audit & Risk Committee papers in April 2023. The findings confirmed that policies and procedures are in place, that the BAF aligns to

strategic objectives set out in the IMTP and that strategic risks are regularly reviewed. Furthermore the report set out that action plans are in place where gaps in controls exist and that monitoring and scrutiny of the BAF is evident.

The only area identified for improvement related to the provision of greater clarity as regards the gaps in controls and mitigating actions.

- Internal Audit Review – Risk Management (March 2024)

  The outcome of the 'Risk Management Review' was 'Reasonable Assurance".

- Structured Assessment Report 2023

  The Structured Assessment Report for 2023 was received at the Audit & Risk Committee in December 2023 and presented to the Board at its meeting in January 2024, the full report is available here:

  The report commented as follows:

  "The Health Board's Board Assurance Framework is well embedded and starting to drive Board and committee business. The Health Board has an appropriate Board-approved risk management framework in place, with the risk management strategy, statement, and risk domains up-to-date and reflecting the organisation's new operating model." Page 6, paragraph 12.

The Control Framework

Quality Governance

CTMUHB's Quality Strategy (available here) sets out our quality ambitions and our quality goals, structured around the six dimensions of quality for 2022-25.

CTMUHB have undertaken stakeholder engagement to ensure that these chime with the views and priorities of its stakeholders.

Each year, CTMUHB will devise an Annual Quality Work Plan to focus its efforts on the delivery of quality objectives. Identification of these annual objectives will be data-driven and risk-stratified to ensure a targeted approach to improving quality.

CTMUHB report its progress against the quality objectives that it has committed to achieve. This will be at regular intervals and CTMUHB will adapt its plans based upon progress and learning.

CTMUHB ensures that its quality performance monitoring is 'always on'. The Quality Management System will ensure that quality performance data is readily available in order to ensure rapid identification and response to any early warning indicators.

Quality and safety is everyone's business, but senior accountability and responsibility has been strengthened within CTMUHB through the collective responsibility being shared across its four clinical Executive Directors. The operating model ensures clearly defined structures for quality governance across the Care Groups, and professional groups who have clearly identified leads for quality.

CTMUHB's risk management strategy is outlined on page 116. CTMUHB considers that the risk management process within the organisation supports the approach set out in "The Orange Book – Management of Risk – Principles and Concepts". The Orange Book – Management of Risk – Principles and Concepts (publishing.service.gov.uk)

Clinical Audit

Clinical Audit - A report setting out progress on the Clinical Audit Forward Plan for 2024-25 (which includes a position report for audits from 2023-2024) was submitted to the Quality & Safety Committee at its meeting in March 2024. A Clinical Audit and NICE Effectiveness (CANE) group is responsible for development of the organisation's annual forward plan. The group is also responsible for reviewing the progress of local Clinical Audit Operational Plans. Themed Clinical Effectiveness Committees (CEC) will identifying priority clinical audit topics and monitor national clinical audit recommendations and action plans. The CANE and CECs are able to escalate any concerns to Audit and Risk and Quality and Safety Committee

Information Governance

Information Governance (IG) is managed through a framework which includes the IG Group (IGG) and a central IG Team. The IGG drives the IG agenda and provide CTMUHB with the assurance that effective information governance best practice mechanisms are in place, such as:

- A Caldicott Guardian whose role it is to safeguard patient information
- A Senior Information Risk Owner (SIRO) whose role it is to manage information risk from a corporate viewpoint; and
- A Data Protection Officer (DPO) whose role it is to ensure CTMUHB is compliant with data protection legislation.

The IG Team, led by the Head of IG, provides assurance on its activity and compliance with the relevant legislation which can be evidenced by:

- Quarterly reports to the IGG, including key performance indicators;
- A range of information governance and information security policies, procedures and guidance documents;
- IG training and bespoke learning in addition to Induction for new staff;
- Robust management of all reported breaches, including proactive reporting to the ICO;
- An Information Asset Register used to manage information across the organisation;
- Registers of data sharing agreements and of data protection impact assessments;
- IG Risk Register, received at all regular meetings of the IGG; and
- Annual SIRO report and Highlight Reports from the IGG to the Digital & Data Committee.
- Highlight reports submitted to the Digital & Data Committee are available here:

In terms of the Freedom of Information (FOI) Act, 646 requests were received in 2023-2024 (an increase on the previous 12 month period during which 508 FOI requests were received).

Lapses in Information / Data Security

Data protection legislation requires that where personal data breaches meet a certain set criterion, they be notified to the Information Commissioner's Office (ICO) as the statutory body for data protection in the UK. Information governance incidents are assessed against the threshold for notification by the Information Governance Team.

Incident reports which include data breaches are submitted to the Information Governance Group for scrutiny. For the year 2023-2024, the Information Commissioners Officer were notified of 2 data breaches. One in relation to inadvertent disclosure of personal data was investigated accordingly, with the ICO confirming no further action would be taken. The other is still an ongoing investigation and CTMUHB are awaiting the ICO outcome. All recommendations, actions and lessons learnt are submitted and monitored via the Information Governance Group and Digital Data Committee.

Corporate Governance Code

An assessment of the Corporate Governance Code has been undertaken and is captured on page 113 of this report, along with the annual review of Board Effectiveness.

The Board concluded its maturity rating in respect of Board Effectiveness / Governance, Leadership and Accountability to be "Level 4 –We have well developed plans and processes and can demonstrate sustainable improvement throughout the service", and this was formally approved by the Board at its meeting on 30th May 2024.

Integrated Performance Dashboard

The arrangements for managing performance within CTMUHB is detailed in the Performance Report section captured on page 21.

Planning Arrangements

The planning arrangements relating to CTMUHB's IMTP are outlined on pages 18-19.

Disclosure Statements

Equality, Diversity and Human Rights Legislation

CTMUHB have developed their Strategic Equality Plan (SEP) in collaboration with its workforce as well as its community through an internal and external consultation period over summer 2023. The key themes arising from the consultation have led to finalising the four objectives aligned to the CTM 2030 Strategy. These are:

1. **Services** - Improve the experience and health outcomes for our patients, ensuring equal access to the services that they need.
2. **People** – Improve staff engagement and experience, attracting and retaining diverse talent and create a compassionate, inclusive and just culture in which everyone can thrive.
3. **Community** - Make sure under-represented groups and marginalised communities are involved at the outset of design and delivery of services.
4. **Infrastructure** – Make sure equality, diversity and inclusion is embedded into the way CTMUHB operate and delivers its services.

The SEP covers the period 2024-2028 in line with Welsh Government guidelines; and the action plan which sits under the SEP will encompass measures linking to national government action plans for Anti-Racism, LGBTQ+ and Disability whilst also tending to measures relating to Gender Pay. As part of our organisational governance arrangements the CTM SEP is being sent for ratification at Board in March 2024, to be published once approved. It sits within the CTMUHB Culture plan for "Creating the Conditions for Everyone to Thrive within a Compassionate, Inclusive & Just Culture". Implementation for the CTM SEP will be led by the Equality, Diversity and Inclusion working group which has a wide representation from key stakeholders and is held 6-weekly and reports to the Culture Steering Group and the People & Culture Committee with a highlight report the Board.

Membership of the NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member's Pension Scheme records are accurately updated, in accordance with the timescales detailed in the Regulations.

Carbon Reduction Delivery Plans

As referenced on page 84, CTMUHB has a Decarbonisation Strategy (2022–30) and Decarbonisation Action Plan (DAP). The DAP sets out CTMUHB's carbon reduction delivery plans, with key areas of focus around facilities, digital, estates, capital, procurement, medicines (including gases) and corporate activities.

Emergency Preparedness

In relation to our emergency preparedness and civil contingency requirements regarding weather projections, CTMUHB notes the following recent activity:

- Review of the Severe Weather Conditions Policy (Snow and Ice) – this policy is underpinned by the Severe Weather Contingency Procedural Guidance.
- Severe Weather Contingency Plan (Heatwave) is currently under review and once finalised the plan will be utilised in partnership with Public Health Wales – Extreme Hot Weather Advice.

The Severe Weather Conditions Policy (Snow and Ice) and the Severe Weather Contingency Plan are aligned to the South Wales Local Resilience Forum (SWLRF) Severe Weather Arrangements (2023-2026). CTMUHB are represented on the SWLRF Severe Weather Sub-Group and as such have engaged with the recent review of the SWLRF severe weather arrangements. It is important to note that:

- The SWLRF arrangements are directly linked to the SWLRF Community Risk Register;
- Representation on the SWLRF Severe Weather Sub Group provides CTMUHB with direct links to all Wales Flood Plans, enabling the Estates Function to also access plans as and when developments on sites is undertaken;
- From a practical/operational perspective CTMUHB are fully signed up to the Met Office – Extreme Weather alerting system. This provides early warning of extreme weather and a suite of graded warnings that are shared pan CTM to allow for the initiation of plans as required. CTMUHB also have direct access to the Met Office Civil Contingencies/EPRR advisor who translates weather warnings into practical and local terms for CTMUHB to respond appropriately as partner organisations;

Register of Interests

Register of interests Details of company directorships and other significant interests held by members of the Board, which may conflict with their responsibilities, are maintained, and updated on a regular basis. A Register of Interests is available on CTMUHB's website at: Register of Interests, Gifts, Hospitality & Sponsorship - Cwm Taf Morgannwg University Health Board (nhs.wales), or a hard copy can be obtained from the Director of corporate Governance/Board Secretary on request.

Environmental, Social and Community Issues

As outlined in the Environmental Sustainability section on page 84, CTMUHB works hard to reduce its impact on the environment, to encourage staff to make healthy lifestyle choices, and to strengthen our relationships and engagement with local communities. Our strategic approach to sustainability ensures that we not only look at ways to reduce fixed costs such as energy, water and waste, but we also embed efficiency principles within our processes for procuring goods and services.

Ministerial Directions

There was one Ministerial Direction received during 2023-2024, which was entitled the National Health Service Joint Commissioning Committee (Wales) Directions 2024 which was issued on 6 February 2024 and came into force on 7 February 2024. The Direction directed that all seven Local Health Boards must jointly exercise the functions of the new NHS the relevant functions of the new NHS Wales Joint Commissioning Committee from 1 April 2024. Welsh Government has issued non-statutory instruments and Welsh Health Circulars (WHCs) since 2014-2015, and a list of circulars issued can be found on the Welsh Government website. Within CTMUHB, WHC's are logged centrally and an Executive Lead assigned. The list of WHC's are captured in Appendix A to the Governance Statement on page 138.

Modern Slavery Act 2015 – Transparency in Supply Chains - The Welsh Government's Code of Practice

Ethical Employment in Supply Chains highlights the need, at every stage of the supply chain to ensure good employment practices exist for all employees, both in the United Kingdom and overseas. CTMUHB has continued to embed the principles and requirements of the Code, and the Modern Slavery Act 2015. In doing so, it is demonstrating our continued commitment to playing its role as a major public sector employer, to eradicate unlawful and unethical employment practices, such as:

- Modern Slavery and Human rights abuses;
- The operation of blacklist / prohibited lists;
- False self-employment; and
- Unfair use of umbrella schemes and zero hour's contracts.

To promote this agenda CTMUHB has been raising awareness of the Code with its staff via Statutory and Mandatory training, as well as with contractors and suppliers. CTMUHB is an accredited Living Wage Employer, which means staff receive an hourly rate, which is higher than the Government's "Minimum National Living Wage. This commitment applies to not only to directly employed staff but also to third party contractors and supplier staff. Therefore all CTMUHB newly appointed contractors / suppliers are required to pay their staff the living wage, if they are not already. This accreditation ensures that everyone working or undertaking work for CTMUHB will received a fair day's pay for their work.

CTMUHB has implemented the Speaking up Safely Framework which provides staff with easier access to raising concerns which outlines the process and individuals they may contact, to empower and enable them to raise suspicions of any form of malpractice, by either our staff or that of suppliers / contractors working on our premises. Staff also have the opportunity to raise such matters via Anonymous Communication, Respect and Resolution Policies and the NHS Raising Staff Concerns Procedure.

CTMUHB has also continued to work in partnership with NHS Wales Shared Services Partnership, recruitment and, buying and procurement staff, to ensure the code commitments underpin and support these activities.

During 2024-2025, CTMUHB will continue to take the following two actions, to deliver on the Code's commitments:

- To strengthen CTMUHB's 'Speaking up Safely' process by actively doing more promotional work to socialise and embed it, to ensure that every employee and worker is aware of it and has the confidence to speak up, without fear of punishment or reprisal.

- Write to all contractors and suppliers whose contracts are due to expire within a 12 month period to remind them that they will only be eligible to re-tender if they can evidence that they are paying their employees and worker the living wage.

Review of Effectiveness

Accountable Officer Statement

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Head of Internal Audit Opinion (HoIA) 2023-2024

Internal audit provide the Chief Executive and the Board, through the Audit & Risk Committee, with a flow of assurance on the system of internal control. The HoIA has commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership.

The scope of the opinion is confined to those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit & Risk Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

The overall opinion for 2023-2024 is that:

Figure 41

Reasonable Assurance	 Yellow	The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control.

It is a requirement that this opinion is reflected within the Governance Statement along with confirmation of actions planned to address the issues raised. Particular focus is placed on the agreed response to any Limited Assurance opinions issued during the year and the significance of the recommendations made (of which there were seven audits in 2023-2024)

The audit plan is agile and responsive to ensure that key developing risks to the organisation are covered. As a result of this approach, and with the support of CTMUHB Officers and Independent Members across CTMUHB, the plan for 2023-2024 has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit & Risk Committee. In addition, regular audit progress reports have been submitted to the Audit & Risk Committee. Although changes have been made to the plan during the year, it has been confirmed that sufficient audit work has been undertaken during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

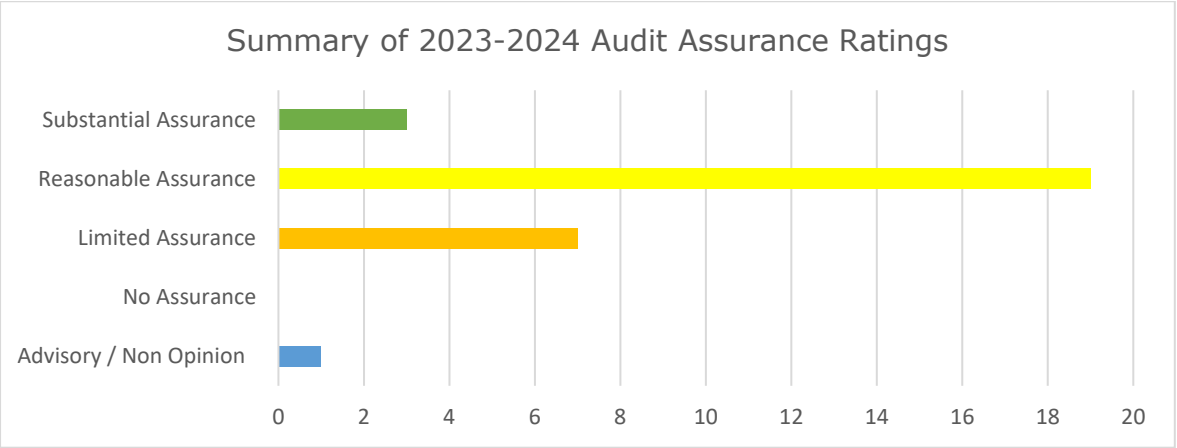
The Internal Audit Plan for 2023-2024 year was presented to the Audit & Risk Committee in April 2023. Some changes to the plan have been made during the course of the year and these changes have been reported to the Committee as part of regular progress reporting.

As in previous years, audits undertaken at NHS Shared Services Partnership, Digital Health & Care Wales, Welsh Health Specialist Services Committee, and the Emergency Ambulance Services Committee support the overall opinion for NHS Wales's health bodies.

The audit coverage in the plan agreed with CTMUHB has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Summary of 2023-2024 Audit Assurance Ratings for CTMUHB

Figure 42



A summary of the audits undertaken in the year and the results are summarised in the table below:

Substantial Assurance	Reasonable Assurance
• Arrangements for financial savings – Centralised processes • Prince Charles Hospital – Quality – site supervisor role • Prince Charles Hospital – Validation of management actions	• Adult Mental Health Clinical Service Group – Governance arrangements • Adult Mental Health Clinical Service Group – Risk management • Adult Mental Health Clinical Service Group – Workforce • Adult Mental Health Clinical Service Group – Planning and performance • Deprivation of Liberty Safeguards (DoLS) • Arrangements for financial savings – Enabling schemes • IT infrastructure • IT service management • Leadership and management development • Management of controlled drugs • Risk management • Technical resilience

	• Welsh Risk Pool • Follow up – Radiology workforce • Follow up – Medical variable pay (Draft) • Follow up – Digital operating model • Follow up – Reasonable offer (Draft) • Prince Charles Hospital – Financial management and change control • Prince Charles Hospital – Delivery of key project objectives (Draft)
Limited Assurance	Advisory/Non-Opinion
• Decarbonisation • Estates condition (Draft) • Arrangements for financial savings – Care group processes • Gastro-Intestinal pathways – Demand management • Interventions Not Normally Undertaken (INNU) • Performance management of 4 hour target • Follow up – Patient pathway appointment management	• Annual Governance Statement
No Assurance	
• N/A	

In reaching this opinion the HoIA have identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas.

From the opinions issued during the year, three were allocated Substantial Assurance, nineteen were allocated Reasonable Assurance and seven were allocated Limited Assurance. No reports were allocated a 'no assurance' opinion. One advisory or non-opinion piece of work was also undertaken.

At the time of producing the Annual Report, two audits were still work in progress, however, they had not been sufficiently progressed to reliably determine the

assurance rating. The outcomes for these audits may feed into the opinion for 2024-2025 if not completed before the HoIA issues their final annual opinion.

Details set out here of the seven reviews which received a 'Limited Assurance' rating:

1. **Decarbonisation** – CTMUHB has a decarbonisation action plan and there is a governance structure to support implementation. However, the review identified three high priority matters relating to resources, planning, and monitoring and reporting. A limited level of assurance was determined.
2. **Estates Condition (Draft)** – the review noted some progress in addressing historic backlog maintenance to improve the condition of the estate, which has been restricted by the availability of financial resource. The review recommendations aim to aid CTMUHB management in identifying and prioritising the works required - recognising some of the competing pressures and risks. This position is reflected at all of the Health Boards and Trusts where this review was undertaken. A limited level of assurance was determined.
3. **Arrangements for financial savings – care group processes** – Savings targets are allocated to clinical service groups within care groups. The review raised a high priority recommendation in relation to the assessment of savings schemes within care groups. The review provided a limited assurance opinion on this area.
4. **Gastro-Intestinal (GI) pathways – Demand management** – the review focussed on the management of referrals, and considered if the demand for lower GI services (gastroenterology and colorectal surgery) is being managed across the three CTMUHB hospital sites. The review issued a limited assurance report on this area. The report made three high priority recommendations. It was identified that management needed to develop a policy and procedure document in respect of lower GI referral and demand management processes. There was a need to ensure that monitoring and reporting of demand was consistent and regular across the service. Finally, quality checks needed to be introduced in respect of GI clinicians' referral triage process and outcomes.
5. **Interventions Not Normally Undertaken (INNU)** – CTMUHB has identified a number of interventions that would not normally be undertaken. For example, where there is currently insufficient evidence of clinical and /or cost effectiveness, or the intervention is considered to be of relatively low priority for NHS resources. An example of an INNU would be the removal of a tattoo. CTMUHB's policy suggests that these interventions should only be undertaken where set criteria have been met. The review identified three high priority matters in relation to this area, which were in relation to policies, collection of evidence to support an INNU, and monitoring arrangements. A limited assurance opinion was issued.
6. **4-hour Emergency Department performance reporting** – The national 4-hour performance measure is intended to indicate the percentage of patients that have been in A&E longer than the 4-hour target period where there was not a medical reason for keeping them there. The review focused on the systems and process in place for capturing, recording and validating the data used to calculate the performance target. The review issued a limited assurance report and identified high priority matters in relation to: the need to

develop a standard operating procedure; the need for standardised training across the emergency departments; developing consistent approaches, terminology and definitions in place across sites; and ensuring that information is captured accurately and consistently.

7. **Follow up – Patient pathway appointment management** – The review identified three matters arising in the original review, which included nine high priority recommendations, and one medium priority recommendation. From the analysis of data, review of documentation and meetings with staff, the review confirmed that five recommendations had been implemented and there was ongoing work for a further three. However, there had been no progress regular reporting to the care group director group on 'outcomes not booked' or on the analysis of closed pathway data. The review issued a limited assurance opinion.

During 2023-2024, Internal Audit undertook follow-up work and issued five reports during the year which consider the progress made by CTMUHB against the recommendations that were raised. These were:

- Follow-up: Radiology workforce – Reasonable Assurance;
- Follow-up: Medical variable pay [Draft] – Reasonable Assurance;
- Follow up: Patient pathway appointment management – Limited;
- Follow-up: Digital operating model – Reasonable Assurance; and
- Follow-up: Reasonable offer – Reasonable Assurance.

Where there have been Limited Assurance outcomes, CTMUHB is aware of the specific issues identified and have agreed action plans to improve control in these areas. Furthermore, where a limited assurance report is received, a follow up audit will be commissioned by the Audit & Risk Committee for inclusion in their audit programme as appropriate.

Furthermore, where a 'follow up' limited assurance report is received; the Health Board will ensure the Lead Officer attends the Audit & Risk Committee as appropriate.

The management response to all assurance reports will be reviewed by the Audit & Risk Committee via the Audit Tracker process, and progress against management actions will be monitored at each meeting until all actions have been appropriately implemented

CTMUHB started to refine its recommendation tracking process during 2022-2023, and this has continued through 2023-2024. CTMUHB continues to work to improve the accuracy and timeliness of the information contained within the tracker. Internal Audit leads attend the Audit & Risk Committee and see that the tracker is scrutinised at each meeting.

Internal Audit have also undertaken work towards the end of the year to validate the stated position for a sample of recommendations within the tracker for the actions that they sampled it has been concluded that there was appropriate evidence to confirm that action had been completed.

The full version of the HoIA's report will be accessible via CTMUHB's website from mid July 2024. In that the HoIA states that assurances can be provided to the Board with regard to the arrangements to secure governance, risk management and internal control being suitably designed and applied effectively.

Audit Wales

Structured Assessment 2023

Structured Assessment - CTMUHB received its Structured Assessment 2023 from Audit Wales in January 2024.

The report's overarching finding was: *"Overall, we found that the Health Board has generally effective arrangements to ensure good governance; however, opportunities exist to improve some of these arrangements further. Addressing the financial challenges currently facing the Health Board and preparing a long-term Clinical Services Plan and an approvable Integrated-Medium Term Plan remain key priorities for the Board".*

Set out below are some of the individual findings from the report:

- "…. the Board and its committees operate effectively, cohesively, and transparently, but opportunities to further enhance some arrangements remain;
- …. the Board continues to conduct its business in an open and transparent manner. Agendas and papers for Board and committee meetings continue to be published on the Health Board's website in a timely manner. However, the confirmed minutes of Board and committee meetings are not made available on the Health Board's website in a timely manner. Board meetings are held in person and are livestreamed to allow the public to observe virtually, with recordings made available on the Health Board's website. The Health Board makes good use of social media to promote Board meetings, but it should provide more guidance on how members of the public can request to attend meetings in person should they wish to do so. The Board and committees review, update, and publish key control frameworks on a regular basis, but some policies are out of date;
- …. the Board and committees are operating well, and receive good support from the Corporate Governance Team despite the significant capacity challenges the team has been dealing with during 2023. Meetings are well chaired, with members and attendees observing the necessary etiquette. Whilst the Health Board continues to have a stable and well embedded committee structure in place, it plans to review this structure next year. In doing so, the Health Board has an opportunity to align it to its long-term vision and strategic goals. Board and committee work programmes and agendas cover all aspects of their respective terms of reference and are shaped by the Board Assurance Framework. Oversight of the Health Board's estate is improving. Board meetings are generally well chaired, with members and attendees observing the necessary etiquette. Papers for Board and committee meetings are generally well written and clear;
- …. the Health Board continues to demonstrate a strong commitment to hearing from staff and patients. The Board acts cohesively, with Independent Members providing a good balance of scrutiny, support, and challenge. There have been

some changes to the Independent Member cadre during this year which have been managed well to with no disruption to Board business. The Health Board has continued to make effective use of self-assessments, appraisals, and board development sessions to support learning, development, and continuous improvement;

- …the Health Board's risk, performance, and quality governance arrangements continue to strengthen, but further work is required to ensure they are fully embedded across the organisation and achieving the desired impact;
- …the Health Board's Board Assurance Framework is well embedded and starting to drive Board and committee business. The Health Board has an appropriate Board approved risk management framework in place, with the risk management strategy, statement, and risk domains up-to-date and reflecting the organisation's new operating model;
- …the Health Board has appropriate arrangements in place to manage performance. However, it lacks a documented framework that clearly sets out roles, responsibilities, and frequency for reviewing performance at all levels of the organisation. The Health Board's Integrated Performance Dashboard continues to provide a detailed overview of its performance, and now appropriately focusses on the key challenges facing the organisation;
- …the Health Board's arrangements for quality governance have improved significantly. The Health Board has a stronger strategic focus on quality and patient safety. Its new three-year Quality Strategy and three-year Quality and Patient Safety Framework provide a good foundation to support the delivery of the Duty of Quality and Duty of Candour which came into effect in April 2023. There is greater clarity on roles, responsibilities, accountability, and governance in relation to quality and patient safety. Organisational scrutiny of quality safety has also improved considerably, with greater openness and transparency evident. This is a positive development, and the Health Board is aware that some further action is required to fully embed its revised quality governance arrangements across the organisation;
- …the Health Board's arrangements for monitoring internal and external audit recommendations have improved. Whilst positive steps are being taken to track recommendations from other inspectorates and regulators, more could be done to identify and analyse key themes;
- …the Health Board's corporate planning arrangements have matured, and work is underway to develop the Clinical Services Plan. However, as with other Health Boards, it has been unable to produce an approvable IMTP. Furthermore, its arrangements for monitoring the delivery of corporate plans and strategies require further improvement;
- …the Health Board's corporate planning arrangements continue to mature. It has a clear Board-approved vision and strategic goals, which are being used to shape its Page 7 of 42 - Structured Assessment 2023 – Cwm Taf Morgannwg University Health Board Clinical Services Plan. There is a clear timeline in place for developing the Clinical Services Plan, progressing this work at pace remains a priority for the Health Board;
- …the Health Board has effective arrangements in place for preparing its Integrated Medium-Term Plan (IMTP). However, in common with other Health Boards in Wales, it has been unable to produce a Welsh Government approved IMTP for 2023-26 and is instead working to an Annual Plan. Further work is still required to develop clear milestones, targets, and outcomes for corporate plans and strategies to enable the Board and its committees to ensure effective monitoring, assurance, and scrutiny of progress;

- …. that despite a clear process for financial planning, and good arrangements for managing and monitoring the financial position, the Health Board's financial position is extremely challenging for 2023-24;
- …. the Health Board has a clear process for financial planning, with good involvement from the Board. However, the Health Board did not meet its statutory duties in 2022-23 in respect of achieving financial balance and having an approvable medium-term plan. The financial position for 2023-24 is extremely challenging with the Health Board working to a planned financial deficit of £79.6m million. The Health Board reported a £36.0 million year-to-date deficit against is core revenue plan in Month 5 2023-24, which was £2.8 million worse than plan. In October 2023 additional allocations were made available to Health Boards, alongside a requirement for a 10% stretch saving delivery. As a result, the Health Board now has a break-even planning position for 2023-24; and
- …. arrangements to oversee and scrutinise financial management are effective, and the Health Board has updated several of its financial control procedures. However, the delivery of its savings plan is a challenge. The Health Board requires savings of £22.9 million but was reporting a gap of £4.4 million in its savings plans at Month 5 2023-24."

Annual Audit Report 2023

Audit Wales 2023 Annual Audit Report – this report was received by the Board at its meeting in March 2024 and the Audit & Risk Committee at its February 2024 meeting. A copy of the report is available here. The key findings highlighted in the report are as follows:

- "…concluded that the Health Board's 2022-23 accounts were properly prepared and materially accurate, therefore an unqualified true-and-fair opinion was issued. Review did not identify any material weaknesses in the Health Board's internal controls (as relevant to financial audit;
- …regularity opinion was qualified because the Health Board breached its revenue resource limit. For the three-year period 2020-21 to 2022-23 the Health Board expended £24.221 million over the three-year revenue limit that the Welsh Government had authorised. The Health Board did not exceed its authorised capital resource-limit for the for the three-year period 2020-21 to 2022-23;
- …found no other regularity matters of a material adverse nature. It was however reported that the Health Board did not meet its financial duty to have an approved three-year integrated medium-term plan in place for the period 2022-23 to 2024-25. This financial duty requires Health Boards to prepare, and have approved by the Welsh Ministers, a rolling three-year integrated medium-term plan;
- …reported nine audit recommendations for improvement to the Health Board's Audit and Risk Committee. Management fully accepted seven of the nine recommendations and they have put actions in place to implement them. The Health Board's progress with the actions will be reviewed and monitored as part of the 2023-24 audit
- …. urgent and sustainable action is needed to tackle the long waiting times for orthopaedic services. There's a clear commitment to improve waiting times, however, it could take three years or more to return the orthopaedic waiting list to pre-pandemic levels;

- …. from an all-Wales perspective, despite an increasing NHS workforce, there remain vacancies in key areas, high sickness and staff turnover resulting in over-reliance on agency staffing. More positively, NHS Wales is becoming a more flexible and equal employer;
- …. the Health Board has generally effective arrangements to ensure good governance; however, opportunities exist to improve some of these arrangements further. Addressing the financial challenges currently facing the Health Board and preparing a long-term Clinical Services Plan and an approvable Integrated-Medium Term Plan remain key priorities for the Board; and
- …. the Health Board had made significant progress in addressing the substantial concerns and recommendations set out in the 2019 joint review of Quality Governance arrangements with Healthcare Inspectorate Wales."

Audit Wales's National Audit Reports

Audit Wales's All-Wales Audit Reports – the Audit & Risk Committee received copies of all-Wales Reports on thematic and national audits including:

- Orthopaedic Services in Wales – Tackling the Waiting List Backlog

Conclusion

There have been no significant internal control or governance issues identified during this period other than those already referenced in this document.

Signature:

Paul Mears

Chief Executive

Date: 11th July 2024

Governance Statement Appendices

The following should be shown as appendices rather than in the main body of the Governance Statement:

a. Table of Welsh Health Circulars
b. Table of Board Membership and Attendance
c. Table of Board & Committee Meetings held during 2023-2024
d. Board and Committee Structure as at 31st March 2024

Appendix A - Table of Welsh Health Circulars Received 2023-2024

Figure 42

WHC Number and Topic	Date / Year of Adoption	Action to demonstrate implementation/response
Withdrawal of WHC 2022 (009) - Prioritisation of COVID-19 patient episodes by NHS Wales Clinical Coding Departments	August 2023	WHC/2022/009 "Prioritisation of COVID-19 patient episodes by NHS Wales Clinical Coding Departments" was set to be reviewed on 28/02/2023. Following the review, the decision has been made that there is no longer a requirement to prioritise the assignment of classifications codes to inpatient episodes of care involving COVID-19 ahead of other types of inpatient activity. This decision supports the transition from COVID-19 as a pandemic to being an endemic condition. WHC/2022/009 has been withdrawn and therefore no further action required.
WHC 2023 (003) - Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)	April 2023	Clinical guideline for the investigation of moderate or severe early developmental impairment or intellectual disability (EDI/ID) in children. Guideline has been adopted and implemented across CTM.
WHC 2023 (010) - Certification of Vision Impairment in Primary and Community Care	June 2023	New All-Wales patient pathway introduced that will enable patients to be certified as visually impaired by Wales Eye Care Services (WECS) optometrists who are low vision accredited and have completed an approved training module as determined by Health Education and Improvement Wales (HEIW) and outlined in WECS Standard Operating Procedures. Disseminated to all relevant staff in Primary and Community care.
WHC 2023 (011) - NICE Guidance on Self-harm: assessment, management and preventing recurrence	April 2023	National Institute for Health and Care Excellence (NICE) guidance on Overview - Self-harm: assessment, management and preventing recurrence (NICE Guideline NG225). Guidance has been disseminated to all relevant staff.
WHC 2023 (012) - 2023/24 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance	April 2023	Guidance for LHBs, SHAs and Trusts on submitting monthly monitoring returns to Welsh Government. Updated guidance has been circulated to relevant staff for monthly submission of monitoring returns
WHC 2023 (013) - Health and Care Quality Standards 2023 (replacing Health and Care Standards 2015 - WHC 2015/015)	May 2023	The Duty of Quality has recently been introduced under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Health and Care Quality Standards in the Duty will now replace the 2015 Health and Care Standards issued under WHC (2015) 015. New Standards to replace the 2015 standards have been adopted and cascaded to all relevant staff.
WHC 2023 (014) – Guidance for engagement and consultation on changes to Health Services 2023	May 2023	Revised and updated guidance for engagement and consultation on changes to health services which aims to give NHS organisations guidance and prompts on issues to consider as they approach changes to services. Revised guidance has been disseminated to all relevant staff involved in engagement and consultation on changes to health services.
WHC 2023 (015) - COVID-19 Vaccination Observation Periods/ Vaccination following recovery from COVID-19	May 2023	Guidance on post vaccination observation periods, both for those receiving a booster and those receiving a primary dose of a COVID-19 vaccine. Disseminated to the Chief Pharmacist and all Immunisation Leads.
WHC 2023 (017) - NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management	May 2023	New national policy on patient safety incident reporting and management. The revised policy was ratified through internal governance processes during Quarter 1 of 2023-24.
WHC 2023 (018) - Introduction of HL7 FHIR as a foundational standard in all NHS Wales Bodies	June 2023	Requirement for all NHS Wales Bodies to adopt HL7 FHIR as a foundational standard for interoperability. All digital teams have been notified and have adopted the HL7 FHIR since May 2023.

WHC Number and Topic	Date / Year of Adoption	Action to demonstrate implementation/response
WHC 2023 (019) - In support of prevention of suicide and self-harm: GMC and NICE Guidance on information disclosure for the protection of patients and others	June 2023	The General Medical Council's (GMC) guidelines on sharing information and the consensus statement which has been agreed by the Department of Health, Royal Colleges and other partners. Guidance has been disseminated to the Care Group audit and research group who have provided the statement via AMaT.
WHC 2023 (021) - This Welsh Health Circular replaces WHC/2017/036 issued on 24 July 2017, which is retired with immediate effect	August 2023	Replaces WHC/2017/036. It sets consent in the context of the framework of the Duty of Quality that is now in place in Wales Disseminated to all relevant staff and clinicians within the Children and Family Care Group.
WHC 2023 (022) - Armed Forces Covenant – Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel	June 2023	Guidance on Armed Forces Covenant - Healthcare Priority for Veterans WHC 2017 (41). Disseminated to all GPs within Primary Care for consideration when referring veterans suffering from health conditions into secondary care. Also copied to the Executive Lead for Veterans for information purposes.
WHC 2023 (023) - The National Influenza Immunisation Programme 2023-24	June 2023	Detailed guidance for the flu vaccination programme for the coming autumn and winter (National Influenza Immunisation Programme 2023-24). Disseminated to all Immunisation Leads.
WHC 2023 (024) – Change of vaccine and cohort expansion for Shingles Vaccination Programme (from September 2023)	June 2023	Information about forthcoming changes to the NHS Wales shingles vaccination programme. Disseminated to all Immunisation and Vaccination Leads.
WHC 2023 (025) – Information Governance / Performance / Delivery	July 2023	Guidelines relating to the management of patients on a suspected cancer pathway and the reporting of performance against the cancer target. Guidance has been disseminated to Care Group Leads and wider teams.
WHC 2023 (026) – NHS Framework for Research and Development - Research Matters – What excellence looks like in NHS Wales	July 2023	New Research and Development (R&D) Framework, in a drive to embed and integrate research into all aspects of health and care services in NHS Wales. Framework has been cascaded to all Research & Development Directors and leads.
WHC 2023 (028) - Withdrawal of WHC 2019/042 re Annual Quality Statements	August 2023	There is no longer a requirement for NHS organisations to prepare an Annual Quality Statement as described in WHC 2019/042, which is being withdrawn with immediate effect. For information no further action required.
WHC 2023 (029) - Winter Respiratory Vaccination Programme: Autumn and Winter 2023 to 2024	August 2023	2023/24 National Influenza Immunisation Programme and the COVID-19 Vaccination Programme will again be brought together to form a single Winter Respiratory Vaccination Programme (WRVP 2023/24). Disseminated to all Immunisation and Vaccination Leads.
WHC 2023 (030) - New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034	August 2023	Launch of the National Safety Standards for Invasive Procedures (NatSSIPS2). NatSSIPs2 that have been developed in collaboration across the four UK nations and replace the 2015 NatSSIPs introduced in Patient Safety Notice PSN034. Standards have been disseminated to relevant Care Groups Operational Directors and Medical Director for completion of a Gap Analysis.
WHC 2023 (031) - AMR & HCAI Improvement Goals for 2023-24	August 2023	To combat antimicrobial resistance through lowering the burden of infections, improving treatments and optimising our use of antimicrobials in humans. Cascaded to Director of Nursing, Medical Director and Director of Public Health for action with immediate effect.
WHC 2023 (033) - Vaccine Products to be used in the Autumn 2023 COVID-19 Vaccination programme	September 2023	Confirmation of the COVID-19 vaccine products to be deployed in Wales this winter together with revised instructions on the sequencing of offering vaccination to eligible groups in response to the emergence of a new COVID-19 variant. Disseminated to all Vaccination Leads.

WHC Number and Topic	Date / Year of Adoption	Action to demonstrate implementation/response
WHC 2023 (034) – NHS Welsh Sustainability Conference and Awards	September 2023	Launch of the NHS Welsh Sustainability Conference and Awards to promote the principles of sustainable healthcare and support the incorporation of sustainable practices into clinical care. For information.
WHC 2023 (035) - Update of guidance on clearance and management of healthcare workers living with a bloodborne virus (BBV) and a reminder of health clearance for tuberculosis	October 2023	Guidance on the clearance and management of healthcare workers (HCWs) living with a bloodborne virus (BBV), has been updated. Sent to Director of Public Health for relevant action within the teams.
WHC 2023 (036) – Speaking up Safely Framework – NHS Wales	September 2023	All NHS Boards, Trusts and Special Health Authorities to undertake a self-assessment against the organisational requirements detailed in section 6 of the Framework for Speaking up Safely in NHS Wales and develop an action plan to address any gaps between current practice and the expectations of the Framework. The Health Board has developed a Speaking up Safely Working Group. The self-assessment against section 6 of the Framework was submitted to Welsh Government in May 2023 and an action plan has been developed.
WHC 2023 (037) – Patient Testing Framework for Autumn / Winter 23	September 2023	Reviewed testing guidelines for Autumn and Winter 2023. Disseminated to all relevant staff in secondary, primary and community care.
WHC 2023 (038) – Healthy Start eLearning Course	November 2023	New mandatory eLearning course for all health care professionals re Healthy Start, working with pregnant women and families with children under 4 years old. Learning & Development ream have promoted the e-learning package via the Comms Team to undertake staff to undertake the package and a Training Lead has been identified.
WHC 2023 (039) - Independent Authorisation of Blood Component Transfusion (IABT)	November 2023	The All-Wales Policy for Independent Authorisation of Blood Transfusion (IABT) describes the process for selection, education, approval, and support of Health Care Professionals (HCPs) undertaking this role within Wales. Medical Director has shared the information with all relevant staff and the Chair of the Hospital Transfusion Committee.
WHC 2023 (040) - The NHS Wales: Newborn and Infant Physical Examination Cymru (NIPEC)	November 2023	New guidelines and standards for the Newborn and Infant Physical examinations for implementation by health boards in Wales. Sent to the Director of Midwifery to action and nominated a senior NIPEC lead.
WHC 2023-043 - Vaccination of Healthcare Staff to Protect Against Measles (see also entry March 2024)	December 2023	Guidance for the vaccination of Healthcare Staff to protect against measles. Confirmation received that Head of Occupational Health is leading on this for CTM.
WHC 2023 (043) – Staff MMR vaccination records and assessment of risks – request for feedback (see also entry December 2023)	March 2024	Welsh Government request for Health Boards to undertake a further audit of staff vaccination/recorded natural immunity status to MMR. Disseminated to all relevant staff in Primary Care and Occupational Health.
WHC 2023 (044) - Influenza (flu) Vaccination Programme deployment 'mop up' 2023- 2024	November 2023	Health Boards to support Primary Care services with targeted flu 'mop up' work from January 2024. Sent to Director of Public health who has confirmed that Vaccination Leads have actioned.
WHC 2023 (046) - All-Wales Control Framework for Flexible Workforce Capacity	December 2023	Welsh Government Framework for co-ordinating action to reduce Agency workforce Expenditure in Wales. Director for People has confirmed that the People Services Team will lead and action on this.

WHC Number and Topic	Date / Year of Adoption	Action to demonstrate implementation/response
WHC 2023 (047) - Influenza Vaccines and Eligible Cohorts for the 2024/25 season	December 2023	Guidance on eligible cohorts for the 2024/25 influenza (flu) season, reimbursable vaccines for the 2024/25 flu season and changes to the start of the 2024/25 adult flu vaccination programme (except for pregnant women). Disseminated to all Primary Care and Vaccination and Immunisation Leads.
WHC 2023 (048) – Health Board 2024-25 Allocations	December 2023	2024-25 Allocation letter to Health Boards, Trusts and SHA's. For information.
WHC 2024 (001) - Changes to the way individuals who are at highest risk from Covid-19 access lateral flow tests and Covid-19 treatments.	January 2024	Extending access to nirmatrelvir-ritonavir to care home residents and hospital inpatients aged 70 and over who test positive for Covid-19. Principal Public Health Practitioner is discussing with Public Health Wales colleagues in relation to support in any changes to the pathways that may be required.
WHC 2024 (002) - Standards for Competency Assurance of Non-Medical Prescribers in Wales	March 2024	All health boards, Velindre NHS Trust, the Welsh Ambulance Services NHS Trust, and Public Health Wales NHS Trust are required to implement the standards for competency assurance of non-medical prescribers within their organisation by 31 March 2026 at the latest. Cascaded to Director of Nursing, Director of Therapies and Chief P
WHC 2024 (004) - Assurance of aseptic preparation of medicines in NHS Wales	February 2024	Updated guidance setting out the governance and regulatory arrangements for aseptic preparation of medicines for NHS patients in Wales and replaces NHS DGM(97)5 entitled Aseptic Dispensing in NHS Hospitals issued in 1997. Sent to Chief Pharmacist for cascading to all relevant staff.
WHC 2024 (005) - Private obesity surgery and the Welsh NHS	February 2024	Roles and responsibilities of Welsh NHS providers for patients living in Wales who have undergone bariatric surgical procedures in the private sector. Sent to Chief Operating Officer and Director of Public Health to confirm lead and action.
WHC 2024 (006) - National Clinical Guideline for Stroke, for the UK and Ireland	March 2024	National Clinical Guideline for Stroke for the UK and Ireland. Sent to Medical Director who has cascaded to all relevant staff.
WHC 2024 (008) - Vaccination against measles – urgent action	February 2024	Urgent 6-month uptake improvement plan for MMR vaccination in schools. Disseminated to all relevant Vaccination Leads for School Nursing.
WHC 2024 (009) - COVID-19 spring booster vaccination programme 2024	February 2024	Spring Covid-19 Booster Programme and Eligible Cohorts for April to June 2024. Disseminated to all Vaccination Leads.
WHC 2024 (010) - The NHS Welsh Sustainability Conference and Awards	February 2024	NHS Wales Welsh Sustainability Conference and Awards has been established and launched to promote the principles of sustainable healthcare and support the incorporation of sustainable practices into clinical care. For information.
WHC 2024 (011) - Changes to dietary advice on feeding young children aged 1-5 years	March 2024	Changes to Welsh Government dietary advice for young children aged 1 to 5 years following acceptance of recommendations made by the Scientific Advisory Committee on Nutrition (SACN) in its report on 'Feeding young children aged 1 to 5 years'. Sent to Director of Public health who has confirmed that this has been cascaded to the senior Team.
WHC 2024 (012) - Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement	March 2024	Phased implementation, of the Nursing Preceptorship & Restorative Clinical Supervision Policy with individual organisational implementation plans to be actioned by 1 July 2024. Sent to Care Group triumvirates, Deputy Director of Nursing, Head of Quality & Patient Safety, Assistant Director of Nursing and Peoples Experience and Head of Clinical Education requesting that this is cascaded as necessary.

Appendix B - Table of Board Membership and Attendance

Figure 43

BOARD MEMBER	POSITION (AREA OF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2023/24	CHAMPIONROLE*
Jonathan Morgan	Chair	Public Board In Committee Board Remuneration & Terms of Service Committee (Chair)	**6/6** **3/4** **5/5**	Not Applicable
Jayne Sadgrove	Vice-Chair (Until August 2023)	Public Board In Committee Board Remuneration & Terms of Service Committee (Vice-Chair) Audit & Risk Committee In Committee Audit & Risk Committee Hosted Bodies Audit & Risk Committee Digital & Data Committee In Committee Digital & Data Committee Mental Health Act Monitoring Committee (Chair until August 2023) Population Health & Partnerships Committee Quality & Safety Committee (Chair until July 2023) In Committee Quality & Safety Committee	**2/2** **3/3** **2/2** **3/4** **3/3** **3/3** **0/1** **0/1** **1/1** **1/2** **2/2** **2/2**	Mental Health, Children & Young People
Kath Palmer	Vice-Chair (From November 2023)	Board In Committee Board Remuneration & Terms of Service Committee (Vice-Chair) Audit & Risk Committee Audit & Risk In Committee Hosted Bodies Audit & Risk Committee Digital & Data Committee In Committee Digital & Data Committee Mental Health Act Monitoring Committee Population Health & Partnerships Committee Quality & Safety Committee In Committee Quality & Safety Committee	**3/3** **1/1** **2/3** **2/2** **2/2** **2/2** **1/2** **1/2** **2/2** **1/1** **3/3** **2/2**	Mental Health, Children & Young People
Patsy Roseblade	Independent Member (Finance)	Board In Committee Board Remuneration & Terms of Service Committee Audit and Risk Committee (Chair) In Committee Audit & Risk Committee Hosted Bodies Audit & Risk Committee In Committee Planning, Performance and Finance Committee Planning, Performance and Finance CommitteeI Quality and Safety Committee Quality and Safety In Committee Charitable Funds Committee (Chair) In Committee Charitable Funds Committee (Chair)	**6/6 (1 IP)*** **4/4** **4/5** **7/7** **6/6** **6/6** **3/3** **7/7** **6/6** **3/4** **1/1** **1/1**	Not Applicable
James Hehir	Independent Member (Legal) (Until September 2023)	Board In Committee Board Remuneration and Terms of Service Committee Quality and Safety Committee In Committee Quality & Safety Committee Mental Health Act Monitoring Committee (Vice-Chair) Health, Safety & Fire Sub Committee	**3/3 (1 IP)** **3/4** **1/2** **3/3** **1/2** **2/2** **0/1**	Equality, Putting Things Right
Helen Lentle	Independent Member (Legal) (From January 2024)	Board In Committee Board Remuneration & Terms of Service Committee Quality and Safety Committee In Committee Quality & Safety Committee Mental Health Act Monitoring Committee Health, Safety & Fire Sub Committee	**1/2 (1 IP)** **0/0** **1/2** **1/2** **1/2** **1/1** **1/1**	Equality, Putting Things Right

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARDCOMMITTEE ATTENDANCE 2023/2024	CHAMPIONROLE*
Carolyn Donoghue	Independent Member (University)	Board In Committee Board Remuneration & Terms of Service Committee Planning, Performance & Finance Committee In Committee Planning, Performance & Finance Committee Population Health & Partnerships Committee (Chair) In Committee Population Health & Partnerships Committee Quality & Safety Committee In Committee Quality & Safety Committee Audit and Risk Committee In Committee Audit and Risk Committee Hosted Bodies Audit and Risk Committee Digital & Data Committee In Committee Digital & Data Committee	**6/6 (1 IP)** **4/4** **5/5** **4/7** **3/3** **4/4** **1/1** **6/6** **4/4** **2/2** **2/2** **2/2** **3/3** **3/3**	Research & Development
Mel Jehu	Independent Member (Community)	Board In Committee Board Remuneration and Terms of Service Committee Planning, Performance and Finance Committee In Committee Planning, Performance and Finance Committee Mental Health Act Monitoring Committee People and Culture Committee Population Health and Partnerships Committee In Committee Population Health and Partnerships Committee	**4/6** **2/4** **2/5** **5/7** **2/3** **4/4** **0/1** **3/3** **1/1**	Veterans and Armed Forces
Lynda Thomas	Independent Member (Corporate Business/General)	Board In Committee Board Remuneration & Terms of Service Committee Digital & Data Committee In Committee Digital & Data Committee People & Culture Committee In Committee People & Culture Committee Population Health & Partnerships Committee In Committee Population Health & Partnerships Committee	**5/6** **4/4** **3/5** **2/4** **2/4** **3/4** **1/1** **3/4** **1/1**	Welsh Language
Cllr Geraint E Hopkins	Independent Member (Local Authority)	Board In Committee Board Remuneration and Terms of Service Committee Audit & Risk Committee In Committee Audit & Risk Committee Hosted Bodies Audit & Risk Committee Planning, Performance & Finance Committee In Committee Planning, Performance & Finance Committee People & Culture Committee In Committee People & Culture Committee Health, Safety & Fire Committee Mental Health Act Monitoring Committee Population Health & Partnerships Committee	**5/6 (2 IP)** **2/4 (1 IP)** **2/5** **1/5 (1 IP)** **0/4** **0/4** **2/2** **1/2** **2/3** **1/1** **2/2** **4/4** **1/1**	Older Persons
Nicola Milligan	Independent Member (Trade Union)	Board In Committee Board Remunerations and Terms of Service CommitteeQuality and Safety Committee In Committee Quality & Safety Committee People and Culture Committee In Committee People & Culture Committee Planning, Performance and Finance Committee In Committee Planning, Performance & Finance Committee Health, Safety & Fire Committee	**4/6** **4/4** **2/5** **5/6** **3/4** **4/4** **1/1** **6/7** **3/3** **2/3**	Infection Prevention andControl

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2023/2024	CHAMPIONROLE*
Dilys Jouvenat	Independent Member(Third Sector)	Board In Committee Board Remunerations and Terms of Service CommitteePeople and Culture Committee In Committee People and Culture Committee Digital and Data Committee In Committee Digital and Data Committee Quality and Safety Committee In Committee Quality & Safety Committee Mental Health Act Monitoring Committee Planning, Performance & Finance Committee In Committee Planning, Performance & Finance Committee Health, Safety & Fire Committee	**5/6** **4/4** **3/5** **4/4** **1/1** **1/1** **1/1** **6/6** **4/4** **3/3** **5/5** **1/1** **2/3**	Raising Staff Concerns
Ian Wells	Independent Member (ICT and Governance)	Board In Committee Board Remuneration and Terms of Service CommitteeAudit and Risk Committee In Committee Audit and Risk Committee Hosted Bodies Audit and Risk Committee Digital and Data Committee (Chair) In Committee Digital and Data Committee Planning, Performance and Finance Committee In Committee Planning, Performance and Finance Committee Population Health & Partnerships Committee In Committee Population Health & Partnerships Committee Charitable Funds Committee	**6/6** **4/4** **5/5** **6/7** **5/6** **5/6** **4/4** **4/4** **2/2** **1/2** **4/4** **0/1** **1/1**	Not Applicable
Paul Mears	Chief Executive	Board In committee Board Emergency Ambulance Services Committee Welsh Health Specialised Services Committee Remuneration and Terms of Service Committee	**6/6** **4/4** **4/6** **4/6** **5/5**	Not applicable
Sally May	Executive Director of Finance and Procurement	Board In Committee Board Audit and Risk Committee In Committee Audit and Risk Committee Hosted Bodies Audit and Risk Committee Planning, Performance and Finance Committee In Committee Planning, Performance and Finance Committee Charitable Funds Committee	**5/6** **4/4** **6/7** **5/6** **5/6** **7/7** **3/3** **1/1**	Not applicable
Philip Daniels	Director of Public Health	Board In Committee Board Population Health and Partnerships Committee In Committee Population Health and Partnerships Committee	**5/6** **4/4** **4/4** **1/1**	Research & Development
Greg Dix	Executive Director of Nursing/Deputy Chief Executive	Board In Committee Board Quality and Safety Committee In Committee Quality and Safety Committee People and Culture Committee In Committee People and Culture Committee	**5/6** **4/4** **5/6** **4/4** **4/4** **1/1**	Children and Young People Putting ThingsRight Baby Friendly Guardian

BOARD MEMBER	POSITION (AREAOF EXPERTISE)	BOARD/ BOARD COMMITTEE	BOARD / BOARD COMMITTEE ATTENDANCE 2023/2024	CHAMPIONROLE*
Hywel Daniel	Executive Director for People	Board In Committee Board People and Culture Committee In Committee People and Culture Committee Remuneration and Terms of Service Committee Quality & Safety Committee In Committee Quality & Safety Committee Health, Safety & Fire Sub Committee	**5/6** **3/4** **4/4** **1/1** **5/5** **4/6 (1 IP)** **1/3** **3/3**	Fire Safety Violence and Aggression Raising Staff Concerns Welsh Language
Gethin Hughes	Chief Operating Officer	Board In Committee Board Planning, Performance and Finance Committee In Committee Planning, Performance and Finance Committee Quality and Safety Committee In Committee Quality and Safety Committee Mental Health Act Monitoring Committee **(**Deputy COO/Director of Primary Care and Mental Health attends this meeting on behalf of the COO) Population Health and Partnerships Committee In Committee Population Health and Partnerships Committee	**6/6** **4/4** **7/7** **2/3** **5/6 (3 IP)** **3/4** **4/4** **3/4** **0/1**	Not Applicable
Dom Hurford	Medical Director	Board In Committee Board Quality and Safety Committee In Committee Quality and Safety Committee	**6/6** **4/4** **3/6** **2/4 (1 IP)**	Caldicott Guardian
Linda Prosser	Executive Director of Strategy & Transformation	Board In Committee Board Planning, Performance and Finance Committee In Committee Planning, Performance and Finance Committee Population Health and Partnerships Committee In Committee Population Health and Partnerships Committee	**6/6** **4/4** **7/7** **3/3** **4/4** **1/1**	Emergency Planning
Lauren Edwards	Executive Director of Therapies and Health Sciences	Board In Committee Board Quality and Safety Committee In Committee Quality and Safety Committee Population Health and Partnerships Committee In Committee Population Health and Partnerships Committee	**5/6** **4/4** **6/6 (3 IP)** **3/4** **4/4** **1/1**	Stroke Services

- ** IP - Denotes attended In Part*

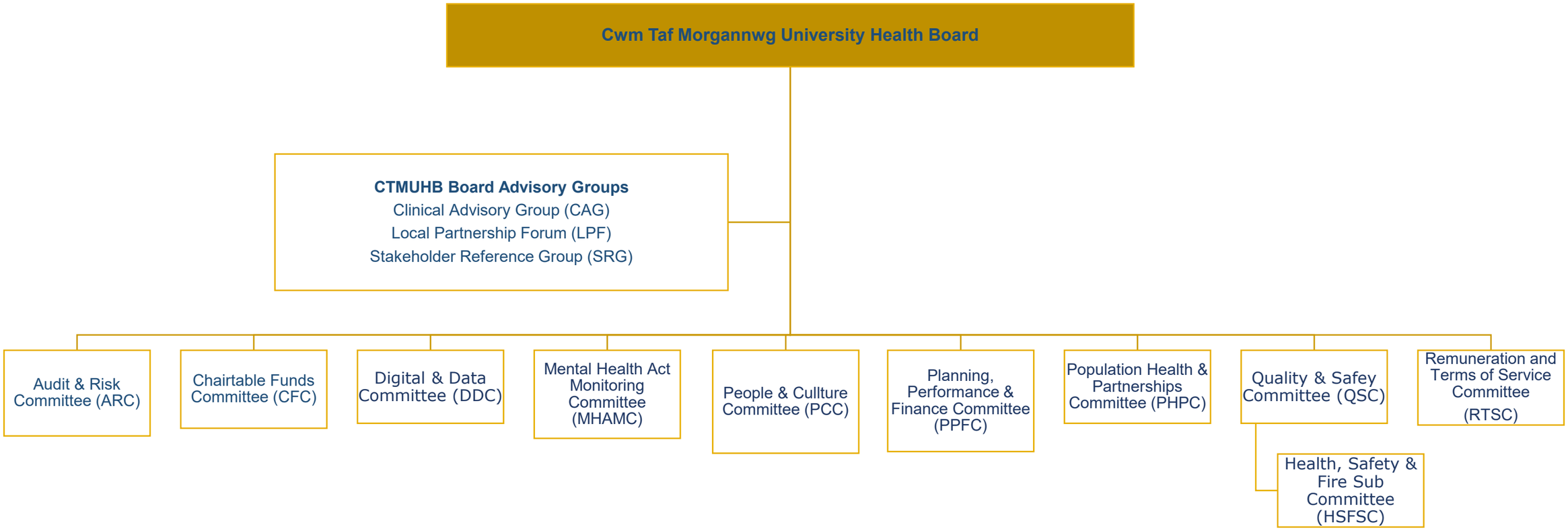
Appendix C - Table of Board & Committee Meetings held during 2023-2024

Figure 44

Board/Committee								
Board Meeting (held in public)	25/05/23	27/07/23	28/09/23	30/11/23	25/01/24	28/03/24		
Board Meeting (held in private)*	25/05/23	27/07/23	10/08/23 (Extra Ordinary Meeting)	30/11/23				
Audit and Risk Committee	19/04/23	21/06/23	26/07/23 (Extra Ordinary Meeting)	16/08/23	24/10/23	19/12/23	22/02/24	
Audit and Risk In Committee	19/04/23	21/06/23	16/08/23	24/10/23	19/12/23	22/02/24		
Audit & Risk Committee Hosted Bodies	19/09/23	21/06/23	16/08/23	24/10/23	19/12/23	22/02/24		
Charitable Funds Committee	26/10/23							
Charitable Funds In Committee	26/10/23							
Quality and Safety Committee	24/05/23	25/07/23	21/09/23	21/11/23	23/01/24	14/03/24		
Quality & Safety In Committee	31/05/23	25/07/23	21/09/23	23/01/24	14/03/24			
Planning, Performance and Finance Committee	04/05/23	27/06/23	22/08/23	31/10/23	11/01/23	27/02/24	13/03/24 (Extra Ordinary Meeting)	
Planning, Performance and Finance In Committee	04/05/23	27/06/23	31/10/23					
People and Culture Committee	10/05/23	09/08/23	08/11/23	07/02/24				
People and Culture In Committee	08/11/23							
Population Health and Partnerships Committee	03/05/23	02/08/23	07/11/23	07/03/24				
Population Health and Partnerships In Committee	07/11/23							
Digital and Data Committee	12/06/23	12/09/23	14/11/23	21/02/24				
Digital & Data In Committee	12/06/23	12/09/23	14/11/23	21/02/24				
Mental Health Act Monitoring Committee	07/06/23	06/09/23	06/12/23	06/03/24				
Remuneration and Terms of Service Committee	20/04/23	19/06/23	30/11/23	06/03/24	28/03/24			
Health, Safety & Fire Sub Committee	15/06/23	09/11/23	4/03/24					

Appendix D - Board and Committee Structure as at 31st March 2024

Figure 45



Remuneration and Staff Report

This Remuneration and Staff Report contains information about senior manager's remuneration. The definition of "Senior Managers" for this purpose is:

"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.'

CTMUHB is required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in CTMUHB in the financial year 2023-2024 was £220,000 - £225,000 (2022-2023, £210,000 - £215,000). This was 6.3 times the median remuneration of the workforce, which was £35,000 (2023-2024).

In 2023-2024, 27 employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £3,000 to £415,000.

Total remuneration includes salary and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

In establishing the highest paid Director (Chief Executive), account has been taken of the remuneration received by Directors with clinical and director responsibilities.

The pay and terms and conditions of employment for the Executive Team and Very Senior Managers (VSM) who are paid on the Executive Senior Pay (ESP) pay scale are determined by the Welsh Government and CTMUHB pays these salaried in accordance with regulations. For clarity, these are posts which operate at Board level and hold either statutory or non-statutory positions.

In accordance with the regulations, CTMUHB is unable to award increment uplifts within the ESP pay scale. Should a pay increase be considered outside of the range, a job description must be submitted to Welsh Government to be job evaluated. There are clear guidelines in place with regard to the awarding of additional increments. During 2023-2024, CTMUHB has not agreed any additional increments.

The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Early Release Scheme (VERS). The Committee's members are all Independent Board Members, including its Chair who is also the Chair of CTMUHB. Membership details are set out on pages 142 to 146. No VERS applications were received and approved by the Committee in 2023-2024.

Existing public sector pay arrangements apply to all other staff including members of the Executive Team. The performance of members of the Executive Team are

assessed against personal objectives and against the overall performance of CTMUHB. All Executive Directors have the option to have a lease car, under the terms of the salary sacrifice lease car agreement.

The Chief Executive and Executive Directors are employed on permanent contracts, which can be terminated by giving due notice, unless for reason of misconduct.

CTMUHB's constitution consists of the Chair, the Chief Executive, the Executive Directors and the Independent Members, the Chief Operating Officer and the Director of Corporate Governance / Board Secretary. Full details of senior managers' remuneration are shown later in the report on page 152 onwards.

Board Composition by Gender

Figure 46

Board Member Gender at 21 March 2024	Female	Male
Independent Member	6	4
Associate Board Members	3	0
Executive Directors / Directors	4	6

Staff Composition by Gender

This figure represents the composition by gender as at 31 March 2024.

Figure 47

Employee Gender	Head Count	Full-time Equivalent	% of Headcount
Female	10,380	8,884.10	81.16%
Male	2,409	2,272.14	18.84%
Total	12,789	11,156.23	100.00%

Staff Composition by Staff Group

During 2023-2024, the average whole-time equivalent (FTE) number of staff permanently employed was 9,789.52. The average number of employees is calculated a full-time equivalent number of employees in each week of the financial year, divided by the number of weeks in the financial year.

Figure 48

Staff Group at 31 March 2024	Female		Male		Totals	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Add Prof Scientific and Technical	312	268.52	107	93.24	419	361.76
Additional Clinical Services	2,100	1,772.17	348	327.12	2,448	2,099.29
Administrative and Clerical	2,186	1,865.74	412	396.75	2,598	2,262.49
Allied Health Professionals	637	573.73	163	159.57	800	733.30
Estates and Ancillary	945	652.57	467	430.88	1,412	1,083.44
Healthcare Scientists	126	113.40	85	84.81	211	198.21
Medical and Dental	326	291.51	487	457.18	813	748.68
Nursing and Midwifery Registered	3,716	3,316.14	336	318.60	4,052	3,634.74
Students	32	30.33	4	4.00	36	34.33
Total	**10,380**	**8,884.10**	**2,409**	**2,272.14**	**12,789**	**11,156.23**

Sickness Absence Data

CTMUHB's 2023-2024 sickness absence rate was 6.45% at the end of March 2024 and as such the Health Board did not achieve the Welsh Government's sickness absence target of 5% or less. However, the March 2024 figure did show a slight decrease in the Health Board's sickness absence rate, when compared to the March 2023 rate of 6.71%

During 2023-2024, the number of long-term sickness absences decreased slightly while there was a significant decrease in the number of short-term sickness absences. The top three reasons for sickness absence were; Anxiety/stress/depression/other psychiatric illnesses, other musculoskeletal problems and other known causes - not elsewhere classified. The top two reasons

were not unexpected, given the pressured environment our staff have been working in for an extended period, over the past four years. Health Board managers continues to manage sickness absence in accordance with the NHS Wales Managing Attendance at Work Policy. Our managers work closely with the People Directorate and Trade Union colleagues, to provide their staff with support and to signpost them to appropriate services to assist with their recovery and return to work, where possible. The CTMUHB in-house Wellbeing Service also provides a wide range of evidence based interventions, to assist staff to proactively manage and address their underlying physical and psychological issues, which are causing them to take time of work due to sickness absence.

Figure 49

Sickness Absence Data	2022-2023	2023-2024
Total days lost (long-term)	246,879.00	243,555.25
Total days lost (short-term)	109,907.00	84,997.91
Total days lost	356,787.00	328,553.16
Total staff years lost (average staff employed in period – full-time equivalent)	11,014.69	11,077.39
Average Working days lost	27.39	24.91
Total staff employed in period (headcount)	12,789	12,789
Total staff employed in period with no absence (headcount)	3,754	4,253
Percentage of staff with no sick leave	29.30%	32.51%

Figure 50

Absence %	
% March 2024	**Rolling % at 31 March 2024**
6.45%	6.81%

Employment Policies

During 2023-2024, the partnership, People Policy Review Group reviewed a total of 10 employment policies and procedures, all of which were approved by the People and Culture Committee. To help to provide our staff with an excellent employee experience the group continued to focus on developing progressive policies which reinforce our values and making them more user friendly and accessible. All employment policies can be access by staff via the People Policy SharePoint page. http://ctuhb-intranet/Policies/view/People.aspx. All approved employment policies and procedures are equality impact assessed against the nine protected characteristics, to ensure they do not discriminate or disadvantage any individuals.

Reporting of Other Compensation Schemes

In accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS) no costs were paid. In respect of redundancy legislation one payment was made. The NHS Pension Scheme did meet the cost of Ill-health retirements, which are not included in the tables provided. No staff received an exit payment during 2023-2024.

Single Total Figure of Remuneration 2023-24	**Salary**	**Benefits in kind(taxable)**	**Pension benefits**	**Total**
	(bands of £5,000)	**to nearest £100**	**to nearest £1000**	**(bands of £5,000)**
Executive Directors	**£000**	**£00**	**£000**	**£000**
Paul Mears	**220-225**	**0**	**0**	**220-225**
Chief Executive (Note 1)				
Sally May	**175-180**	**0**	**0**	**175-180**
Director of Finance (Note 1)				
Dom Hurford	**180-185**	**3**	**0**	**180-185**
Medical Director (Note 1)				
Greg Dix	**145-150**	**15**	**0**	**150-155**
Nurse Director (Note 1)				
Linda Prosser	**145-150**	**0**	**0**	**145-150**
Director of Strategy & Transformation				
Hywel Daniel	**140-145**	**19**	**0**	**140-145**
Director of Workforce and Organisational Development (Note 1)				
Philip Daniels	**120-125**	**12**	**573**	**695-700**
Interim Director of Public Health to 12th November 2023				
Director of Public Health from 13th November 2023				
Lauren Edwards	**120-125**	**14**	**0**	**120-125**
Director of Therapies and Health Sciences (Note 1)				
Gethin Hughes	**145-150**	**3**	**940**	**1085-1090**
Chief Operating Officer (Note 2)				
Directors				
Stuart Morris	**110-115**	**14**	**0**	**110-115**
Director of Digital (Note 1)				
Gareth Watts	**65-70**	**0**	**14**	**80-85**
Director of Corporate Governance/ Board Secretary from 6th September 2023				
Simon Blackburn	**75-80**	**0**	**512**	**590-595**
Director of Communications, Engagement and Fundraising from 3rd July 2023				
Independent Members				
Jonathan Morgan	**65-70**	**0**		**65-70**
Interim Chair				
Jayne Sadgrove	**20-25**	**0**		**20-25**
Vice-Chair to 31st August 2023				
Kath Palmer	**20-25**	**0**		**20-25**
Vice-Chair from 13th November 2023				
Patsy Roseblade	**15-20**	**0**		**15-20**
Independent Member (Finance)				
James Hehir	**5-10**	**0**		**5-10**
Independent Member (Legal) to 30th September 2023				

	Salary	Benefits in kind(taxable)	Pension benefits	Total
	(bands of £5,000)	to nearest £100	to nearest £1000	(bands of £5,000)
Helen Lentle	**0-5**	**0**		**0-5**
Independent Member (Legal) from 2nd January 2024				
Ian Wells	**15-20**	**0**		**15-20**
Independent Member (ICT)				
Mel Jehu	**15-20**	**0**		**15-20**
Independent Member (Community)				
Nicola Milligan	**0**	**0**		**0**
Independent Member (Staff) (Note 3)				
Dilys Jouvenat	**15-20**	**0**		**15-20**
Independent Member (Third Sector)				
Carolyn Donoghue	**15-20**	**0**		**15-20**
Independent Member (University)				
Lynda Thomas	**15-20**	**0**		**15-20**
Independent Member (Corporate Business)				
Cllr Geraint E Hopkins	**15-20**	**0**		**15-20**
Independent Member (Local Authority)				

Lisa Curtis-Jones, Dr Sally Bolt and Anne Morris received no remuneration for their role as Associate Members

Independent Members do not receive pensionable remuneration for their Board membership.

Salary figures relate to remuneration for the period as Senior Manager only.

Pension benefits relate to benefits accrued during the year, not just the period relating to their senior management service.

Notes

1 -Paul Mears, Sally May, Dom Hurford, Greg Dix, Linda Prosser, Hywel Daniel, Lauren Edwards and Stuart Morris are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

2 - Gethin Hughes commenced contributions covered by the NHS Pension arrangements in August 2023.

3 - Nicola Milligan is a paid, full time employee of the organisation and receives no additional remuneration as an Independent Member.

4 - For the officers detailed below, their salary banding and the total banding figures exclude the following amounts in respect of their chosen salary sacrifice deductions:

Hywel Daniel	£8,257.08
Phillip Daniels	£6,561.00
Greg Dix	£8,698.08
Lauren Edwards	£10,236.96
Gethin Hughes	£2,302.50
Dom Hurford	£6,790.32
Stuart Morris	£8,912.64

Cwm Taf Morgannwg University Local Health Board ***Salary and Pension benefits of Senior Managers***						
Single Total Figure of Remuneration 2022-23	**Salary**	**Benefits in kind(taxable)**	**Pension benefits**	**Pension benefits**	**Pension benefits**	**Total**
			1995 scheme	**2008 scheme**	**2015 scheme**	
	(bands of £5,000)	**to nearest £100**	**to nearest £1000**	**to nearest £1000**	**to nearest £1000**	**(bands of £5,000)**
Executive Directors	**£000**	**£00**	**£000**	**£000**	**£000**	**£000**
Paul Mears	**210-215**	**0**	**0**	**n/a**	**53**	**265-270**
Chief Executive						
Sally May	**165-170**	**0**	**0**	**n/a**	**44**	**210-215**
Director of Finance						
Dom Hurford	**175-180**	**7**	**29**	**n/a**	**30**	**235-240**
Interim Medical Director to 1st May 2022						
Medical Director from 2nd May 2022						
Greg Dix	**135-140**	**15**	**0**	**n/a**	**63**	**195-200**
Director of Nursing, Midwifery and Patient Care (Note 1)						
Deputy Chief Executive Officer from 1st March 2023						
Linda Prosser	**140-145**	**0**	**20**	**n/a**	**32**	**195-200**
Director of Strategy & Transformation						
Hywel Daniel	**135-140**	**19**	**0**	**n/a**	**34**	**170-175**
Director of People						
Kelechi Nnoaham	**90-95**	**0**	**n/a**	**0**	**26**	**120-125**
Director of Public Health to 30th November 2022						
Lauren Edwards	**125-130**	**0**	**92**	**n/a**	**31**	**250-255**
Director of Therapies and Health Sciences						
Gareth Robinson	**10-15**	**0**	**0**	**n/a**	**4**	**10-15**
Interim Chief Operating Officer to 25th April 2022						
Gethin Hughes	**135-140**	**0**	**n/a**	**n/a**	**n/a**	**135-140**
Chief Operating Officer from 19th April 2022 (Note 2)						
Directors						
Georgina Galletly	**65-70**	**11**	**0**	**n/a**	**28**	**95-100**
Director of Corporate Governance/ Board Secretary to 13th November 2022						
Stuart Morris	**105-110**	**14**	**43**	**n/a**	**27**	**175-180**
Director of Digital						
Independent Members						
Emrys Elias	**70-75**	**0**				**70-75**
Interim Chair						
Jayne Sadgrove	**55-60**	**0**				**55-60**
Vice-Chair						
Patsy Roseblade	**15-20**	**0**				**15-20**
Independent Member (Finance)						
James Hehir	**15-20**	**0**				**15-20**
Independent Member (Legal)						

	Salary	Benefits in kind(taxable)	Pension benefits	Pension benefits	Pension benefits	Total
			1995 scheme	2008 scheme	2015 scheme	
	(bands of £5,000)	to nearest £100	to nearest £1000	to nearest £1000	to nearest £1000	(bands of £5,000)
Ian Wells	**15-20**	**0**				**15-20**
Independent Member (ICT)						
Mel Jehu	**15-20**	**0**				**15-20**
Independent Member (Community)						
Nicola Milligan	**0**	**0**				**0**
Independent Member (Staff) (Note 3)						
Dilys Jouvenat	**15-20**	**0**				**15-20**
Independent Member (Third Sector)						
Carolyn Donoghue	**15-20**	**0**				**15-20**
Independent Member (University)						
Lynda Thomas	**15-20**	**0**				**15-20**
Independent Member (Corporate Business)						
Cllr Geraint E Hopkins	**15-20**	**0**				**15-20**
Independent Member (Local Authority)						

Lisa Curtis-Jones, Anna Lewis (to 31st August 2022), Dr Sally Bolt (from 1st September 2022) and Anne Morris (from May 2022) received no remuneration for their role as Associate Members

Independent Members do not receive pensionable remuneration for their Board membership.

Salary figures relate to remuneration for the period as Senior Manager only.

Pension benefits relate to benefits accrued during the year, not just the period relating to their senior management service.

Where applicable, any agreed increase in salaries relating to 2022-23, including payments made in 2023-24, have been included in the salary figures in the table above.

Pension benefits figures have not been updated, as increases to pay scales were agreed after the pension information relating to 2022-23 had been provided by the NHS Pensions Agency.

Notes

1 - Greg Dix chose not to be covered by the NHS pension arrangements from January 2023.

2 - Gethin Hughes was not covered by the NHS Pension arrangements during 2022-23.

3 - Nicola Milligan is a paid, full time employee of the organisation and receives no additional remuneration as an Independent Member.

4 - For the officers detailed below, their salary banding and the total banding figures exclude the following amounts in respect of their chosen salary sacrifice deductions:

Hywel Daniel	£8,257.08
Greg Dix	£8,698.08
Georgina Galletly	£9,567.36
Dom Hurford	£6,790.32
Stuart Morris	£8,912.64

Pension Benefits 2023-24	**Real increase in pension at pensionable age**	**Real increase in pension lump sum at pensionable age**	**Total accrued pension at pensionable age at 31 March 2024**	**Lump sum at pensionable age related to accrued pension at 31 March 2024**	**Cash Equivalent Transfer Value at 31 March 2024**	**Cash Equivalent Transfer Value at 31 March 2023**	**Real increase in Cash Equivalent Transfer Value**	**Employer's contribution to partnership pension account**
Name and title	**(bands of £2,500)**	**(bands of £2,500)**	**(bands of £5,000)**	**(bands of £5,000)**				
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Cwm Taf Morgannwg University Local Health Board								
Executive Directors								
Paul Mears	0	32.5-35	50-55	130-135	1152	898	133	0
Chief Executive (Note 1)								
Sally May	0	32.5-35	70-75	200-205	1761	1456	134	0
Director of Finance (Note 1)								
Dom Hurford	0	30-32.5	35-40	95-100	780	563	144	0
Medical Director (Note 1)								
Greg Dix 1995	0	32.5-35	40-45	115-120	976	773	109	0
Nurse Director (Note 2)								
Linda Prosser	0	0	50-55	130-135	95	41	30	0
Director of Strategy & Transformation (Note 3)								
Hywel Daniel	0	20-22.5	35-40	90-95	678	500	108	0
Director for People (Note 1)								
Philip Daniels	27.5-30	0	25-30	0	409	0	369	0
Interim Director of Public Health to 12th November 2023 (Note 4)								
Director of Public Health from 13th November 2023 (Note 4)								
Lauren Edwards	0	22.5-25	25-30	70-75	543	366	123	0
Director of Therapies and Health Sciences (Note 5)								
Gethin Hughes	40-42.5	117.5-120	40-45	115-120	885	0	872	0
Chief Operating Officer (Note 6)								
Directors								
Stuart Morris	0	22.5-25	30-35	90-95	721	522	131	0
Director of Digital (Note 1)								
Gareth Watts	0-2.5	0	0-5	0	15	0	3	0
Director of Corporate Governance/ Board Secretary to 6th September 2023 (Note 7)								
Simon Blackburn	15-17.5	45-47.5	20-25	60-65	493	0	359	0
Director of Communications, Engagement and Fundraising from 3rd July 2023 (Note 8)								
Notes:								
1 - Paul Mears, Sally May, Dom Hurford, Hywel Daniel and Stuart Morris transferred from the 1995 pension scheme to the 2015 pension scheme on the 1st April 2015.								
2 - Greg Dix was a member of the 1995 pension scheme up to 2018-19. He joined the 2015 pension scheme on 1st July 2020 and terminated membership on 31st December 2022 and re-joined on 1st July 2023.								
3 - Linda Prosser is over the Normal Retirement Age for the 1995 scheme and therefore a CETV is not applicable. She re-joined the 2015 pension scheme on 1st April 2022.								
4 – Philip Daniels was a member of the 2018 and 2015 schemes. He commenced membership with the 2015 scheme on 1st October 2022.								
5 - Lauren Edwards transferred from the 1995 pension scheme to the 2015 pension scheme on the 1st November 2021.								
6 - Gethin Hughes commenced contributions covered by the NHS Pension arrangements in August 2023.								
7 – Gareth Watts commenced membership to the 2015 scheme on 6th September 2023.								
8 – Simon Blackburn was a member of the 1995 and 2015 schemes. He commenced membership of the 2015 scheme on 1st November 2022.								

The NHS Pension scheme which is open to all NHS employees requires all members to contribute on a tiered scale from 5% up to 14.5% of their pensionable pay depending on total earnings, with the employers contributing 20.68%. Pensionable pay is determined by the number of year's pensionable service and is related to the level of earnings/final salary at the time of retirement. Pension contributions of Executive Directors are entirely consistent with the standard NHS Pension Scheme. Pension benefits are calculated on the same basis for all members.

As Independent members do not receive pensionable remuneration for Board duties, there will be no entries in respect of pensions for Independent members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The figures include the value of any pension benefits in another scheme or arrangement which the member has transferred to the NHS pension arrangements. They also include any additional pension benefit accrued to the member as a result of their buying additional pension benefits at their own cost. CETVs are worked out in accordance with the Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The above shows the CETVs of senior staff at the start and end of the reporting year, together with the real increase during that period. The real increase is the increase due to additional benefit accrual (i.e., as a result of salary changes and service) that is funded by the employer. It will be smaller than the difference between the start and end CETVs because it does not include any increase in the value of the pension due to inflation or due to the contributions paid by the employee or the value of any benefits transferred from another pension scheme. Nor does it include any increases (or decreases) because of any changes during the year in the actuarial factors used to calculate CETVs.

Pension Benefits 2022-23	**Real increase in pension at pensionable age**	**Real increase in pension lump sum at pensionable age**	**Total accrued pension at pensionable age at 31 March 2023**	**Lump sum at pensionable age related to accrued pension at 31 March 2023**	**Cash Equivalent Transfer Value at 31 March 2023**	**Cash Equivalent Transfer Value at 31 March 2022**	**Real increase in Cash Equivalent Transfer Value**	**Employer's contribution to partnership pension account**
Name and title	**(bands of £2,500)**	**(bands of £2,500)**	**(bands of £5,000)**	**(bands of £5,000)**				
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Cwm Taf Morgannwg University Local Health Board								
Executive Directors								
Paul Mears 1995 Pension Scheme	0	0	25-30	85-90	615	586	10	0
Paul Mears 2015 Pension Scheme	2.5-5	0	20-25	0	283	220	28	0
Chief Executive (Note 1)								
Sally May 1995 Pension Scheme	0	0	50-55	150-155	1131	1085	12	0
Sally May 2015 Pension Scheme	2.5-5	0	20-25	0	325	265	29	0
Director of Finance (Note 1)								
Dom Hurford 1995 Pension Scheme	0-2.5	2.5-5	20-25	60-65	375	334	31	0
Dom Hurford 2015 Pension Scheme	0-2.5	0	15-20	0	187	152	15	0
Interim Medical Director to 1st May 2022 (Note 1)								
Medical Director from 2nd May 2022								
Greg Dix 1995 Pension Scheme	0	0	25-30	75-80	525	520	0	0
Greg Dix 2015 Pension Scheme	2.5-5	0	15-20	0	248	189	40	0
Director of Nursing, Midwifery and Patient Care (Note 2)								
Deputy Chief Executive Officer from 1st March 2023								
Linda Prosser 1995 Pension Scheme	0-2.5	2.5-5	40-45	130-135	n/a	n/a	n/a	0
Linda Prosser 2015 Pension Scheme	2.5-5	0	0-5	0	41	0	21	

Director of Strategy & Transformation (Note 3)								
Hywel Daniel 1995 Pension Scheme	0	0	20-25	65-70	355	352	0	0
Hywel Daniel 2015 Pension Scheme	2.5-5	0	15-20	0	145	115	9	0
Director of People (Note 1)								
Kelechi Nnoaham 2008 Pension Scheme	0	0	10-15	0	152	164	0	0
Kelechi Nnoaham 2015 Pension Scheme	0-2.5	0	20-25	0	247	212	10	0
Director of Public Health to 30th November 2022 (Note 4)								
Lauren Edwards 1995 Pension Scheme	2.5-5	10-12.5	10-15	40-45	244	169	70	0
Lauren Edwards 2015 Pension Scheme	0-2.5	0	10-15	0	122	94	8	0
Director of Therapies and Health Sciences (Note 5)								
Gareth Robinson 1995 Pension Scheme	0	0-2.5	0-5	10-15	82	77	0	0
Gareth Robinson 2015 Pension Scheme	0-2.5	0	0-5	0	50	45	0	0
Interim Chief Operating Officer to 25th April 2022 (Note 6)								
Gethin Hughes	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
Chief Operating Officer from 19th April 2022 (Note 7)								
Directors								
Mrs G Galletly 1995 Pension Scheme	0	0	15-20	55-60	378	397	0	0
Mrs G Galletly 2015 Pension Scheme	0-2.5	0	10-15	0	165	133	8	0
Director of Corporate Governance/ Board Secretary to 13th November 2022 (Note 1)								
Stuart Morris 1995 Pension Scheme	0-2.5	5-7.5	20-25	60-65	381	329	42	0
Stuart Morris 2015 Pension Scheme	0-2.5	0	10-15	0	141	111	12	0
Director of Digital (Note 1)								
Notes:								
1 - Paul Mears, Sally May, Dom Hurford, Hywel Daniel, Georgina Galletly and Stuart Morris transferred from the 1995 pension scheme to the 2015 pension scheme on the 1st April 2015.								
2 - Greg Dix was a member of the 1995 pension scheme up to 2018-19. He re-joined the 2015 pension scheme on 1st July 2020 and terminated membership on 31st December 2022.								
3 - Linda Prosser is over the Normal Retirement Age for the 1995 scheme and therefore a CETV is not applicable. She re-joined the 2015 pension scheme on 1st April 2022.								
4 - Kelechi Nnoaham transferred from the 2008 pension scheme to the 2015 pension scheme on 1st April 2015								
5 - Lauren Edwards transferred from the 1995 pension scheme to the 2015 pension scheme on the 1st November 2021.								
6 - Gareth Robinson was a member of the 1995 pension scheme up to 2008-09 and joined the 2015 pension scheme during 2020-21								
7 - Gethin Hughes was not covered by the NHS Pension arrangements during 2022-23.								
Pension related figures above have not been updated with any agreed increase salaries relating to 2022-23, as increases to pay scales were agreed after the pension information relating to 2022-23 had been provided by the NHS Pensions Agency.								
The NHS Pension scheme which is open to all NHS employees requires all members to contribute on a tiered scale from 5% up to 14.5% of their pensionable pay depending on total earnings, with the employers contributing 20.68%. Pensionable pay is determined by the number of year's pensionable service and is related to the level of earnings/final salary at the time of retirement. Pension contributions of Executive Directors are entirely consistent with the standard NHS Pension Scheme. Pension benefits are calculated on the same basis for all members. As Independent members do not receive pensionable remuneration for Board duties, there will be no entries in respect of pensions for Independent members.								
Cash Equivalent Transfer Values								
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The figures include the value of any pension benefits in another scheme or arrangement which the member has transferred to the NHS pension arrangements. They also include any additional pension benefit accrued to the member as a result of their buying additional pension benefits at their own cost. CETVs are worked out in accordance with the Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.								
Real Increase in CETV								

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The above shows the CETVs of senior staff at the start and end of the reporting year, together with the real increase during that period. The real increase is the increase due to additional benefit accrual (i.e., as a result of salary changes and service) that is funded by the employer. It will be smaller than the difference between the start and end CETVs because it does not include any increase in the value of the pension due to inflation or due to the contributions paid by the employee or the value of any benefits transferred from another pension scheme. Nor does it include any increases (or decreases) because of any changes during the year in the actuarial factors used to calculate CETVs.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 figures.

Reporting of other Compensation Schemes – Exit Packages

In accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS) and redundancy legislation some costs were paid. Where CTMUHB agreed the voluntary early release of staff, the organisation met these costs rather than the NHS Pensions Scheme. The NHS Pension Scheme did meet the cost of ill-health retirements, which are not included in the tables provided. No staff received an exit payment during 2023-2024.

Expenditure on Consultancy Fees (Audited)

	2023-2024		2022-2023
Expenditure on Hospital and Community Health Services	**£'000**		**£'000**
	CT activities		**CT activities**
Consultancy Services	**136**		**759**

Tax Assurance for Off-Payroll Engagements

Table 1: Highly paid Off-payroll worker engagements as at 31 March 2024, earning £245 per day or greater	
Number of existing engagements as of 31 March 2024	17
Of which, the number that have existed:	
for less than one year at time of reporting.	2
for between one and two years at time of reporting.	2
for between two and three years at time of reporting.	1
for between three and four years at time of reporting.	1
for four or more years at time of reporting.	11
Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2024, earning £245 per day or greater	
Number of temporary off-payroll workers engaged during the year ended 31 March 2024	39
Of which…	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	30
Number subject to off-payroll legislation and determined as out-of-scope of IR35	9
Number of engagements reassessed for compliance or assurance purposes during the year.	0
Of which: Number of engagements that saw a change to IR35 status following review.	0
Table 3; For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024	
Number of off-payroll engagements of board members, and /or, senior officials with significant financial responsibility, during the financial year.	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	12

Fair Pay Disclosures – Remuneration Relationship (Audited)

	2023-2024	**2023-2024**	**2023-2024**		2022-2023	2022-2023	2022-2023
	£000	**£000**	**£000**		£000	£000	£000
Total pay and benefits	**Chief Executive**	**Employee**	**Ratio**		Chief Executive	Employee	Ratio
25th percentile pay ratio	**221**	**26**	**8.4**		211	24	8.8
Median pay	**221**	**35**	**6.3**		211	33	6.4
75th percentile pay ratio	**221**	**47**	**4.7**		211	43	4.9
Salary component of total pay and benefits							
25th percentile pay ratio	**221**	**26**			211	24	
Median pay	**221**	**35**			211	33	
75th percentile pay ratio	**221**	**47**			211	42	
Total pay and benefits	**Highest Paid Director**	**Employee**	**Ratio**		Highest Paid Director	Employee	Ratio
25th percentile pay ratio	**221**	**26**	**8.4**		211	24	8.8
Median pay	**221**	**35**	**6.3**		211	33	6.4
75th percentile pay ratio	**221**	**47**	**4.7**		211	43	4.9
Salary component of total pay and benefits							
25th percentile pay ratio	**221**	**26**			211	24	
Median pay	**221**	**35**			211	33	
75th percentile pay ratio	**221**	**47**			211	43	

In 2023-2024, 27 (2022-2023, 32) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £3k to £415k (2022-2023, £3k to £320k).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Percentage Changes	**2022-2023**	2021-2022
	to	to
	2023-2024	2022-2023
% Change from previous financial year in respect of Chief Executive	**%**	%
Salary and allowances	5	1
Performance pay and bonuses	5	1
% Change from previous financial year in respect of highest paid director		
Salary and allowances	5	-1
Performance pay and bonuses	5	-1
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	5	4
Performance pay and bonuses	5	3

Reporting of other compensation schemes – exit packages (Audited)

	2023-2024	2023-2024	2023-2024	2023-2024	2022-2023
Exit packages cost band (including any special payment element)	**Number of compulsory redundancies**	**Number of other departures**	**Total number of exit packages**	**Number of departures where special payments have been made**	Total number of exit packages
	Whole numbers only	**Whole numbers only**	**Whole numbers only**	**Whole numbers only**	Whole numbers only
less than £10,000	**0**	**1**	**1**	**0**	1
£10,000 to £25,000	**0**	**1**	**1**	**0**	1
£25,000 to £50,000	**0**	**2**	**2**	**0**	3
£50,000 to £100,000	**0**	**0**	**0**	**0**	1
£100,000 to £150,000	**0**	**0**	**0**	**0**	1
£150,000 to £200,000	**0**	**0**	**0**	**0**	1
more than £200,000	**0**	**1**	**1**	**0**	0
Total	**0**	**5**	**5**	**0**	8

	2023-2024	2023-2024	2023-2024	2023-2024	2022-2023
Exit packages cost band (including any special payment element)	**Cost of compulsory redundancies**	**Cost of other departures**	**Total cost of exit packages**	**Cost of special element included in exit packages**	Total cost of exit packages
	£	**£**	**£**	**£**	**£**
less than £10,000	**0**	**9,026**	**9,026**	**0**	4,016
£10,000 to £25,000	**0**	**22,265**	**22,265**	**0**	11,019
£25,000 to £50,000	**0**	**65,000**	**65,000**	**0**	127,751
£50,000 to £100,000	**0**	**0**	**0**	**0**	97,364
£100,000 to £150,000	**0**	**0**	**0**	**0**	129,287
£150,000 to £200,000	**0**	**0**	**0**	**0**	150,308
more than £200,000	**0**	**443,022**	**443,022**	**0**	0
Total	**0**	**539,313**	**539,313**	**0**	519,745

Exit costs paid in year of departure	Total paid in year	Total paid in year
	2023-2024	2022-2023
	£	**£**
Exit costs paid in year	**504,313**	519,745

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where CTMUHB has agreed early retirements, the additional costs are met by the CTMUHB and not by the NHS Pensions

Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Regularity of Expenditure

It is expected that public funds will be used in a way that gives reasonable assurance that public resources will be used to deliver the intended objectives. Expenditure must be compliant with relevant legislation including EU legislation, delegated authorities and following guidance in Managing Welsh Public Money. Please see the AGW's qualified regularity opinion which is set out from page 171.

Compliance with Cost Allocation and Charging

CTMUHB can confirm that it has complied with cost allocation and charging requirements as set out in HM Treasury's 'Managing Public Money' guidance.

Going Concern Basis

CTMUHB's accounts are prepared on a going concern basis as the continued provision of CTMUHB's services in the future are anticipated, as evidenced by the inclusion of financial provisions for these services in published Welsh Government documents. There are no known events or conditions that might cast significant doubt on this assessment.

Fees and Charges

Charges for services provided by public sector organisations normally pass on the full cost of providing those services. There is scope for charging more or less than this provided that the relevant Ministerial approval is given and there is full disclosure. Public sector organisations may also supply commercial services on commercial terms designed to work in fair competition with private sector providers.

The Welsh Government expects proper controls over how, when and at what level charges may be levied. This report contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in Her Majesty's Treasury Guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report.

Remote Contingent Liabilities (Audited)

Detailed below are the remote contingent liabilities as at 31st March 2024:

	2023-2024	2022-2023
Contingent Liabilities	**£'000**	£'000
Guarantees	**0**	0
Indemnities	**298**	187
Letters of Comfort	**0**	0
Total	**298**	187

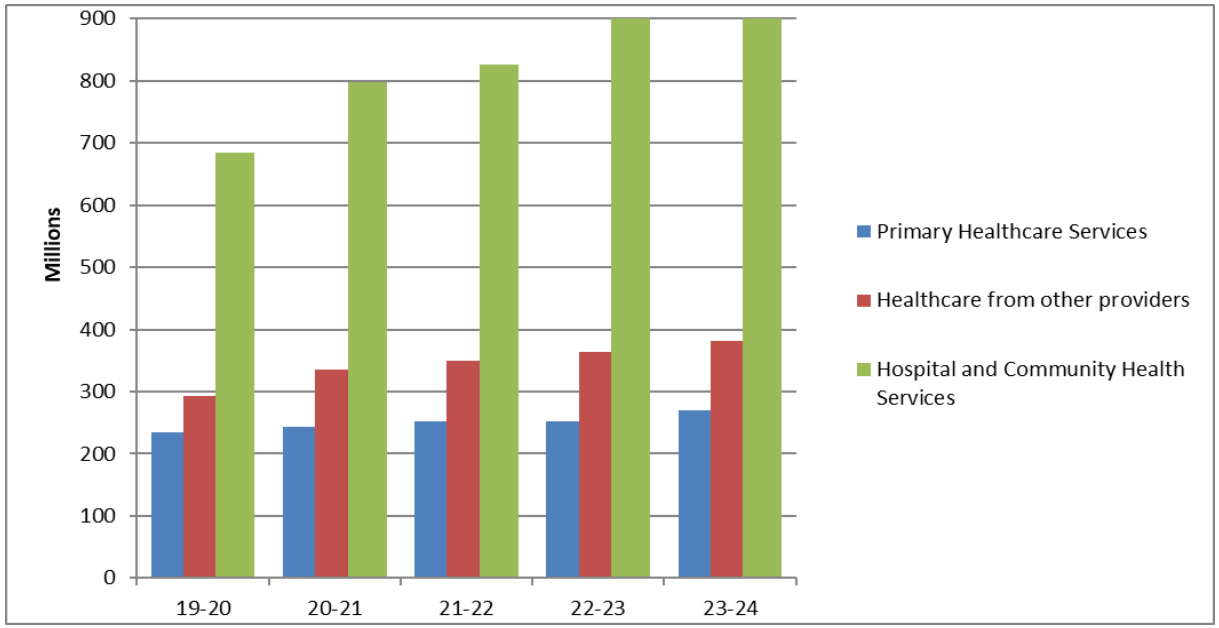
Miscellaneous Income (Audited)

Detailed below is the miscellaneous income as at 31st March 2024:

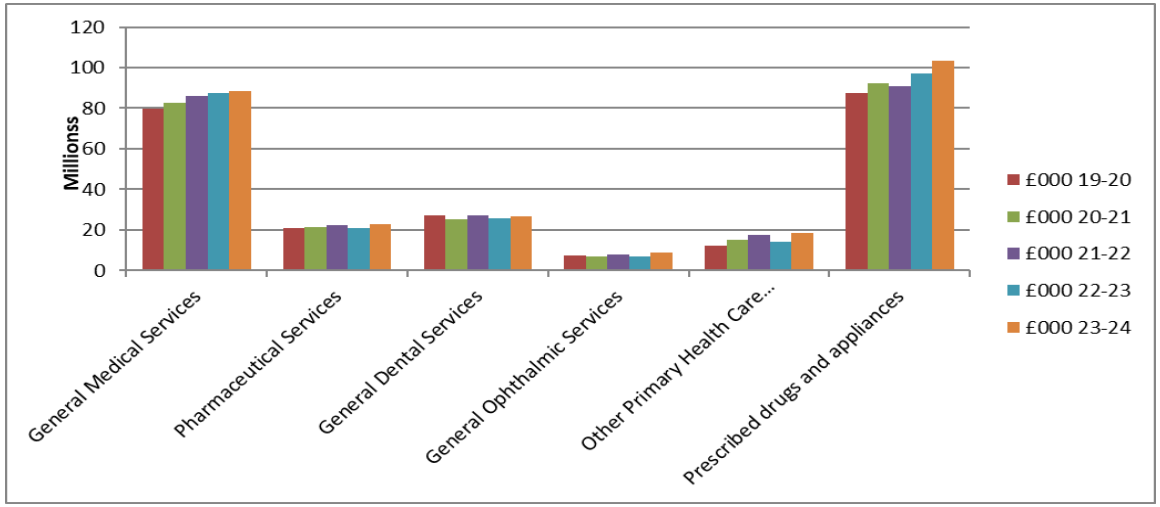
	2023-2024	2022-2023
	£'000	£'000
Total	**163,360**	155,074

Long Term Expenditure Trends

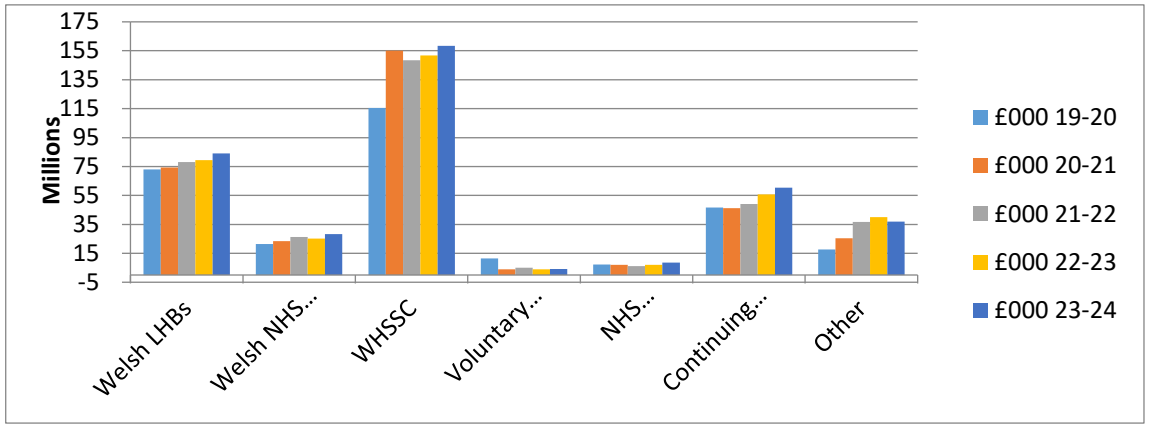
Operating Expenses	£000	£000	£000	£000	£000		%	%	%	%	%
	19-20	20-21	21-22	22-23	23-24		19-20	20-21	21-22	22-23	23-24
Primary Healthcare Services	234,802	243,573	251,779	252,376	268,077		19.37	17.70	17.64	16.60	17.23
Healthcare from other providers	292,814	335,415	349,708	363,049	380,837		24.16	24.38	24.51	23.88	24.47
Hospital and Community Health Services	684,350	797,071	825,533	904,637	907,395		56.47	57.92	57.85	59.51	58.30
Total	1,211,966	1,376,059	1,427,020	1,520,062	1,556,309		100.00	100.00	100.00	100.00	100.00



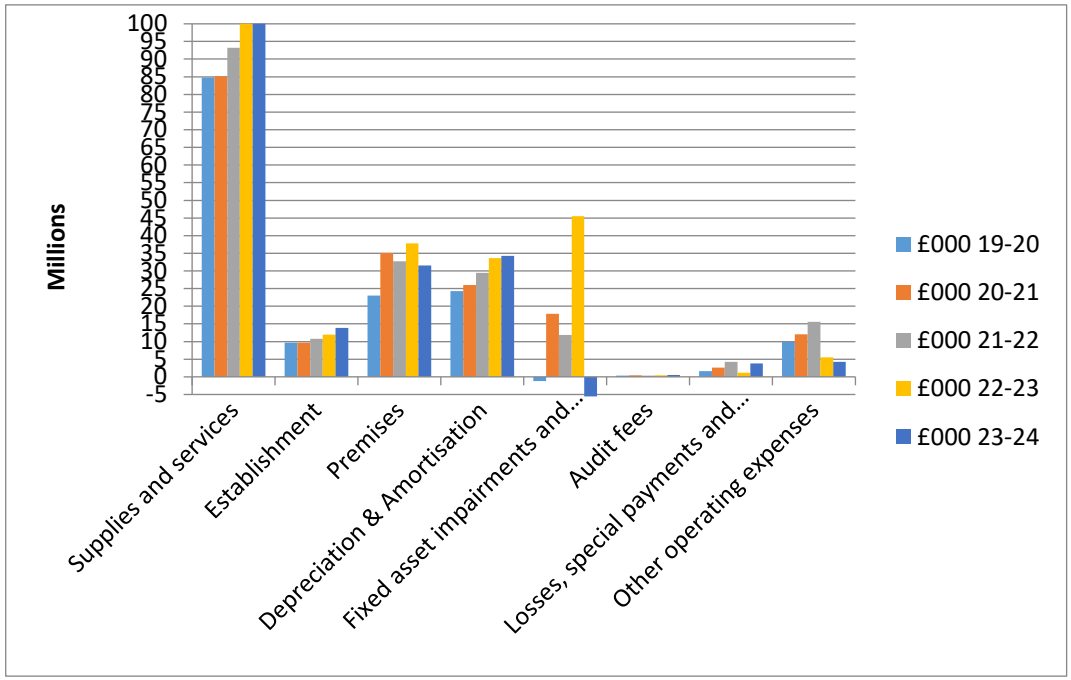
Expenditure on Primary Healthcare Services	£000	£000	£000	£000	**£000**		**%**	**%**	**%**	**%**	%
	19-20	20-21	21-22	22-23	**23-24**		19-20	20-21	21-22	22-23	23-24
General Medical Services	79,585	82,559	86,136	87,403	**90,866**		33.89	33.90	34.21	34.63	33.90
Pharmaceutical Services	21,081	21,196	22,194	21,072	**23,069**		8.98	8.70	8.81	8.35	8.61
General Dental Services	27,248	25,470	27,011	25,612	**27,886**		11.60	10.46	10.73	10.15	10.40
General Ophthalmic Services	7,211	7,101	8,001	6,826	**8,519**		3.07	2.92	3.18	2.70	3.18
Other Primary Health Care expenditure	12,231	14,984	17,435	14,289	**17,249**		5.21	6.15	6.92	5.66	6.43
Prescribed drugs and appliances	87,446	92,263	91,002	97,174	**100,488**		37.24	37.88	36.14	38.50	37.48
Total	234,802	243,573	251,779	252,376	**268,077**		100.00	100.00	100.00	100.00	100.00



Expenditure on Healthcare from other providers	£000	£000	£000	£000	**£000**		**%**	**%**	**%**	**%**	**%**
	19-20	20-21	21-22	22-23	**23-24**		19-20	20-21	21-22	22-23	**23-24**
Welsh LHBs	72,875	74,359	77,989	79,324	**84,095**		24.89	22.17	22.30	21.85	**22.08**
Welsh NHS Trusts	21,462	23,392	26,305	25,133	**28,180**		7.33	6.97	7.52	6.92	**7.40**
WHSSC	115,411	155,190	148,438	151,733	**158,430**		39.41	46.27	42.45	41.79	**41.60**
Voluntary organisations	11,481	3,920	4,975	3,989	**4,214**		3.92	1.17	1.42	1.10	**1.11**
NHS Funded Nursing Care	7,269	7,022	6,246	6,961	**8,583**		2.48	2.09	1.79	1.92	**2.25**
Continuing Care	46,653	46,093	49,163	55,820	**60,415**		15.93	13.74	14.06	15.38	**15.86**
Other	17,663	25,440	36,592	40,089	**36,920**		6.03	7.58	10.46	11.04	**9.69**
Total	292,814	335,415	349,708	363,049	**380,837**		100.00	100.00	100.00	100.00	**100.00**



Expenditure on Hospital and Community Health Services	£000	£000	£000	£000	**£000**		**%**	**%**	**%**	**%**	**%**
	19-20	20-21	21-22	22-23	**23-24**		19-20	20-21	21-22	22-23	**23-24**
Supplies and services	84,783	85,152	93,191	101,352	**116,357**		55.61	45.10	47.05	42.70	**59.07**
Establishment	9,718	9,700	10,766	11,934	**13,824**		6.37	5.14	5.44	5.03	**7.02**
Premises	22,985	35,044	32,685	37,803	**31,553**		15.08	18.56	16.50	15.93	**16.02**
Depreciation & Amortisation	24,322	25,978	29,428	33,626	**34,271**		15.95	13.76	14.86	14.17	**17.40**
Fixed asset impairments and reversals	-1,189	17,840	11,826	45,5 .28	**-7,555**		-0.78	9.45	5.97	19.18	**-3.84**
Audit fees	350	459	378	403	**512**		0.23	0.24	0.19	0.17	**0.26**
Losses, special payments and irrecoverable debts	1,586	2,602	4,221	1,184	**3,821**		1.04	1.38	2.13	0.50	**1.94**
Other operating expenses	9,898	12,023	15,581	5,549	**4,206**		6.49	6.37	7.87	2.34	**2.14**
Total	152,453	188,798	198,076	237,379	**196,989**		100.00	100.00	100.00	100.00	**100.00**


Millions
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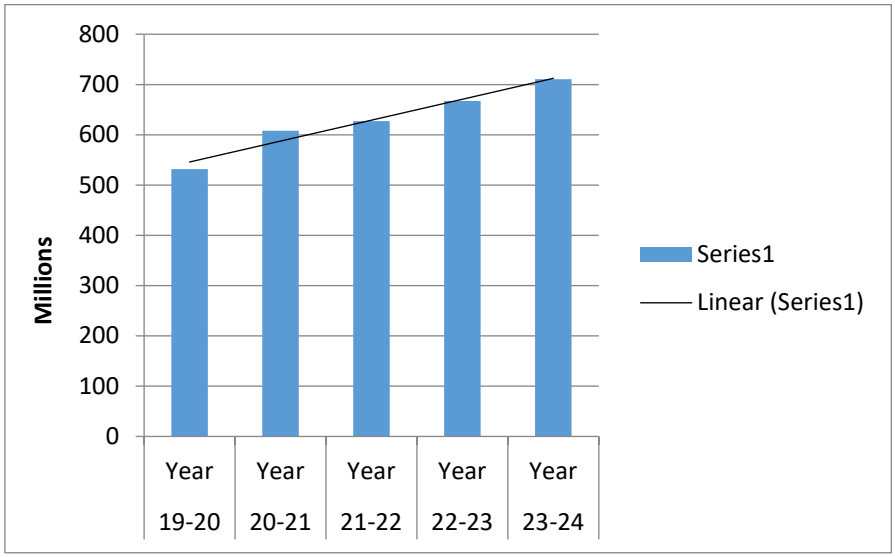
Supplies and services
Establishment
Premises
Depreciation & Amortisation
Fixed asset impairments and...
Audit fees
Losses, special payments and...
Other operating expenses
£000 19-20
£000 20-21
£000 21-22
£000 22-23
£000 23-24

Expenditure on Hospital and Community Health Services - Staff Costs	2019-2020	2020-2021	2021-2022	2022-2023	**2023-2024**
	Year	Year	Year	Year	**Year**
Pay Costs	531,897	608,273	627,457	667,258	**710,397**



Performance against resource Limits (Audited)

	2019-2020	2020-2021	2021-2022	2022-2023	**2023-2024**
	£'000	£'000	£'000	£'000	**£'000**
Net operating costs for the year	1,066,986	1,234,585	1,278,862	1,365,069	**1,393,256**
Less general ophthalmic services expenditure and other non-cash limited expenditure	(672)	93	(66)	(107)	**325**
Less revenue consequences of bringing PFI schemes onto SoFP	(122)	(126)	(131)	(198)	(177)
Less any non-funded revenue consequences of IFRS 16					(2)
Total operating expenses	1,066,192	1,234,552	1,278,665	1,364,764	**1,393,402**
Revenue Resource Allocation	1,067,075	1,234,640	1,278,837	1,340,283	**1,393,511**
Under /(over) spend against Allocation	883	88	172	(24,481)	**109**

CTMUHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-2022 to 2023-2024.

CTMUHB did not receive strategic cash only support in 2023-2024.

Capital Resource Performance (Audited)

	2019-2020	2020-2021	2021-2022	2022-2023	**2023-2024**
	£'000	£'000	£'000	£'000	**£'000**
Gross capital expenditure	40,244	53,772	79,967	74,915	**79,725**
Add: Losses on disposal of donated assets	0	0	0	0	**0**
Less NBV of property, plant and equipment and intangible assets disposed	(5)	(80)	(717)	(227)	**(252)**
Less capital grants received	(49)	(1,264)	(13)	(1,592)	**(22)**
Less donations received	(1,862)	(197)	(83)	(114)	**(43)**
Charge against Capital Resource Allocation	38,328	52,231	79,154	72,982	79,408
Capital Resource Allocation	38,352	52,278	79,196	73,025	**79,442**
(Over) / Underspend against Capital Resource Allocation	24	47	42	43	**34**

CTMUHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-2022 to 2023-2024.

Signature

Paul Mears,
Chief Executive & Accountable Officer
Date: 11th July 2024

Senedd Cymru/Welsh Parliament Accountability and Audit Report

The Certificate of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Cwm Taf Morgannwg University Health Board for the year ended 31 March 2024 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Cwm Taf Morgannwg University Health Board as at 31 March 2024 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of the Cwm Taf Morgannwg University Health Board's financial statements because the Health Board has breached its resource limit by spending £24.200 million over the amount that it was authorised to spend in the three-year period 2021-22 to 2023-2024. This spend constitutes irregular expenditure.

Further detail is set out in my Report on page 176.

Basis for Opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of

Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Cwm Taf Morgannwg University Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Reports.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 101 and 102, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;

- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Health Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Health Board will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- enquiring of management, the Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Board's policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals;

- obtaining an understanding of Health Board's framework of authority as well as other legal and regulatory frameworks that the Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Health Board; and
- obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my Report on page 176.

Adrian Crompton
Auditor General for Wales
12 July 2024

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Cwm Taf Morgannwg University Health Board's financial statements. I am reporting on these financial statements for the year ended 31 March 2024 to draw attention to two key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion; and the failure of the second financial duty. I have not qualified my 'true and fair' opinion in respect of any of these matters.

Financial duties

Local Health Boards (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties.

For 2023-24, Cwm Taf Morgannwg University Health Board failed to meet both the first and the second financial duties.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2021-2022 to 2023-2024.

As shown in Note 2.1 to the Financial Statements, Cwm Taf Morgannwg University Health Board did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £4,012 million by £24.200 million.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2023-24 if it submitted a 2023-2024 to 2025-2026 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, Cwm Taf Morgannwg University Health Board did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2023-2024 to 2025-2026.

Adrian Crompton
Auditor General for Wales
12 July 2024

Chapter 3 – Financial Statements and Accounts

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

The Local Health Board was established on 1 October 2009 following the merger of Cwm Taf NHS Trust, Rhondda Cynon Taf Local Health Board and Merthyr Tydfil Local Health Board.

The Welsh Health Specialised Services Committee (WHSSC) was established on 1 April 2010, responsible for the joint planning of specialised and tertiary services on behalf of Local Health Boards in Wales. The Committee is hosted by Cwm Taf Morgannwg University Local Health Board.

The Emergency Ambulance Services Committee (EASC) was established on 1 April 2014, responsible for planning and securing the provision of emergency ambulance services on behalf of Local Health Boards in Wales. The Committee is hosted by Cwm Taf Morgannwg University Local Health Board.

Following the Bridgend boundary change on 1 April 2019, Cwm Taf Morgannwg University Health Board has responsibility for the commissioning and provision of healthcare for the communities of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend County Borough Council.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2020-21. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014 the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

These accounts are a consolidation of the Health Board, WHSSC and EASC activities, with the balances relating to Cwm Taf Morgannwg University Health Board only separately disclosed where appropriate.

The key statements therefore have a separate column for Cwm Taf Morgannwg University Health Board activities only with the total column representing the consolidated position. In line with normal consolidation practices, any transactions between Cwm Taf Morgannwg University Health Board, WHSSC and EASC will have been eliminated within the consolidated column.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £000 Cwm Taf HB Activities	2023-24 £000	2022-23 £000 Cwm Taf HB Activities	2022-23 £000
Expenditure on Primary Healthcare Services	3.1	**268,077**	**268,077**	252,376	252,376
Expenditure on healthcare from other providers	3.2	**380,837**	**1,307,734**	363,049	1,235,868
Expenditure on Hospital and Community Health Services	3.3	**907,395**	**916,123**	904,637	913,685
		1,556,309	**2,491,934**	1,520,062	2,401,929
Less: Miscellaneous Income	4	**(163,360)**	**(1,098,985)**	(155,074)	(1,036,941)
LHB net operating costs before interest and other gains and losses		**1,392,949**	**1,392,949**	1,364,988	1,364,988
Investment Revenue	5	**(2)**	**(2)**	0	0
Other (Gains) / Losses	6	**(44)**	**(44)**	(76)	(76)
Finance costs	7	**353**	**353**	157	157
Net operating costs for the financial year		**1,393,256**	**1,393,256**	**1,365,069**	**1,365,069**

See note 2 on page 26 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 76 form part of these accounts

Other Comprehensive Net Expenditure

	2023-24 £000	2022-23 £000
Net (gain) / loss on revaluation of property, plant and equipment	**(17,856)**	(35,733)
Net (gain) / loss on revaluation of right of use assets	**0**	0
Net (gain) / loss on revaluation of intangibles	**0**	0
(Gain) / loss on other reserves	**0**	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	**0**	0
Net (gain)/loss on revaluation of financial assets held for sale	**0**	0
Impairment and reversals	**0**	0
Transfers between reserves	**0**	0
Transfers (to) / from other bodies within the Resource Accounting Bounda	**0**	0
Reclassification adjustment on disposal of available for sale financial asse	**0**	0
Other comprehensive net expenditure for the year	**(17,856)**	**(35,733)**
Total comprehensive net expenditure for the year	**1,375,400**	1,329,336

The notes on pages 8 to 76 form part of these accounts

Statement of Financial Position as at 31 March 2024

	Notes	31 March 2024 £000 Cwm Taf HB Activities	31 March 2024 £000	31 March 2023 £000 Cwm Taf HB Activities	31 March 2023 £000
Non-current assets					
Property, plant and equipment	11	**706,648**	**706,648**	635,857	635,857
Right of Use Assets	11.3	**23,805**	**23,805**	23,000	23,000
Intangible assets	12	**2,092**	**2,092**	2,833	2,833
Trade and other receivables	15	**67,191**	**67,191**	47,608	47,608
Other financial assets	16	**0**	**0**	0	0
Total non-current assets		**799,736**	**799,736**	709,298	709,298
Current assets					
Inventories	14	**7,367**	**7,367**	7,017	7,017
Trade and other receivables	15	**77,735**	**100,493**	74,622	92,102
Other financial assets	16	**0**	**0**	0	0
Cash and cash equivalents	17	**1,485**	**16,505**	1,348	19,256
		86,587	**124,365**	82,987	118,375
Non-current assets classified as "Held for Sale"	11	**0**	**0**	245	245
Total current assets		**86,587**	**124,365**	83,232	118,620
Total assets		**886,323**	**924,101**	792,530	827,918
Current liabilities					
Trade and other payables	18	**(159,923)**	**(209,498)**	(169,055)	(215,925)
Other financial liabilities	19	**0**	**0**	0	0
Provisions	20	**(33,748)**	**(33,793)**	(27,320)	(27,680)
Total current liabilities		**(193,671)**	**(243,291)**	(196,375)	(243,605)
Net current assets/ (liabilities)		**(107,084)**	**(118,926)**	(113,143)	(124,985)
Non-current liabilities					
Trade and other payables	18	**(20,213)**	**(20,213)**	(20,069)	(20,069)
Other financial liabilities	19	**0**	**0**	0	0
Provisions	20	**(68,994)**	**(68,994)**	(52,164)	(52,164)
Total non-current liabilities		**(89,207)**	**(89,207)**	(72,233)	(72,233)
Total assets employed		**603,445**	**591,603**	523,922	512,080
Financed by :					
Taxpayers' equity					
General Fund		**493,861**	**482,019**	428,850	417,008
Revaluation reserve		**109,584**	**109,584**	95,072	95,072
Total taxpayers' equity		**603,445**	**591,603**	523,922	512,080

The financial statements on pages 2 to 7 were approved by the Board on 11/07/2024 and signed on its behalf by:

Chief Executive and Accountable Officer ..... Date: 11/07/2024

The notes on pages 8 to 76 form part of these accounts

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2024

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2023-24			
Balance as at 31 March 2023	**417,008**	**95,072**	**512,080**
NHS Wales Transfer	**0**	**0**	**0**
RoU Asset Transitioning Adjustment	**0**	**0**	**0**
Impact of IFRS 16 on PPP/PFI Liability	**(388)**	**0**	**(388)**
Balance at 1 April 2023	**416,620**	**95,072**	**511,692**
Net operating cost for the year	**(1,393,256)**		**(1,393,256)**
Net gain/(loss) on revaluation of property, plant and equipment	**0**	**17,856**	**17,856**
Net gain/(loss) on revaluation of right of use assets	**0**	**0**	**0**
Net gain/(loss) on revaluation of intangible assets	**0**	**0**	**0**
Net gain/(loss) on revaluation of financial assets	**0**	**0**	**0**
Net gain/(loss) on revaluation of assets held for sale	**0**	**0**	**0**
Impairments and reversals	**0**	**0**	**0**
Other reserve movement	**0**	**0**	**0**
Transfers between reserves	**3,344**	**(3,344)**	**0**
Release of reserves to SoCNE	**0**	**0**	**0**
Transfers to/from LHBs	**(5)**	**0**	**(5)**
Total recognised income and expense for 2023-24	**(1,389,917)**	**14,512**	**(1,375,405)**
Net Welsh Government funding	**1,426,485**		**1,426,485**
Notional Welsh Government Funding	**28,831**		**28,831**
Balance at 31 March 2024	**482,019**	**109,584**	**591,603**

Notional Welsh Government funding line includes the 6.3% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

Notional Welsh Government funding split;
Notional 6.3% staff employer pension £28,823k
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £8k

The notes on pages 8 to 76 form part of these accounts

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2023

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2022-23			
Balance at 31 March 2022	415,321	62,533	477,854
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	715	0	715
Balance at 1 April 2022	416,036	62,533	478,569
Net operating cost for the year	(1,365,069)		(1,365,069)
Net gain/(loss) on revaluation of property, plant and equipment	0	35,733	35,733
Net gain/(loss) on revaluation of right of use assets			
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	3,194	(3,194)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2022-23	(1,361,875)	32,539	(1,329,336)
Net Welsh Government funding	1,336,781		1,336,781
Notional Welsh Government Funding	26,066		26,066
Balance at 31 March 2023	417,008	95,072	512,080

Notional Welsh Government funding line includes the 6.3% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

Notional Welsh Government funding split;
Notional 6.3% staff employer pension £26,058k
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £8k

Statement of Cash Flows for year ended 31 March 2024

	Notes	2023-24 £000 Cwm Taf HB Activities	2023-24 £000	2022-23 £000 Cwm Taf HB Activities	2022-23 £000
Cash Flows from operating activities					
Net operating cost for the financial year		**(1,393,256)**	**(1,393,256)**	(1,365,069)	(1,365,069)
Movements in Working Capital	27	**(32,566)**	**(35,139)**	(1,118)	(20,320)
Other cash flow adjustments	28	**86,341**	**86,061**	117,846	117,846
Provisions utilised	20	**(7,653)**	**(7,688)**	(11,540)	(11,540)
Net cash outflow from operating activities		**(1,347,134)**	**(1,350,022)**	(1,259,881)	(1,279,083)
Cash Flows from investing activities					
Purchase of property, plant and equipment		**(76,450)**	**(76,450)**	(73,597)	(73,597)
Proceeds from disposal of property, plant and equipment		**296**	**296**	298	298
Purchase of intangible assets		**0**	**0**	(4)	(4)
Proceeds from disposal of intangible assets		**0**	**0**	0	0
Payment for other financial assets		**0**	**0**	0	0
Proceeds from disposal of other financial assets		**0**	**0**	0	0
Payment for other assets		**0**	**0**	0	0
Proceeds from disposal of other assets		**0**	**0**	0	0
Net cash inflow/(outflow) from investing activities		**(76,154)**	**(76,154)**	(73,303)	(73,303)
Net cash inflow/(outflow) before financing		**(1,423,288)**	**(1,426,176)**	(1,333,184)	(1,352,386)
Cash Flows from financing activities					
Welsh Government funding (including capital)		**1,426,485**	**1,426,485**	1,336,790	1,336,790
Capital receipts surrendered		**0**	**0**	0	0
Capital grants received		**0**	**0**	0	0
Capital element of payments in respect of finance leases and on-SoFP		**0**	**0**	0	0
Capital element of payments in respect of on-SoFP PFI		**(177)**	**(177)**	(168)	(168)
Capital Element of payments in respect of Right of Use Assets		**(2,883)**	**(2,883)**	(2,528)	(2,528)
Cash transferred (to)/ from other NHS bodies		**0**	**0**	0	0
Net financing		**1,423,425**	**1,423,425**	1,334,094	1,334,094
Net increase/(decrease) in cash and cash equivalents		**137**	**(2,751)**	910	(18,292)
Cash and cash equivalents (and bank overdrafts) at 1 April		**1,348**	**19,256**	438	37,548
Cash and cash equivalents (and bank overdrafts) at 31 March		**1,485**	**16,505**	1,348	19,256

The notes on pages 8 to 76 form part of these accounts

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2023-24 Manual for Accounts. The accounting policies contained in that manual follow the 2023-24 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments

identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.3.1. WHSSC/EASC

Neither Welsh Health Specialised Services Committee nor Emergency Ambulance Services Committee hold any statutory responsibility for a resource limit. Services are funded by income from LHBs and based on an agreed financial plan. The committees account for all expenditure on agreed services against the income received as part of their plans. All variances from plan are allocated to LHBs on the basis of an agreed risk sharing framework and matched by income adjustments consistent with this framework. The net operating cost for the financial year is therefore zero.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the

time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in

operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

● the technical feasibility of completing the intangible asset so that it will be available for use

● the intention to complete the intangible asset and use it

● the ability to use the intangible asset

● how the intangible asset will generate probable future economic benefits

● the availability of adequate technical, financial and other resources to complete the intangible asset and use it

● the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the Health Board has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.
The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.
Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

List any other transition expedients employed by the entity at its discretion.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2023 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by [the entity] in applying IFRS 16. These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The entity will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16

The entity is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 [the entity] has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The entity is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The entity as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset [the entity] applies a revised rate to the remaining lease liability.

Where existing leases are modified the Health Board must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the Health Board.

1.11.2 The entity as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Health Board's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Health Board's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the Health Board is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the Health Board has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is

considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2023-24 and 2022-23. The WRP is hosted by Velindre NHS Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

Significant estimations are made in relation to the accruals/creditors for the bonus payments and the annual leave accrual.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

Clinical negligence cases - In accordance with the Manual for Accounts, defence fee provision calculation is based on analysis of historical information covering a three year period. Accordingly, 35.78% of the defence fee costs are accounted for as provision and the remaining 64.22% is accounted for in Contingent Liabilities.

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.26 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;

b) Payment for the PFI asset, including finance costs; and

c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.26.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.26.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.26.3. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised.

Prior Year Treatment

It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes As from 1st April 2023.

On-balance sheet PPP arrangements should be based on IFRS 16 accounting principles from 2023/24.

When measuring the liability for on-balance sheet PPP contracts containing capital payments linked to a price index IFRS 16 requires that 'a lessee shall remeasure the lease liability where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments. The lessee shall remeasure the lease liability to reflect those revised lease payments only when there is a change in the cash flows.

Initial remeasurement -the future PPP liability will need to be remeasured at 1 April 2023 to include the actual indexation-linked changes to payments for the capital/infrastructure element which have taken effect in the cash flows since the PPP agreement commenced. This should use a cumulative catch-up approach, where the cumulative effect is recognised as an adjustment to the opening balance of retained earnings.

Subsequent measurement - The PPP liability will continue to require remeasurements whenever cash payments change in response to indexation movements as set out in the individual PPP contract. The double entry for the subsequent liability remeasurement should be Debit Finance Cost, Credit PPP liability.

The liability does not include estimated future indexation linked increases.

1.26.5. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.26.6. Assets contributed by the NHS Wales organisation to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

1.26.7. Other assets contributed by the NHS Wales organisation to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts
Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2023, Standard is not yet adopted by the FReM which is expected to be from April 2025: early adoption is not permitted.

1.30. Accounting standards issued that have been adopted early

During 2023-24 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS Wales organisation has established that as it is the corporate trustee of the Cwm Taf Morgannwg NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Cwm Taf Morgannwg NHS Charitable Fund as a subsidiary and therefore is required to consolidate the results of the Cwm Taf Morgannwg NHS Charitable Fund within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Cwm Taf Morgannwg NHS Charitable Fund or its independence in its management of charitable funds.

However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' note.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is reponsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2021-22	2022-23	**2023-24**	**Total**
	£000	£000	**£000**	**£000**
Net operating costs for the year	1,278,862	1,365,069	**1,393,256**	**4,037,187**
Less general ophthalmic services expenditure and other non-cash limited expenditure	(66)	(107)	**325**	**152**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	(131)	(198)	**(177)**	**(506)**
Less any non funded revenue consequences of IFRS 16	0	0	**(2)**	**(2)**
Total operating expenses	1,278,665	1,364,764	**1,393,402**	**4,036,831**
Revenue Resource Allocation	1,278,837	1,340,283	**1,393,511**	**4,012,631**
Under /(over) spend against Allocation	172	(24,481)	**109**	**(24,200)**

Cwm Taf LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-22 to 2023-24.

The health board did not receive strategic cash-only support in 2023-24.

2.2 Capital Resource Performance

	2021-22	2022-23	**2023-24**	**Total**
	£000	£000	**£000**	**£000**
Gross capital expenditure	79,967	74,915	**79,725**	**234,607**
Add: Losses on disposal of donated assets	0	0	**0**	**0**
Less NBV of property, plant and equipment, right of use and intangible assets	(717)	(227)	**(252)**	**(1,196)**
Less capital grants received	(13)	(1,592)	**(22)**	**(1,627)**
Less donations received	(83)	(114)	**(43)**	**(240)**
Less IFRS16 Peppercorn income	0	0	**0**	**0**
Less **initial recognition** of RoU Asset Dilapidations	0	0	**0**	**0**
Charge against Capital Resource Allocation	79,154	72,982	**79,408**	**231,544**
Capital Resource Allocation	79,196	73,025	**79,442**	**231,663**
(Over) / Underspend against Capital Resource Allocation	42	43	**34**	**119**

Cwm Taf LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-22 to 2023-24.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2023-2026 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB submitted an Integrated Medium Term Plan for the period 2023-2026 in accordance with NHS Wales Planning Framework.

However the Health Board for the start of 2023/24 were unable deliver a balanced plan and therefore WG did not approve the plan, therefore the LHB failed to meet the statutory duty.

The Minister for Health and Social Services extant approval

Status	**Not Approved**
Date	

The LHB has not therefore met its statutory duty to have an approved financial plan.

2.4. Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Health Board has achieved the following results:

	2023-24	2022-23
Total number of non-NHS bills paid	**271,690**	295,688
Total number of non-NHS bills paid within target	**263,332**	282,189
Percentage of non-NHS bills paid within target	**96.9%**	95.4%

The LHB has met the target.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited	Non-cash limited	2023-24 Total	2022-23
	£000	£000	£000	£000
General Medical Services	90,866		90,866	87,403
Pharmaceutical Services	29,726	(6,657)	23,069	21,072
General Dental Services	27,886		27,886	25,612
General Ophthalmic Services	2,187	6,332	8,519	6,826
Other Primary Health Care expenditure	17,249		17,249	14,289
Prescribed drugs and appliances	100,488		100,488	97,174
Total	268,402	(325)	268,077	252,376

3.2 Expenditure on healthcare from other providers

	2023-24	2023-24	2022-23	2022-23
	£000	£000	£000	£000
	CT activities		CT activities	
Goods and services from other NHS Wales Health Boards	84,095	651,663	79,324	608,352
Goods and services from other NHS Wales Trusts	28,180	331,884	25,133	308,676
Goods and services from Special Health Authorities	4,367	4,533	3,516	3,647
Goods and services from other non Welsh NHS bodies	2,489	179,933	1,466	177,355
Goods and services from WHSSC / EASC	158,430	0	151,733	0
Local Authorities	18,388	18,388	20,959	20,959
Voluntary organisations	4,214	6,985	3,989	6,216
NHS Funded Nursing Care	8,583	8,583	6,961	6,961
Continuing Care	60,415	60,300	55,820	55,798
Private providers	11,676	45,465	14,148	47,904
Specific projects funded by the Welsh Government	0	0	0	0
Other	0	0	0	0
Total	380,837	1,307,734	363,049	1,235,868

Included within CT activities figures above is the following Welsh Government funding relating to WHSSC activities.

	2023-24	2022-23
	£000	£000
Goods and Services from WHSSC/EASC	13,257	13,920

3.3 Expenditure on Hospital and Community Health Services

	2023-24 £000 CT activities	2023-24 £000	2022-23 £000 CT activities	2022-23 £000
Directors' costs	2,631	2,631	2,328	2,328
Operational Staff costs	676,186	684,135	635,306	642,709
Non operational collaborative bank staff costs	0	0	0	0
Single lead employer Staff Trainee Cost	31,589	31,589	29,614	29,614
Collaborative Bank Staff Cost	0	0	10	10
Supplies and services - clinical	106,036	106,036	90,758	90,758
Supplies and services - general	10,321	10,321	10,594	10,586
Consultancy Services	136	272	759	1,364
Establishment	13,824	13,962	11,934	11,949
Transport	1,568	1,568	1,666	1,666
Premises	31,553	31,789	37,803	38,516
External Contractors	0	0	68	68
Depreciation	30,595	30,595	30,186	30,186
Depreciation RoU Asset	2,929	2,929	2,673	2,673
Amortisation	747	747	767	767
Fixed asset impairments and reversals (Property, plant & equipment)	(7,555)	(7,555)	45,528	45,528
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0	0	0
Impairments & reversals of financial assets	0	0	0	0
Impairments & reversals of non-current assets held for sale	0	0	0	0
Audit fees	512	571	403	462
Other auditors' remuneration	0	0	0	0
Losses, special payments and irrecoverable debts	3,821	3,856	1,184	1,444
Research and Development	0	0	0	0
Expense related to short-term leases	153	329	123	123
Expense related to low-value asset leases (excluding short-term leases)	287	287	249	249
Other operating expenses	2,062	2,061	2,684	2,685
Total	**907,395**	**916,123**	904,637	913,685

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2023-24 £'000	2022-23 £'000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	**30,762**	16,773
Primary care	**575**	0
Redress Secondary Care	**329**	629
Redress Primary Care	**0**	0
Personal injury	**694**	(994)
All other losses and special payments	**807**	796
Defence legal fees and other administrative costs	**1,087**	892
Gross increase/(decrease) in provision for future payments	**34,254**	**18,096**
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**775**	206
Less: income received/due from Welsh Risk Pool	**(31,173)**	(16,858)
Total	**3,856**	**1,444**

	2023-24 £	2022-23 £
Permanent injury included within personal injury £:	61,955	(1,626,511)

4. Miscellaneous Income

	2023-24 £000 CT activities	2023-24 £000	2022-23 £000 CT activities	2022-23 £000
Local Health Boards	74,303	1,020,268	78,121	970,583
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	12,268	0	12,811	0
NHS trusts	11,187	11,454	10,583	11,384
Welsh Special Health Authorities	1,395	1,395	1,406	1,417
Foundation Trusts	0	0	0	0
Other NHS England bodies	1,268	1,268	957	957
Other NHS Bodies	0	0	0	0
Local authorities	14,702	14,702	12,289	12,289
Welsh Government	2,712	2,739	1,680	1,680
Welsh Government Hosted bodies	0	0	0	0
Non NHS:				
Prescription charge income	0	0	0	0
Dental fee income	3,344	3,344	3,824	3,824
Private patient income	573	573	391	391
Overseas patients (non-reciprocal)	0	0	0	0
Injury Costs Recovery (ICR) Scheme	1,106	1,106	1,450	1,450
Other income from activities	814	2,627	555	2,142
Patient transport services	0	0	0	0
Education, training and research	20,432	20,432	18,096	18,096
Charitable and other contributions to expenditure	0	0	481	481
Receipt of NWSSP Covid centrally purchased assets	0	0	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0	0	0
Receipt of donated assets	43	43	114	114
Receipt of Government granted assets	22	22	0	0
Right of Use Grant (Peppercorn Lease)	0	0	1,592	1,592
Non-patient care income generation schemes	640	640	555	555
NHS Wales Shared Services Partnership (NWSSP)	0	0	0	0
Deferred income released to revenue	0	0	0	0
Right of Use Asset Sub-leasing rental income	0	0	0	0
Contingent rental income from finance leases	0	0	0	0
Rental income from operating leases	0	0	0	0
Other income:				
Provision of laundry, pathology, payroll services	503	503	652	652
Accommodation and catering charges	6,548	6,548	3,452	3,452
Mortuary fees	541	541	568	568
Staff payments for use of cars	175	175	210	210
Business Unit	0	0	0	0
Scheme Pays Reimbursement Notional	0	0	0	0
Other	10,784	10,605	5,287	5,104
Total	**163,360**	**1,098,985**	155,074	1,036,941

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment re personal injury claims

	2023-24 %	2022-23 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.76	23.76

5. Investment Revenue

	2023-24	2022-23
	£000	£000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	2	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	2	0

6. Other gains and losses

	2023-24	2022-23
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	26	73
Gain/(loss) on disposal other than by sale of right of use assets assets	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	18	3
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	44	76

7. Finance costs

	2023-24	2022-23
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	256	209
Interest on obligations under PFI contracts;		
main finance cost	25	30
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	14	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	295	239
Provisions unwinding of discount	56	(82)
Other finance costs	2	0
Total	353	157

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

LHB as lessee

As at 31st March 2024 the LHB had 48 operating leases agreements. 46 Vehicle Leases and 2 equipment leases.

	2023-24 Low Value & Short Term	2023-24 Other	2023-24 Total	2022-23 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**153**	**287**	**440**	632
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**153**	**287**	**440**	632

Total future minimum lease payments				
Payable	**£000**	**£000**	**£000**	£000
Not later than one year	**41**	**84**	**125**	178
Between one and five years	**13**	**39**	**52**	107
After 5 years	**0**	**0**	**0**	0
Total	**54**	**123**	**177**	285

LHB as lessor

	2023-24	2022-23
Rental revenue	**£000**	£000
Rent	**2,800**	450
Contingent rents	**0**	0
Total revenue rental	**2,800**	450

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	**138**	146
Between one and five years	**480**	480
After 5 years	**585**	705
Total	**1,203**	1,331

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2022-23
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	513,959	579	34,232	25,446	12	14,338	588,566	556,441
Social security costs	57,115	18	0	3,037	1	0	60,171	55,910
Employer contributions to NHS Pension Scheme	94,928	21	0	3,461	0	0	98,410	89,306
Other pension costs	336	0	0	0	0	0	336	287
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	504	0	0	0	0	0	504	369
Total	666,842	618	34,232	31,944	13	14,338	747,987	702,313

Charged to capital	1,729	1,518
Charged to revenue	746,258	700,795
	747,987	702,313
Net movement in accrued employee benefits (untaken staff leave)	282	10,405

Following categories of costs are included within the 'Other' heading:
1) Medacs/Retinue contracted staff.
2) IR35 applicable staff.
3) GP out of hours staff.

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2022-23
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,248	8	15	0	0	1	2,272	2,249
Medical and dental	758	0	33	412	0	125	1,328	1,286
Nursing, midwifery registered	3,632	1	383	0	1	0	4,017	4,012
Professional, Scientific, and technical staff	359	1	0	0	0	0	360	352
Additional Clinical Services	2,161	0	130	0	0	0	2,291	2,322
Allied Health Professions	733	1	3	0	0	16	753	739
Healthcare Scientists	197	0	1	0	0	5	203	204
Estates and Ancilliary	1,065	0	47	0	0	0	1,112	1,111
Students	29	0	0	0	0	0	29	57
Total	11,182	11	612	412	1	147	12,365	12,332

9.3. Retirements due to ill-health

	2023-24	2022-23
Number	25	17
Estimated additional pension costs £	2,344,077	1,139,770

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

The LHB does not have an employee benefit scheme.

9.5 Reporting of other compensation schemes - exit packages

Exit packages cost band (including any special payment element)	2023-24 Number of compulsory redundancies	2023-24 Number of other departures	2023-24 Total number of exit packages	2023-24 Number of departures where special payments have been made	2022-23 Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	1	1	0	1
£10,000 to £25,000	0	1	1	0	1
£25,000 to £50,000	0	2	2	0	3
£50,000 to £100,000	0	0	0	0	1
£100,000 to £150,000	0	0	0	0	1
£150,000 to £200,000	0	0	0	0	1
more than £200,000	0	1	1	0	0
Total	0	5	5	0	8

Exit packages cost band (including any special payment element)	2023-24 Cost of compulsory redundancies	2023-24 Cost of other departures	2023-24 Total cost of exit packages	2023-24 Cost of special element included in exit packages	2022-23 Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	9,026	9,026	0	4,016
£10,000 to £25,000	0	22,265	22,265	0	11,019
£25,000 to £50,000	0	65,000	65,000	0	127,751
£50,000 to £100,000	0	0	0	0	97,364
£100,000 to £150,000	0	0	0	0	129,287
£150,000 to £200,000	0	0	0	0	150,308
more than £200,000	0	443,022	443,022	0	0
Total	0	539,313	539,313	0	519,745

Exit costs paid in year of departure	2023-24	Total paid in year 2022-23
	£	£
Exit costs paid in year	504,313	519,745
Total	504,313	519,745

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2023-24 £000	2023-24 £000	2023-24 £000	2022-23 £000	2022-23 £000	2022-23 £000
Total pay and benefits	**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
25th percentile pay ratio	**221**	**26**	**8.4**	211	24	8.8
Median pay	**221**	**35**	**6.3**	211	33	6.4
75th percentile pay ratio	**221**	**47**	**4.7**	211	43	4.9
Salary component of total pay and benefits						
25th percentile pay ratio	**221**	**26**		211	24	
Median pay	**221**	**35**		211	33	
75th percentile pay ratio	**221**	**47**		211	42	

Total pay and benefits	**Highest Paid Director**	**Employee**	**Ratio**	Highest Paid Director	Employee	Ratio
25th percentile pay ratio	**221**	**26**	**8.4**	211	24	8.8
Median pay	**221**	**35**	**6.3**	211	33	6.4
75th percentile pay ratio	**221**	**47**	**4.7**	211	43	4.9
Salary component of total pay and benefits						
25th percentile pay ratio	**221**	**26**		211	24	
Median pay	**221**	**35**		211	33	
75th percentile pay ratio	**221**	**47**		211	43	

In 2023-24, 27 (2022-23, 32) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £3k to £415k (2022-23, £3k to £320k).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

9.6.2 Percentage Changes	**2022-23 to 2023-24**	2021-22 to 2022-23
	%	%
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	5	1
Performance pay and bonuses	5	1
% Change from previous financial year in respect of highest paid director		
Salary and allowances	5	-1
Performance pay and bonuses	5	-1
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	5	4
Performance pay and bonuses	5	3

9.7 PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".
An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contribuions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2023-24 tax year (2022-23 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2023-24	**2023-24**	2022-23	2022-23
NHS	**Number**	**£000**	Number	£000
Total bills paid	**6,911**	**1,217,265**	6,776	1,153,856
Total bills paid within target	**5,808**	**1,194,516**	5,809	1,135,955
Percentage of bills paid within target	**84.0%**	**98.1%**	85.7%	98.4%
Non-NHS				
Total bills paid	**271,690**	**620,699**	295,688	677,398
Total bills paid within target	**263,332**	**593,675**	282,189	639,735
Percentage of bills paid within target	**96.9%**	**95.6%**	95.4%	94.4%
Total				
Total bills paid	**278,601**	**1,837,964**	302,464	1,831,254
Total bills paid within target	**269,140**	**1,788,191**	287,998	1,775,690
Percentage of bills paid within target	**96.6%**	**97.3%**	95.2%	97.0%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2023-24	2022-23
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	0

11.1 Property, plant and equipment

2023-24	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	36,527	545,359	8,061	54,322	98,601	296	29,383	2794	775,343
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2023	**36,527**	**545,359**	**8,061**	**54,322**	**98,601**	**296**	**29,383**	**2,794**	**775,343**
Indexation	(149)	18,686	225	0	0	0	0	0	18,762
Additions									
- purchased	0	4,721	0	57,463	6,614	0	6,845	278	75,921
- donated	0	5	0	0	29	0	9	0	43
- government granted	0	0	0	0	0	0	22	0	22
Transfer from/into other NHS bodies	0	0	0	0	(13)	0	0	0	(13)
Reclassifications	0	4,175	0	(4,175)	49	0	(49)	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	11,380	226	0	0	0	0	0	11,606
Impairments	(980)	(3,611)	0	0	0	0	0	0	(4,591)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(4,347)	(17)	(435)	0	(4,799)
At 31 March 2024	**35,398**	**580,715**	**8,512**	**107,610**	**100,933**	**279**	**35,775**	**3,072**	**872,294**
Depreciation at 31 March bf	0	56,264	714	1	64,434	274	16,489	1,310	**139,486**
NHS Wales Transfers	0	0	0	0	0	0	0	0	**0**
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	**0**
Depreciation at 1 April 2023	**0**	**56,264**	**714**	**1**	**64,434**	**274**	**16,489**	**1,310**	**139,486**
Indexation	0	885	21	0	0	0	0	0	**906**
Transfer from/into other NHS bodies	0	0	0	0	(8)	0	0	0	**(8)**
Reclassifications	0	0	0	0	49	0	(49)	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	(541)	0	0	0	0	0	0	**(541)**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	(4,340)	(17)	(435)	0	**(4,792)**
Provided during the year	0	16,868	314	0	8,305	8	4,813	287	**30,595**
At 31 March 2024	**0**	**73,476**	**1,049**	**1**	**68,440**	**265**	**20,818**	**1,597**	**165,646**
Net book value at 1 April 2023	**36,527**	**489,095**	**7,347**	**54,321**	**34,167**	**22**	**12,894**	**1,484**	**635,857**
Net book value at 31 March 2024	**35,398**	**507,239**	**7,463**	**107,609**	**32,493**	**14**	**14,957**	**1,475**	**706,648**
Net book value at 31 March 2024 comprises :									
Purchased	35,397	499,923	7,464	107,609	31,649	14	14,854	1,428	**698,338**
Donated	0	7,316	0	0	224	0	78	48	**7,666**
Government Granted	0	0	0	0	620	0	25	0	**645**
At 31 March 2023	**35,397**	**507,239**	**7,464**	**107,609**	**32,493**	**14**	**14,957**	**1,476**	**706,649**
Asset financing :									
Owned	34,927	505,767	4,951	107,609	32,493	14	14,957	1,475	**702,193**
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	**0**
On-SoFP PFI contracts	470	1,472	2,513	0	0	0	0	0	**4,455**
PFI residual interests	0	0	0	0	0	0	0	0	**0**
At 31 March 2024	**35,397**	**507,239**	**7,464**	**107,609**	**32,493**	**14**	**14,957**	**1,475**	**706,648**

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	545,645
Long Leasehold	4,455
Short Leasehold	0
	550,100

Valuers 'material uncertainty, in valuation. The disclosure relates to the materiality in the valuation report not the underlying account materiality. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

In 2023-24 indexation has been applied to the land and buildings based on indices received from the Valuation Office Agency No indexation has been applied to equipment.

11.1 Property, plant and equipment

2022-23	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	38,176	543,278	6,957	64,026	106,571	313	38,823	6,115	804,259
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2022	38,176	543,278	6,957	64,026	106,571	313	38,823	6,115	804,259
Indexation	(185)	16,225	105	0	0	0	0	0	16,145
Additions									
- purchased	0	6,942	0	58,590	3,842	0	2,711	239	72,324
- donated	0	0	0	0	111	0	0	3	114
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	354	67,940	0	(68,294)	0	0	0	0	0
Revaluations	234	(42,245)	(742)	0	0	0	0	0	(42,753)
Reversal of impairments	427	8,957	1,810	0	0	0	0	0	11,194
Impairments	(2,479)	(55,738)	(69)	0	0	0	0	0	(58,286)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(11,923)	(17)	(12,151)	(3,563)	(27,654)
At 31 March 2023	36,527	545,359	8,061	54,322	98,601	296	29,383	2,794	775,343
Depreciation at 31 March bf	0	102,867	1,329	11	68,049	283	23,761	4,543	200,843
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2022	0	102,867	1,329	11	68,049	283	23,761	4,543	200,843
Indexation	0	61	1	0	0	0	0	0	62
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	7	(7)	0	0	0	0	0	0	0
Revaluations	(7)	(61,426)	(961)	(10)	0	0	0	0	(62,404)
Reversal of impairments	0	(1,361)	0	0	0	0	0	0	(1,361)
Impairments	0	(203)	0	0	0	0	0	0	(203)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(11,923)	(17)	(12,151)	(3,546)	(27,637)
Provided during the year	0	16,333	345	0	8,308	8	4,879	313	30,186
At 31 March 2023	0	56,264	714	1	64,434	274	16,489	1,310	139,486
Net book value at 1 April 2022	38,176	440,411	5,628	64,015	38,522	30	15,062	1,572	603,416
Net book value at 31 March 2023	36,527	489,095	7,347	54,321	34,167	22	12,894	1,484	635,857
Net book value at 31 March 2023 comprises :									
Purchased	36,527	465,879	23,467	54,321	33,101	22	12,775	1,428	627,520
Donated	0	7,096	0	0	251	0	111	56	7,514
Government Granted	0	0	0	0	815	0	8	0	823
At 31 March 2023	36,527	472,975	23,467	54,321	34,167	22	12,894	1,484	635,857
Asset financing :									
Owned	36,042	471,490	21,024	54,321	34,167	22	12,894	1,484	631,444
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	485	1,485	2,443	0	0	0	0	0	4,413
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2023	36,527	472,975	23,467	54,321	34,167	22	12,894	1,484	635,857

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	528,556
Long Leasehold	4,413
Short Leasehold	0
	532,969

Valuers 'material uncertainty, in valuation. The disclosure relates to the materiality in the valuation report not the underlying account materiality. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11. Property, plant and equipment (continued)

Disclosures:

i) Donated and Granted Assets

Cwm Taf Morgannwg LHB has received the following donated and granted assets during the year:

Palliative care garden fence - YCC	£5k
Patient monitor for childrens ward - POWH	£12k
Breast Retractor System - RGH	£17k
Laptops for placement students	£23k
ICT equipment for spread and scale of AI	£6k
Granted laptop for substance misuse team	£1k
Total	£65k

ii) Valuations

The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation was prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

Indexation has been applied to the land and buildings in year based on indices received from the Valuation Office Agency . No indexation has been applied to equipment.

iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

iv) Compensation

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs

During 2023-24 the following impairments arose:

	£'000
The impairments as a result of bringing assets into use:	
RGH Electrical Infrastructure upgrade program	3,025
DEL impairment of POWH decant scheme initially designed by ABMU Health Board	45
Impairment of land due to indexation	1129
Reversal of impairments	(11,605)
Total impairments	(7,406)

vi) The LHB does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period

The clinic at Llwyn yr Eos in Church Village was sold in August 2023. There are no further assets held for sale at this time.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2023	**71**	**174**	**0**	**0**	**0**	**245**
Plus assets classified as held for sale in the year	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**
Less assets sold in the year	**(71)**	**(174)**	**0**	**0**	**0**	**(245)**
Add reversal of impairment of assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Less impairment of assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	**0**	**0**	**0**	**0**	**0**	**0**
Balance carried forward 31 March 2024	**0**	**0**	**0**	**0**	**0**	**0**
Balance brought forward 1 April 2022	134	321	0	0	0	**455**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	(63)	(147)	0	0	0	**(210)**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2023	71	174	0	0	0	**245**

11.3 Right of Use Assets

2023-24	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 31 March	1,986	20,042	510	0	1,973	237	926	0	25,674
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April	1,986	20,042	510	0	1,973	237	926	0	25,674
Additions	0	95	29	0	3,394	136	79	0	3,733
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	-84	84	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March	1,986	20,053	623	0	5,367	373	1,005	0	29,407
Depreciation at 31 March	18	1,673	107	0	490	154	232	0	2,674
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April	18	1,673	107	0	490	154	232	0	2,674
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	19	1,703	130	0	751	98	227	0	2,928
At 31 March	37	3,376	237	0	1,241	252	459	0	5,602
Net book value at 1 April	1,968	18,369	403	0	1,483	83	694	0	23,000
Net book value at 31 March	1,949	16,677	386	0	4,126	121	546	0	23,805

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
RoU Asset Total Value Split by Lessor									
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	343	0	186	0	0	0	0	0	529
Other Public Sector Market Value Leases	12	0	0	0	0	0	0	0	12
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	1,594	16,677	200	0	4,126	121	546	0	23,264
Total	1,949	16,677	386	0	4,126	121	546	0	23,805

11.3 Right of Use Assets

2022-23	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	**Total £000**
Cost or valuation at 31 March	0	0	0	0	0	0	0	0	**0**
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	**0**
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	**0**
Operating Leases Transitioning	391	19,819	368	0	1,473	225	926	0	**23,202**
Cost or valuation at 1 April	391	19,819	368	0	1,473	225	926	0	**23,202**
Additions	1,595	223	142	0	500	12	0	0	**2,472**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March	1,986	20,042	510	0	1,973	237	926	0	**25,674**
Depreciation at 31 March	0	0	0	0	0	0	0	0	**0**
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	**0**
Operating Leases Transitioning	0	0	0	0	0	0	0	0	**0**
Depreciation at 1 April	0	0	0	0	0	0	0	0	**0**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	18	1,673	107	0	490	154	232	0	**2,674**
At 31 March	18	1,673	107	0	490	154	232	0	**2,674**
Net book value at 1 April	391	19,819	368	0	1,473	225	926	0	**23,202**
Net book value at 31 March	1,968	18,369	403	0	1,483	83	694	0	**23,000**

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	**Total £000**
RoU Asset Total Value Split by Lessor									
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	**0**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	351	0	271	0	0	0	0	0	**622**
Other Public Sector Market Value Leases	22	0	0	0	0	0	0	0	**22**
Private Sector Peppercorn Leases	1,595	0	0	0	0	0	0	0	**1,595**
Private Sector Market Value Leases	0	18,369	132	0	1,483	83	694	0	**20,761**
Total	1,968	18,369	403	0	1,483	83	694	0	**23,000**

11.3 Right of Use Assets continued
Quantitative disclosures

	2023-24	2023-24	2023-24	2023-24	2022-23
Maturity analysis	**LAND**	**BUILDINGS**	**OTHER**	**TOTAL**	
Contractual undiscounted cash flows relating to lease liabilities	**£000**	**£000**	**£000**	**£000**	**£000**
Less than 1 year	11	1,832	842	2,685	2,592
2-5 years	0	6,687	2,873	9,560	8,258
> 5 years	2	9,576	1,540	11,118	11,399
Less finance charges allocated to future periods	-3	-1,139	-535	-1,677	-1,411
Total	**10**	**16,956**	**4,720**	**21,686**	**20,838**

Lease Liabilities (net of irrecoverable VAT)	**2023-24**	**2022-23**
Current	2,406	2,401
Non-Current	19,280	18,437
Total	**21,686**	**20,838**

Amounts Recognised in Statement of Comprehensive Net Expenditure	**2023-24**	**2022-23**
Depreciation	2,929	2,673
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	256	210
Sub-leasing income	0	0
Expense related to short-term leases	329	123
Expense related to low-value asset leases (excluding short-term leases)	287	249

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)		
Interest expense	-256	-210
Repayments of principal on leases	-2,883	-2,528
Total	**-3139**	**-2,738**

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 31 March bf	4,272	0	1,807	0	0	0	6,079
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU	0	0	0	0	0	0	0
Cost or valuation at 1 April 2023	4,272	0	1,807	0	0	0	6,079
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	6	0	0	0	0	0	6
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2024	4,278	0	1,807	0	0	0	6,085
Amortisation at 31 March bf	1,731	0	1,515	0	0	0	3,246
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU	0	0	0	0	0	0	0
Amortisation at 1 April 2023	1,731	0	1,515	0	0	0	3,246
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	718	0	29	0	0	0	747
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2024	2,449	0	1,544	0	0	0	3,993
Net book value at 1 April 2023	2,541	0	292	0	0	0	2,833
Net book value at 31 March 2024	1,829	0	263	0	0	0	2,092
At 31 March 2024							
Purchased	1,811	0	260	0	0	0	2,071
Donated	15	0	3	0	0	0	18
Government Granted	3	0	0	0	0	0	3
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2024	1,829	0	263	0	0	0	2,092

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 31 March bf	4391	0	2552	0	0	0	6943
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0
Cost or valuation at 1 April 2022	4,391	0	2,552	0	0	0	6,943
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	4	0	0	0	0	0	4
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(123)	0	(745)	0	0	0	(868)
Gross cost at 31 March 2023	4,272	0	1,807	0	0	0	6,079
Amortisation at 31 March bf	1,116	0	2,231	0	0	0	3,347
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0
Amortisation at 1 April 2022	1,116	0	2,231	0	0	0	3,347
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	738	0	29	0	0	0	767
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(123)	0	(745)	0	0	0	(868)
Amortisation at 31 March 2023	1,731	0	1,515	0	0	0	3,246
Net book value at 1 April 2022	3,275	0	321	0	0	0	3,596
Net book value at 31 March 2023	2,541	0	292	0	0	0	2,833
At 31 March 2023							
Purchased	2,505	0	289	0	0	0	2,794
Donated	27	0	3	0	0	0	30
Government Granted	9	0	0	0	0	0	9
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2023	2,541	0	292	0	0	0	2,833

Additional disclosures re Intangible Assets

Disclosures:

i) Donated Assets
CTM University LHB has not received any donated intangible assets during the year.

ii) Recognition
Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives
The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of LHB professionals and Finance staff.

iv) Additions during the period
Additions in 23/24 were for software

v) Disposals during the period
There were no disposals of intangible assets in the period

13 . Impairments

	2023-24 Property, plant & equipment £000	2023-24 Right of Use Assets £000	2023-24 Intangible assets £000	2022-23 Property, plant & equipment £000	2022-23 Right of Use Assets £000	2022-23 Intangible assets £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	45	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	4,155	0	0	61,488	0	0
Reversal of Impairments	(11,606)	0	0	(12,555)	0	0
Total of all impairments	(7,406)	0	0	48,933	0	0
Analysis of impairments charged to reserves in year :						
Charged to the Statement of Comprehensive Net Expenditure	(7,555)	0	0	45,528	0	0
Impairments as a result of revaluation/indexation Charged to Revaluation Reserve	149	0	0	3,405	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
	(7,406)	0	0	48,933	0	0

Please see detail of impairments in note 11 - Property, Plant & Equipment

14.1 Inventories

	31 March 2024	31 March 2023
	£000	£000
Drugs	3,450	3,296
Consumables	3,729	3,520
Energy	188	201
Work in progress	0	0
Other	0	0
Total	7,367	7,017
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2024	31 March 2023
	£000	£000
Inventories recognised as an expense in the period	5	64
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	5	64

15. Trade and other Receivables

Current	31 March 2024 £000 CT activities	31 March 2024 £000	31 March 2023 £000 CT activities	31 March 2023 £000
Welsh Government	3,408	3,408	1,497	1,497
WHSSC / EASC	508	0	1,283	0
Welsh Health Boards	3,562	25,158	4,377	17,766
Welsh NHS Trusts	3,988	4,733	4,423	5,129
Welsh Special Health Authorities	993	993	619	630
Non - Welsh Trusts	270	1,024	278	3,314
Other NHS	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	4	4	14	14
Welsh Risk Pool Claim reimbursement;				
NHS Wales Secondary Health Sector	38,436	38,436	35,612	35,612
NHS Wales Primary Sector FLS Reimbursement	623	623	5	5
NHS Wales Redress	748	748	886	886
Other	0	0	0	0
Local Authorities	8,886	8,886	13,501	13,501
Capital receivables - Tangible	0	0	3	3
Capital receivables - Intangible	0	0	0	0
Other receivables	10,794	10,804	7,891	9,334
Provision for irrecoverable debts	(3,716)	(3,716)	(2,922)	(2,922)
NHS Pension Prepayments	0	0	0	0
NEST Pension Repayments	0	0	0	0
Other prepayments	9,107	9,268	6,641	6,819
Other accrued income	124	124	514	514
Sub total	**77,735**	**100,493**	74,622	92,102
Non-current				
Welsh Government	0	0	0	0
WHSSC / EASC	0	0	0	0
Welsh Health Boards	0	0	0	0
Welsh NHS Trusts	0	0	0	0
Welsh Special Health Authorities	0	0	0	0
Non - Welsh Trusts	0	0	0	0
Other NHS	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	543	543	484	484
Welsh Risk Pool Claim reimbursement;				
NHS Wales Secondary Health Sector	66,648	66,648	47,110	47,110
NHS Wales Primary Sector FLS Reimbursement	0	0	0	0
NHS Wales Redress	0	0	0	0
Other	0	0	0	0
Local Authorities	0	0	0	0
Capital receivables - Tangible	0	0	0	0
Capital receivables - Intangible	0	0	0	0
Other receivables	0	0	0	0
Provision for irrecoverable debts	0	0	0	0
NHS Pension Prepayments	0	0	0	0
NEST Pension Repayments	0	0	0	0
Other prepayments	0	0	14	14
Other accrued income	0	0	0	0
Sub total	**67,191**	**67,191**	47,608	47,608
Total	**144,926**	**167,684**	122,230	139,710

15. Trade and other Receivables

	31 March 2024 £000 CT activities	31 March 2024 £000	31 March 2023 £000 CT activities	31 March 2023 £000
Receivables past their due date but not impaired				
By up to three months	**2,633**	**2,633**	2,894	2,900
By three to six months	**385**	**387**	1,094	1,095
By more than six months	**877**	**883**	1,037	1,041
	3,895	**3,903**	5,025	5,036
Expected Credit Losses (ECL) / Provision for impairment of receivables				
Balance at 1 April	**(2,922)**	**(2,922)**	(2,733)	(2,733)
Transfer from other NHS Wales body	**0**	**0**	0	0
Amount written off during the year	**3**	**0**	4	4
Amount recovered during the year	**0**	**0**	0	0
(Increase) / decrease in receivables impaired	**(797)**	**0**	(193)	(193)
Bad debts recovered during year	**0**	**0**	0	0
Balance at 31 March	**(3,716)**	**(2,922)**	(2,922)	(2,922)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT				
Trade receivables	**0**	**0**	0	0
Other	**1,414**	**0**	2,538	2,538
Total	**1,414**	**0**	2,538	2,538

16. Other Financial Assets

	Current		Non-current	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£000	£000	**£000**	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Deposits	**0**	0	**0**	0
Loans	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other				
Right of Use Asset Finance Sublease	**0**	0	**0**	0
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Total	**0**	0	**0**	0

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2023-24**	**2022-23**
RoU Sub-leasing income	0	0

17. Cash and cash equivalents

	2023-24	**2023-24**	2022-23	2022-23
	£000	**£000**	£000	£000
	CT activities		CT activities	
Balance at 1 April	**1,348**	**19,256**	438	37,548
Net change in cash and cash equivalent balances	**137**	**(2,751)**	910	(18,292)
Balance at 31 March	**1,485**	**16,505**	1,348	19,256
Made up of:				
Cash held at GBS	**1,339**	**16,359**	1,301	19,209
Commercial banks	**94**	**94**	20	20
Cash in hand	**52**	**52**	27	27
Cash Total	**1,485**	**16,505**	1,348	19,256
Current Investments	**0**	**0**	0	0
Cash and cash equivalents as in Statement of Financial Position	**1,485**	**16,505**	1,348	19,256
Bank overdraft - GBS	**0**	**0**	0	0
Bank overdraft - Commercial banks	**0**	**0**	0	0
Cash and cash equivalents as in Statement of Cash Flows	**1,485**	**16,505**	1,348	19,256

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £nil
Lease Liabilities (short-term and low value leases) £nil
PFI liabilities £173k

The movement relates to cash, no comparative information is required by IAS 7 in 2023-24.

18. Trade and other payables

Current	**31 March 2024 £000 CT activities**	**31 March 2024 £000**	31 March 2023 £000 CT activities	31 March 2023 £000
Welsh Government	**61**	**61**	0	0
WHSSC / EASC	**4,082**	**0**	3,271	0
Welsh Health Boards	**5,900**	**24,985**	5,076	16,260
Welsh NHS Trusts	**3,073**	**3,987**	148	(1,539)
Welsh Special Health Authorities	**1,315**	**1,315**	83	84
Other NHS	**1,669**	**25,694**	1,713	31,005
Taxation and social security payable / refunds	**0**	**82**	0	93
Refunds of taxation by HMRC	**0**	**0**	0	0
VAT payable to HMRC	**0**	**0**	0	0
Other taxes payable to HMRC	**497**	**497**	5,232	5,232
NI contributions payable to HMRC	**530**	**614**	7,876	7,967
Non-NHS payables revenue	**15,070**	**20,024**	8,699	11,981
Local Authorities	**14,762**	**14,762**	15,983	15,983
Capital Creditors-Tangible	**7,410**	**7,410**	7,130	7,130
Capital Creditors- Intangible	**12**	**12**	0	0
Overdraft	**0**	**0**	0	0
Rentals due under operating leases	**0**	**0**	0	0
RoU Lease Liability	**2,406**	**2,406**	2,401	2,401
Obligations under finance leases, HP contracts			0	0
Imputed finance lease element of on SoFP PFI contracts	**179**	**179**	173	173
Impact of IFRS 16 on SoFP PFI contracts	**82**	**82**	0	0
Pensions: staff	**9,420**	**9,420**	8,750	8,750
Non NHS Accruals	**85,831**	**90,342**	82,518	90,400
Deferred Income:				
Deferred Income brought forward	**2,057**	**2,057**	1,000	1,000
Deferred Income Additions	**1,567**	**1,567**	1,965	1,965
Transfer to / from current/non current deferred income	**0**	**0**	0	0
Released to SoCNE	**(1,743)**	**(1,743)**	(908)	(908)
Other creditors	**5,743**	**5,743**	17,945	17,945
PFI assets –deferred credits	**0**	**0**	0	0
Payments on account	**0**	**2**	0	3
Total	**159,923**	**209,498**	169,055	215,925
Non-current				
Welsh Government	**0**	**0**	0	0
WHSSC / EASC	**0**	**0**	0	0
Welsh Health Boards	**0**	**0**	0	0
Welsh NHS Trusts	**0**	**0**	0	0
Welsh Special Health Authorities	**0**	**0**	0	0
Other NHS	**0**	**0**	0	0
Taxation and social security payable / refunds	**0**	**0**	0	0
Refunds of taxation by HMRC	**0**	**0**	0	0
VAT payable to HMRC	**0**	**0**	0	0
Other taxes payable to HMRC	**0**	**0**	0	0
NI contributions payable to HMRC	**0**	**0**	0	0
Non-NHS payables revenue	**0**	**0**	0	0
Local Authorities	**0**	**0**	0	0
Capital Creditors-Tangible	**0**	**0**	829	829
Capital Creditors- Intangible	**0**	**0**	0	0
Overdraft	**0**	**0**	0	0
Rentals due under operating leases	**0**	**0**	0	0
RoU Lease Liability	**19,280**	**19,280**	18,437	18,437
Obligations under finance leases, HP contracts			0	0
Imputed finance lease element of on SoFP PFI contracts	**624**	**624**	803	803
Impact of IFRS 16 on SoFP PFI contracts	**309**	**309**	0	0
Pensions: staff	**0**	**0**	0	0
Non NHS Accruals	**0**	**0**	0	0
Deferred Income :				
Deferred Income brought forward	**0**	**0**	0	0
Deferred Income Additions	**0**	**0**	0	0
Transfer to / from current/non current deferred income	**0**	**0**	0	0
Released to SoCNE	**0**	**0**	0	0
Other creditors	**0**	**0**	0	0
PFI assets –deferred credits	**0**	**0**	0	0
Payments on account	**0**	**0**	0	0
Sub Total	**20,213**	**20,213**	20,069	20,069
Total	**180,136**	**229,711**	189,124	235,994

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

19. Other financial liabilities

	Current		Non-current	
Financial liabilities	**31 March 2024**	31 March 2023	**31 March 2024**	31 March 2023
	£000	£000	**£000**	£000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

2023-24	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	23,417	(774)	(4,030)	9,805	12,850	(2,583)	(10,682)	0	28,003
Primary care	0	0	0	0	575	0	0	0	575
Redress Secondary care	336	0	(177)	0	375	(154)	(45)	0	335
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	525	0	(47)	655	588	(778)	28	0	971
All other losses and special payments	0	0	0	0	807	(807)	0	0	0
Defence legal fees and other administration	1,486	0	0	324	1,317	(735)	(504)	0	1,888
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	36			26	240	(279)	0	0	23
2019-20 Scheme Pays - Reimbursement	0			8	4	(8)	0	0	4
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,880		0	0	719	(153)	(452)		1,994
Total	27,680	(774)	(4,254)	10,818	17,475	(5,497)	(11,655)	0	33,793
Non Current									
Clinical negligence:-									
Secondary care	46,257	0	0	(9,805)	31,485	(2,006)	(2,118)	0	63,813
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,018	0	0	(655)	78	(20)	0	69	3,490
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,352	0	0	(324)	382	(165)	(108)		1,137
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	38			(26)	(2)	0	0	1	11
2019-20 Scheme Pays - Reimbursement	499			(8)	52	0	0	0	543
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	52,164	0	0	(10,818)	31,995	(2,191)	(2,226)	70	68,994
TOTAL									
Clinical negligence:-									
Secondary care	69,674	(774)	(4,030)	0	44,335	(4,589)	(12,800)	0	91,816
Primary care	0	0	0	0	575	0	0	0	575
Redress Secondary care	336	0	(177)	0	375	(154)	(45)	0	335
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,543	0	(47)	0	666	(798)	28	69	4,461
All other losses and special payments	0	0	0	0	807	(807)	0	0	0
Defence legal fees and other administration	2,838	0	0	0	1,699	(900)	(612)	0	3,025
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	74			0	238	(279)	0	1	34
2019-20 Scheme Pays - Reimbursement	499			0	56	(8)	0	0	547
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,880		0	0	719	(153)	(452)	0	1,994
Total	79,844	(774)	(4,254)	0	49,470	(7,688)	(13,881)	70	102,787

Expected timing of cash flows:

	In year to 31 March 2025	Between 1 April 2025 31 March 2029	Thereafter	Total
Clinical negligence:-	£000	£000	£000	£000
Secondary care	28,003	63,813	0	91,816
Primary care	575	0	0	575
Redress Secondary care	335	0	0	335
Redress Primary care	0	0	0	0
Personal injury	971	1,244	2,246	4,461
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,888	1,137	0	3,025
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	23	11	0	34
2019-20 Scheme Pays - Reimbursement	4	33	510	547
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	1,994	0	0	1,994
Total	33,793	66,238	2,756	102,787

The expected timing of cashflows are based on best available information; but they could change on the basis of individual case changes.
The Legal & Risk Service (part of the NHS Wales Shared Service Partnership) provide details of Clinical Negligence and personal Injury cases including estimated settlement amounts and the timing of the cashflow.

The provision for Permanent Injury Benefit is supplied by NHS Pensions Agency.

Other provisions include £325k for Continuing Healthcare restrospective claims.

The Health Board estimates that it will receive £93,703k from the Welsh Risk Pool in respect of losses and special payments cases (including Clinical Negligence, Redress and Personal Injury). In addition to the provisions shown above, contingent liabilities are given in Note 21.1 Contingent Liabilities.

20. Provisions (continued)

2022-23	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	21,016	0	(4,336)	10,294	18,026	(5,221)	(16,362)	0	23,417
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	205	0	(170)	0	836	(330)	(205)	0	336
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	783	0	(65)	352	512	(746)	(311)	0	525
All other losses and special payments	1,750	0	0	0	1,712	(2,546)	(916)	0	0
Defence legal fees and other administration	1,625	0	0	(5)	1,690	(722)	(1,102)		1,486
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	97			1	213	(275)	0	0	36
2019-20 Scheme Pays - Reimbursement	9			0	0	(9)	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,927		0	0	1,223	(811)	(459)		1,880
Total	27,412	0	(4,571)	10,642	24,212	(10,660)	(19,355)	0	27,680
Non Current									
Clinical negligence:-									
Secondary care	41,670	0	0	(10,294)	16,881	(226)	(1,774)	0	46,257
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,791	0	0	(352)	(1,162)	(145)	(33)	(81)	4,018
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,117	0	0	5	482	(74)	(178)		1,352
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	43			(1)	(2)	0	0	(2)	38
2019-20 Scheme Pays - Reimbursement	934			0	0	(435)	0	0	499
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	49,555	0	0	(10,642)	16,199	(880)	(1,985)	(83)	52,164
TOTAL									
Clinical negligence:-									
Secondary care	62,686	0	(4,336)	0	34,907	(5,447)	(18,136)	0	69,674
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	205	0	(170)	0	836	(330)	(205)	0	336
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	6,574	0	(65)	0	(650)	(891)	(344)	(81)	4,543
All other losses and special payments	1,750	0	0	0	1,712	(2,546)	(916)	0	0
Defence legal fees and other administration	2,742	0	0	0	2,172	(796)	(1,280)		2,838
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	140			0	211	(275)	0	(2)	74
2019-20 Scheme Pays - Reimbursement	943			0	0	(444)	0	0	499
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	1,927		0	0	1,223	(811)	(459)		1,880
Total	76,967	0	(4,571)	0	40,411	(11,540)	(21,340)	(83)	79,844

21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts :	**2023-24 £000**	2022-23 £000
Legal claims for alleged medical or employer negligence;		
Secondary Care	**259,795**	274,210
Primary Care	**1,621**	648
Secondary Care Redress	**1,722**	1,239
Primary Care Redress	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**2,726**	2,811
Continuing Health Care costs	**476**	241
Other	**25**	0
Total value of disputed claims	**266,365**	279,149
Amounts (recoverable) in the event of claims being successful	**(263,198)**	(275,170)
Net contingent liability	**3,167**	3,979

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them.

Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents.

Liabilities for continuing healthcare costs continue to reduce following periods of increasing volume of claims after the introduction of deadlines and cut off dates by Welsh Government commencing on the 31st July 2014. The contingenct liability reflects claims that have been received by the LHB at the 31st March 2023.

Cwm Taf LHB is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note 20 sets out the £0.325m provision made for probable continuing care costs relating to 32 claims received;

Note 21.1 sets out the £0.476m contingent liability for possible continuing care costs relating to 29 claim received.

21.2 Remote Contingent liabilities

	2023-24	2022-23
	£000	£000
Please disclose the values of the following categories of remote contingent liabilities :		
Guarantees	0	0
Indemnities	298	187
Letters of Comfort	0	0
Total	**298**	**187**

21.3 Contingent assets

	2023-24	2022-23
	£000	£000
No contingent assets	0	0
	0	0
	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March	2023-24	2022-23
The disclosure of future capital commitments not already disclosed as liabilities in the accounts.		
	£000	£000
Property, plant and equipment	79,105	107,544
Right of Use Assets	0	0
Intangible assets	0	0
Total	**79,105**	107,544

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note are prepared on a cash basis.

Gross loss to the Exchequer

23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2024	
	Number	£
Clinical negligence	172	9,288,747
Personal injury	63	883,347
All other losses and special payments	299	790,607
Total	534	10,962,701

23.2 Analysis of number of cases and associated amounts paid out during the financial year

	Case Type	In year claims in excess of £300,000		Cumulative amount
Cases in excess of £300,000:		**Number**	**£**	**£**
10RYLMN0014	Clinical Negligence	1	1,461,500.00	1,504,516.00
20RYLMN0129	Clinical Negligence	1	975,429.96	1,145,000.00
13RYLMN0096	Clinical Negligence	1	700,000.00	2,250,000.00
12RYLMN0037	Clinical Negligence	1	475,000.00	5,750,000.00
24RYLEM0004	Employment Matter	1	443,022.00	443,022.00
20RYLMN0033	Clinical Negligence	1	413,643.31	413,643.31
12RYLMN0004	Clinical Negligence	1	400,300.00	3,335,822.65
20RYLMN0109	Clinical Negligence	1	330,583.99	340,583.99
20RYLMN0116	Clinical Negligence	1	323,611.80	403,800.00
		No of cases	**£**	**£**
Sub-total		**9**	**5,523,091**	**15,586,388**
All other cases paid in year		525	5,439,610	14,057,539
Total cases paid in year		**534**	**10,962,701**	**29,643,927**

23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number	£
Cumulative amount up to £300k	123	4,342,287
Cumulative amount greater than £300k	13	11,989,482
Total	**136**	**16,331,769**

24. Right of Use leases obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset :

2023-24	LAND 31 March 2024 £000	BUILDINGS 31 March 2024 £000	OTHER 31 March 2024 £000	TOTAL 31 March 2024 £000
Minimum lease payments				
Within one year	11	1,832	842	2,685
Between one and five years	0	6,687	2,873	9,560
After five years	2	9,576	1,540	11,118
Less finance charges allocated to future periods	(3)	(1,139)	(535)	(1,677)
Minimum lease payments	10	16,956	4,720	21,686
Included in:				
Current borrowings	10	1,674	721	2,405
Non-current borrowings	3	15,278	4,000	19,281
	13	16,952	4,721	21,686
Present value of minimum lease payments				
Within one year	10	1,674	721	2,405
Between one and five years	0	6,221	2,558	8,779
After five years	3	9,056	1,442	10,501
Present value of minimum lease payments	13	16,951	4,721	21,685
Included in:				
Current borrowings	10	1,674	721	2,405
Non-current borrowings	3	15,278	4,000	19,281
	13	16,952	4,721	21,686

Amounts payable under right of use asset :

2022-23	LAND 31 March 2023 £000	BUILDINGS 31 March 2023 £000	OTHER 31 March 2023 £000	TOTAL 31 March 2023 £000
Minimum lease payments				
Within one year	11	1,872	709	2,592
Between one and five years	11	7,005	1,242	8,258
After five years	49	10,971	379	11,399
Less finance charges allocated to future periods	(47)	(1,306)	(58)	(1,411)
Minimum lease payments	24	18,542	2,272	20,838
Included in:				
Current borrowings	11	1,700	691	2,402
Non-current borrowings	13	18,542	1,581	20,136
	24	20,242	2,272	22,538
Present value of minimum lease payments				
Within one year	11	1,700	691	2,402
Between one and five years	10	6,479	1,206	7,695
After five years	3	10,363	375	10,741
Present value of minimum lease payments	24	18,542	2,272	20,838
Included in:				
Current borrowings	11	1,700	691	2,402
Non-current borrowings	13	16,842	1,581	18,436
	24	18,542	2,272	20,838

24.2 Right of Use Assets lease receivables (as lessor)

Amounts receivable under right of use assets leases:	**2023-24 31 March 2024**	2022-23 31 March 2023
Gross Investment in leases	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2024	31 March 2023
	£000	£000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	£000
Staff Residences - Royal Glamorgan Hospital	2,983
Contract start date:	09/10/1998
Contract end date:	21/09/2028

Scheme Description

The staff residences scheme covers the design, build, financing and operation of staff accommodation on the Royal Glamorgan Hospital site. The Health Board entered into a project agreement with Charter Housing Association on the 9th October 1998.

	£000
Combined Heat and Power Plant-Prince Charles Hospital	1,472
Contract start date:	01/04/2004
Contract end date:	31/03/2029

The contract is for the installation, operation, maintenance and ownership of a Combined Heat and Power plant and the complete management and operation of a central boiler plant installation, light fittings and building management system on the Prince Charles Hospital site.

The contract includes performance guarantees for the supply of hot water and electricity.

The charging structure requires the Health Board to pay for heat (in the form of hot water) created from the electricity generated by the Combined Heat and Power plant being supplied free of charge to the Health Board.

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2024 £000	On SoFP PFI Imputed interest 31 March 2024 £000	On SoFP PFI Service charges 31 March 2024 £000
Total payments due within one year	261	31	675
Total payments due between 1 and 5 years	933	45	2,451
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	1,194	76	3,126

	On SoFP PFI Capital element 31 March 2023 £000	On SoFP PFI Imputed interest 31 March 2023 £000	On SoFP PFI Service charges 31 March 2023 £000
Total payments due within one year	173	25	536
Total payments due between 1 and 5 years	749	45	2,143
Total payments due thereafter	54	1	659
Total future payments in relation to PFI contracts	976	71	3,338

	31 March 2024 £000
Total present value of obligations for on-SoFP PFI contracts	4,395

25.3 Charges to expenditure	2023-24	2022-23
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	675	536
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	675	536

The LHB is committed to the following annual charges

PFI scheme expiry date:	31 March 2024 £000	31 March 2023 £000
Not later than one year	0	0
Later than one year, not later than five years	675	0
Later than five years	0	536
Total	675	536

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	2	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract	On / Off-statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0
PFI Contract	
Staff residences, Royal Glamorgan Hospital	On
Combined heat and power plant, Prince Charles Hospital	On

25.5 The LHB has no Public Private Partnerships

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk
The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk
LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations

Credit risk
Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk
The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2023-24 £000 CT activities	2023-24 £000	2022-23 £000 CT activities	2022-23 £000
(Increase)/decrease in inventories	(350)	(350)	(161)	(161)
(Increase)/decrease in trade and other receivables - non-current	(19,583)	(19,583)	(4,392)	(4,392)
(Increase)/decrease in trade and other receivables - current	(3,113)	(8,391)	16,949	13,203
Increase/(decrease) in trade and other payables - non-current	144	144	19,093	19,093
Increase/(decrease) in trade and other payables - current	(9,132)	(6,427)	(13,214)	(28,670)
Total	(32,034)	(34,607)	18,275	(927)
Adjustment for accrual movements in fixed assets - creditors	537	537	(19,568)	(19,568)
Adjustment for accrual movements in fixed assets - debtors	(3)	(3)	3	3
Adjustment for accrual movements in right of use assets - creditors	(848)	(848)	0	0
Adjustment for accrual movements in right of use assets - debtors	0	0	0	0
Other adjustments	(218)	(218)	172	172
	(32,566)	(35,139)	(1,118)	(20,320)

28. Other cash flow adjustments

	2023-24 £000 CT activities	2023-24 £000	2022-23 £000 CT activities	2022-23 £000
Depreciation	33,524	33,524	30,186	30,186
Amortisation	747	747	767	767
(Gains)/Loss on Disposal	(44)	(44)	(76)	(76)
Impairments and reversals	(7,555)	(7,555)	45,528	45,528
Release of PFI deferred credits	0	0	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0	0	0
Covid assets received credited to revenue but non-cash	0	0	0	0
Donated assets received credited to revenue but non-cash	(43)	(43)	(114)	(114)
Government Grant assets received credited to revenue but non-cash	(22)	(22)	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	0	(1,592)	(1,592)
Non-cash movements in right of use assets	0	0	0	0
Non-cash movements in provisions	30,911	30,631	14,417	14,417
Other movements	28,823	28,823	28,730	28,730
Total	86,341	86,061	117,846	117,846

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 11/07/2024; post the date the financial statements were certified by the Auditor General for Wales.

Medical Pay Awards

NHS Wales bodies were notified on 28th June 2024 of the revised pay arrangements for employees covered by medical and dental terms and conditions of service in Wales, which will be funded by Welsh Government. The arrangements are confirmed in the following pay letters:

- Pay Letter M&D(W) 04/24 applying to junior doctors. This confirms an overall 12.4% pay award backdated to 1 April 2023 and includes the 5% pay award already implemented and recognised in the accounts for 2023-24.
- Pay Letter M&D(W) 02/24 confirms the reform of the consultant (amended Welsh contract) pay scale from 1 January 2024.
- Pay Letter M&D(W) 03/24 confirms the pay scales applicable from 1 January 2024 for medical and dental consultants employed on national terms and conditions on the 2021 Specialty and Specialist contracts and the closed 2008 Associate Specialist contract in Wales.

The additional 7.4% for junior doctors, and the increases for consultants and specialists have not been recognised in the 2023-24 financial statements because the obligating event was the publication of the pay circular issued on 28 June 2024. These costs will be accounted for in the 2024-25 Annual Accounts.

NHS Wales Joint Commissioning Committee

From 1st April 2024 the Joint Committees of WHSSC and EASC ceased to exist. In their place is a new commissioning committee of LHBSs to be known as the NHS Wales Joint Commissioning Committee.

The NWJCC was established in response to the findings of an independent review commissioned by Welsh Government into the national commissioning arrangements undertaken by the Emergency Ambulance Services Committee and the Welsh Health Specialised Services Committee .

From 1st April 2024, the NWJCC replaces EASC and WHSSC and will assume responsibility for the services previously commissioned by these committees, together with the commissioning of NHS 111 Wales services, and the Sexual Assault Referral Centres for Wales.

This new committee was created under Welsh Government Directive, Welsh Statutory Instruments 2024 No 135 (W.29) National Health Service Wales. The National Health Service Joint Commissioning Committee (Wales) Regulations 2024, Welsh Subordinate Legislation WG24-06 National Health Service Wales ; The National Health Service Joint Commissioning Committee (Wales) Directions 2024, makes provision for the establishment of the JCC and revokes the previous WHSSC and EASC Directions.

All assets and liabilities of WHSSC and EASC transferred on 1st April 2024.

30. Related Party Transactions

During the year none of the Board members or members of the key management staff or parties related to them has undertaken any material transactions with the Local Health Board.

The Welsh Government is regarded as a related party. During the year Cwm Taf Morgannwg University Local Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body namely:

	2023-24 Expenditure Including Capital £000	2023-24 Income Including Capital £000	2023-24 Creditors Including Capital £000	2023-24 Debtors Including Capital £000
Welsh Assembly Government	65	1,433,168	61	3,408
WHSSC (see below)	158,885	12,506	4,082	508
NHS Trusts				
Public Health Wales	1,947	4,613	512	713
Velindre	69,376	11,777	2,310	3,269
Welsh Ambulance Services	698	56	251	6
Local Health Boards				
Aneurin Bevan	2,657	22,114	1,088	1,704
Betsi Cadwaladwr	156	302	42	51
Cardiff & Vale	42,550	18,341	2,653	239
Hywel Dda	608	991	28	156
Powys	11	6,337	9	1,014
Swansea Bay	41,338	27,393	2,081	398
Special Health Authority				
HEIW	85	15,693	24	724
DHCW	6,293	1,396	1,290	270
TOTAL	324,669	1,554,687	14,431	12,460

In addition, the Local Health Board has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with:

	Expenditure	Income	Creditors	Debtors
Bridgend County Borough Council	8,822	1,583	3,899	(577)
Rhondda Cynon Taf County Borough Council	17,067	23,563	9,422	5,381
Merthyr Tydfil County Borough Council	2,111	2,134	1,428	826

The LHB has also received revenue payments from Cwm Taf Morgannwg NHS Charitable Funds totalling £0.485m (£0.481m in 2022-23) and capital contributions totalling £0.034m (£0.111m in 2022-23). The Trustees for which are also members of the Board.

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Interests
Jayne Sadgrove	Vice Chair (to 31.08.23)	Senior Professional Fellow, Cardiff University
Kath Palmer	Vice Chair	Natural Resources Wales – Board member and Chair of Audit, Risk and Assurance committee.
		Interim CEO Cynon Taf Community Housing Group. Cwm Taf Care and Repair is a subsidiary of Cynon Taf Community Housing Group
Dilys Jouvenat	Independent Member	Chair of Rhondda Cynon Taff Citizens Advice
		Trustee of Interlink
		Trustee Rhondda Cynon Taff Citizens Advice
Mel Jehu	Independent Member	Trustee, Safer Merthyr Tydfil.
		Independent Member - Merthyr Tydfil County Borough Council Standards Committee
Carolyn Donoghue	Independent Member	Chair - Welsh Wound Innovation Centre
		Independent Governor University West of England
		Senior Professional Fellow - Cardiff University
		Appointed as Independent Member on the Welsh Health Specialised Services Committee
Lynda Thomas	Independent Member	Trustee of Age UK
Geraint Hopkins	Independent Member	Elected Member, Rhondda Cynon Taf County Borough Council
Greg Dix	Executive Nurse Director	Board Director - Welsh Wound Innovation Centre
		Visiting Professor, University of South Wales
Linda Prosser	Executive Director of Strategy & Transformation	Son - Chief Operating Officer Salisbury NHS Foundation Trust
Philip Daniels	Interim Executive Director of Public Health	Board Member / Welsh Chair - Faculty of Public Health
Lisa Curtis Jones	Associate Member	Statutory Director of Social Services in Merthyr Tydfil County Borough Council
Anne Morris	Associate Member (SRG)	Deputy Chief Executive - Interlink RCT
Sharon Richards	Associate Member	Chief Officer of Voluntary Action Merthyr Tydfil

Total value of transactions with these related parties:

	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Age UK	329	2	0	2
Cardiff University	296	170	(3)	75
Cwm Taf Care & Repair	354	0	59	0
Faculty of Public Health	11	0	0	0
Interlink RCT	591	0	36	0
Natural Resources Wales	2	0	0	0
Rhondda Cynon Taf Citizens Advice	13	0	0	0
Safer Merthyr Tydfil	109	0	0	0
Salisbury NHS Foundation Trust	49	0	0	0
University Of South Wales	195	213	59	123
University West of England	8	0	0	0
Welsh Wound Innovation Centre	85	0	0	4

30. Related Party Transactions (continued)

Welsh Health Specialised Services and Emergency Ambulance Services

WHSSC and EASC are sub-committees of each of the 7 Local Health Boards in Wales. Therefore, any related transaction would form part of each LHB's statutory financial statements. Whilst the committees have executive teams these are not executive directors and they are employed by Cwm Taf Morgannwg LHB as the host organisation.

During 2023/2024, the Joint Committees adopted a risk sharing approach which is applied to all financial transactions. In accordance with the Standing Orders, the Joint Committees must agree a total budget to plan and secure the relevant services delegated to them. The Joint Committees must also agree the appropriate contribution of funding required from each LHB.

Each LHB will be required to make available to the Joint Committees the level of funds outlined in the annual plan.

The plan will include the risk sharing income received from each LHB during 2023/2024 as per Note 4,
Expenditure incurred by WHSSC and EASC with providers of tertiary and specialist services is as per Note 3.2 and analysed in the Segmental Analysis in Note 33.
Running costs, staffing and admin expenditure incurred with other NHS Wales organisations has been extracted from Note 3.3 but does not encompass the total of all running costs, the majority of which are transactions with organisations outside NHS Wales or are staff costs.
Velindre and The Welsh Ambulance Service are included as providers only, as both are merely associate members of the Committees and do not have voting rights.

	Income	Expenditure	Running costs		Debtor	Creditor
	£000's	£000's	£000's		£000's	£000's
Cardiff and Vale UHB	177,278	355,165	56		5,148	8,642
Aneurin Bevan UHB	208,689	13,904	45		4,681	2,911
Betsi Cadwalladr UHB	243,093	51,636			6,362	1,936
Swansea Bay UHB	134,543	143,521	25		2,473	5,087
Cwm Taf Morgannwg UHB	158,885	11,924	581		4,083	508
Hywel Dda UHB	129,259	3,289	102		2,316	362
Powys Teaching HB	52,787	54	57		615	147
Public Health Wales NHS Trust	0	232	0		0	82
Velindre NHS Trust	217	59,884	0		217	785
Welsh Ambulance Services NHS Trust	50	243,588	0		528	47
	1,104,801	**883,197**	**866**	**0**	**26,423**	**20,507**

Members of the Joint Committees for 2023-2024

LHB Chief Executives have voting rights on the committee while Trust Chief Executives are associate members only

During 2023/2024 WHSSC and EASC have entered into material transactions with the organisations represented as listed above

			HB/Trust Related Party	Other Declared Related Party Organisation	Relationship Declared	Value of Transactions in 2023-2024
Nicola Prygodzicz	Member WHSSC & EASC		Chief Executive Aneurin Bevan UHB			
Hayley Thomas	Member WHSSC & EASC	From May 2023	Interim Chief Executive Powys Teaching HB			
		From February 2024	Chief Executive Powys Teaching HB			
Carol Shillabeer	Member WHSSC & EASC	Until May 2023	Chief Executive Powys			
		From May 2023	Interim Chief Executive Betsi Cadwaladr UHB			
		from February 2024	Chief Executive Betsi Cadwaladr UHB			
Paul Mears	Member WHSSC & EASC		Chief Executive Cwm Taf Morgannwg UHB			
Steve Moore	Member WHSSC & EASC	Until end January 2024	Chief Executive Hywel Dda UHB			
Philip Kloer	Member WHSSC & EASC	From February 2024	Interim Chief Executive Hywel Dda UHB			
Mark Hackett	Member WHSSC & EASC	Until 31 August 2023	Interim Chief Executive Swansea Bay UHB	Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Spouse is a Non Executive Director	£767k including £138k outstanding on March 31st 2024
Richard Evans	Member WHSSC & EASC	From September 2023	Interim Chief Executive Swansea Bay UHB			
Suzanne Rankin	Member WHSSC & EASC		Chief Executive Cardiff and Vale UHB	Cardiff University	University Council, Lay Member	£3.648m including £605k outstanding on March 31st 2024

The following are Associate Members of the Joint Committees and therefore have no voting rights.

Tracey Cooper	Associate Member WHSSC & EASC		Chief Executive Public Health Wales NHS Trust,
Steve Ham	Associate Member WHSSC & EASC		Chief Executive Velindre NHS Trust
Jason Killens	Associate Member EASC		Chief Executive, Welsh Ambulance Services University NHS Trust

The following are officers with voting rights on the Joint Committee

WHSSC

Sian Lewis	Managing Director WHSSC		No declared related party interests
Stuart Davies	Director of Finance WHSSC & EASC	Until July 2023	No declared related party interests
James Leaves	Acting Director of Finance WHSSC & EASC	From August 2023 to October 2023	No declared related party interests
Stacey Taylor	Director of Finance WHSSC & EASC	From October 2023	No declared related party interests
Iolo Doull	Medical Director WHSSC		

EASC

Stephen Harrhy	Chief Ambulance Services Commissioner		No declared related party interests

30. Related Party Transactions (continued)

Welsh Health Specialised Services and Emergency Ambulance Services

The following are officers with no voting rights on the Joint Committee but are regular attendees who may present recommendation papers.

WHSSC			
Carole Bell	Nurse Director WHSSC		No declared related party interests
Nicola Johnson	Director of Planning & Performance WHSSC		No declared related party interests
Jacqueline Maunder-Evans	Committee Secretary WHSSC		No declared related party interests
EASC			
Stuart Davies	Director of Finance WHSSC & EASC	Until July 2023	No declared related party interests
James Leaves	Acting Director of Finance WHSSC & EASC	From August 2023 to October 2023	No declared related party interests
Stacey Taylor	Director of Finance WHSSC & EASC	From October 2023	No declared related party interests
Gwenan Roberts	Committee Secretary EASC		No declared related party interests
WHSSC Independent Members With a Declared Interest			
Kate Eden	Chair WHSSC		Chair, Public Health Wales NHS Trust
Ceri Phillips	Independent Member WHSSC and Vice Chair	Until June 2023	Independent Board Member, Cardiff and Vale UHB
Chantal Patel	Independent Member WHSSC	From September 2023	Independent Board Member, Hywel Dda University Health Board
Steve Spill	Independent Member WHSSC and Audit Lead		Independent Board Member, Swansea Bay University Health Board
Carolyn Donoghue	Independent Member WHSSC	From July 2023	Independent Board Member, Cwm Taf Morgannwg UHB
EASC Independent Members With a Declared Interest			
Chris Turner	Chair EASC		No related party transactions

31. Third Party assets

The LHB held £19,002 cash at bank and in hand at 31 March 2024 (31st March 2023, £9,493) which relates to monies held by the LHB on behalf of patients. Cash held in patient Investment Accounts amounted to £nil at 31st March 2024 (31st March 2023, £nil). This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

32. Pooled budgets

Rhondda Cynon Taf, Bridgend and Merthyr Tydfil Integrated Community Equipment Service

The Health Board has entered into a pooled budget with

Rhondda Cynon Taf County Borough Council
Merthyr Tydfil County Borough Council
Bridgend County Borough Council

The partnership arrangement with Abertawe Bro Morgannwg University Local Health Board ended on 31st March 2019 due to the transfer of the responsibility for providing healthcare services for the people in the Bridgend County Borough Council (BCBC) area from Abertawe Bro Morgannwg UHB to Cwm Taf Morgannwg UHB from 1st April 2019.

Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an Integrated Community Equipment Service. The service is to enable children and adults who require assistance to perform essential activities of daily living to maintain their health and autonomy and to live life as fully as possible. The equipment provided can include, but is not limited to

- Community home nursing equipment
- Equipment for daily living
- Physiotherapy living
- Static Seating

A memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Rhondda Cynon Taf County Borough Council. The financial operation of the pool is governed by a pooled budget agreement between the above named organisations and the Health Board. The Health Board accounts for its share of contributions to the budget in expenditure. Contributions are based on each individual organisations forecast activities. Assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

Funding	2023-24 £'000	2022-23 £'000
	Estimated	**Draft**
Rhondda Cynon Taf County Borough Council	1,210	1,110
Merthyr Tydfil County Borough Council	188	138
Bridgend County Borough Council	815	851
Cwm Taf Morgannwg University Local Health Board	1,018	911
Total Partners Funding	3,231	3,010
I.C.F Funding	37	34
Other Income Received	177	85
Total Funding	3,445	3,129
Expenditure	3,433	3,154
Provision of community equipment services within Rhondda Cynon Taf, Bridgend and Merthyr Tydfil County Boroughs.		
Pooled Budget surplus carried forward	12	(25)

32. Pooled budgets(cont)

Cwm Taf Morgannwg Care Home Accommodation

The Health Board has entered into a pool fund arrangement with Rhondda Cynon Taf County Borough Council and Merthyr Tydfil County Borough Council.

The Agreement for the CWM TAF MORGANNWG CARE HOME ACCOMMODATION POOLED FUND is made under The Social Services and Well-being (Wales) Act 2014 (the 'Act') and the Partnership Arrangements (Wales) Regulations 2015 (the 'Regulations').

The Agreement provides for the establishment of the CWM TAF MORGANNWG CARE HOME ACCOMMODATION POOLED FUND which will undertake the following functions on behalf of the Parties.

The functions of a local authority under sections 35 and 36 of the Act, where it has been decided to meet the adult's needs by providing or arranging to provide accommodation in a care home;

The functions of a Local Health Board under section 3 of the National Health Service (Wales) Act 2006 in relation to an adult, in cases where:

The adult has a primary need for health care and it has been decided to meet the needs of the adult by arranging the provision of accommodation in a care home, or
The adult does not have a primary need for health care but the adult's needs can only be met by the local authority arranging for the provision of accommodation together with nursing care

A memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Rhondda Cynon Taf County Borough Council. The financial operation of the pool is governed by a pooled budget agreement between the above named organisations and the Health Board. The Health Board accounts for its share of contributions to the budget in expenditure. Contributions are based on each individual organisations forecast activities. Assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

Funding	2023-24 £'000	2022-23 £'000
	Estimated	
Rhondda Cynon Taf County Borough Council	30,825	29,081
Merthyr Tydfil County Borough Council	6,398	5,697
Cwm Taf Morgannwg University Local Health Board	16,381	13,670
Bridgend County Borough Council	16,381	12,044
Total Partners Funding	69,985	60,492
Other Income Received	197	53
Balance carried forward	60	13
Total Funding (a)	70,242	60,558
Expenditure (b)	69,991	60,498
Objective - paying care fees to homes for the provision of residential & nursing care within the Rhondda Cynon Taf and Merthyr Tydfil County Boroughs.		
Net underspend/(overspend) (a) - (b)	251	60

32. Pooled budgets(cont)

Bridgend Integrated Community Services

The Health Board has entered into a pooled budget with:

Bridgend County Borough Council

Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the provision of an Integrated Community Service. The approach of the Partners will be consistent with the principles in "Sustainable Social Services: A Framework for Action" which sets out the action needed to ensure care and support services respond to rising levels of demand and changing expectations, particularly for frail older people.

Partners deliver their stated commitment to benefit adults in the region:
Support for people to remain independent and keep well
More people cared for at home to maximise their recovery, with shorter stays in hospital if they are unwell
A change in the pathway away from institutional care to community care, available on a 7-day basis
Fewer people being asked to consider long term residential or nursing home care, particularly in a crisis
Earlier diagnosis of dementia and quicker access to specialist support for those who need it
More people living with the support of technology and appropriate support services
Provision of services that are more joined up around the needs of the individual with less duplication or hand-offs between health and social care agencies

A memorandum note to the accounts provides details of the joint income and expenditure.

The pool is hosted by Bridgend County Borough Council. The financial operation of the pool is governed by a pooled budget agreement between the above named organisations and the Health Board. The Health Board accounts for its share of contributions to the budget in expenditure. Assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

Pooled budget memorandum account for the period 1 April 2023 – 31 March 2024

	2023-24 £'000	2022-23 £'000
Funding		
Bridgend County Borough Council	£2,611	£2,474
Cwm Taf Morgannwg University Local Health Board	£2,917	£2,802
Total Funding	£5,528	£5,276
Expenditure		
Provision of Community Support Service & reablement	£5,528	£5276
Net under/Over spend	Nil	Nil

RIF Funding of £707,000 has been received in respect of the pooled budget. This has been excluded from the figures above.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

The following information segments the results of Cwm Taf Morgannwg Local Health Board by:
- Healthcare activities
- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Joint Committee (EASC)

Operating Costs 2023-24

	Healthcare activities	WHSSC	EASC	Inter-segment transactions	Cwm Taf LHB Total
	£000	£000	£000	£000	£000
Expenditure on primary healthcare services	268,077	0	0	0	268,077
Expenditure on healthcare from other providers	380,837	844,726	252,916	(170,470)	1,308,009
Expenditure on hospital and community health services	907,395	6,041	3,233	(546)	916,123
	1,556,309	850,767	256,149	(171,016)	2,492,209
Less: Miscellaneous Income	(163,360)	(850,767)	(256,149)	171,016	(1,099,260)
LHB net operating costs before interest and other gains and losses	1,392,949	0	0	0	1,392,949
Investment Income	(2)	0	0	0	(2)
Other (Gains) / Losses	(44)	0	0	0	(44)
Finance costs	353	0	0	0	353
Net operating costs for the financial year	1,393,256	0	0	0	1,393,256

Net Assets 2023-24

	£000	£000	£000	£000	£000
Total non-current assets	796,522	0	0	0	796,522
Total current assets	89,801	40,461	1,907	(4,590)	127,579
Total current liabilities	(196,885)	(52,303)	(1,907)	4,590	(246,505)
Total non-current liabilities	(85,993)	0	0	0	(85,993)
Total assets employed	603,445	(11,842)	0	0	591,603
Total taxpayers' equity	603,445	(11,842)	0	0	591,603

Operating Costs 2022-23

	Healthcare activities	WHSSC	EASC	Inter-segment transactions	Cwm Taf LHB Total
	£'000	£'000	£'000	£'000	£'000
Expenditure on primary healthcare services	252,376	0	0	0	252,376
Expenditure on healthcare from other providers	363,049	798,382	238,987	(164,550)	1,235,868
Expenditure on hospital and community health services	904,637	5,983	3,567	(502)	913,685
	1,520,062	804,365	242,554	(165,052)	2,401,929
Less: Miscellaneous Income	(155,074)	(804,365)	(242,554)	165,052	(1,036,941)
LHB net operating costs before interest and other gains and losses	1,364,988	0	0	0	1,364,988
Investment Income	0	0	0	0	0
Other (Gains) / Losses	(76)	0	0	0	(76)
Finance costs	157	0	0	0	157
Net operating costs for the financial year	1,365,069	0	0	0	1,365,069

Net Assets 2022-23

	£'000	£'000	£'000	£'000	£'000
Total non-current assets	709,298	0	0	0	709,298
Total current assets	83,232	38,263	1,679	(4,554)	118,620
Total current liabilities	(196,375)	(50,105)	(1,679)	4,554	(243,605)
Total non-current liabilities	(72,233)	0	0	0	(72,233)
Total assets employed	523,922	(11,842)	0	0	512,080
Total taxpayers' equity	523,922	(11,842)	0	0	512,080

34. Other Information

34.1. 6.3% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2023 to 31 March 2024. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2023 and February 2024 alongside Health Board/Trust/SHA data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows

	2023-24	2022-23
Statement of Comprehensive Net Expenditure	**£000**	**£000**
for the year ended 31 March 2024		
Expenditure on Primary Healthcare Services	**802**	764
Expenditure on Hospital and Community Health Services	**28,021**	25,293
Statement of Changes in Taxpayers' Equity		
for the year ended 31 March 2024		
Net operating cost for the year	**28,823**	26,057
Notional Welsh Government Funding	**28,823**	26,057
Statement of Cash Flows for year ended 31 March 2024		
Net operating cost for the financial year	**28,823**	26,057
Other cash flow adjustments	**28,823**	26,057
2.1 Revenue Resource Performance		
Revenue Resource Allocation	**28,823**	26,057
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	**39**	34
General Dental Services	**42**	89
Other Primary Health Care expenditure	**721**	641
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**117**	70
Staff costs	**27,904**	25,223
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	**28,823**	26,057
Charged to capital	**0**	0
Charged to revenue	**0**	0
18. Trade and other payables		
Current		
Pensions: staff	**0**	0
28. Other cash flow adjustments		
Other movements	**28,823**	26,057

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009

Thank you for reading CTMUHB's Annual Report 2023-2024

If you require a printed version of the Annual Report or in alternative formats/languages please contact us using the details below:

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