



**Agenda Item**

6.3

**CTM Health Board**

**IMTP 2025-2028 – Quarter Two Review**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	27/11/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
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<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy and Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Operational Delivery Committee	28/10/2025	NOTED

<b>Acronyms / Glossary of Terms</b>	
IMTP	Integrated Medium Term Plan
IRCF	Integration Rebalancing and Capital Fund



## 1. Situation /Background

- 1.1 Developing an integrated medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014)
- 1.2 The Board approved the 2025-2028 draft plan for submission to Welsh Government on 27<sup>th</sup> March 2025. The Health Board has now received formal confirmation of approval from Welsh Government, subject to satisfying accountability conditions set by Welsh Government.
- 1.3 The 2025-2028 plan is presented as a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process.

## 2. Specific Matters for Consideration

- 2.1 This report provides an update on progress during quarter two.

### Delivery of ministerial requirements

- 2.2 The table below sets out the key measurables for each ministerial priority. A number of measures are undergoing final validation, and the outcome will be confirmed once known.

Strategic priority requirement	Q2 planned	Q2 actual	Notes
Timely access - cancer	69%	Final validation ongoing	August 2025 validated compliance was 63.4%, an improving position, but not compliant.
Timely access - (104-week delays)	Max 1,102 breaches	495	Ahead of trajectory
Timely access – Cardiology diagnostics	0 breaches	717	Not met but September 2025 showed improvement
Timely access – Radiology/ other diagnostics - 8 weeks	100%/ 0 breaches	5535	Not met
Timely access - Endoscopy 8 weeks	100% by July	905	Not met, but the position is improving.
Timely access - ED 12-hour breaches	50% reduction by July	2048	23% higher than March 25 baseline of 1666.



Strategic priority requirement	Q2 planned	Q2 actual	Notes																																								
Timely access - ED Ambulance handover	<ul style="list-style-type: none"> <li>80% of patient handovers within 1 hour</li> <li>100% of handovers within 4 hours</li> </ul>		Positive reduction in in <45min ambulance handover delays in Q2 average at 331 – 68% reduction from baseline March 25 at 1050.																																								
Population health - diabetes	50% min compliance with all 8 care processes	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Jan 25</th> <th>Jul 25</th> </tr> </thead> <tbody> <tr> <td>CP01</td> <td>HbA1c</td> <td>86.51%</td> <td>87.92%</td> </tr> <tr> <td>CP02</td> <td>BP</td> <td>80.62%</td> <td>82.05%</td> </tr> <tr> <td>CP03</td> <td>Chol</td> <td>78.82%</td> <td>80.98%</td> </tr> <tr> <td>CP04</td> <td>Creat</td> <td>87.21%</td> <td>85.92%</td> </tr> <tr> <td>CP05</td> <td>UA</td> <td>86.03%</td> <td>82.22%</td> </tr> <tr> <td>CP06</td> <td>Foot</td> <td>64.20%</td> <td>100.00%</td> </tr> <tr> <td>CP07</td> <td>SMR</td> <td>77.51%</td> <td>85.85%</td> </tr> <tr> <td>CP08</td> <td>Smok</td> <td>73.47%</td> <td>79.00%</td> </tr> <tr> <td>CP09</td> <td>All 8</td> <td>81.18%</td> <td>81.00%</td> </tr> </tbody> </table>			Jan 25	Jul 25	CP01	HbA1c	86.51%	87.92%	CP02	BP	80.62%	82.05%	CP03	Chol	78.82%	80.98%	CP04	Creat	87.21%	85.92%	CP05	UA	86.03%	82.22%	CP06	Foot	64.20%	100.00%	CP07	SMR	77.51%	85.85%	CP08	Smok	73.47%	79.00%	CP09	All 8	81.18%	81.00%	Compliance remains below target. Improvement actions are being targeted.
		Jan 25	Jul 25																																								
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Community access - General Medical Services	100% access compliance	Data pending	Anticipated to remain compliant																																								
Community access - reduction in delayed transfers		August 2025 257 delays 9620 days	At August 2025, the number of delays were higher than the March baseline but the number of days delayed showed a 40% reduction from March 25 baseline																																								
Mental health access Psychological therapies – improved access	59%	54.04%	While not yet on trajectory, the psychological therapies compliance has improved from the Q1 position (49%).																																								
Delivery of women's health hubs	Q1 actions		Please refer to the update below																																								

2.3 These measures are recommended to be considered within the wider context of service delivery plans which are to be presented to the committee on a rolling basis, and the integrated performance report.

### Enabling actions

2.4 A summary of progress against enabling actions is provided in Appendix one. This demonstrates progress across a range of organisational programmes and notes areas for further progress. There has been a significant improvement in RAG rating from quarter one, in part due to the progress and in part due to confirmation that work on track should be rated as light green.

2.5 The work on interventions not normally undertaken has been reassessed as red, however this is executive oversight and work will be undertaken to improve this position.

### **Women's Health Plan**

- 2.6 Following the publication of the NHS Wales Women's Health Plan 2025-2035, women's health planning and a specific requirement to develop women's health hubs have been included in the requirements of the NHS Wales Planning Framework and incorporated into the health board's planning for 2025-2028.
- 2.7 During quarter two, progress has been made with scoping work to consider the model for the delivery of women's health hubs and consideration given to the development of pathfinder for the implementation and testing of the hub model.

### **Financial position**

- 2.8 As The M6 position is reporting a £2.0m surplus for the period with a year to date deficit of £4.3m, the forecast position has remained break even.
- 2.9 The savings target of £31.3m is forecast to underdeliver by £7.4m. To mitigate this £7.4m shortfall, £5.3m of accountancy gains have been identified, financial plan slippage and constraints releasing £1.7m together with favourable operating variances of £1.7m.
- 2.10 This would have delivered a £1.3m surplus against our original IMTP.
- 2.11 However, the IMTP anticipated that allocations for 2024/25 pay awards and National Insurance would have fully met the additional costs. The recent confirmation of allocations below our anticipated levels has created a further £3.8m pressure that will need to be mitigated by year end to achieve our break even forecast.
- 2.12 There remains a significant level of risk to this forecast position, with Welsh Risk Pool and national pay disputes being the most material.

### **Capital planning**

- 2.13 The Health Board's capital resource limit as reported at 30<sup>th</sup> September is £87.07m (a £4m increase on the previously reported position) and expenditure against this allocation is £35.1m to date. The Committee will continue to receive detailed updates on capital planning and expenditure in alignment with the committee schedule.
- 2.14 A break-even position is expected.
- 2.15 Since submission of the IMTP funding has been secured for several of the anticipated allocations as detailed in the table below.



<b>Anticipated Allocations</b>	<b>IMTP Submissions</b>	<b>Latest Position Sept 2025</b>
Llantrisant Health Park	35,500	Programme now split into phases. Funding of £2.828m approved to develop the OBC Phase 1 – Community Diagnostic Hub.  Request submitted for £1.885m of funding for OBC Phase 2 - awaiting approval.
Prince Charles Hospital Refurbishment - Phase 3	4,000	Draft FBC submitted , final FBC due for submission Dec 25
Targeted Estates Fund (TEF) - Bids submitted 31/1/25	TBC	Schemes in progress
Diagnostics Replacement Programme	TBC	Scheme in progress
IRCF Maesteg HWBC -Business Case Fees (FBC)	TBC	Additional funding approved to develop SOC/OBC, awaiting confirmation of profile of spend given delays. Additional funding not included in latest CRL
IRCF Llanilid - Business Case Fees	TBC	Funding approved to develop SOC/OBC. Awaiting confirmation of profile of spend given delays. Additional funding not included in latest CRL
<b>Total</b>	<b>£39,500</b>	

## People Plan

2.16 The People plan is reported twice annually to the Strategic Development Committee, which the first report prepared in October 2025. Progress made with implementation includes the following:

### Getting the Basics Right

- Launch of new People Services central telephone line (June 2025), so that people can get the help that they need quickly and efficiently through accessible, credible and expert people services;
- Agreement of our new Policy workbook (July 2025), with a focus on streamlining Recruitment and Selection policies, and enhancing our Family Friendly policies in year 1.

### Great Management and Leadership

- People Plan manager briefing sessions, with dedicated focus from Exec, Care group leadership and Trade Union colleagues (July - August 2025);
- Creation of a new Manager reference group (Sept 2025), with new Line management induction programme to commence in December;
- Design and launch of the first of our bitesize management development sessions; 90 minute Honest and Challenging Conversation sessions commencing from October 2025 (topic area most cited in engagement sessions);
- Launched monthly 'You Said, Together We..' updates, to provide managers with clear lines to take within team discussions.

### **Inclusive and Healthy Environment**

- Speaking Up Safely Guardians appointed (August 2025), with full launch of Working in Confidence system, new sexual safety policy and new anonymous complaint procedure in October 2025;
- Launch of anti-racism training in advance of national mandate, currently on 70% completion in August 2025 and on track to meet 85% target by December 2025;
- Seren Annual Awards Ceremony (September 2025). Over 300 nominations received showcasing dedication, talent and passion that makes CTM so special;;
- Development of our sickness absence action plan. Analysis of data and new sickness absence dashboard development (August) to determine hotspots and prioritised sickness absence action plan (September 2025).

### **Modern workforce – Skills for the Future**

- Implementation of Establishment Reporting for Medical and Dental (this merges data from multiple sources to provide detailed staffing data in one report). In recognition of CTM's work in this area, we have secured HEIW funded resource for a Pacesetter project to commence in November. The aim of the pacesetter is to establish reusable technology for ESR Dashboards and Establishment reporting, with pan-Wales scalability;
- The first iteration of a new People Metrics dashboard, aligned to our People Promises, has been developed to provide 'at a glance' visuals of our key people metrics;
- Enhanced employer visibility through the creation of the CTM Facebook Jobs page (1,900 followers), and consistent social media engagement across all CTM platforms (combined following of 125,000) and the development of a suite of recruitment brochures to promote CTM as an employer of choice
- Targeted social media campaigns for high-need areas (e.g. Nursing at PCH), plus alternative recruitment methods implemented in high-volume areas (e.g. Facilities at PCH), resulting in increased applications and reduced agency reliance.



- Initial improvements made to enhance the efficiency of our Lateral Moves Scheme. 75% of applications are processed within the 6-month benchmark with the average time to hire via the scheme being 71 days. Phase 2 of the scheme will launch in the Autumn and aims to expand access to other whilst further improving time to hire.

### 3. Key Risks / Matters for Escalation

- 3.1 The Health Board has made progress in implementing plans across all areas.
- 3.2 However, section two identifies a number of areas where performance has not yet met the planned delivery standard, and work will be ongoing to deliver improvement in these areas.
- 3.3 The financial position at month five confirms significant risks to the delivery of the year-end break even requirement.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below: Creating Health Sustaining our Future Inspiring People
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Starting Well
	If more than one applies please list below: All strategic areas apply.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Data to Knowledge
	If more than one applies please list below: Culture and Valuing People
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: All quality domains apply
	No - Not Applicable



<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	If more than one applies please list below:
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Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  All areas for investment consideration/ change were subject to QIA.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Delivery of ministerial priorities impacts on the reputation of the health board.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	All resource implications of the IMTP have been identified in the planning. Availability of funds for investment and delivery of savings plans are key to the health board's service delivery and financial balance.	

## 5. Recommendation

- 5.1 The Board is requested to note the contents of the report and to receive further updates on the delivery of plans.
- 5.2 Assurance of delivery of improvements will be overseen by the operational and corporate teams and the regular reporting structures.



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## 6. Next Steps

- 6.1 Reporting will continue to be undertaken on a quarterly basis, supplemented by specific updates on key plans and programmes to the Board, Operational Delivery Committee and other committees as confirmed in the organisational performance structure.