CTMUHB Public Board Meeting

Thursday 24 September 2026, 09:00 - 13:00

The Hub, Royal Glamorgan Hospital, Llantrisant

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information *Jonathan Morgan, Health Board Chair*

1.2. Apologies for Absence

Information *Jonathan Morgan, Health Board Chair*

1.3. Declarations of Interest

Information *Jonathan Morgan, Health Board Chair*

09:05 - 09:10
5 min

2. CONSENT AGENDA BUSINESS

Information *Jonathan Morgan, Health Board Chair*

The Chair will ask if there are any items from the Consent Agenda (Item 9) that Board Members wish to bring forward to the Main agenda for discussion

09:10 - 09:20
10 min

3. IMPROVING CARE - PART 1

3.1. Joint Commissioning Committee (JCC) Annual Update

Discussion *JCC Colleagues*

3.1 NWJCC Annual Update to CTMUHB UHB 24 September 2026.pdf (10 pages)

09:20 - 10:05
45 min

4. GOVERNANCE/BOARD BUSINESS GOVERNANCE ACTIVITY

4.1. Health Visiting Industrial Action: Safeguarding Assurance, Risk and Recovery

Discussion *Richard Hughes, Executive Director of Nursing*

4.1 Health_Visiting_Safeguarding UHB 24 September 2026.pdf (10 pages)

4.2. Action Log

Discussion *Jonathan Morgan, Health Board Chair*

4.2 Board Action Log UHB 24 September 2026.pdf (3 pages)

4.3. Matters Arising not Contained within the Action Log

Discussion *Jonathan Morgan, Health Board Chair*

4.4. Board Committee and Advisory Group Highlight Reports

Discussion

4.4.1. Quality, Safety & Experience Committee 21 July 2026

Discussion *Carolyn Donoghue, Committee Chair*

4.4.1 QSEC Highlight Report 21 July 2026 UHB 24 September 2026.pdf (6 pages)

4.4.2. Operational Delivery Committee 28 July 2026

Discussion *Gethin Hughes, Chief Operating Officer*

4.4.2 ODC Highlight Report 28.07.26 UHB 24 September 2026 v1.pdf (8 pages)

4.4.3. Stakeholder Reference Group 17 September 2026

Discussion *Paul Deenik, SRG Chair*

4.4.3 SRG Highlight Report UHB 24 September 2026.pdf (7 pages)

4.4.4. Audit, Risk & Assurance Committee 4 August 2026

Discussion *Kath Palmer, Committee Vice Chair*

4.4.4 ARAC Highlight Report 04.08.26 UHB 24 September 2026.pdf (7 pages)

4.5. Board Effectiveness Review

Discussion *Gareth Watts, Director of Corporate Governance*

4.5 Board Effectiveness Self Assessment UHB 24 September 2026.pdf (10 pages)

10:05 - 10:35
30 min

5. INSPIRING PEOPLE

5.1. Chairs Report (Inc. Affixing of the Common Seal /and Chairs Urgent Action)

Decision *Jonathan Morgan, Health Board Chair*

5.1 Chairs Report UHB 24 September 2026.pdf (6 pages)

5.2. Chief Executives Report

Discussion *Paul Mears, Chief Executive*

5.2a CEO Board Update Report UHB 24 September 2026.pdf (6 pages)
5.2b CMHC Letter to Jonathan Morgan - Taf Morgannwg University Health Board (e).pdf (2 pages)

5.3. Strategic Equality Plan

Discussion *Hywel Daniel, Executive Director for People*

5.3 SEP Delivery Update UHB 24 September 2026.pdf (14 pages)

10:35 - 10:55
20 min

6. SUSTAINING OUR FUTURE

6.1. Month 5 Financial Performance Report

Discussion *Sally May, Executive Director of Finance*

6.1 M5 Finance Report FINAL UHB 24 September 2026.pdf (24 pages)

10:55 - 12:30
95 min

7. IMPROVING CARE - PART 2

7.1. Board Assurance Framework Report

Decision *Gareth Watts, Director of Corporate Governance*

7.1a BAF_Board_COVER UHB 24 September 2026.pdf (6 pages)
7.1b BAF_Board_SUMMARY UHB 24 September 2026.pdf (4 pages)
7.1c BAF_Board UHB 24 September 2026.pdf (65 pages)

7.2. Integrated Performance Report (Quality, People & Operational Performance)

Discussion *Claire Thompson, Executive Director of Strategy & Transformation*

7.2 HB Integrated Performance Dashboard UHB 24 September 2026.pdf (26 pages)

7.3. Primary Care & Community Performance Dashboard

Discussion *Gethin Hughes, Chief Operating Officer*

7.3 PCC Performance Report Board 24 Sept 2026 Final.pdf (19 pages)

7.4. Strategy Deployment

Discussion *Claire Thompson, Executive Director of Strategy & Transformation*

7.4a Strategy Deployment Update UHB 24 September 2026.pdf (4 pages)
7.4b Board Strategy Deployment Update UHB 24 September 2026.pdf (12 pages)

7.5. Wellbeing of Future Generations (Wales Act) work

Discussion *Philip Daniels, Executive Director of Public Health*

7.5 WBFGA UHB 24 September 2026.pdf (9 pages)

12:30 - 12:45
15 min

8. CREATING HEALTH

8.1. Winter Preparedness Approach

Discussion *Gethin Hughes, Chief Operating Officer*

8.1 Winter Preparedness Plan 26-27 UHB 24 September 2026.pdf (22 pages)

12:45 - 12:50
5 min

9. CONSENT AGENDA

9.1. FOR APPROVAL

9.1.1. Unconfirmed Minutes of the meeting held on 30 July 2026

Decision *Jonathan Morgan, Health Board Chair*

9.1.1 Unconfirmed Minutes Public Board Meeting 30 July 2026 UHB 24 09 26.pdf (20 pages)

9.1.2. Unconfirmed Minutes of the In Committee meeting held on 30 July 2026

Decision *Jonathan Morgan, Health Board Chair*

9.1.2 Unconfirmed Minutes In Committee Board Meeting 30 July 2026 UHB 24 09 2026.pdf (9 pages)

9.1.3. Board Committee Annual Reports

Decision *Committee Chairs*

9.1.3a Committee Annual Reports 25-26 UHB 24 September 2026.pdf (4 pages)
9.1.3b Appendix 1 ARAC Annual Report 25-26 UHB 24 September 2026.pdf (15 pages)
9.1.3c Appendix 2 Charitable Funds Committee Annual Report 2025-26 UHB 24 September 2026.pdf (6 pages)
9.1.3d Appendix 3 Mental Health Act Monitoring Committee Annual Report 2025-26 UHB 24 September 2026.pdf (7 pages)
9.1.3e Appendix 4 ODC Annual Report 2025-26 UHB 24 September 2026.pdf (7 pages)
9.1.3f Appendix 5 QSEC Annual Report 2025-2026 UHB 30 July 2026.pdf (10 pages)

9.1.3g Appendix 6 SDC Annual Report 2025-26 UHB 24 September 2026.pdf (7 pages)
9.1.3h Appendix 7 Final- Draft SRG Annual Report 2025- 2026 UHB 24 09 26.pdf (10 pages)

9.1.4. Pharmaceutical Needs Assessment

Decision *Dom Hurford, Executive Medical Director*

9.1.4a PNA Cover Paper UHB 24 September 2026.pdf (7 pages)

9.1.5. People & Patient Strategic Plan 2026-2028

Decision *Richard Hughes, Executive Director of Nursing*

9.1.5a People and Patient Strategic Plan UHB 24 September 2026.pdf (9 pages)
9.1.5b CTM People and Patient Strategic Plan 2026 UHB 24 September 2026.pdf (23 pages)

9.1.6. Annual Review of the Risk Management Framework

Decision *Gareth Watts, Director of Corporate Governance*

9.1.6 Annual Review of the Risk Management Strategy UHB 24 September 26.pdf (5 pages)

9.1.7. CTMUHB Research & Development Annual Report 2025-2026

Decision *Lauren Edwards, Executive Director of Allied Health Professionals & Health Sciences*

9.1.7a R&D Annual Report UHB 24 September 2026.pdf (6 pages)
9.1.7b RD Annual Report Version 3 UHB 24 September 2026.pdf (24 pages)

9.1.8. Annual Duty of Quality Report 2025/2026

Decision *Richard Hughes, Executive Director of Nursing*

9.1.8a Duty of Quality Annual Report UHB 24 September 2026.pdf (5 pages)
9.1.8b 2025-26 Draft Duty of Quality Annual Report Version 2 UHB 24 Sept 2026.pdf (94 pages)

9.2. FOR NOTING

9.2.1. Non-Routine Board Business (Forward Plan)

Information *Gareth Watts, Director of Corporate Governance*

9.2.1 Non Routine Board Business Forward Plan 2026 UHB 24 September 2026.pdf (3 pages)

9.2.2. Annual Cycle of Business

Information *Gareth Watts, Director of Corporate Governance*

9.2.2 CTMUHB Board Cycle of Business 2026 UHB 24 September 2026.pdf (9 pages)

9.2.3. Board Committee and Advisory Group Highlight Reports

Information *Committee Chairs*

9.2.3a Board Committee and Advisory Group Highlight Reports UHB 24 September 2026.pdf (4 pages)
9.2.3b App 1 CFC Highlight Report 29th July 2026 UHB 24 September 2026.pdf (5 pages)
9.2.3c Appendix 2 EO ARAC Highlight Report 29.06.26 UHB 24 September 2026.pdf (6 pages)
9.2.3d App 3 SDC Highlight Report 19 August 2026 UHB 24 September 2026.pdf (7 pages)
9.2.3e App 4 HB ARAC Highlight Report 04.08.26 UHB 24 September 2026.pdf (6 pages)

9.2.4. Carers Annual Report

Information *Richard Hughes, Executive Director of Nursing*

9.2.4a Carers Annual Report-Sept UHB 24 September 2026.pdf (18 pages)
9.2.4b Appendix 1 Carers Annual Report UHB 24 September 2026.pdf (4 pages)

9.2.5. Highlight Report from the Joint Commissioning Committee

Information

9.2.5 JC Highlight Report - 21 July 2026 UHB 24 September 2026.pdf (5 pages)

9.2.6. Shared Services Partnerships Committee Assurance Report 16 July 2026

Information

9.2.6 SSPC Assurance Report 16 July 2026 UHB 24 September 2026.pdf (5 pages)

12:50 - 12:55
5 min

10. CLOSE OUT BUSINESS

10.1. Any Other Business

Discussion *Jonathan Morgan, Health Board Chair*

10.2. Meeting Feedback

Discussion *Jonathan Morgan, Health Board Chair*

Is there anything we should do more or less of?
Have we managed our time well and allowed open and balanced discussion?
Have we considered our values and acted in a way that supports embedding our values across CTM?

Have we maintained a strategic focus?
Have we received sufficient assurance from a range of sources?
Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

12:55 - 12:58
3 min

11. Private/Closed Session Business

Information

Items to be confirmed

12:58 - 13:00
2 min

12. Date and Time of the Next meeting

Information

The next meeting will take place on Thursday 26 November 2026

GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Annual Health Board Engagement with the NHS Wales Joint Commissioning Committee

The Centre of Excellence for Collaborative Commissioning

Ian Green - Chair

Juliet Brown - Chief Commissioner

Stacey Taylor - Director of Finance and Value

Georgina Galletly - Director of Corporate Strategy & Planning

Aim of session

To update Health Boards on the work of the NHS Wales Joint Commissioning Committee (NWJCC). To hear reflections of Health Board colleagues and identify how we jointly work most effectively to meet the needs of health board residents and the wider population of Wales.

- The NWJCC:
  - Our role and teams
  - Our Annual Plan

- Our Performance:
  - Assurance structures
  - Plan delivery
  - Source of funds and expenditure
  - Cardiff activity and patient flows

- Forward Plan:
  - IMTP development
  - Strategy development

Our Roles & Teams

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

The NWJCC acts collectively on behalf of the seven Health Boards in Wales to commission national services. By working together, we ensure that specialised and highly complex services are planned and delivered consistently, safely, and effectively across the country.

We commission a range of national services, including:

Ambulance, 111 & National Programmes



- Welsh Ambulance Services
- NHS 111 Wales
- Sexual Assault Referral Centres
- Emergency Medical Retrieval and Transfer Services (EMRTS)

Mental Health, Learning Disabilities & Vulnerable Groups



- Secure Mental Health Services
- Perinatal and Eating Disorder Inpatient Care
- Gender Services for Adults, Children and Young People
- NHS Wales Care Home Framework

Specialised Services



- Cardiac Services
- Cancer and Blood Services
- Neurosciences
- Woman and Children Services
- Welsh Kidney Network

Corporate Teams



- Finance and Value Team
- Corporate, Planning and Strategy
- Nursing and Quality
- Medical Directorate

Services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis and other services as directed by the Welsh Ministers.

NWJCC Annual Plan 2026-27:

A number of Strategic Priorities with clear leadership es

Strategic Priority Area	Lead CEO	Lay Member Lead	JCC Lead (SRO)	CCLG Link
Strategic Reviews				
Mental Health	Nicola Johnson	Shameem Nawaz	Sue O'Leary	Marie Davies
Neonatal	Carol Shillabeer	Mandy Rayani	Carole Bell	Lee Davies
Cardiac	Phil Kloer	Susan Elsmore	Mel Wilkey	Rob Holcombe
Ambulance	Nicola Prygodzicz	Ian Green	Ross Whitehead	Claire Thompson
Deep Dives				
Renal	TBA - (Formerly Suzanne Rankin)	Paul Worthington	Mel Wilkey	N/A - WKN Network
IPFR	Abi Harris	Ian Green	Iolo Doull	Paolo Tardivel
Thrombectomy	Paul Mears	Paul Worthington	Ross Whitehead	TBC
Enabling Projects				
Referral Management	Carol Shillabeer	Nia Roberts	Stacey Taylor	Nicola Johnson
Value, Efficiency and Sustainability	Juliet Brown	Ian Green	Stacey Taylor	N/A

2026/27 Annual Plan – Delivery Progress

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Delivery Confidence Rating (August 2026)

HIGH - On Track to achieve all deliverables

MEDIUM - Caution around delivery/some deliverables may not be achieved

LOW – Significant caution around delivery/deliverables unlikely to be achieved

Strategic Priority	Project / Programme Aim	Assurances and Mitigations	August 2026 Delivery Confidence
Ambulance / 111 Strategic Review	Develop a Commissioning for Value Framework for ambulance services in Wales including the development of a service specification and performance management framework for Emergency Medical Services, NHS 111 Wales and Non-Emergency Patient Transport Service that gives the NWJCC the transparency and commissioning accountability needed for effective commissioning.	August status Green. Progress continues on baseline analysis, commissioning specifications, engagement and the performance framework. Data availability, consistent measures and stakeholder engagement remain key dependencies.	Medium
Cardiac Strategic Review	Ensure commissioning of efficient, effective and high-quality services within the context of the wider system and pathways. Identify opportunities to mitigate the financial risk to the NWJCC Cardiac Surgery and TAVI activity to ensure that all patients in South Wales have timely and equitable access to a safe and sustainable service.	August status Amber (improved from July Red). Work continues on the case for change, evidence and procurement planning for the demand and capacity work. Independent demand-and-capacity modelling remains critical; procurement and project re-baselining are under way.	Medium
Neonatal Strategic Review	Ensure commissioning of efficient, effective and high-quality services within the context of the wider system and pathways and identify opportunities to mitigate the financial risk to the NWJCC for Neonatal services. To deliver a robust, evidence-based assessment of population demand and service capacity for neonatal services, with a focus on neonatal intensive care, to support the NHS Wales Joint Commissioning Committee (NWJCC) in making a definitive commissioning decision on the appropriate scale and configuration of Neonatal Services provision.	August status Amber. The evidence-led direction is endorsed and analysis continues. Completing the evidence base and securing JCC direction remain key; a midpoint report will be taken to the October strategy session for fuller discussion.	Medium
Renal Deep Dive	Gain a greater understanding of the current position and key challenges within the Welsh Kidney Network. Identifying opportunities to mitigate the financial risk to the NWJCC and better inform future commissioning decisions for specialised kidney services	August status Green; confidence High. Analysis identifies improvements to contract monitoring and commissioning transparency. Final outputs are moving through September governance.	High
Mental Health Strategic Review	To develop recommendations for a sustainable Medium Secure Inpatient Service that delivers high-quality patient care, strengthens whole-pathway management, optimises commissioned capacity and resources, improves operational oversight and financial sustainability, and enables more people to receive appropriate care closer to home.	August status Amber. Evidence and options work is progressing. The compressed timetable, incomplete datasets and analytical capacity remain key pressures; Phase 2 engagement is being prepared.	Medium
IPFR Deep Dive	Gain a greater understanding of our current position and key challenges, identifying opportunities to mitigate the financial risk to the NWJCC and better inform future commissioning decisions by undertaking an IPFR and Prior Approval Deep Dive focussing on current activity and spend and explore opportunity to utilise prior approval system (Blueteq)	August status Amber; trend Improving. Dashboard development, data validation and cleansing are progressing. Completion has been re-profiled to November 2026 to assure the underlying data.	Medium
Thrombectomy Deep Dive	Gain a greater understanding of our current position and key challenges, identifying opportunities to mitigate the financial risk to the NWJCC and better inform future commissioning decisions in relation to the Thrombectomy Service.	August status Amber; however, delivery confidence is High. Evidence work continues, but final outputs depend on external data, analytical and clinical input and capacity. Reporting will distinguish outstanding dependencies.	High
Pathways & Referral	Identify, where possible, savings, value-based initiatives, streamline care pathways,	August status Green, but confidence Low. Work continues on pathways,	Low

Assurance Structure

Joint Committee

- **Formal Public meetings -** bi-monthly, assurance report to Health Boards via Board Secretary for inclusion on Board agendas
- **Private Development sessions –** bi-monthly

Sub-Committees

- **Quality Safety & Outcomes Sub-Committee -** Assurance Report shared with the Joint Committee, Health Boards and Directors of Nursing for inclusion within Health Boards Quality and Safety Meetings.

- **Planning , Performance and Finance Sub-Committee -** Assurance Report shared with the Joint Committee and Health Boards

- **CTM UHB Audit, Risk and Assurance Committee -** Assurance Report shared with the Joint Committee

Collaborative Commissioning Leadership Group - Key engagement forum to support CEOs and NWJCC officers

Chief Commissioner

- Director General NHS Wales
- NHS Wales CEO meeting

Chair

- NHS Wales Chairs Meeting

Annual Health Board meetings - the NWJCC provides a presentation to Health Board meetings/Development sessions annually

Professional peer group meetings attended by NWJCC Directors

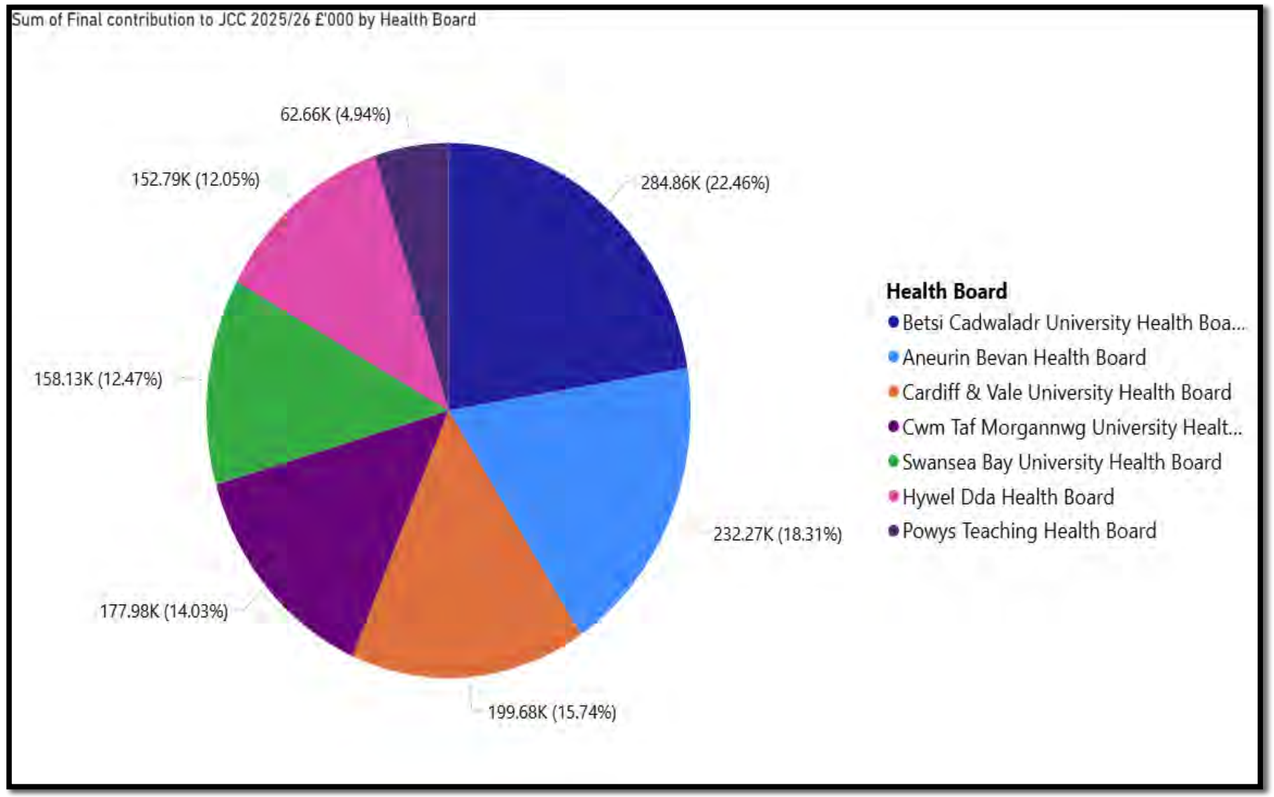
WG policy leads/NWJCC Officer meetings

NWJCC Funding by Health Board 2025/26

- Cwm Taf Morgannwg UHB contributed £178m to the NWJCC in 2025/26. This was exactly the amount agreed for CTMUHB in the NWJCC Annual Plan for 2025/26.

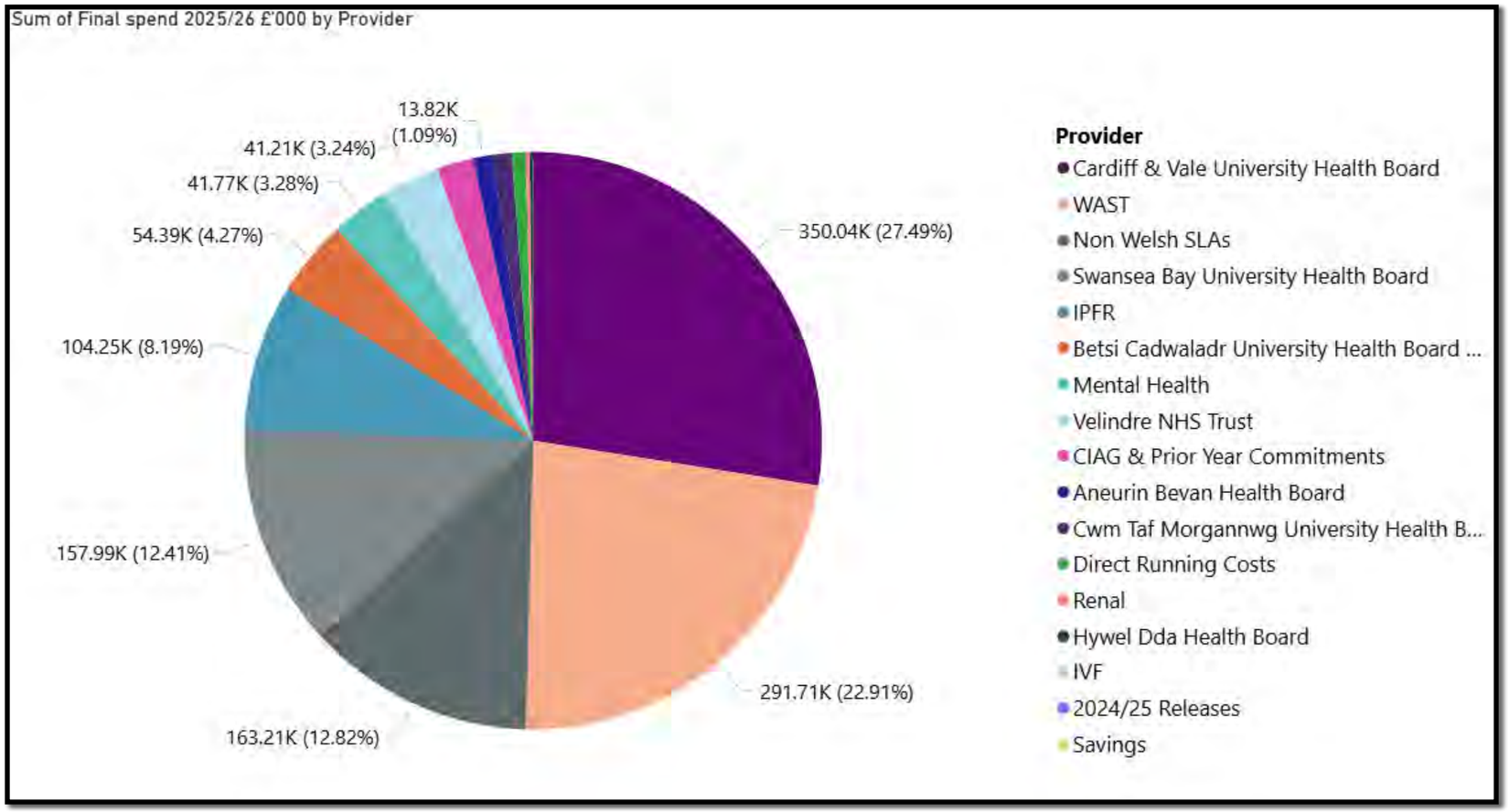
- Main areas of NWJCC spend variances relevant to CTMUHB:
  - Paediatric Intensive Care and Paediatric Cardiac services (Bristol) - overspend
  - Home Parenteral Nutrition - overspend
  - Schemes that did not commence during the year - underspends

- Significant high-cost pressures were addressed as part of the 2026/27 financial plan, with funding recovered from the relevant commissioning Health Boards.



NWJCC Expenditure by Provider 2025/26

Cardiff & Vale UHB is the largest single provider for the NWJCC, at £350m, with Welsh Ambulance coming a close second at £292m within the annual contract. Cwm Taf Morgannwg residents access Cardiff & Vale and Swansea Bay Health Board services mostly, with some private providers as Mental Health Out of Area placements, and some NHS England Trusts for specialist services.

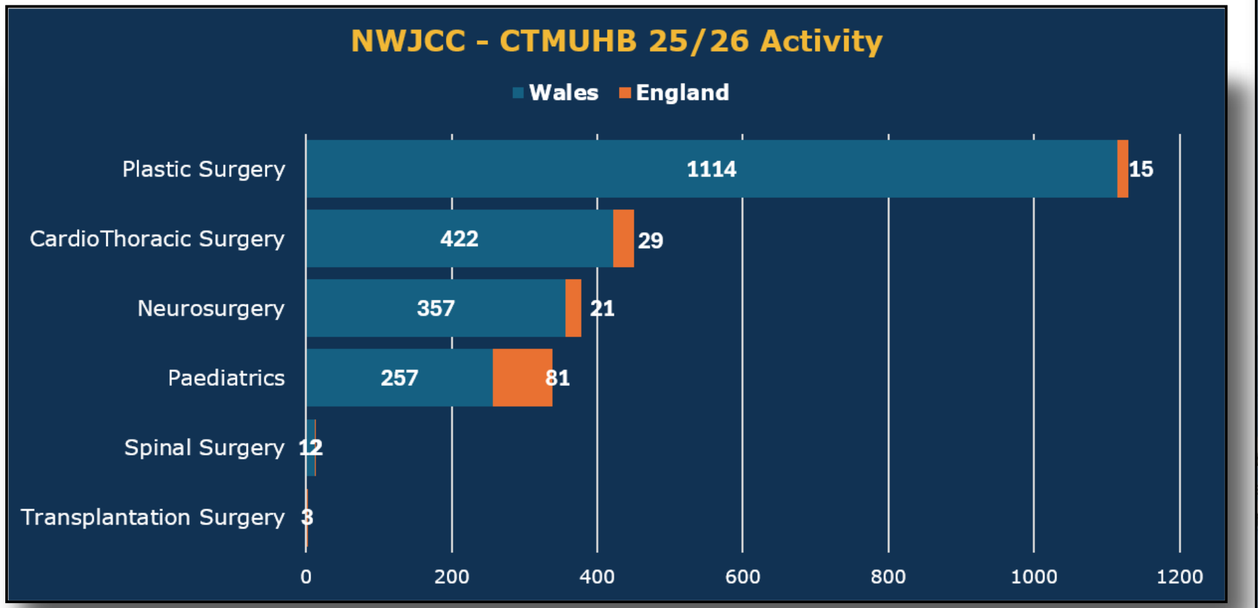


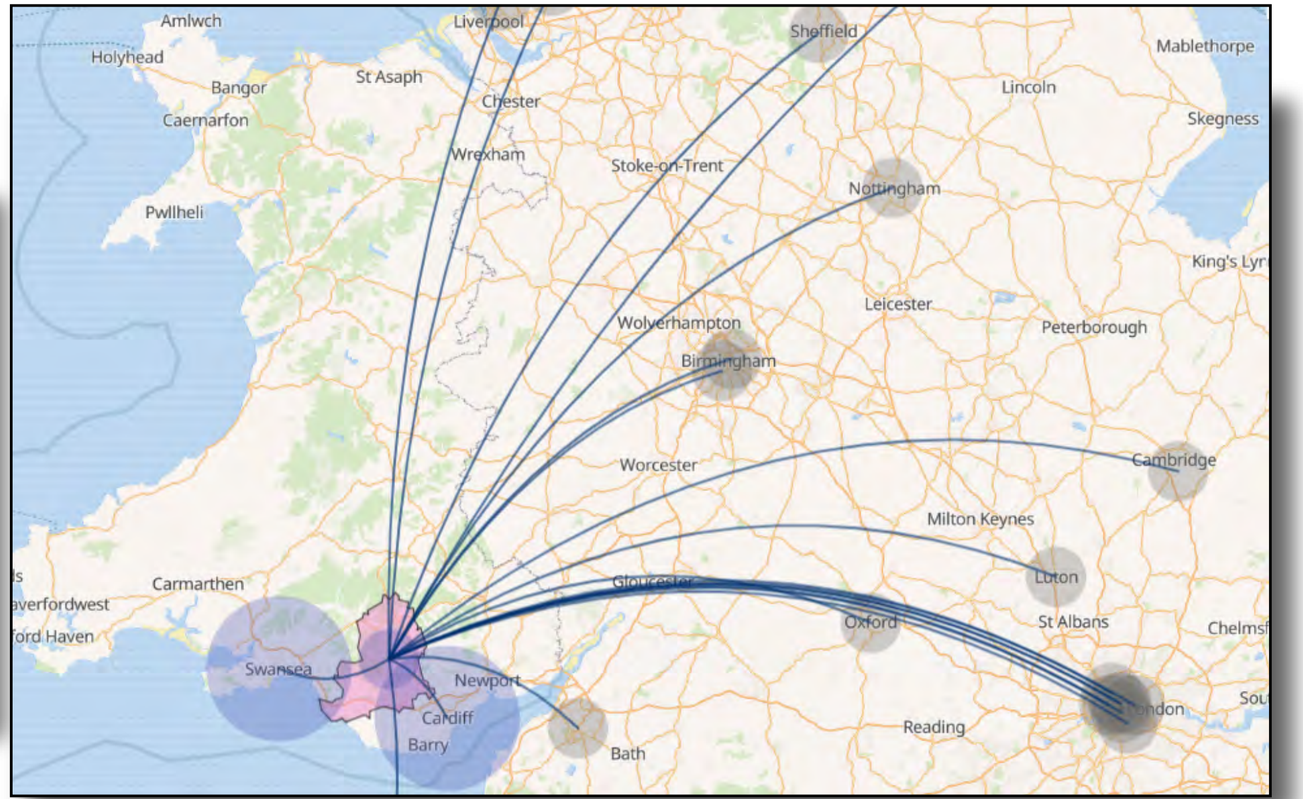
Annual Health Board Engagement with the NHS Wales Joint Commissioning Committee (JCC)

Activity and Patient Flows: Cwm Taf Morgannwg

What we do:

In 2025/2026, NWJCC enabled access for **over 2200** patients from **Cwm Taf Morgannwg** to the most appropriate care and treatment from across the UK including;



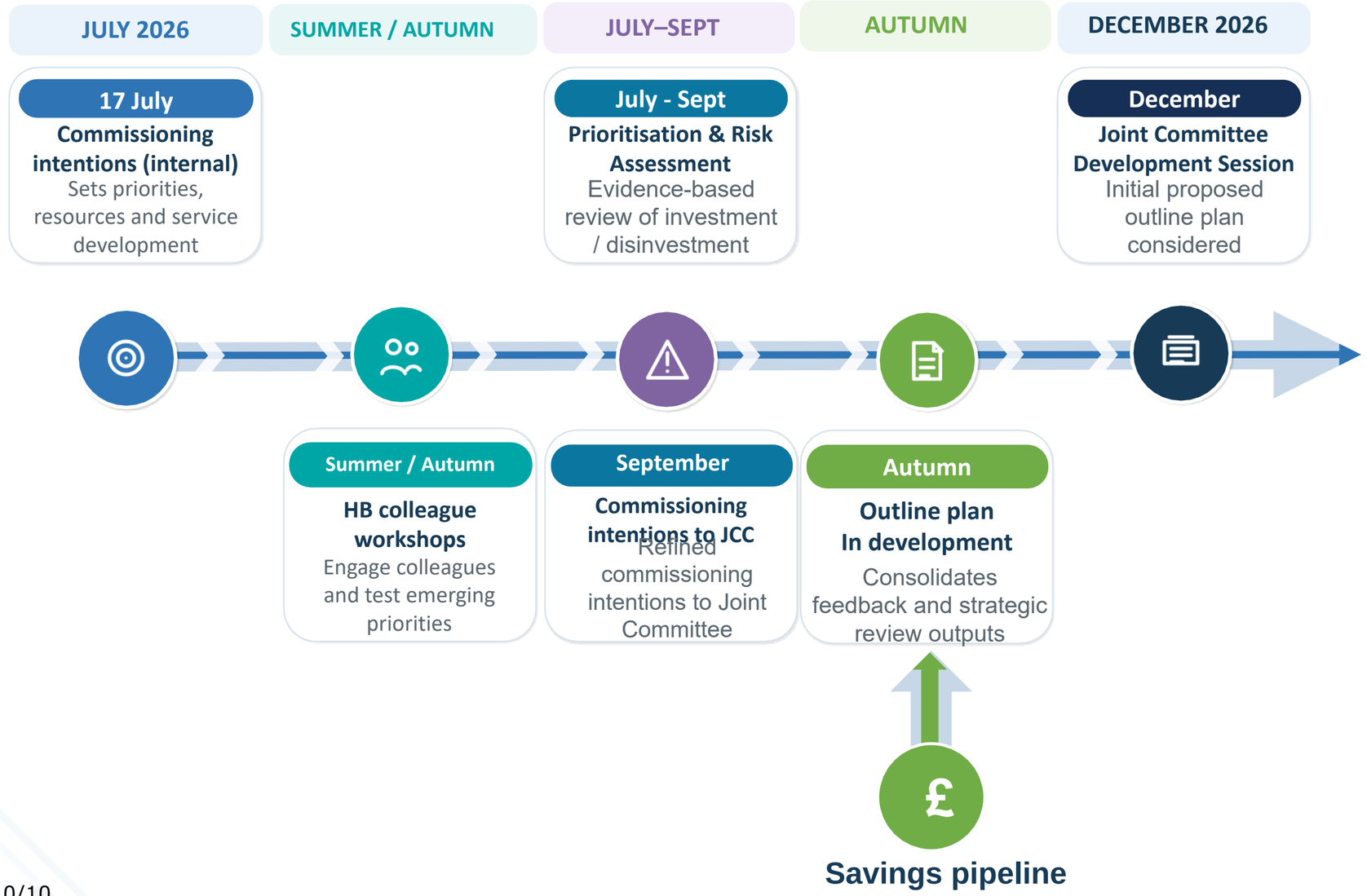


Annual Health Board Engagement with the NHS Wales Joint Commissioning Committee (JCC)

Activity source: DHCW Inpatient Activity (Note: Some specialist activity can't be disentangled from overarching specialties.)

Developing the IMTP 2027 - 2030

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee





CTMUHB Public Board

Health Visiting Industrial Action: Safeguarding Assurance, Risk and Recovery

Eitem yr Agenda / Agenda Item	4.1
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Richard Hughes, Executive Director of Nursing
Cyflwynydd yr Adroddiad / Report Presenter:	Richard Hughes, Executive Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing
Diben yr Adroddiad / Report Purpose:	To provide strategic assurance on the Health Visiting industrial action, the associated safeguarding risks, the controls established by the Health Board and the recovery programme.
Argymhelliad (Wedi'i gysylltu â'r adran “Beth Nesaf” uchod). Recommendation (Linked to the “What Next” section above).	The Board are being asked to: • NOTE the qualified assurance position and the principal residual risks set out in this paper. • SCRUTINISE whether current controls remain adequate and sustainable while industrial action continues. • SUPPORT regular exception-based reporting on review completion, unmet need, residual risk, workforce capacity and recovery. • ENDORSE continued multi-agency validation, information sharing and escalation through established safeguarding governance. • NOTE that detailed confidential assurance is maintained through private Board and safeguarding routes.

Public reporting note

This paper presents information at a level appropriate for an open Board meeting. It excludes child-level or potentially identifiable information, detailed live operational vulnerabilities, exact staffing deployment, partner-specific intelligence and material that could prejudice industrial relations or safeguarding activity. Detailed assurance remains available to the Board through private governance routes.

Core position

Essential and statutory safeguarding functions have been prioritised through a risk-based model. Reduced universal Health Visiting contact continues to limit opportunities to identify hidden or emerging vulnerability, workforce capacity remains materially constrained, and sustained recovery is required.

1. Executive summary

This public paper provides strategic assurance on the Health Visiting industrial action, the associated safeguarding risks, the controls established by the Health Board and the recovery programme. It is intended to support transparent Board scrutiny while protecting confidential safeguarding, workforce and operational information.

The evidence supports qualified rather than absolute assurance. A structured system is operating to identify, assess, prioritise, allocate, track and escalate known or referred safeguarding risk. Priority cohorts have been reviewed, enhanced governance is in place, and multi-agency information is being used to strengthen Health Visiting intelligence. Reduced universal contact, however, cannot fully reproduce the preventative and protective benefits of the Healthy Child Wales Programme, particularly for children whose vulnerability is not already known to services.

The service supports a large population of children aged 0 to 5. Available Health Visiting capacity remains materially below the normal establishment. Centralised locality arrangements, a Single Point of Access, specialist safeguarding screening, live tracking, targeted deployment and command oversight have enabled essential activity to continue, but universal, enhanced and preventative provision has been reduced.

A child-by-child review covering more than 1,000 children and families has prioritised those with statutory safeguarding involvement and wider vulnerability. Review, validation, quality assurance and exception reporting continue. This public paper withholds more detailed cohort numbers, case status, and intervention data to protect confidentiality and the integrity of active safeguarding activity.

Proposed overall judgement

Qualified assurance: controls and governance are operating, and priority risk is being actively managed, but significant residual risk remains because universal visibility is reduced, workforce capacity is constrained, records require further integration and recovery demand is accumulating.

Decisions and assurances sought

- Note the qualified assurance position and the principal residual risks set out in this paper.
- Scrutinise whether current controls remain adequate and sustainable while industrial action continues.

- Support regular exception-based reporting on review completion, unmet need, residual risk, workforce capacity and recovery.
- Endorse continued multi-agency validation, information sharing and escalation through established safeguarding governance.
- Note that detailed confidential assurance is maintained through private Board and safeguarding routes.

2. Context and purpose

Industrial action has caused a sustained reduction in available Health Visiting capacity. The Health Board has therefore moved from short-term continuity arrangements to a risk-based operating model that prioritises statutory safeguarding activity, new births, high-risk contacts and concerns received from families and professionals. This is necessary but represents a material reduction from the full universal, enhanced and intensive offer.

The paper presents a single strategic account of the current assurance position, describes the principal controls, identifies residual risks and dependencies, and sets out the priorities for safe recovery. Detailed operational material is not included in the public version.

Strategic and statutory framework

The approach aligns with the Social Services and Well-being (Wales) Act 2014, the Children Act 1989, the Wales Safeguarding Procedures 2019, the Healthy Child Wales Programme, the Healthy Child Wales Quality Assurance Framework, and relevant Nursing and Midwifery Council standards. These frameworks support child-centred, proportionate, evidence-based and multi-agency decision-making, with clear recording and escalation.

3. Current assurance position

Domain	Judgement	Public assurance statement
Immediate child safety review	Qualified assurance	Priority cohorts have been reviewed, and wider cohort work continues. Validation, quality assurance and final exception reporting remain in progress.
Workforce and capacity	Limited assurance	Essential functions are prioritised, but capacity is materially reduced, and the current model is not sustainable indefinitely.
Safeguarding systems and governance	Qualified assurance	Live tracking, specialist screening, multi-agency routes and command oversight are operating. Effectiveness continues to be tested.
Universal prevention and early identification	Limited assurance	Reduced routine contact diminishes opportunities to identify hidden harm, developmental need and emerging inequalities.
Recovery readiness	Developing assurance	Recovery planning is progressing, but workforce restoration, deferred contacts, data quality and follow-up capacity require a fully sequenced plan.

4. Child-by-child safeguarding review

The review supports identifying children whose planned Health Visiting contacts may not have taken place as expected. It aims to ensure that any unmet health, developmental or safeguarding needs are recognised and addressed promptly, with appropriate follow-up arrangements in place. Assessments are informed by professional judgement, structured risk assessment and collaboration with partner organisations.

Reported progress

Measure	Public position
Review scope	More than 1,000 children and families, including statutory safeguarding cohorts and wider vulnerable groups.
Priority cohort review	Priority statutory cohorts have been reviewed, with wider validation and quality assurance continuing.
Intervention and follow-up	Children requiring contact, further information, referral or escalation are tracked through the live assurance process.
Detailed figures	Exact cohort, locality, case-status and intervention figures are reserved for confidential governance reporting.

A finding that no visit was required at a particular point is not a final assurance statement. Decisions depend on the information available, protective factors, other professional involvement and contemporaneous professional judgement. Cases must remain capable of reactivation when new intelligence emerges, with quality assurance testing consistency and proportionality.

5. Workforce, capacity and service impact

Workforce pressures continue to challenge Health Visiting capacity. The public report does not include detailed workforce information, including staffing deployment, vacancies, and resilience arrangements, as these are operational matters managed through established governance processes. The Board continues to receive regular assurance on workforce risks, capacity and mitigation measures through confidential reporting arrangements.

Service model and mitigations

- Centralised locality arrangements coordinating available capacity.
- Senior professional oversight and allocation of priority work.
- A Single Point of Access for families and professionals.
- Specialist safeguarding screening and risk assessment.
- Targeted use of the wider skill mix within competence and governance.
- Daily operational review, live tracking, escalation and regular safeguarding assurance.

Interpretation of activity

Ongoing contact and safeguarding activity provide evidence that essential functions continue, but activity volume must not be treated as proof that the full universal offer has been maintained. Assurance reporting should distinguish activity, unmet need, missed contacts and outcomes.

Workforce wellbeing and sustainability

The response has placed sustained pressure on a reduced workforce managing high-risk activity. Supervision, restorative support and wellbeing arrangements are in place. Workforce wellbeing remains a patient safety and safeguarding dependency, and not solely an employment matter.

6. Safeguarding governance and escalation

The governance model provides a line of sight from frontline practice to executive leadership and Board scrutiny. Public reporting describes the framework at a high level; detailed escalation thresholds, live risks and deployment decisions remain confidential.

Level	Primary function	Public evidence
Frontline/locality	Identify, record and escalate safeguarding or capacity concerns.	Clinical record and escalation documentation.
Operational command	Assess risk, prioritise, allocate, mitigate, and track immediate work.	Daily review and documented controls.
Tactical command	Coordinate support, review cumulative risk and deploy resources.	Escalation, resource and unresolved-risk records.
Strategic command	Provide strategic direction, executive accountability and external escalation.	Executive decisions and strategic actions.
Committee / Board	Independent scrutiny, challenge and request for further assurance.	Committee and Board reporting.

Assurance gaps requiring continued attention

- Consolidation of decision, escalation, action and closure evidence.
- Consistent data quality and professional rationale in live tracking and clinical records.
- Evidence that escalation leads to action and that action reduces risk.
- Clear distinction between operational activity and safeguarding outcome.
- Continued partner validation and second-line quality assurance.

7. Principal residual risks

Risk	Current controls	Further assurance required
Hidden or emerging harm	Single point of access, partner intelligence, safeguarding routes, review and targeted contact.	Cross-system validation and evidence of action for newly identified children.
Missed developmental or preventative need	Targeted provision, skill mix and review of deferred contacts.	Sequenced recovery, safe follow-up capacity and outcome monitoring.
Workforce exhaustion and specialist capacity	Supervision, restorative support and deployment review.	Workforce risk measures, safe caseload oversight and restoration actions.
Fragmented records and delayed review	Live tracking, professional review and partner triangulation.	Improved record access, data standards and audit.

Risk	Current controls	Further assurance required
Inconsistent multi-agency visibility	Established safeguarding and access routes.	Agreed minimum dataset, responsibilities and escalation standards.
Backlog and unsafe recovery demand	Risk-based prioritisation and emerging recovery arrangements.	Phased, resourced plan that matches follow-up demand to capacity.
Weak audit trail	Action tracking, risk and governance records.	Decision log, closure evidence, exception reporting and documented impact.

8. Recovery and improvement programme

Completing the safeguarding review will provide an assurance baseline, but it will not restore workforce capacity, universal contact, prevention, record accessibility, or deferred activity. Recovery must be risk-based, phased, resourced and explicit about what can safely be delivered.

Workstream	Priority action	Evidence of completion
Safeguarding assurance	Complete review, validation, quality assurance and exception management.	Reconciled reporting and closed or actively managed exceptions.
Workforce restoration	Progress recruitment, retention, vacancy management and safe deployment.	Workforce trajectory, competence, supervision and wellbeing evidence.
Universal service recovery	Prioritise deferred contacts and define a safe restoration sequence.	Recovery milestones, completed contacts, unmet need and outcomes.
Digital and records	Improve secure access, data standards and live tracking.	Data-quality audit and evidence of reliable retrieval.
Multi-agency working	Formalise validation, information sharing and escalation.	Approved arrangements, named leads and resolved discrepancies.
Quality and learning	Use audit, training, case review and independent enquiry.	Findings, measurable actions and sustained improvement.
Experience	Use family and workforce experience to inform recovery.	Reported themes and demonstrable service changes.

Principles for safe recovery

- Prioritise according to current risk and need, not chronology alone.
- Do not initiate activity that creates follow-up demand beyond safe capacity.
- Protect specialist safeguarding capacity for review work and wider statutory responsibilities.
- Maintain transparent communication with families, staff, partners and oversight bodies.
- Test impact and outcomes, not only completion of tasks.
- Escalate deterioration in risk without waiting for routine reporting cycles.

9. Recommendations

Recommendation	Rationale
Maintain qualified assurance	Controls and progress are evident, but universal visibility, workforce capacity, record access and final validation remain constrained.
Complete and reconcile the review	Provide clear cohort completion, quality assurance, interventions, exceptions and residual risk through appropriate governance routes.
Maintain a consolidated assurance record	Bring together actions, risks, decisions, escalation and closure evidence.
Agree regional validation arrangements	Set out the minimum dataset, secure route, accountable leads and escalation process.
Protect specialist capacity	Ensure deployment options have clear scope, professional governance and boundaries.
Approve a phased recovery plan	Address workforce, deferred activity, universal provision, communications, finance, digital support and outcomes.
Continue independent learning	Sequence independent review to complement immediate assurance and improvement.
Provide regular exception-based assurance	Focus on material changes, overdue actions, unresolved risk and evidence that controls are effective.

10. Conclusion

The Health Board has established a substantial safeguarding response to the consequences of Health Visiting industrial action. Available resources are directed towards children and families assessed as being at greatest risk, supported by structured review, specialist screening, live tracking, multi-agency triangulation, operational oversight and executive escalation.

Assurance remains qualified. Reduced universal contact limits early identification of hidden or emerging vulnerability, the workforce is under sustained pressure, records require further integration and the effectiveness of mitigations must continue to be tested. The immediate priority is to demonstrate completion of identified actions, visibility of residual risks and a safe, prioritised and sustainable recovery trajectory.

Recommended Board conclusion

The Board can take qualified assurance that enhanced safeguarding arrangements are operating and priority risks are actively managed. Close oversight should continue until review, validation, exception reporting and recovery provide evidence that risks have reduced and sustainable universal provision is being restored.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2: Ability to deliver improvements which transform care and enhance outcomes. The industrial action affects the Health Board's ability to deliver the full Health Visiting offer, with potential impacts on safeguarding, early identification and outcomes.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	The report supports the protection of children's health and wellbeing through safeguarding, prevention and early identification.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	All Enablers of Quality Apply
	All Enablers of Quality are relevant. The report addresses leadership and governance, workforce capacity and wellbeing, learning and improvement, information and record quality, and whole-system safeguarding arrangements.

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	No specific environmental sustainability impacts have been identified in relation to this report.

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality: NEUTRAL Summary of impact: No specific differential equality impact has been identified through this report. The risk-based arrangements described are intended to prioritise children and families according to assessed safeguarding risk and need. Outcome for Welsh Language: NEUTRAL Summary of impact: No specific impact on the Welsh language has been identified through this report. Existing Welsh language requirements continue to apply.
Canlyniad Asesiad Effaith Ansawdd	The quality and safety implications are addressed throughout the report, including the impact of reduced capacity, the controls in place

(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen) Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	and the residual risks requiring continued oversight.
Cyfreithiol / Legal	Yes (Include further detail below)
	The report relates to statutory safeguarding responsibilities and relevant professional and regulatory requirements, as outlined within the paper.
Enw da / Reputational	Yes (include further detail below)
	There is a potential reputational impact if safeguarding risks and service recovery are not managed and communicated effectively.
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (include further detail below)
	There are workforce and potential resource implications associated with maintaining essential services and supporting safe recovery. Any detailed financial implications are considered through the appropriate planning and governance arrangements.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

Appendix 1. Public action framework

Action	Lead forum	Public evidence	Status
Complete and reconcile review cohorts	Quality and Safety governance	Cohort assurance and exception reporting	Open
Validate against partner datasets	Regional safeguarding governance	Reconciliation and discrepancy management	Open
Consolidate decision and action records	Quality and Safety governance	Single assurance log with closure evidence	Open
Agree information-sharing arrangements	Regional safeguarding governance	Approved arrangement and named leads	Open
Confirm specialist capacity and governance	Quality and Safety governance	Capacity and professional governance assurance	Open
Approve phased recovery plan	Board / Quality and Safety governance	Milestones, resources, risks and outcomes	Open
Receive independent learning	Board and safeguarding governance	Findings and improvement plan	Planned
Monitor experience and learning	Board and safeguarding governance	Experience, audit and learning themes	Developing

Board Action Log									
Name of Meeting: CTM Health Board									
Committee Chair: Jonathan Morgan UHB Chair									
Date of meeting the action originated from	**Minute Item reference**	**Minute Reference Page Number**	**Item Title / Summary**	**Nature of Action**	**Lead Officer**	**Lead Executive**	**Timescale for action to be completed**	**Status of Action**	**Narrative Progress Update**
27.11.2025	5.4.1	Page 6	Quality, Safety & Experience Committee Highlight Report 23 September 2025	Executive Directors to ensure a plan was developed and put into place to address the concerns raised regarding Special School Nursing.	Executive Directors	Executive Directors	29/01/2026 Was 28 July 2026. **Now 27 October 2026**	Open	**In Progress** This matter is being discussed at the Operational Delivery Committee and it was agreed at the May 2026 meeting that a report outlining the plan to address the position will be presented to the July 2026 meeting. **Briefing not yet provided to ODC. Further paper written and with Executive Director of Nursing for review/ discussion and advice on way forward so not ready yet for wider sharing**
21.05.2026	3,1	Page 6	Option Appraisal Future of Health Services in the Llynfi Valley	An engagement plan for the next phase of the Llynfi Valley Health and Wellbeing Centre project is to be brought back to the Board in July, including clear plans for reaching seldom-heard groups, staff, younger people, families and trusted community networks.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	30.07.2026	Proposed for Closure	**Completed** This item was received and discussed at the July 2026 Board meeting
21.05.2026	3,1	Page 6	Option Appraisal Future of Health Services in the Llynfi Valley	A timeline and further update on the work with Bridgend County Borough Council regarding community beds is to be provided to the Board.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	30.07.2026	Proposed for Closure	**Completed** An update on the position regarding Community Beds was provided by the CEO at the July 2026 Board
21.05.2026	3,1	Page 6	Option Appraisal Future of Health Services in the Llynfi Valley	Further work is to be progressed with Bridgend County Borough Council and partners on the future use of the Maesteg Hospital site, with engagement to be considered separately from engagement on the new health and wellbeing centre.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	30.07.2026	Proposed for Closure	**Completed** An update on this was included in the engagement plan update which was received for discussion at the July 2026 Board meeting
21.05.2026	6,2	Page 14	Chief Executives Report	The Board to receive a feedback report and proposed way forward on the nurse shift pattern consultation at its July meeting, including an update on staff communication and implementation planning.	Executive Director for People	Executive Director for People	30.07.2026	Open	**Proposed for Closure - Completed** This item was received and discussed at the July 2026 Board meeting
21.05.2026	7,1	Page 18	Month 12 Finance Update	An update on the Efficiency Savings Plan, including progress against the increased level of savings ambition for the current year, is to be provided to the Board at a future meeting.	Executive Director for People/ Executive Director for Strategy & Transformation	Executive Director for People/ Executive Director for Strategy & Transformation	26.11.2026	Open	**In progress** An update on the Efficiency Savings Plan is scheduled to report to the Operational Delivery Committee (ODC) in October and any matters of concern will be escalated to Board via the ODC Highlight Report which will report into the November or January Board meeting depending on timing
21.05.2026	7,1	Page 18	Month 12 Finance Update	Further analysis to be brought to the Strategic Development Committee to demonstrate changes in spend, service improvement and investment	Executive Director of Finance	Executive Director of Finance	19.08.2026	Open	**Proposed for Closure** This matter was presented to the August meeting of the Strategic Development Committee

21.05.2026	7,2	Page 18	Financial Accountability & Budget Framework 2026 /27	Further detail to be provided outside the meeting, to the Vice Chair on the recurrent deficit figures, including the distinction between the £9.2m and £18.8m values.	Executive Director of Finance	Executive Director of Finance	30.07.2026	Open	**Proposed for Closure** The Executive Director of Finance has advised that she is in the process of sharing further information with the Vice Chair regarding this detail.
30.07.2026	4,4	Page 6	Health Visiting Industrial Action: Quality & Safety Summary	Safeguarding services to provide the Board with a more detailed summary of the work being undertaken over the summer to ensure opportunities to see children in community settings are being used effectively.	Executive Director of Nursing	Executive Director of Nursing	24.09.2026	Open	**On agenda** This item is on the agenda for discussion at the September 2026 Board meeting
30.07.2026	4,4	Page 6	Health Visiting Industrial Action: Quality & Safety Summary	A further update on Health Visiting industrial action should be scheduled for the September Board meeting, reflecting on the summer period, the start of the new academic term, ongoing risks, mitigations, and recovery planning.	Executive Director of Nursing	Executive Director of Nursing	24.09.2026	Open	**On agenda** This item is on the agenda for the September 2026 meeting
30.07.2026	5,1	Page 11	Chairs Report	The affixing of the common seal section of the report to be amended to address the comments made by H Lentle regarding the wording of two agreements.	Head of Corporate Governance & Board Business	Director of Corporate Governance	30.07.2026	Open	**Proposed for Closure- Completed** This has been actioned and the report amended
30.07.2026	5,2	Page 13	Chief Executives Report	Further detail on community bed reconfiguration to be presented to the Board in the autumn, particularly in relation to Bridgend.	Chief Operating Officer	Chief Operating Officer	26.11.2026	Open	**In progress** This item is scheduled to be presented to the November 2026 Board meeting
30.07.2026	5,2	Page 13	Chief Executives Report	Further update to be provided to the Board in the autumn on the national mental health services plan, including work to strengthen community-based support and reduce reliance on inpatient beds.	Chief Operating Officer	Chief Operating Officer	22-okt-26	Open	**In progress** A briefing will be provided to the Board on 22 October 2026 from NHS Performance & Information Team regarding the national plan. It is anticipated that the national plan will be formally presented to the Board in January 2027
30.07.2026	5,3	Page 14	Speaking up Safely Update	Incorporate Speaking Up Safely metrics into future people reporting, to support oversight of cultural impact and provide assurance that increased reporting reflects a culture in which staff feel able to raise concerns.	Director of Corporate Governance/ Executive Director for People	Director of Corporate Governance/ Executive Director for People	31-des-26	Open	**In progress** The Speaking up Safely co-ordinator is working with the People Directorate to see how the SuS metrics can be incorporated into future performance reports. A meeting will be held on 13 October to discuss this further and it is anticipated this action will be completed by end of December 2026
30.07.2026	7,1	Page 16	Primary & Community Care Development	A further focused discussion should be scheduled for a future Board Development session on primary and community care, including future service requirements and patient access through the NHS Wales App.	Director of Corporate Governance	Director of Corporate Governance	Date to be confirmed	Open	**In progress** Added to the forward plan for Board Development business. Date to be confirmed
30.07.2026	7,4	Page 18	Integrated Performance Report	Chief Operating Officer to confirm the detailed improvement trajectory for adult mental health services, particularly psychological therapies, outside the meeting.	Chief Operating Officer	Chief Operating Officer	30-jul-26	Open	**In progress** Awaiting further information from the Chief Operating Officer

Board Action Log

Name of Meeting: CTM Health Board
Committee Chair: Jonathan Morgan UHB Chair

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
31.07.2025	3,1	Page 4	LISTENING & LEARNING STORY – Transition of Care from Paediatrics to Adult Services	Update to be presented to the Board in 12 months' time outlining the progress made in this area. Update to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation	Executive Medical Director	Executive Medical Director	jul-26	Closed	**Completed** This was included in the Listening & Learning Stories You Said, We Did overview received at the November 2025 Board
21.05.2026	3,4	Page 11	Specialist Palliative Care Services	Implementation assurance should be provided through the Operational Delivery Committee following the planned implementation in September, noting the Organisational Change Process must conclude before detailed implementation planning can progress	Chief Operating Officer	Chief Operating Officer	30.07.2026	Closed	**Completed** This item has been added to the forward plan for the Operational Delivery Committee
21.05.2026	7,4	Page 20	Capital Programme Update 2025/26 and 2026/27 Report	A communications and engagement plan is to be developed to support the proposed disposal of Pontypridd Cottage Hospital, including engagement with elected representatives and local stakeholders.	Director of Communications, Engagement and Fundraising	Director of Communications, Engagement and Fundraising	30.07.2026	Closed	**Completed** The Communications and Engagement Team have met with Estates to determine the schedule and required communications. Communications Project Lead has been assigned.

Version 1 June 2026

CTMUHB Public Board

Quality, Safety & Experience Committee Highlight Report

Eitem yr Agenda / Agenda Item	4.4.1
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter:	Carolyn Donoghue, Committee Chair, Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 21 July 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Quality, Safety & Experience Committee is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.

2.2 The Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.
- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Board in relation to the CTMUHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

3. Highlight Report

Alert / Escalate	Members received a report on Patient Boarding and Flow Management. Members expressed concern about the increasing use of boarding, including outside periods of winter pressure, and the risk that it could become normalised within operational practice, together with the negative impact on patient and staff experience. Members welcomed that a formal review had been commissioned to assess practice, risks and policy compliance prior to the next period of winter. An update was provided in relation to the Health Visitor Industrial Action and the mitigations that had been put into place. Members noted that whilst universal health visiting was not being delivered, a risk-based approach was in place. Members noted that a substantive update would be shared at the Board meeting taking place on 30 July 2026.

	An update was sought by Llais Cymru in relation to the current position regarding sustainability of Special School Nursing given the opening of a new school. The Executive Director of Nursing committed to seeking an update from the Children & Families Care Group and Executive Management Board in regard to the latest position.
Advise	Members received a presentation on the Falls Prevention Service ("Don't Fall for It") noting that this was a new community based, self-referral falls prevention service which reported strong demand, peer support benefits, measurable improvements in patient confidence, risk reduction and improved quality of life. Members noted that capacity was outstripped by demand, noted the need for MDT integration and a regional pathway to address fragmented falls prevention across Cwm Taf Morgannwg. Members received a spotlight presentation on Hospital at Home. Members noted the service reduced delayed bed days, improved patient flow, and enabled earlier discharge. Members also noted challenges relating to delays in transferring some patients to longer term packages of care, workforce gaps and the need for a skill mix review. Members noted that admission avoidance pathway development was a priority area of focus for the service. Members received a spotlight presentation on Nutrition & Catering. Members noted that standardised catering bed plans were in place, alongside an improvement in training and compliance with Welsh Nutrition Standards. Members noted that staff retention and sickness remained challenging, with a lack of dedicated catering dietitian and noted the need for improved patient feedback and digitalisation. Members received a report on Maternity & Neonatal Assurance ("Path to Safer Beginnings"). Members noted the positive implementation of digital maternity tool (BadgerNet), the introduction of a new oversight group, improved governance, and rapid review processes. Members noted ongoing estate and workforce challenges and the need for clear gap analysis and assurance reporting to Board. A closure report on Sexual Health Safeguarding was received. The report confirmed that strengthened governance, audit, and real-time safeguarding assessment was now in place. Members highlighted ongoing opportunities to improve digital forms and age verification processes and noted the need for continued audit and assurance.

	The Infection Prevention & Control Annual report was received. The report highlighted that an expanded community IPC service was in place and that there was improved data intelligence and high engagement with care homes in place also. Members noted that medical and dental staff training compliance was low and that there was a need for a tailored approach and improved data capture to address this.
Assure	The Committee received the Committee Annual Self Effectiveness Survey Outcome 2025-6 & Improvement Plan. Members noted the comments made in relation to the greater use of Welsh language in Committee meetings and noted this would be explored further by the Corporate Governance Team. The Committee Terms of Reference were received and noted.
Inform	The following items were received via the consent agenda for approval: • Unconfirmed Minutes from the meeting held on 3 June 2026 • Unconfirmed Minutes from the In Committee held on 3 June 2026 The following items were received via the consent agenda for noting: • Non Routine Committee Business (Forward Plan) • Annual Cycle of Business • Controlled Drug Accountable Officer (CDAO) Report: April 2025 – March 2026 • National Prescribing Indicators • Human Tissue Act Compliance Report • Organ Donation Sub Committee Highlight Report • Clinical Audit Update – for Awareness on Clinical Outcomes from Audits Report (January – June 2026)
Appendices	Not applicable

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework	Strategic Risk 2
	If more than one applies please list below:

(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome	Not applicable	

(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

Version 1 June 2026

CTMUHB Public Board

Operational Delivery Committee Highlight Report

Eitem yr Agenda / Agenda Item	4.4.2
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Rachel Rowlands, Committee Chair, Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Deputy CEO/Chief Operating Officer
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care
	If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Operational Delivery Committee at its meeting on 28 July 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Committee is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.

2.2 The Committee ensures that evidence based, and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within CTMUHB's Integrated Medium Term Plan.

3. Highlight Report

Alert / Escalate	The Committee agreed to escalate the following matters to the Board for oversight: • Month 3 Finance & Performance Report – The Committee noted a Month 3 in-month deficit of £2.2m and a year-to-date deficit of £7.4m. The principal pressures included a savings shortfall, adverse operational variances, primary care medicines costs, mental health Continuing Healthcare packages and clinical negligence expenditure. Recovery plans and anticipated accounting gains were expected to reduce the remaining financial gap, although further mitigating action was required to maintain the forecast breakeven position. Care groups were reported to be committed to expenditure control, but delivery confidence was described as approximately 70%, with some pressures being less directly controllable. The Committee received assurance that enhanced controls were in place covering recruitment, sickness absence, bank and overtime expenditure, nursing agency usage, additional medical duties and agency staffing. Care group recovery plans were being reviewed and tested, and the aim was to have a fully developed route to delivery by Month 5. Members

	requested continued assurance on the effectiveness of these measures and delivery of the breakeven forecast. • Integrated Performance Dashboard – The Committee expressed concern regard Delayed Transfers of Care and package of care delays. Although Hospital at Home was reported to be having a positive impact on Pathway 1 delays in Rhondda Cynon Taf and Merthyr Tydfil, the position in Bridgend remained challenging. Pathway 3 delays involving complex placements had increased, with average lengths of stay rising by approximately three to four days. Members noted the impact on patient flow, emergency care performance, rehabilitation pathways and organisational resilience, including the ability to respond to a major incident. Further escalation with local authority partners was planned ahead of winter.
Advise	• Capital Programme Update - The Committee noted that the 2026/27 capital programme was just under £140m, representing the Health Board's largest capital programme to date. Delivery risk remained because of the scale and complexity of the programme and the concentration of expenditure later in the financial year. Welsh Government was being kept informed of potential reprofiling requirements. The Health Board had also submitted bids totalling approximately £9.6m against additional funding for estates, backlog and digital investment. • Facilities Performance Report – The Committee noted the significant improvement in workforce metrics and engagement and acknowledged the risks around sickness absence and workforce sustainability. The Committee noted the continued development of benchmarking and performance data. • Draft Committee Annual Report 2025-26 - The Committee considered the Draft Annual Report and agreed to Endorse for Board Approval, subject to correction of attendance records. Members identified inaccuracies in the recorded attendance of Independent Members, which will be reviewed and amended prior to submission to the Board in September 2026. Overall, members were content that the report provided an appropriate summary of the Committee's work and governance activity during the year. • Review of the Committee Terms of Reference - The Committee completed its annual review of the Terms of Reference and noted that no amendments were proposed following the review. Members discussed committee

membership and attendance arrangements, particularly the role of Executive Directors, and received clarification that the current arrangements reflect the NHS Wales governance framework for scrutiny committees.

- Outcome of the Committee Self Effectiveness Survey 2025-26 - The Committee considered the outcome of the 2025/26 Self-Effectiveness Survey and noted that feedback was generally positive regarding the effectiveness of meetings, quality of papers and committee leadership. Key themes identified for further development included agenda length and complexity, strengthening assurance and governance arrangements, increasing the use of the Welsh language and enhancing member development opportunities. Members supported the proposed development actions and agreed that the findings should inform the wider review of committee effectiveness currently underway.

- Digital and Data Delivery Report - The Committee noted the successful implementation of BadgerNet across maternity services and preparations for Electronic Prescribing and Medicines Administration (EPMA) deployment at the Royal Glamorgan Hospital. It also considered the substantial increase in Subject Access Requests, from a historic level of approximately 10 to 15 per year to more than 80 already received in the current year. The issue had been self-declared to the Information Commissioner's Office and further information had been provided. Members recognised the significant workload created by searching and redacting records and thanked the Digital and Information Governance teams for their delivery.

- Speaking up Safely - The Committee noted that Speaking Up Safely was now fully operational and that around two-thirds of staff responding to the staff survey reported feeling able to speak up. Members recognised that low case numbers should not be interpreted as evidence that few concerns exist, as reporting levels may reflect awareness, confidence and psychological safety. The Committee welcomed the Internal Audit outcome of 'reasonable' assurance overall and 'substantial' assurance regarding staff awareness of the process.

- Health & Wellbeing Action Plan Update - The Committee received an update on the Health and Wellbeing Action Plan and noted that, while in-month sickness absence had improved for five consecutive months, the rolling 12-month sickness absence rate remained high at 7.54%, with more than 800 staff absent on any given day. Members welcomed

	the enhanced management interventions now in place, including strengthened case management, attendance monitoring, manager training and targeted support for operational areas. The Committee requested ongoing assurance regarding the effectiveness of these interventions and their impact on reducing sickness absence and improving workforce wellbeing.
Assure	• Organisational Risk Register – The Committee welcomed improvements to the readability and consistency of the Organisational Risk Register, including plain-language risk descriptions and a clearer structure covering controls, gaps and actions. Further work was underway to review high residual risk scores and triangulate them against Datix and other evidence. The Committee sought clearer assurance on how operational risks managed below committee level are monitored, escalated and reported, particularly where detailed risks are aggregated into broader organisational risks. • Integrated Medium-Term Plan (IMTP) - The Committee received the Quarter 1 IMTP Progress Report and noted progress against the Health Board's strategic priorities. Members were advised that the Women's Health Hub had been recognised as an exemplar service for Wales, while continuing work was underway to strengthen monitoring of population health, frailty and diabetes outcomes. The Committee also noted ongoing discussions with Welsh Government regarding performance escalation arrangements and supported the inclusion of additional detail on IMTP enabling actions in future reports to strengthen oversight and assurance. • Integrated Performance Dashboard – The Committee noted a broadly static position for 12-hour performance and deterioration in 8-week diagnostics, 62-day cancer performance and 104-week waits. These trends had been anticipated within the investment-free IMTP, and mitigation plans were linked to elective recovery activity. Members also requested further reporting on delayed discharges, Hospital at Home outcomes, productivity and childhood vaccination uptake. • Workforce Metrics Report - The Committee noted continued workforce growth across the organisation, with staffing levels remaining above previous years, although a slight reduction in whole-time equivalent (WTE) staffing had been observed over the most recent three-month period. Staff turnover continued to reduce, with retirement

	remaining the primary reason for leaving. Members also noted ongoing retention initiatives, improvements to workforce reporting through the introduction of enhanced WTE metrics, and continued support for the wider financial recovery programme through workforce controls and recruitment management. The Committee recognised the importance of workforce productivity, attendance and retention in delivering organisational objectives and requested ongoing assurance regarding the impact of workforce interventions. • People Metrics in Estates and Facilities - The Committee received an update on the Facilities workforce metrics and noted that the service continues to face significant workforce challenges, particularly an ageing workforce, recruitment difficulties and high levels of sickness absence. Members noted encouraging progress in reducing sickness absence, with Facilities reporting a reduction from previous levels and improvements in long-term absence management through enhanced case management, attendance monitoring and wellbeing support. The Committee recognised the positive progress being made but noted the continued need to focus on workforce sustainability, attendance improvement, recruitment, retention and succession planning within Facilities.
Inform	• The Committee Approved the Unconfirmed Minutes of the 30th April 2026. • The Committee Noted the following items: - Month 1, 2 and 3 Monitoring Returns to Welsh Government - Joint Commissioning Committee, Planning, Performance & Finance Committee Highlight Report. - St. David's Street Surgery – Additional Branch Surgery Application - Value Based Healthcare Steering Group Highlight Report
Appendices	None Identified.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd	Not applicable	

(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen) Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

CTMUHB Public Board

Stakeholder Reference Group Highlight Report

Eitem yr Agenda / Agenda Item	4.4.3
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Julie Powell-Jones Planning, Business Support Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	Endorse for Board Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to ENDORSE the highlights outlined in section 3 of this report and Note the Membership updates.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The Stakeholder Reference Group Highlight Report aligns to the CTMUHB IMTP by evidencing stakeholder engagement and partnership working that informs strategic decision-making and service improvement.

1. Introduction

1.1 This report has been prepared to provide the CTMUHB Board with details of the key issues considered by the CTMUHB Stakeholder Reference Group at its meeting on 17 September 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the CTMUHB Stakeholder Reference Group is to provide independent advice on any aspect of UHB business. This may include: -

- Early engagement and involvement in the determination of the UHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the UHB's operations on the communities it serves.

2.2 The CTMUHB Stakeholder Reference Group will:

- Provide a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making.

3. Highlight Report

Alert / Escalate	• Membership Update Two new expression of interests were received from: (1) Carers representation Merthyr Tydfil. (2) Welsh Ambulance Service. Both parties were endorsed by the SRG for escalation to the Board for approval on 24 September 2026.
Advise	Confirmation was received in respect to BCBC Membership representation. Enquiries as to a Young Persons' representative are ongoing.

	In relation to the Welsh Language Standards, Members were asked to inform the SRG of a Welsh Language representative/ nomination and also advised to contact the SRG should anyone wish to access future meetings through the medium of Welsh. SRG documents will continue to be circulated bilingually. Members were advised that the SRG Terms of Reference (TOR) require all members to confirm annually their mermership eligibility. An Eligibility Declaration will be circulated to all members to sign. Members were also informed that the TOR also provides guidance on membership tenure, stating that members may be appointed for up to three years and reappointed, with a maximum of five consecutive years of service. Members will be aproached to discuss their tenure arrangements
Assure	• <u>Llantrisant Health Park (LHP)</u> A presentation by the Infrastructure Programme Director and the Clinical Operations Director at Llantrisant Health Park (LHP), updated Members that LHP is a two-phase regional healthcare development that will improve access to diagnostic and planned surgical services across Southeast Wales. Phase One will provide new diagnostic and endoscopy facilities, while Phase Two will create a dedicated orthopaedic surgical hub for hip and knee replacements. Designed with significant input from clinicians and patients, the project aims to reduce waiting times, improve patient experience, support workforce development and increase regional healthcare capacity. Phase One is expected to open in 2028, with Phase Two following in 2029. • <u>IMTP / Strategic Clinical Services Plan</u> The Executive Director of Strategy & Transformation and Assistant Director of Strategy & Transformation provided a joint presentation highlighting the Health Board's long-term approach to transforming services through strategic initiatives including the Strategic Clinical Services Plan (SCSP) and how this strategic intent connects to the Integrated Medium-Term Plan (IMTP). The presentation highlighted the Health Board's vision to deliver more preventative, community-based care, supported by digital improvements, regional collaboration and better access to diagnostics. The emerging Strategic Clinical Services Plan aims

	to improve population health outcomes while reducing reliance on hospital care except where specialist treatment is required. The IMTP update confirmed progress in improving services despite ongoing performance and financial challenges. Future planning will be driven by population need and shaped through engagement with patients, communities, staff and partners as the Health Board develops its CTM 2030 vision for more sustainable healthcare services. • Doing With, Not To: Health, Housing and Community-Led Change in Cwm Taf Morgannwg The presentation by the Health, Housing & Innovation Programme Manager emphasised that most health outcomes are influenced by community, social and environmental factors rather than healthcare services alone. Through partnership working with housing associations, the Health and Housing Alliance is supporting communities to identify their own strengths, priorities and solutions. Examples from local communities showed that investing in community assets and encouraging resident-led activities can reduce isolation, improve wellbeing and strengthen community resilience. The key message was that empowering communities and building on local strengths can have a significant positive impact on health and wellbeing.
Inform	• Healthy Futures Maesteg programme The Head of Engagement & Involvement and Assistant Director of Transformation updated Members that the Healthy Futures Maesteg Programme is progressing as planned. Work is underway to prepare the business case, with submission planned in 2027, and the facility is expected to be operational by 2030. The programme aims to improve access to health and wellbeing services for the Maesteg and Llynfi Valley communities while ensuring the new facility provides modern, sustainable healthcare. A major focus of the update was the community engagement programme, which is currently underway. The Health Board is seeking views on the proposed new centre, the future of Maesteg Hospital, and opportunities to improve local health and wellbeing services. Following an initial digital engagement phase, a wider programme of face-to-face engagement events will take place across Maesteg and the Llynfi Valley from October onwards, with

	residents, community groups and stakeholders encouraged to participate and help shape future plans. • <u>Service Change</u> A summary of services changes was provided by the Assistant Director of Strategy & Transformation The update highlighted the Health Board's strengthened approach to managing and evaluating service changes, supported by a new Standard Operating Procedure to ensure consistency, transparency and appropriate public involvement. Several temporary service changes have been introduced in response to workforce and service pressures, including stroke, orthopaedic and gastroenterology services. The Health Board reported positive outcomes from some changes and emphasised that all service changes are subject to ongoing monitoring, patient feedback and formal review to ensure they continue to provide safe and effective care. Evaluation reports will be presented to the SRG as they are completed. • <u>Work Programme</u> The Work Programme was circulated prior to the meeting of the SRG on 17th September 2026 and informed several agenda items. <u>Any Other Business</u> None received.
Appendices	None.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Choose an item. If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:N/A Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable. The SRG business covers areas of interest for our residents. Service Change updates would have an assessment already completed.	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	No there is no direct reputational impact on the reputation of the Health Board as a result of the activity outlined in this report; however, the matters highlighted include potential quality, financial and reputational implications for ongoing management.
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	The matters outlined in this report do not give rise to any specific reputational concerns. Ongoing engagement through the Stakeholder Reference Group supports openness, partnership working and public confidence in the Health Board's decision-making processes.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome

Acronyms / Glossary of Terms	
PCH	Prince Charles Hospital
CTMUHB	Cwm Taf Morgannwg University Health Board
CTM	Cwm Taf Morgannwg
IMTP	Integrated Medium Term Plan
SRG	Stakeholder Reference Group
POWH	Princess of Wales Hospital
RCTCBC	Rhondda Cynon Taf County Borough Council
BCBC	Bridgend County Borough Council
LHP	Llantrisant Health Park
SOP	Standard Operating Procedures

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CTMUHB Public Board

Audit, Risk & Assurance Committee Highlight Report

Eitem yr Agenda / Agenda Item	4.4.4
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Kath Palmer, Vice Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary; Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Audit, Risk & Assurance Committee at its meeting on 4 August 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The role of the Committee is to advise and assure the Board on whether effective arrangements are in place, through the design and operation of the Health Board's system of assurance, to support decision-making and discharge the Board's accountabilities for securing the achievement of the Health Board's objectives in accordance with the standards of good governance determined for the NHS in Wales.

2.2 The organisation's system of internal control has been designed to identify the potential risks that could prevent Cwm Taf Morgannwg University Health Board achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur, and looks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how the assurance framework may be strengthened and developed further.

3. Highlight Report

Alert / Escalate	• Losses and Special Payments / Clinical Negligence Claims – The Committee noted a significant increase in the provision for medical negligence claims and concern that CTM appears to be an outlier in the number of new claims reported compared with other Welsh Health Boards. Given the potential implications for quality, safety, financial risk and organisational learning, the Committee agreed that this matter should be escalated to the Board, with further work to be undertaken jointly with the Quality, Safety & Experience Committee to understand the underlying causes, trends and required actions.
Advise	• Procurement and Post Payment Verification – The Committee received the report and reviewed compliance with procurement controls, including retrospective purchase orders, retrospective file notes and "No PO No Pay" transactions. Members discussed recurring issues associated with a small number of suppliers and considered whether these reflected increasing risk or systemic weaknesses. Assurance was provided that the position is not deteriorating

but remains an ongoing compliance challenge requiring continued monitoring, process improvements and staff training. Finance and Procurement are working with departments, suppliers and All Wales procurement forums to strengthen controls, improve compliance and reduce retrospective transactions.

- NWSSP Internal Audit – The Committee noted the Progress Report and a positive start to the 2026-27 audit programme, with improvements in the timeliness of management responses and report completion. The Committee also considered the Medical and Dental Sickness Absence Advisory Report, which identified inconsistencies in sickness absence recording processes and data capture for medical and dental staff. No assurance opinion was provided because the initial focus was to establish whether sickness absence was being consistently captured before assessing compliance with attendance management procedures. Management has developed a detailed action plan, and Internal Audit will undertake a follow-up assurance review during 2026-27. Members recognised the potential implications for workforce wellbeing, sickness reporting and performance management.

- Audit Wales – The Committee received the Audit Wales Progress Report and noted the forthcoming 2026 Structured Assessment work, which will focus on the effectiveness of corporate governance arrangements and the delivery of sustainable change through planning and IMTP processes. Audit Wales also reported that several performance audit reviews are nearing completion and highlighted recently published national insight work on urgent and emergency care, planned care and digital transformation.

- Audit Wales audit of Accounts Report Addendum – The Committee received the Report on the 2025-26 Accounts Audit and noted the positive assurance provided, including the limited number of recommendations and a reduction in outstanding prior-year audit actions, reflecting continued improvements in financial governance and control arrangements.

- Draft Committee Annual Report 2025-26 - The Committee considered the Draft Annual Report and agreed to Endorse for Board Approval, subject to minor amendments which will be reviewed and amended prior to submission to the Board in September 2026. Overall, members were content that the report provided an appropriate summary of the Committee's work and governance activity during the year.

	• Review of the Committee Terms of Reference – The Committee completed its annual review of the Terms of Reference. Members requested further consideration of whether assurance arrangements relating to Artificial Intelligence should be referenced within the Terms of Reference, reflecting emerging national audit guidance and evolving governance requirements.
Assure	• Local Counter Fraud Report – The Committee discussed and noted ongoing counter fraud activity, including delivery of awareness sessions, proactive risk assessments and the proposed introduction of a Fraud Preventative Figure methodology. Members also discussed the emerging risks associated with artificial intelligence and fraud and requested that developments continue to be monitored. • Annual Review of the Risk Management Strategy & Framework – The Committee received the annual review of the organisational risk management framework and was assured that the framework remains fit for purpose. Significant improvements have been made to the presentation and accessibility of the organisational risk register, including the use of clearer plain-language risk descriptions, improved differentiation between controls and actions, and work to aggregate related operational risks into broader strategic risks. • Organisational Risk Register – The Committee reviewed the Risk Register and welcomed the significant improvements to the presentation and accessibility of risk information, including the use of plain-language risk descriptions and clearer identification of controls, gaps and mitigating actions. Members discussed assurance arrangements for risks that sit below the organisational level, the calibration of risk scores to ensure they remain evidence-based, and the ongoing management of the Specialist School Nursing risk and sought further assurance regarding the management and mitigation timescales. The Committee received assurance that further work is underway to strengthen risk reporting, improve visibility of assurance pathways and support consistent organisational risk management. • Audit Recommendations Tracker – The Committee received the report and noted continued progress, with 456 recommendations now closed compared to 413 at the previous reporting period. Members discussed the relationship between long-outstanding audit actions and

	organisational risk exposure and requested further analysis to demonstrate the impact and significance of overdue actions and their associated residual risks. • In Committee – The Committee also received updates in closed session on: • The Organisational Risk Register – Business Sensitive Risks; Financial Control Procedure • Medical Variable Pay – Summary of Authorised Breaches • Local Counter Fraud Report – Cases Report • Internal Audit Report – Medical Job Planning Re-Audit
Inform	• The Committee Approved the following items: - Unconfirmed Minutes of the 19th May 2026 - Unconfirmed In Committee Minutes of the 19th May 2026 - Unconfirmed Minutes of the Extraordinary Meeting of the 24th June 2026. • The Committee Noted the following items: - Board Assurance Framework (presented to the Board July 2026) - The following Internal Audit Reports were received with Substantial or Reasonable Assurance ratings: ▪ Individually Commissioned Packages of Care ▪ Outpatients Booking Process – Final ▪ Risk Management – Final ▪ PCH Community Benefits ▪ Prince Charles Hospital Refurbishment: Section 3 Final Account ▪ Welsh Risk Pool – Final
Appendices	None Identified.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): Outcome for Equality: Neutral Summary of impact: Not applicable Outcome for Welsh Language (delete as appropriate): Outcome for Welsh Language: Neutral Summary of impact: Not applicable	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable	

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	No there is no direct reputational impact on the reputation of the Health Board as a result of the activity outlined in this report; however, the matters highlighted include potential quality, financial and reputational implications for ongoing management.
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	No there is no direct resource impact on resources as a result of the activity outlined in this report; however, the matters highlighted include potential quality, financial and reputational implications for ongoing management.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Audit, Risk & Assurance Committee	04/08/2026	Received and considered by the Audit, Risk & Assurance Committee.

Acronyms / Glossary of Terms	
ARAC	Audit Risk & Assurance Committee
CTMUHB	Cwm Taf Morgannwg University Health Board
IMTP	Integrated Medium Term Plan
NWSSP	NHS Wales Shared Services Partnership
PCH	Prince Charles Hospital
PO	Purchase Order
EWLIA	Equality and Welsh Language Impact Assessment

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CTMUHB Board

Board Effectiveness Review

Eitem yr Agenda / Agenda Item	4.5
Dyddiad y Cyfarfod / Date of Meeting:	24 September 2026
Statws Cyhoeddi / Publication Status:	Public Open session
Adroddiad wedi'i baratoi gan / Report Prepared by:	Director of Governance
Cyflwynydd yr Adroddiad / Report Presenter:	Director of Governance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Director of Governance
Diben yr Adroddiad / Report Purpose:	For assurance and discussion
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to NOTE the assessment of Board effectiveness and DISCUSS the findings, development opportunities and proposed areas of focus for 2027.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Sustaining Our Future This report supports strategic governance, assurance, leadership and organisational effectiveness, contributing to safe, effective and sustainable services.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The report supports the Annual Delivery Plan through its contribution to effective governance, assurance, leadership, organisational learning and continuous improvement.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Board is operating effectively, with evidence of constructive leadership, maturing assurance arrangements and sustained commitment to governance improvement. The review confirms that the next phase of development should focus less on structures and more on how assurance drives measurable improvement, organisational grip and outcomes for patients, staff and communities. This review draws together evidence from Board and Committee effectiveness reviews, Board development activity, leadership development facilitated through Silver Maple, Audit Wales structured assessment findings, Welsh Government accountability review evidence, organisational learning from external review and scrutiny, and reflections arising from the Independent Assessment of Cardiff and Vale University Health Board. The review recognises that Board effectiveness extends beyond governance compliance and should be considered in the wider context of organisational effectiveness, organisational grip, collective leadership, culture, assurance and organisational learning.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The evidence supports a positive overall assessment of Board effectiveness, while also identifying a clear maturity challenge: ensuring that assurance, scrutiny and development activity translate consistently into learning, action and sustained organisational improvement. Key strengths include a stable and constructive unitary Board, positive relationships between Independent Members and Executive Directors, continued investment in Board development, strengthened governance and assurance arrangements, successful recruitment and integration of new Independent Members and a willingness to learn from external challenge and organisational reviews. The Board has continued to reflect upon the lessons arising from the Independent Assessment of Cardiff and Vale University Health Board. The review reinforced the

	importance of organisational grip, accountability, leadership culture, assurance quality and collective responsibility. It highlighted that organisations can possess governance structures, committees and reporting arrangements yet still fail to achieve sustained improvement if those arrangements do not operate as a coherent system. The Board has also considered wider organisational learning arising from external review, scrutiny and challenge. These matters have provided important opportunities to strengthen assurance, escalation and organisational learning arrangements.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Subject to Board discussion, the next phase of Board development should focus on: • Further strengthening organisational grip. • Maximising the value derived from Board development sessions. • Continuing the development of assurance-led Committee working. • Increasing the use of Board stories and organisational learning. • Continuing to strengthen strategic focus. • Ensuring assurance arrangements provide confidence regarding outcomes and improvement rather than process alone.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	Recommendation The Board is asked to: 1. NOTE the assessment that the Board continues to operate effectively, with clear opportunities to further mature its assurance, learning and improvement arrangements. 2. DISCUSS the findings and consider whether the proposed areas of focus for 2027 provide sufficient challenge in relation to organisational grip, assurance quality, escalation, learning and outcomes.

	3. AGREE that any further refinement of the development priorities should be reflected through existing Board development, Committee effectiveness and assurance arrangements, rather than through a separate approval process.

1. Background / Context

1.1 The Board has a responsibility to regularly review its effectiveness and ensure that governance arrangements remain fit for purpose. Historically, Board effectiveness reviews have focused primarily on governance compliance and maturity assessments. Whilst these remain important, increasing emphasis is now placed on understanding how governance arrangements contribute to organisational effectiveness, leadership, culture, assurance and delivery.

1.2 Over the last 18 months, the Board has continued to invest significantly in governance improvement, leadership development and Board effectiveness. This has included:

- Continued embedding of the revised Committee structure.
- Committee effectiveness reviews.
- Development of the Board Assurance Framework.
- Board development sessions.
- Regular Board briefings and thematic updates.
- Reflection on external reviews and assessments.

1.3 This review provides a broader assessment of Board effectiveness by drawing together evidence from multiple sources throughout the year and considering whether governance, assurance, leadership and development arrangements are supporting effective organisational leadership, scrutiny, learning and improvement.

2. Strategic Insights

2.1 The overall judgement, based on the evidence reviewed, is that the Board is operating effectively and continues to demonstrate the foundations of a constructive unitary Board. The principal development requirement is not structural redesign, but continued focus on the quality of assurance, the translation of assurance into improvement, and the Board's collective ability to maintain strategic grip during a period of significant operational pressure.

Evidence	Finding	Implication	Action
Committee effectiveness reviews and Board development activity.	Positive assurance with scope to strengthen assurance-led working.	Risk of transactional discussion and limited triangulation if improvement is not sustained.	Progress the ODC assurance-led pilot and review learning for wider application.
BAF development, Audit Wales findings and external review learning.	Assurance arrangements are maturing but must remain outcome-focused.	The Board needs clear sight of whether assurance is leading to improvement.	Strengthen reporting on outcomes, escalation and evidence of impact.

Governance and Committee Effectiveness

2.2 Following the substantial revision of the Board Committee structure in 2024, Committee effectiveness was selected as a specific area of focus to test how effectively the revised arrangements are operating in practice.

2.3 Annual self-effectiveness questionnaires were issued to members and regular attendees of the Board's principal Committees, with findings considered by each Committee and proportionate improvement actions identified. Overall, the reviews provided positive assurance regarding Committee effectiveness and did not identify fundamental concerns about the revised structure. However, they highlighted a coherent set of development themes, including Committee remit, business flow and assurance; effective scrutiny and member development; Welsh language visibility; and meeting format and ways of working.

2.4 In response, the Director of Corporate Governance has been working with the Chair and Executive Lead for the Operational Delivery Committee considering a pilot approach to test a more assurance-led model of Committee working and to consider what this means for the wider Board assurance system. This responds to feedback about overloaded agendas, limited triangulation, insufficient scrutiny time, and transactional discussion. The pilot will group related reports around cross-cutting assurance questions, begin meetings with an Assurance Summary, and conclude substantive discussions with explicit judgements on the assurance obtained and any escalation needed. Learning from the pilot will inform whether the approach should be refined, embedded, or extended to other Committees, and how Committee assurance can better support Board-level oversight, challenge, and decision-making.

Board Assurance Framework

2.5 The Board Assurance Framework continues to develop as the strategic risk and assurance framework for the organisation. Work undertaken during the year has strengthened links between strategic objectives, strategic risks, assurance sources, and Board oversight. This has supported improved visibility of organisational risks and greater clarity about assurance requirements.

Board Development and Collective Leadership

2.6 The Board has continued to invest in its own development through Board development sessions and leadership development activity.

2.7 The Board continues to benefit from regular engagement between Executive Directors and Independent Members outside formal Board meetings. Board briefings, thematic updates, development sessions, and informal engagement opportunities have strengthened members' understanding of key issues and supported more informed scrutiny and challenge during formal meetings.

2.8 The recruitment of new Independent Members over the past 18 months has strengthened the breadth of skills, experience, and perspectives available to the Board.

Learning from External Challenge

2.9 The Board has actively reflected on findings arising from Audit Wales reviews, Welsh Government accountability discussions and wider developments across NHS Wales.

2.10 The Director of Corporate Governance is reviewing the findings of the Independent Assessment of Cardiff and Vale University Health Board, published by NHS Performance and Improvement in August 2026. The assessment reinforced the importance of organisational grip, accountability, leadership capability, culture, and assurance quality. The review at CTM will consider these findings through a CTM lens, and the Director of Corporate Governance will share his findings and draw conclusions and begin with Executive-level discussion before onward consideration by the Board.

2.11 The Board will continue to seek opportunities to test its own arrangements and identify areas for further improvement.

Board Stories and Organisational Learning

2.12 There is increasing opportunity to make greater use of Board stories, patient experiences, staff experiences, and organisational learning as part of Board business.

2.13 Such approaches can strengthen assurance by helping the Board understand the impact of decisions on patients, staff and communities and support a culture of continuous learning and improvement.

2.14 The Director of Corporate Governance and Executive Director of Nursing, Midwifery and Patient Care are working together to review the Patient Stories which come forward to Board and the Quality, Safety and Experience Committee to ensure that this remains an important part of Board assurance.

3. Risks and Opportunities

3.1 The principal risk is that Board effectiveness is treated as a periodic compliance exercise rather than an ongoing discipline of reflection, learning, and improvement. Without regular review, governance and assurance arrangements can become process-led rather than outcome-focused, reducing the Board's ability to maintain strategic grip, constructive challenge, and effective oversight.

3.2 A related risk is that assurance is received but not sufficiently translated into improvement. This is especially important during operational pressure, when the Board must remain focused on whether risks are being escalated appropriately, whether Committees are providing clear and proportionate assurance, and whether learning from review, challenge, concerns, and lived experience is strengthening organisational effectiveness.

3.3 The opportunity is to use this review, alongside the developing Well Led agenda, as a platform for the Board's next phase of development. This should support a sharper focus on collective leadership, culture, accountability, organisational grip and the quality of assurance, while also strengthening the Board Assurance Framework, Board development sessions, Board stories and the ODC pilot as practical mechanisms for improving Board-level oversight and decision-making.

4. Compliance and Governance

4.1 This review forms part of the Health Board's wider governance and assurance arrangements and supports continuous improvement in Board effectiveness, leadership, and organisational learning.

5. Benchmarks

5.1 Comparison with learning emerging from Audit Wales reviews, Welsh Government accountability processes and the Independent Assessment of Cardiff and Vale University Health Board suggests that CTMUHB continues to demonstrate many characteristics associated with effective Boards.

5.2 These include a commitment to collective leadership, governance improvement, organisational learning, constructive challenge, and continuous development.

5.3 The Board should however continue to recognise that effectiveness is not a static judgement and requires continual reflection and development.

6. Conclusion

6.1 The evidence presented suggests that the Board continues to operate effectively and demonstrates many of the characteristics associated with high-performing Boards, including constructive relationships, continued investment in development, a maturing assurance framework, a willingness to learn from review and challenge, and a growing focus on Well Led themes.

6.2 The Board has shown a commitment to continuous improvement through governance reform, Committee effectiveness reviews, leadership development, learning from external challenge and investment in collective leadership.

6.3 The next phase of development should align with the developing Well Led agenda and focus less on governance structures alone and more on organisational effectiveness, organisational grip, culture, accountability, learning and the Board's ability to translate assurance into improved outcomes for patients, staff and communities.

6.4 The key test for the Board will be whether these maturing arrangements provide demonstrable evidence of improved grip, escalation, learning, and

outcomes. For 2027, the Board's development focus should therefore be centred on:

- strengthening organisational grip, escalation, and accountability;
- maximising the impact of Board development sessions;
- embedding assurance-led Committee working, including learning from the ODC pilot;
- using Board stories, patient experience, staff experience, and organisational learning more purposefully;
- maintaining strategic focus during operational pressure; and
- demonstrating that assurance is leading to improvement, learning and better outcomes.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	This report is relevant to the Board Assurance Framework insofar as effective Board governance, assurance, scrutiny and escalation arrangements support the Board's ability to oversee strategic risks and maintain organisational grip.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	A More Equal Wales; A Wales of Cohesive Communities; A Wales of Vibrant Culture and Thriving Welsh Language.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Safe; Effective; Person-centred; Timely; Efficient; Equitable.

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Neutral

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r*	Outcome for Equality: Neutral Summary of impact:	Not applicable

rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	The report supports effective governance and assurance and does not propose service change or policy decisions with a direct equality impact. Outcome for Welsh Language: Positive The report recognises Welsh language visibility as part of Committee effectiveness and supports proportionate bilingual practice in formal meetings.	
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Positive: strengthened Board effectiveness supports improved oversight of quality, safety, experience, organisational learning and the delivery of sustained improvement.	
Cyfreithiol / Legal	Neutral The report does not propose any decision with a direct legal impact; however, effective governance supports statutory accountability and sound decision-making.	
Enw da / Reputational	Positive Transparent consideration of Board effectiveness supports public confidence, regulatory assurance and the Health Board's reputation for learning and improvement.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Neutral No additional resource requirement is identified. Proposed actions will be progressed through existing governance, Board development and assurance arrangements.	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Board development sessions, Committee effectiveness reviews, Executive Team	2025–2026	Findings have informed the assessment of Board

discussion and ongoing engagement between Independent Members, Executive Directors and the Corporate Governance Team.		effectiveness and the proposed priorities for further development during 2027.

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework
ODC	Operational Delivery Committee
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
QSEC	Quality, Safety and Experience Committee
IMTP	Integrated Medium Term Plan
NHS	National Health Service

CTMUHB Public Board

Chair's Report

Eitem yr Agenda / Agenda Item	5.1
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Jonathan Morgan, Chair of the Board
Cyflwynydd yr Adroddiad / Report Presenter:	Jonathan Morgan, Chair of the Board
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Jonathan Morgan, Chair of the Board
Diben yr Adroddiad / Report Purpose:	For Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	Members of the Board are asked to: • NOTE the report. • RATIFY the Affixing of the Common Seal as captured in section 3.1

1. Background

1.1 This report provides an update to the Board on relevant matters in my capacity as Chair of CTMUHB. It also outlines where I have been required to affix the Common Seal of the Health Board for which endorsement is sought.

1.2 This overarching report also highlights for Board Members the key areas of activity and where appropriate any associated risks, some of which are referred to within the business of the Board meeting. The report also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Chair Update

Engaging our staff

Next month we will celebrate all that our staff do for our patients, their families and our communities as we come together at our annual awards

ceremony. Our commitment to recognise the professionalism, compassion and passion of our staff is demonstrated in a number of ways, not least our monthly Seren Awards recognising individuals who have been nominated by their colleagues but also through our annual event which acts as both a collective celebration of what our staff do across our services, and also highlighting those who have been shortlisted and won individual awards.

As Chair I have always been clear that we cannot deliver the quality and scale of what we do without the continued engagement, support and development of our workforce. The NHS is an amazing place to work but it is also one of the most challenging, and the more we can do to engage our workforce in planning the future of the services will ensure we build our new models based on evidence and experience from both patients and staff alike.

The scale of change will be significant. Reimagining where we deliver services with a community first approach, shifting more of what we do closer to where people live will reshape how the NHS works. This will result in different service models and fewer people going to hospital for their care and fewer people working in them too. It means us rethinking the type and scale of services we already provide locally, recognising that many staff including for example physiotherapists, district nurses, school nurses and health visitors are an important part of that community provision.

Health Visitors Industrial Action

The past few months have been challenging for our health visiting service, as a result of the industrial action.

I want to thank all those Health Visitors in work, along with other staff groups supporting, who have shown incredible resilience in delivering services to families in such a difficult time, for their commitment to our families and for prioritising those in greatest need. Having met with our staff in work I have been overwhelmed by their generosity and professionalism.

As a Board, we have supported and continue to support the Executive team in their efforts to bring this dispute to a constructive conclusion. While we do not accept the claims made by Unite the Union, we remain clear that direct engagement with Executive colleagues is the most appropriate route to progress the issues raised and arrive at a resolution.

We also repeat our request for Unite to engage in discussions around derogations, which would allow striking staff to undertake certain tasks in support of the most vulnerable families in our communities. The absence of agreement on derogations remains a concern because of the potential impact on families requiring priority support. We will continue to support the work initiated by Welsh Government in designing a suite of job

descriptions for Health Visitors which would provide recognition and progression for their role.

2.2 Independent Member Recruitment Update

The recruitment process for the Independent Member, Third Sector role is underway with interviews planned for the 25 September 2026. An update will be provided at the next Board meeting.

2.3 Board Briefings and Board Development Sessions

The Board briefing held on the 13 August 2026 focussed on the following key areas as a Board:

- Health Visiting Update
- Community Midwifery
- Mental Health Incident
- Extreme Weather and Site Safety

The Board briefing held on the 20 August 2026 covered the following:

- Listening to People Framework
- Safeguarding

The Board Briefing held on 27 August 2026 covered the following:

- Health Visiting Update

The Board Briefing held on 10 September 2026 covered the following:

- Feedback from the Accountability Session with Welsh Government
- Health Visiting Update
- Community Midwifery Update
- Financial Position

Diary Commitments

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- 1:1 Vice Chair
- Chair Peer Group Meeting
- CTMUHB Public Board Meeting and In Committee Board Meeting
- NHS Wales Peer Group Event
- Summer visits to Ysbyty George Thomas, Central Production Unit in Treorchy and the Navigation Hub in Williamstown
- Board Briefing/IM Catch Up Chair and CEO
- Consultant interview panels
- Welsh NHS Confederation Management Committee Meeting
- Meeting with Chair/Vice Chair and 3 Cluster Leads

- Discuss future health provision in the Llynfi Valley with Members of the Senedd
- BCUHB/CTM Learning Partnership Chair/CEO Discussion
- CTMUHB Board Development/Board Briefing Session
- Meeting with Sera Evans MS, Alun Cox MS and Elyn Stephens MS
- Meeting with Ruth Glazzard, DHCW
- Cwm Taf Morgannwg UHB Independent Member SIFT
- SE Wales Regional Joint Committee
- Community by Design Reference and Advisory Group
- Launch of the New Public Appointments Framework for Wales
- Appraisal Meeting with CEO
- Meet with NHS Wales Shared Services Internal Audit
- Meeting with Andrew RT Davies MS
- Joint NHS Alliance F&OC and Audit and Risk Committee
- CTMUHB Local Partnership Forum
- Visit to LHP by the Cabinet Minister for Health and Social Care

2.6 Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3. Key Risks / Matters for Escalation

3.1 COMMON SEAL

3.1.1 The Board is asked to ratify the use of the Common Seal applied since the Board last met;

- Contract between Merthyr Valley Homes Limited of Ty Brychan, 22 Lansbury Road, Gellideg, Merthyr Tydfil, CF48 1HA and Cwm Taf Morgannwg University Health Board - Renewal Lease by Reference to an Existing Lease relating to Land at Former Johnny Owen Centre, Forsythia Close, Gurnos, Merthyr Tydfil, CF47 9DS.
- Deed of Easement between Cwm Taf Morgannwg University Health Board and Merthyr Tydfil County Borough Council of Civic Centre, Castle Street, Merthyr Tydfil, CF47 8AN - Underground Services.
- Subcontractor relating to Llantrisant Health Park (Phase 1) between (1)Cwm Taf Morgannwg University Health Board (2) MTX Contracts Limited whose Registered Office is at Innovation House, Lower Meadow Road, Handforth, Wilmslow, Cheshire, England, CK9 3ND and (3) Ideal Building Systems Limited whose registered office is at Lancaster Road, Carnaby Industrial Estate,Bridlington, East Yorkshire, YO15 3QY - Vesting Certificate.

3.1.2 This requires endorsement by the Board as set out in the recommendations of this report.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 If more than one applies please list below: Strategic Risk 4 Strategic Risk 11

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please select a reason below. Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion: Gareth Watts, Director of Corporate Governance

	Summary of impact: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.	
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	
Cyfreithiol / Legal	Yes (Include further detail below) Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
N/A	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CEO	Chief Executive Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
MS	Members of the Senedd
MP	Member of Parliament
Q&A	Question and Answer

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTMUHB Public Board

Chief Executives Report

Eitem yr Agenda / Agenda Item	5.2
Dyddiad y Cyfarfod / Date of Meeting:	24 September 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Matthew Butt, Chief of Staff
Cyflwynydd yr Adroddiad / Report Presenter:	Paul Mears, Chief Executive
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive/Accountable Officer
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board are being asked to NOTE the report.

1. Situation /Background

1.1 The purpose of this report is to keep the Board up to date with key issues affecting the organisation. A number of issues raised within this report feature more prominently within key reports on the main Board agenda.

1.2 This overarching report highlights for Board Members the key areas of activity of the Chief Executive, some of which is further referenced in the detailed reports, and also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Escalation Status

CTM continues to make positive progress against the de-escalation criteria as refreshed with Welsh Government earlier this year. I am pleased that our waiting times associated with emergency departments met the agreed trajectory for the month of August, which is a positive step forward, whilst we also continue to maintain our ambulance handover performance position.

Although no longer in any form of escalation, I wanted to highlight to colleagues the continued and consistent improvement we continue to see with the 62-day Single Cancer Pathway (SCP) compliance recently reported at 67.5%. This has put CTM in the number one position in Wales for the reported month of July 2026.

In my July report, I made colleagues aware of the work that Welsh Government's Performance, Escalation and Intervention team had commenced to review the escalation and intervention arrangements across NHS Wales. I am pleased that this piece of work has now concluded, and we have been advised that a final version of the revised framework will be published at the end of this month. The Welsh Government team will present this to the Chair's peer group meeting in due course. I will append the revised framework to my November Board report.

Finally, on 7 September, executive colleagues attended Welsh Government for the mid-year Accountability Meeting, chaired by Nick Wood. This meeting forms part of the new Accountability Framework which includes a mid-year and end of year Accountability Meeting, together with a bi-annual Escalation Board. With the agreed meeting schedule, this results in a formal, quarterly, meeting with Welsh Government as part of our accountability requirements.

As a reminder, our health board escalation status is summarised as follows:

Area	Level / Status
Performance: Urgent and Emergency Care	Level 4 – Targeted Intervention
Performance: Planned Care	Level 3 – Enhanced Monitoring

2.2 Integrated Medium Term Plan

On 26 August, the Health Board received notification from the Cabinet Minister for Health and Care that our Board-approved 2026-29 Integrated Medium-Term Plan (IMTP) has been approved. A copy of the letter is attached as Appendix A to this report.

In the approval letter, it outlines that we will shortly receive a letter from Welsh Government officials setting out the accountability conditions with further details relating to expectations and continued monitoring and oversight of delivery against our plan. I will share details of this with the Board once received, with continued updates at the appropriate committee meetings.

2.3 Health Visiting Industrial Action

On 14 August, the Health Board put forward a without prejudice, subject to contract offer, in full and final settlement of the current industrial action. The offer would have provided every CTM Band 6 health visitor with a one-off payment of £5,159 (pro-rata). This offer was made as a constructive basis for settlement, whilst recognising the concerns raised by CTM Health Visitors in addition to the national work that is underway to review the full suite of Health Visitor job descriptions across NHS Wales.

On 25 August, Unite informed the Health Board that 99% of voting members had rejected the offer. No counter offer was put forward by Unite. We have been in dialogue with Welsh Government following the rejection of this offer and will be considering the next steps to end the current dispute.

In parallel, the Health Board has continued to press the need for discussions with Unite around derogations for patient safety and safeguarding. This approach is consistent with established NHS practice during industrial action, where derogation discussions are conducted irrespective of any disagreement between the parties regarding the underlying dispute. Our Executive Director of Nursing wrote to Unite on the matter of derogations again on 26 August. Unite confirmed that their position on this matter remains unchanged and that they remain unwilling to engage in conversations about derogations. It is highly unusual for a trade union representing regulated healthcare professionals not to engage in discussions around derogation requests, founded upon identified patient safety, safeguarding and public health risks. We will continue to urge Unite to reconsider this position.

On 10 September, Unite wrote to independent board members requesting a meeting to consider the Band 7 issue. The Health Board remains open to further dialogue but the position remains that there is no Band 7 job description that has been agreed in partnership with CTMUHB, nor is there a revised All-Wales job description in place. Following its review of the issue last year, NHS Wales Employers confirmed that, after discussions with Executive Directors of Nursing across NHS Wales, an Expert Partnership Group would be established to develop a suite of national Health Visitor job descriptions through the recognised job

evaluation process. The Health Board is cooperating in that process however Unite has chosen not to participate in this national work.

The Health Board will continue to consider options for bringing the dispute to an end and would welcome re-engaging the services of ACAS in these conversations

2.4 Electronic Prescribing and Medicines Administration

I am pleased to report the Electronic Prescribing and Medicines Administration (ePMA) programme continues to progress successfully across CTMUHB. Following the successful implementation at Princess of Wales Hospital, ePMA is now fully operational across Royal Glamorgan Hospital following the August 2026 go live, with the enhanced support model concluding and services transitioning to a 9am to 5pm business-as-usual support model from next week. The programme has now moved into preparation for the next phase of deployment at Prince Charles Hospital, with go live planned for 17-18 October 2026. Work is underway to support organisational readiness, including device deployment, release of training materials, delivery of drop-in support sessions, and ongoing clinical and operational engagement to support a safe and effective implementation.

3. Key Risks / Matters for Escalation

As outlined within the main body of the report.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable

	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not applicable for this report Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not applicable for this report Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable for this report	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome

(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
P&I	NHS Performance and Improvement
ePMA	Electronic Prescribing and Medicines Administration
SCP	Single Cancer Pathway

Mabon ap Gwynfor AS/MS
Gweinidog Cabinet dros Iechyd a Gofal
Cabinet Minister for Health and Care

Llywodraeth Cymru
Welsh Government

Jonathan Morgan
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Unit 3 Navigation Park
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Jonathan.Morgan2@wales.nhs.uk

26 August 2026

Dear Jonathan

Thank you for submitting your health board's Integrated Medium-Term Plan (IMTP) for 2026-29, which I note has been approved by your Board on a three-year basis.

Following a robust assessment of your Board's plan, I am pleased to formally confirm that I have approved the IMTP. This approval is subject to accountability conditions that have been agreed by Jacqueline Totterdell, Chief Executive of NHS Wales.

The approval of the plan does not represent either my or Welsh Government's agreement to any service changes and business case proposals. Nor does the approval of the plan in principle confirm any validity in funding assumptions around additional revenue or capital funding. All service change and business case proposals must be subject to:

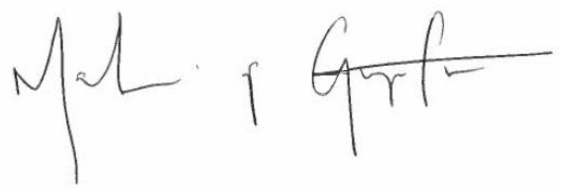
- compliance with extant requirements set out in guidance and in legislation including the detailed Guidance on Engagement and Consultation Changes to Health Services, and;

- business cases and bids being subject to the normal business case approval process, including capital, and Invest to Save bid approval process.

Officials will write separately to your Chief Executive setting out the conditions and expectations for the health board including continued monitoring. Please note that any deviation from the submitted plan may result in heightened monitoring and evaluation in accordance with the escalation and intervention protocols, or potentially lead to the revocation of the approved status of your plan.

I would like to take this opportunity to remind you that your Board will be held to account against the accountability conditions set out within the approval which will be tracked through the normal Accountability arrangements. I will be interested to discuss progress on the plan at our regular Chair discussions.

Yours sincerely,



Mabon ap Gwynfor AS/MS
Gweinidog Cabinet dros Iechyd a Gofal
Cabinet Minister for Health and Care

CTMUHB Public Board

Strategic Equality Plan (SEP): Annual Delivery Update

Eitem yr Agenda / Agenda Item	5.3
Dyddiad y Cyfarfod / Date of Meeting:	24 September 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Strategic Lead for EDI, Head of OD and Culture & Assistant Director of Leadership & Culture
Cyflwynydd yr Adroddiad / Report Presenter:	Hywel Daniel, Deputy CEO/Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	None
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Inspiring People If more than one applies please list below: Improving Care
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The Strategic Equality Plan (SEP) 2024-2028 sets out high level commitments to delivering accessible and inclusive services and improving fairness and inclusivity as an employer. Priorities in any one year will include pertinent IMTP deliverables and achievements reported in the relevant Annual Equality Report.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	This paper provides the Board with an update on delivery of the Strategic Equality Plan (SEP) at the midpoint of its four-year implementation, ahead of publication of the statutory Annual Equality Report later this year. Delivery continues to progress, with 60% of actions either completed or on track, providing assurance that the governance, leadership and delivery arrangements established over the past two years are supporting implementation. The programme has also broadened beyond its initial workforce focus to encompass wider organisational and service priorities. Whilst a number of actions remain in progress, these are primarily linked to progressing long standing and systemic workforce inequalities rather than a lack of strategic direction.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The Health Board continues to meet its statutory duties under the Public Sector Equality Duty and has strengthened governance, accountability and oversight of equality, diversity and inclusion (EDI) activity. Additional EDI capacity has enabled greater organisational support, earlier engagement with transformation programmes and increased education, particularly to improve the quality and consistency of Equality and Welsh Language Impact Assessments. Recent Workforce Equality Standard (WES) findings and Welsh Government feedback provide a stronger evidence base to refine priorities and target resources. However, workforce inequalities persist for some protected groups and the focus must now shift from demonstrating activity to evidencing measurable improvements in workforce experience and organisational outcomes, whilst acknowledging data limitations continue to constrain outcome measurement.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and*	During 2026/27, the focus will be on embedding equality within core organisational decision-making and strengthening evidence of impact. Priority actions include: • Preparing and publishing our first Gender Pay Gap and Menopause Action Plan • Achieving consistent compliance with Equality and Welsh Language Impact Assessments • Embedding inclusive recruitment practises to address inequitable outcomes for minoritised staff

benefits supporting the choices and recommendation(s)being made)	groups seeking to progress, particularly into more senior/executive leadership positions • Evolving and increasing the role of Staff Networks in workplace consultations • Increasing the routine use of equality data to inform decision-making and performance reporting. • Strengthening leadership visibility of and accountability for EDI • Demonstrating measurable reductions in inequalities • Embedding baselines and outcome measures into performance reporting • Using independent external advice to refine priorities and maximise organisational impact.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to: • Note the progress made in delivering the Strategic Equality Plan and the emerging findings from the draft Annual Equality Report. • Note the principal risks, including persistent workforce inequalities, data limitations and the need to strengthen evidence of impact. • Provide any reflections on how leadership accountability, governance and organisational assurance arrangements for equality, diversity and inclusion could be further strengthened ahead of external independent review.

1. Background / Context

1.1 CTM's Strategic Equality Plan was developed in 2023; approved and subsequently published in April 2024, setting out high level commitments spanning People, Services, Communities and Infrastructure over the following four-year period.

1.2 Key work undertaken, pertinent data/insight and outcomes are reported each year in the published Annual Equality Report (AER), which will be submitted to Operational Delivery Committee in October for endorsement to CTM Board in November.

1.3 This paper aims to provide a short, headline summary of what will be covered in the AER 2025-2026 and additional narrative reflecting on ambitions, challenges and an opportunity for further refinement and alignment.

2. Insight – delivery and impact

2.1 This year's draft report continues to build on recent years' progress, demonstrating greater breadth of activity across each of the four SEP pillars, a continued shift from a predominant focus on 'People' or workforce matters.

2.2 Across the 'Services' pillar, we will report work to address Paediatrics Diabetes Education, specifically engaging with children with Type 1 diabetes and their families as they transition into secondary education; a new Immersive Room for Neurodiverse Children in PCH, helping children manage the emotional and sensory disruption and dysregulation that can come from being in A&E – which in turn can impact how well we can diagnose/treat these patients. Furthermore, reporting will take place on an enhanced Chaplaincy Service with additional support for Muslim staff and patients, and the opening of the Integrated Women's Health Hub in YCC.

2.3 For 'People', activity is shared to both develop and span our People Plan 2025-2030, including early network engagement and embedded commitments to address diversity gaps; a new Breastfeeding and Expressing Milk procedure, as part of our family-friendly policy suite addressing facilities as well as flexibility. A research programme is being supported which will, in time, help us determine the effectiveness of this procedure and its application. Additionally, reporting is focussed on: participation in the inaugural, HEIW-led, NHS Wales Stepping into Leadership Programme, aimed at breaking down some barriers to progression for ethnic minority staff, the launch of our Equality, Diversity and Inclusion Learning Forum and bespoke training aimed at improving respectful behaviour at work in relation to sexual safety. The latter has seen *92% participants* reporting increased confidence to challenge inappropriate behaviour, with a correlation in the reduction in escalated complaints, and has been shortlisted as a finalist for an 'Excellence in Organisational Development' award by Healthcare People Management Association.

2.4 'Community' activity included our Race Equality Network and Valleys Ethnic Minorities hosting a social event to build relationships between CTM staff and our communities, build trust and explore needs; the Community Leaders Network working with older community members, including specific support on benefits access and vaccinations; participating in Turning Ponty Blue raised dementia awareness and improved connections with people living with dementia and their carers, helping improve insight to shape future services; Project SEARCH (our partnership with local colleges giving access to work experience for vulnerable young people) *continued with 13 placements, of which 10 have now achieved employment or volunteering roles.* Evaluation activity of the 'warmer homes' initiative, working with local authority and third sector partners to ensure families access income support they're entitled to, indicates *1800 people living in the CTM footprint were supported to claim £2.5m of unclaimed benefits*. The majority of claimants were retired and/or older members of the population, meaning the ability

to heat homes, or heat homes for longer, would reduce the risk of ill-health during winter months. CTM colleagues now working with other Health Boards to spread learning to achieve the same.

2.5 Within the 'Infrastructure' pillar, we continue to embed inclusion across the design and now build of Llantrisant Health Park including factors pertaining to accessibility and maximising gender neutral facilities for patients and staff; supporting a Garden Wellbeing Initiative for autistic people in CTM, putting the design, development and maintenance of a garden, transforming a disused space, at the centre of healthcare and education; and finally, evolving our Equality and Welsh Language Impact Assessment process to make it simpler and more intuitive for users, and to ensure matters requiring impact assessment do not proceed to decision-making/approving bodies without having done so.

2.6 In addition to reported activity across SEP pillars, the AER will also reflect on our Staff Networks, including increased membership and engagement, a re-launched LGBTQ+ network and the range of activity each Network has undertaken in the last year. CTM's LGBTQ+ network has grown to over 30 members since its relaunch, and the *Women's network has grown from 38 to 80 members*, more than doubling within the last operational year. The ACCESS (disability) network has expanded to include visibility of and support for neurodivergent colleagues and families, and wider Network activity included listening sessions for staff experiencing race-based discrimination / harassment and fundraising challenges for women and children affected by domestic abuse.

2.7 Our published Gender Pay Gap (GPG) represents the position the year prior to the Annual Equality Report, owing to the structure of national reporting frameworks. The AER 2025-26 will report the *most up to date internal snapshot* of 27.21%, representing a slight decrease in pay gap in the preceding 12 months. However, CTM's gender pay gap remains higher than each of the NHS Wales Health Boards by at least 3%, largely driven by factors within the distribution of men across our grades and banding: for example, proportionately fewer men in bands 4 and 5, and a much higher (and increasing) proportion of men from band 7 upwards. We will be working with colleagues in NHS Wales Health Boards to better understand workforce shape and proportionality to identify where lessons can be learned and good practice adopted and adapted. It is helpful to note, albeit outside of this reporting period, a working group has been established to ensure we meet relevant obligations in the Employments Rights Act 2025, requiring employers to publish GPG action plans as well as their snapshot data.

2.8 Last year, development areas identified in the 2024 Workforce Race Equality Standard (WRES) were addressed, including:

- matters pertaining to employee relations – global majority workforce as at 2025 (and subsequently 2026) were no more or less likely to enter into a disciplinary process
- increased senior roles/bands ethnicity declaration rates, including 100% at Board level
- small increases in the numbers of ethnic minority staff in band 5 and above roles – moving from 7.1% to 7.7%.

Ongoing areas for improvement reported in 2025 include the need to address the absence of ethnic minority Board members, progression of ethnic minority staff into middle/senior graded roles and the likelihood of ethnic minority staff being appointed after shortlisting. Minoritised staff were (as at June 2025) 1.6 times less likely to be appointed after shortlisting compared to white applicants, increasing to more than 3 times less likely to be appointed after shortlisting in non-clinical roles.

2.9 In mid-July 2026, the first Workforce Equality Standard (WES) organisational report was provided by Welsh Government, which expands the scope of what was the Workforce Race Equality Standard to include all protected characteristics. Spanning six domains, ratings and headline feedback is:

Domain and Equity Rating	Summary Feedback
Leadership and Progression *Moderate inequity*	Leadership inequity in CTMUHB reflects structurally constrained progression rather than absence of opportunity. While systems are functioning and recruitment outcomes show some improvement, the persistence of pipeline compression indicates that progression (particularly within ethnic minority groups) is not translating into equitable senior representation
Professional Development *Moderate inequity*	Professional development systems in CTMUHB appear established but inconsistently applied, with variation in appraisal completion suggesting differences in line-manager practice and engagement rather than structural absence. The data indicates that access to development is not uniformly experienced, particularly for ethnic minority and less visible staff groups, suggesting that consistency, prioritisation, and perceived value of appraisal vary across teams
Disciplinary and Capability *Mild – moderate inequity*	Disciplinary processes in CTMUHB appear to be operating at low volumes with broadly controlled outcomes, and there is no clear evidence of systematic bias. Variation in outcomes likely reflects case-level and local variation, rather than structural inequity. Capability processes are used very infrequently, and outcomes should be interpreted with caution, representing neither evidence of inequity nor equity. Overall, the system appears stable but requires continued oversight to ensure consistency
Workplace Behaviours *Mild-moderate inequity*	Experiences of harassment, bullying, and discrimination are elevated across multiple groups, including disabled, ethnic minority, and non-disclosing staff, and are evident across both

Domain and Equity Rating	Summary Feedback
	public-facing and staff-to-staff interactions. The alignment of patterns across indicators indicates that inequity is no longer isolated to specific contexts but reflects a consistent difference in experience across the workforce. Strengthening consistency of behavioural expectations and organisational response will be critical to reducing inequity
Workplace Safety *Moderate inequity*	Exposure to harm is higher than national benchmarks for ethnic minority, disabled, LGBTQIA+, and non-disclosing staff, indicating a broad and sustained risk profile. While reporting levels are generally stable, confidence in speaking up is not consistently experienced across all groups and does not fully mitigate differences in exposure. This indicates that systems are in place but are not experienced as equally protective across the workforce. The focus should therefore be on reducing exposure while ensuring that organisational responses are consistently experienced as safe and effective across all staff groups.
Workplace Conditions *Moderate inequity*	Access to workplace adjustments appears broadly consistent across characteristics, including for disabled staff, indicating that support structures are in place and functioning. Satisfaction with flexible working is also generally positive and relatively aligned across groups, although slightly lower than national benchmarks in some categories. However, this is offset by persistent levels of presenteeism and burnout, particularly among ethnic minority and PNS (prefer not to say) groups. Burnout levels are high across the workforce overall, and in some cases exceed national figures, suggesting that working conditions are placing sustained pressure on staff, even where formal support is available. The pattern suggests that CTMUHB has built effective support mechanisms, but these are operating within a context where workload and recovery are not evenly balanced, particularly for less visible staff groups

2.10 The WES acknowledges areas of strength which should be maintained, including stability in staff-to-staff interactions and effective reporting systems, flexible working/reasonable adjustment processes and strong foundations for professional development/appraisals.

2.11 In addition to the WES, feedback has been given from Welsh Government on SEP Maturity Self-Assessment, in which CTM self-rated a 3 out of 5 across each area. This rating was validated by Welsh Government in each area, and qualitative feedback offered, including:

- *Strengths:* Using people and patient experience as quality measures, advanced and effective use of Equality and Welsh Language Impact Assessments, depth and breadth of stakeholder engagement, investment in building workforce capability, systematic embedding of equality in governance, leadership development and workforce decision making.

- *Areas for improvement:* consistent feedback across all areas noted the need to strengthen measurable impact and outcomes of EDI activity, improve data-driven decision making and strengthening the link between identified need and activity.

2.12 This feedback, along with the WES output and other insight, will continue to form the basis of our priorities moving forward. We particularly agree with the need to move from reporting 'what' we've done/are doing, to reporting back on the measurable difference it is making. Whilst the outcome of in-year activity is often not measured/available within the same reporting year, we will be ensuring that we better capture and report on the intended outcomes/improvements driving that activity.

3. Risks and Opportunities

3.1 Risks relating to equality, diversity and inclusion can have significant impacts on minoritised groups and communities and are often complex to fully mitigate. These include:

3.2 Workforce experience and representation

3.2.1 There remains a risk that colleagues from protected characteristic groups experience poorer workplace outcomes, including bullying, harassment, discrimination, abuse and inequitable access to development and career progression. NHS Wales Staff Survey findings continue to demonstrate disparities in workforce experience for some groups, including disabled staff, gay and lesbian colleagues, those identifying their sex other than male or female, and some ethnic minority groups. In addition, ethnic minority staff remain under-represented in senior leadership roles across both CTM and NHS Wales.

3.2.2 Whilst improvements have been made to recruitment and selection processes, leadership development and corporate induction, there remains a continuing risk that unequal experiences adversely affect staff wellbeing, engagement, retention and organisational performance. Failure to demonstrate sustained progress in reducing these disparities may also result in increased scrutiny and escalation from Welsh Government and NHS Wales.

3.3 Embedding equality, diversity and inclusion

3.3.1 There is a risk that equality, diversity and inclusion activity becomes isolated rather than embedded across CTM. The refreshed governance framework has strengthened organisational oversight, accountability and Executive sponsorship of staff networks, although engagement across some areas remains variable and continues to be addressed through improved communication and leadership involvement.

3.3.2 Evidence from NHS England demonstrates the value of embedding EDI accountability within Board and Executive objectives and organisational assurance arrangements. Further consideration will be given to similar

approaches within CTM following analysis of the 2026 Workforce Equality Standard (WES) data and recommendations from independent specialist support, with the aim of strengthening accountability and organisational focus.

3.4 Data quality and assurance

3.4.1 The ability to identify priorities, monitor progress and evaluate impact remains constrained by limitations in workforce data. These include incomplete declaration of protected characteristics, variable system interoperability and national reporting constraints, including the current inability to locally analyse CTM Staff Survey results by protected characteristic.

3.4.2 Work continues to encourage declaration of workforce characteristics through visible leadership and targeted communications, whilst continued engagement with national partners seeks improvements to the availability and quality of workforce experience data. Improving the evidence base remains essential to identifying inequalities earlier and providing robust assurance regarding progress.

3.5 Prioritisation and delivery

3.5.1 There remains a risk that organisational effort and resources are directed towards activity that does not deliver measurable improvements for protected groups and communities. This risk is managed through the Strategic Equality Plan (SEP) Delivery Group, which oversees implementation, monitors progress and escalates risks where appropriate.

3.5.2 The Health Board is commissioning specialist external support to strengthen the evidence base, identify meaningful priorities and focus delivery over the short to medium term. Whilst data limitations will continue to influence prioritisation, maintaining visible organisational commitment and testing new approaches remain important in building confidence, improving experiences and addressing complex systemic inequalities.

3.6 Equality and Welsh Language Impact Assessments

3.6.1 The Health Board has strengthened arrangements to improve the quality and consistency of Equality and Welsh Language Impact Assessments (EWLIAs), reducing the risk of legal or regulatory challenge, including potential enforcement action by the Equality and Human Rights Commission or Welsh Language Commissioner.

3.6.2 All policies, significant service changes and procedural reviews are now required to include, or summarise, an appropriate impact assessment, with any limited exceptions requiring Executive approval. Education, guidance and specialist support continue to be provided to policy leads and managers. These improvements have been recognised by Welsh Government as an emerging area of good practice.

3.7 Supreme Court judgment

3.7.1 A further emerging risk relates to implementation of the Supreme Court judgment on the definition of sex and the associated Equality and Human Rights Commission Code of Practice for services, public functions and associations. Failure to respond effectively may result in legal, operational, workforce, cultural and reputational risks, together with reduced confidence amongst staff, patients and stakeholders.

3.7.2 The Health Board is working collaboratively with NHS Wales organisations to obtain consistent legal advice and is seeking further national guidance from Welsh Government. Preparatory work is underway to review relevant policies and processes, with an Executive Leadership Group discussion planned following implementation of the Code of Practice. Any resulting changes will be subject to appropriate consultation with staff and trade union representatives.

4. Compliance and Governance

4.1 The Strategic Equality Plan (SEP) Delivery Group was established in late 2025 to strengthen oversight of delivery, improve monitoring and reporting, and increase focus on measuring the impact of actions within the SEP. The Group meets quarterly and is chaired by the Assistant Director of Leadership and Culture, with regular assurance and progress updates provided to the Deputy Chief Executive/Executive Director for People, with annual progress reports on SEP delivery into ELG and CTM Governance.

4.2 Progress against the Strategic Equality Plan, including key activities delivered, outcome measures and workforce equality data, is reported annually through the Health Board's published Annual Equality Report, in accordance with the Public Sector Equality Duty.

4.3 Currently, of the documented 99 actions to deliver the four-year SEP, 60% are complete (13%) and/or in progress/on track (47%), 17% are not started/behind, 23% not started/not yet due, providing assurance that the governance, leadership and delivery arrangements established over the past two years are supporting implementation across the organisation. The most commonly reported reasons for delayed progress are needing to respond to/redirect resources to unplanned priority work. There have been some initial challenges in participation within the Group, including obtaining updates between meetings and capturing delivery positions, outcome measures and completion. The remaining actions, whilst requiring continued oversight, are concentrated in areas where delivery has been affected by competing organisational priorities rather than a lack of strategic direction. As we move into the final two years of SEP delivery, our emphasis will shift from just implementing actions to demonstrating measurable reductions in inequalities and embedding stronger accountability for outcomes, in line with recent Welsh Government assurance feedback, and, from Spring 2027, starting to develop the next iteration of the SEP itself.

4.4 Forward-looking action includes the now-completed action to close the compliance loop for impact assessments, improved learning and development programmes (including all levels of management and leadership development), enhancing the role of Staff Networks in consultations and decision making; targeted action to address the drop-off point of ethnic minority nursing and midwifery staff at band 6 and above and addressing the additional areas of feedback in this year's WES.

4.5 Welsh Government have recently updated their approach to SEP reporting and the self-assessment of organisational maturity. From 2027, the SEP Maturity Self-Assessment (April) submission must be approved by Boards.

5. Benchmarks

5.1 As Strategic Equality Plans are developed in response to the specific needs of individual organisations and their communities, delivery is not formally benchmarked across NHS Wales. However, informal benchmarking and peer review take place through the NHS Wales Equality Leads network, supporting the sharing of learning and assessment of organisational maturity. Comparative workforce metrics, including the Gender Pay Gap, are available, and the introduction of Workforce Equality Standard (WES) equity scores and the national self-assessment framework will provide a stronger basis for benchmarking CTM's performance against other NHS Wales organisations from 2027 onwards.

5.2 To further strengthen assurance, the Health Board is procuring specialist independent support to undertake an objective assessment of its current position and provide evidence-based recommendations on the priority areas for improvement over the short and medium term.

6. Conclusion

6.1 CTM has made good progress in strengthening its equality, diversity and inclusion governance, improving compliance with statutory duties and embedding greater organisational accountability through the Strategic Equality Plan governance framework. Equality considerations are increasingly informing workforce, organisational development and transformation programmes, supported by enhanced specialist capacity and earlier engagement with services and leaders. Our new governance structure has seen early successes in terms of reach and breadth of activity discussed and reported, but with some challenges in engagement (both in and inter-meetings) and delivery of agreed activity.

6.2 Whilst these foundations are now in place, significant challenges remain. Workforce inequalities continue to exist for some protected groups, data limitations constrain the ability to fully understand and measure outcomes, and there remains a need to strengthen organisational engagement and consistently demonstrate the impact of activity. The Health Board therefore recognises that the next phase must focus on delivering measurable

improvements in workforce experience and reducing inequitable outcomes, rather than increasing the volume of activity.

6.3 Welsh Government feedback on the Strategic Equality Plan Maturity Self-Assessment recognises the progress made whilst reinforcing the importance of evidencing impact and outcomes. The Health Board continues to meet its statutory reporting requirements and is strengthening assurance through improved governance, enhanced impact assessment arrangements and independent external support. Together, these actions will help refine organisational priorities, better target resources and provide greater assurance that equality, diversity and inclusion activity is delivering meaningful and sustainable improvements for staff and the communities served.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 3
	If more than one applies please list below: 4

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A More Equal Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Culture & Valuing People
	If more than one applies please list below: All remaining

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): Not required	If no, please select a reason below.

(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Welsh Language (delete as appropriate): Not required	Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion: Hywel Daniel
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	No quality impact assessment is required – the paper sets out a summary of the prior year's delivery.	
Cyfreithiol / Legal	Yes (Include further detail below) Further detail has been included in the main body of the report	
Enw da / Reputational	Yes (include further detail below) Further detail has been included in the main body of the report	
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Executive Leadership Group	03/08/2026	Paper noted.
Strategic Development Committee	19/08/2026	

Acronyms / Glossary of Terms	
EDI	Equality, diversity and inclusion
LHP	Llantrisant Health Park
WRES	Workforce Race Equality Standard
WES	Workforce Equality Standard
SEP	Strategic Equality Plan

ELG	Executive Leadership Group
EHRC	Equality and Human Rights Commission
AER	Annual Equality Report
YCC	Ysbyty Cwm Cynon
PCH	Prince Charles Hospital
GPG	Gender Pay Gap
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, plus
EWLIA	Equality and Welsh Language Impact Assessment

2026-27 Finance Report

Month 5

Summary

Situation

This Finance report outlines our financial performance for Month 5 (i.e. the period to 31st August 2026).

This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 5 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.

Background

Section 175 of the National Health Service (Wales) Act 2014 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, and for that plan to be submitted to and approved by the Welsh Ministers.

Our draft financial plan for 26/27 was submitted to Welsh Government (WG) at the end of March 2026. This plan showed a breakeven position with a net risk to the plan of £38.6m. A formal response to the plan is awaited from WG.

As the Health Board has achieved a breakeven position over the last 2 financial years (2024/25 & 2025/26), receiving an approved plan and delivering the breakeven plan in 2026/27 would allow the Health Board to meet its financial duties.

Summary

Assessment	Recommendation
Overall revenue position - 2026/27: • The M5 position reported a £0.6m in month deficit and a year-to-date deficit of £9.7m against our plan. • The current year forecast break-even position has been maintained at M05. • The risks to the breakeven forecast have been assessed at £27.0m. **Recurrent revenue position:** • The submitted IMTP for 2026/27 planned for an underlying recurrent surplus of £0.3m by the end of 2026/27. • As at M05 we are maintaining a forecast underlying surplus at the end of 2026/27 of £0.3m. **Cashflow:** • In M5 the cash balance was £0.7m, comprising £0.6m revenue and capital of £0.1m. **Capital position:** • An updated 2026-27 Capital Resource Limit of £132.385m was issued on 20th August 2026. • Expenditure to 31st August 2026 amounted to £31.581m. • The forecast outturn capital position is breakeven.	The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 31st August 2026.

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22	Statement of Financial Position – Reported from Month 5
23	Cash Flow Forecast
24	Public Sector Payment Policy Compliance

Executive Summary

Overall Revenue Position	• The M05 position reported a £0.6m in month deficit, giving a £9.7m year to date deficit. • The forecast current year break-even position has been maintained at M05. • The forecast recurrent position has been maintained at £0.3m surplus at M05. • The net opportunities/risks to the forecast break even position at M05 is £27.0m (M04: £32.1m) which are summarised on Page 20.
Savings Position	• Actual savings in M05 was £2.0m with year to date savings of £6.8m, which was £6.2m below the year to date target of £13.0m. • The M05 forecast in year savings is £27.6m, which is £3.7m below the £31.3m target. • The M05 forecast recurrent savings is £27.5m, which is £3.8m below the £31.3m target
Cash	• In M05 the cash balance was £0.7m, comprising £0.6m revenue and capital of £0.1m. This cash position is within planned levels.
Capital	• An updated 2026-27 Capital Resource Limit of £132.385m was issued on 20th August 2026. • Expenditure to 31st August 2026 amounted to £31.581m. • The forecast outturn capital position is breakeven.

Summary
Income & Expenditure Account

	M5 Actual	M5 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(133.0)	(652.2)	(1652.3)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.2)
03. Welsh NHS Local Health Boards & Trusts Income	(5.8)	(29.4)	(70.6)
04. WHSSC Income	(1.4)	(6.5)	(15.4)
05. Welsh Government Income (Non RRL)	(0.5)	(2.2)	(4.2)
06. Other Income	(5.0)	(23.8)	(56.0)
Total Allocations & Income	**(145.7)**	**(714.1)**	**(1798.6)**
08. Primary Care Contractor	14.8	74.3	180.4
09. Primary Care - Drugs & Appliances	8.6	45.4	110.4
10. Provided Services - Pay	66.6	332.7	794.5
11. Provider Services - Non-Pay	10.3	50.8	119.9
12. Secondary Care - Drugs	4.8	24.1	58.7
13. Healthcare Services Provided by Other NHS Bodies	27.0	131.4	314.7
14. Non-Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	8.0	34.1	87.0
16. Other Private & Voluntary Sector	0.8	4.4	10.1
17. Joint Financing and Other	1.5	7.4	17.0
18. Losses Special Payments and Irrecoverable Debts	0.4	2.0	3.5
22. DEL Depreciation\Accelerated Depreciation\Impairments	3.4	17.2	41.3
23. AME Donated Depreciation\Impairments	0.0	0.0	61.2
25. Profit\Loss Disposal of Assets	0.0	(0.1)	(0.1)
Total Expenditure	**146.2**	**723.8**	**1798.6**
Grand total	**(0.6)**	**(9.7)**	**0.0**

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The M05 year to date position is reporting a deficit of £9.7m.
- We are currently forecasting a year end break-even position.
- The main drivers of pressure in achieving the forecast break even position are:
  - Savings shortfall currently £6.2m
  - Clinical Negligence cost pressures – At M05 the position is reporting over £1.0m more than plan.
  - Continuing Health Care cost pressures – At M05 the position is reporting £2.0m over plan.
  - Provider LTA Income shortfall – At M05 the position is reporting £1.0m shortfall against plan.
  - Activity driven non pay growth

Year-to-Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.4	1.4	0.0
Month 2	3.8	5.2	0.0
Month 3	2.2	7.4	0.0
Month 4	1.8	9.1	0.0
Month 5	0.6	9.7	0.0

Key Points:

- The M05 YTD overspend of £9.7m includes a £6.2m shortfall in savings.
- The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that £1.9m funding will be provided by DHCW for 2026/27; this has resulted in a £0.8m improvement in M05.
- Further details of the key drivers for the YTD are provided overleaf.

Year-to-Date Performance and Forecast

	Delegated Year-to-Date £m	Non-Delegated Year-to-Date £m	Total M05 Year-to-Date £m	M05 Forecast £m	Recurrent Forecast £m	IMTP £m
Savings Shortfall	6.5	(0.3)	6.2	3.7	3.8	0.0
Operational Variances	8.3	(4.9)	3.4	2.3	0.0	0.0
Plan Phasing Adjustments	0.0	4.9	4.9	0.0	(3.8)	0.0
Financial Plan Improvements	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	(4.0)	(4.0)	(1.9)	0.0	0.0
Additional Financial Allocation	0.0	(0.8)	(0.8)	(4.0)	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	**14.8**	**(5.1)**	**9.7**	**0.0**	**(0.3)**	**0.0**

Key Points:

- The M05 position is reporting a £9.7m deficit (overspend) against the plan, of which £14.8m relates to delegated budgets.
- The main driver of the deficit position is the £6.2m shortfall in savings delivery.
- Additional Financial Allocations of £1.9m (£0.8m YTD) has been confirmed for EPMA programme.
- Accountancy Gains of £4.0m have been recognised in M05.
- All mitigating actions have been met..
- A separate Finance Performance report has been prepared which sets out the Delegated financial performance of the individual Care Groups and directorates as at Month 5 (i.e. the delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.

Forecast Underlying Position

Underlying Position	Plan £m	Delegated Recurrent @ M05 £m	Non-Delegated Recurrent @ M05 £m	Total Recurrent @ M05 £m	Total Recurrent @ Prev Mth £m
Initial Financial Plan	**(0.3)**	**0.0**	**(0.3)**	**(0.3)**	**(0.3)**
Savings Variances	0.0	4.5	(0.7)	3.8	8.7
Operational Variances	0.0	(4.5)	0.7	(3.8)	0.8
Financial Plan Variances	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocations	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	(9.5)
Grand Total	**(0.3)**	**0.0**	**(0.3)**	**(0.3)**	**(0.3)**

Key Points:

- The B/fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2026/27 planned for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27. The latest assessment is maintaining a £0.3m underlying surplus.
- The latest savings returns have indicated recurrent savings of £27.5m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £3.8m.
- As at M05 the underlying position recognises a requirement for £0.0m of mitigating actions.

Non-Delegated Reserves

Reserves	Plan £m	Issued @ M05 £m	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
IMTP Demand & Cost Pressures	4.3	0.9	3.4	0.0	(3.4)	0.0
IMTP Non-Recurrent Plans	0.5	0.0	0.5	0.0	(0.5)	0.0
Local Planned Care Reserves	1.4	0.0	1.4	0.0	(1.4)	0.0
Pre-committed business cases	2.0	0.0	2.0	0.0	(2.0)	0.0
Grand Total	8.2	0.9	7.3	0.0	(7.3)	0.0

Key Points:

- The approved plan identified £8.2m of reserves yet to be issued to delegated budgets.
- As at M05, £7.3m remains within the non delegated budgets.
- The latest forecast assumes that £7.3m of the reserves will not be required and will be released to support the balanced financial plan. This is anticipated to be a non recurrent benefit only.
- Further detail of the pre-committed business cases is provided on the next page.

IMTP Prior Committed Plans

Investment Plans	Plan £m	Issued @ M05	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
EMPA Business Case	1.9	(0.0)	1.9	0	(1.9)	0
Digital Cellular Pathology Bus Case	0.1	0	0.1	0.0	(0.1)	0
Grand Total	**2.0**	**(0.0)**	**2.0**	**0.0**	**(2.0)**	**0.0**

Key Points:

- The approved plan identified £2.0m of prior approved business case commitments, as at M05, £0.0m has been confirmed and issued.
- Following confirmation from DHCW that the EPMA costs in 2026/27 will be funded, the initial planning requirement of £2.0m can be released to support delivery of the break-even financial plan.

Pay Expenditure Trends

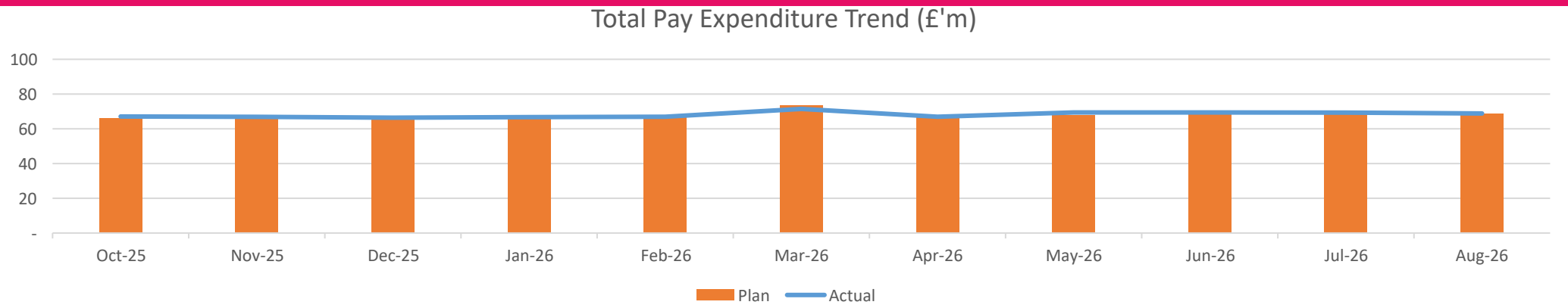
Staff Group	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m
Administrative & Clerical	9.2	9.1	9.1	9.2	9.1
Medical And Dental	18.5	19.3	18.4	18.3	18.6
Nursing And Midwifery Registered	21.3	20.9	20.9	21.0	20.8
Add Prof Scientific And Technical	2.2	2.2	2.2	2.2	2.2
Additional Clinical Services	8.9	8.7	8.7	9.4	9.0
Allied Health Professionals	4.3	4.2	4.2	4.3	4.2
Healthcare Scientists	1.2	1.2	1.2	1.2	1.2
Estates And Ancillary	3.9	3.7	3.8	3.8	3.8
Students	0.0	0.0	0.0	0.0	.0
Grand Total	**69.4**	**69.4**	**68.6**	**69.3**	**68.8**

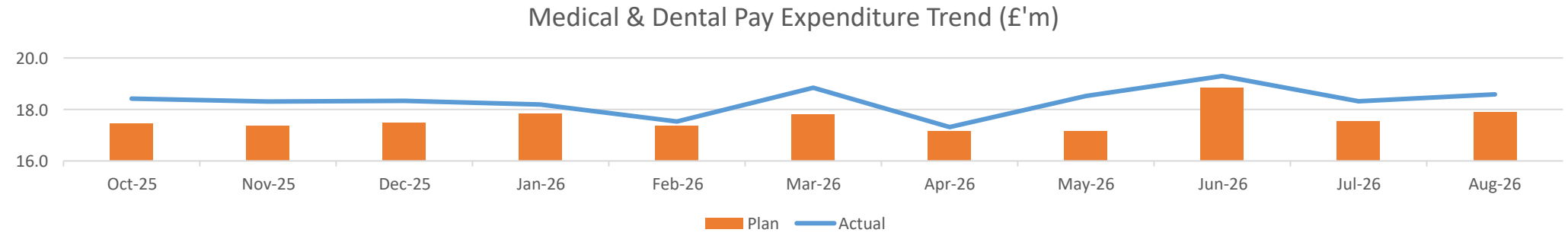
Spend category	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m
Core	61.7	62.8	61.8	62.5	61.8
Agency	1.8	1.4	1.6	1.6	1.5
Overtime	1.6	1.4	1.5	1.6	1.6
ADH	2.2	1.4	1.7	1.7	1.7
Bank	1.9	1.8	1.7	1.7	1.9
WLI	0.3	0.6	0.3	0.2	0.2
Grand Total	**69.4**	**69.4**	**68.6**	**69.3**	**68.8**

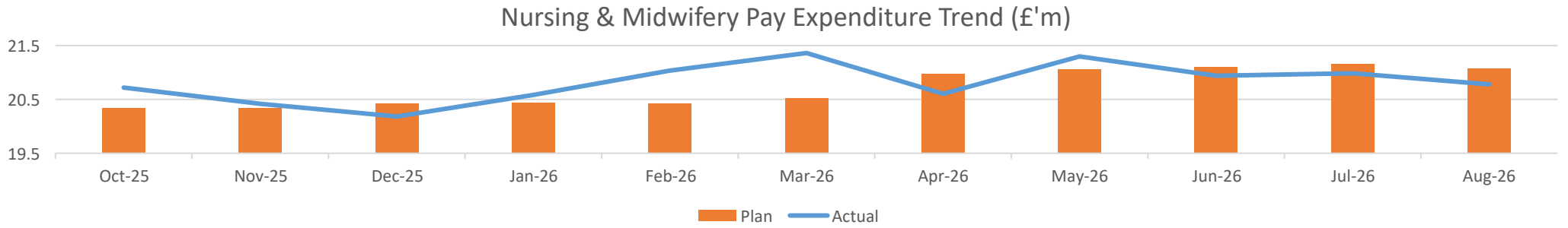
Key Points:

- Total pay expenditure in M05 was £68.8m.
- When compared with the M04 actual, the following variable pay movements occurred:
  - Decrease in Core costs of £0.7m
  - Decrease in Agency of £0.1m
  - No movement in Overtime.
  - No movement in ADH.
  - Increase in Bank of £0.2m
  - No movement in WLI.

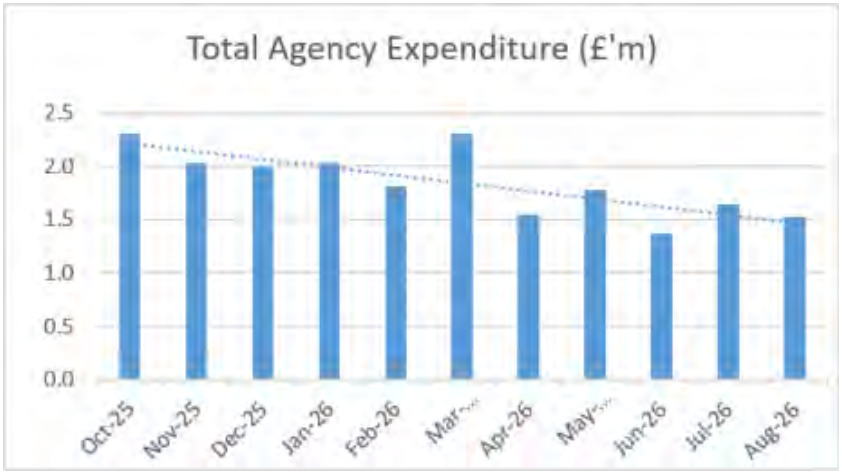
Pay Expenditure Trends

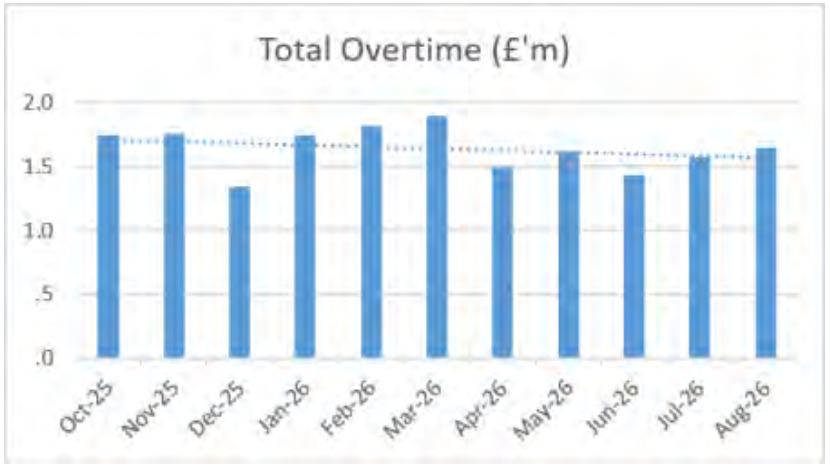


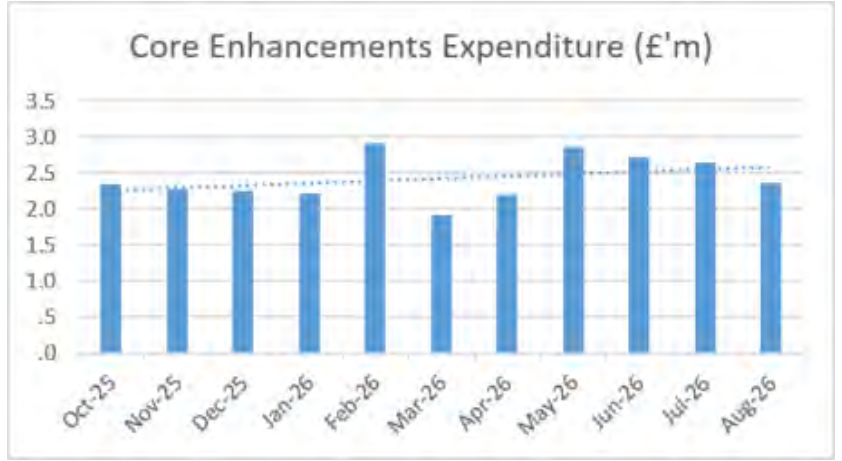


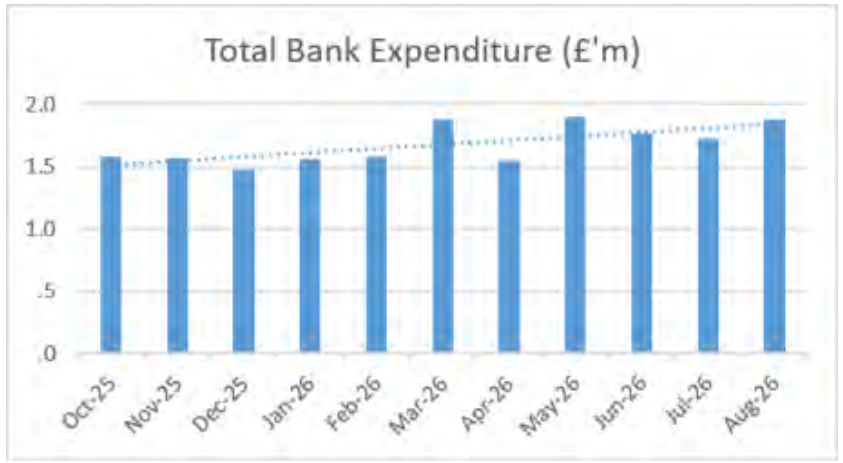


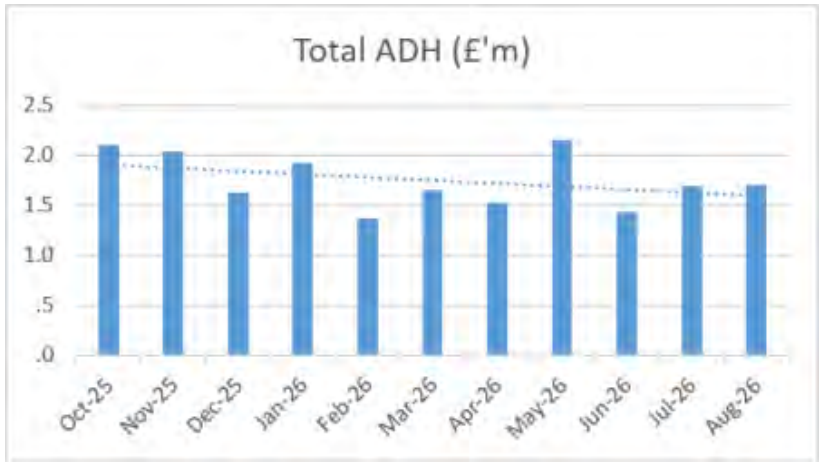
Variable Pay Expenditure Trends











Key Points :

- Agency spend – has decreased by £0.1m but overall, a downward trend.
- Overtime – has increased by £0.1m when compared to M04, but overall, a decreasing trend.
- Core enhancements – has decrease by £0.2m when compared to M04, with an increasing trend.
- Bank – has increased by £0.2m, with an upward trend.
- ADH spend – has remained static in M05 compared to M04, with a downward trend.

Non Pay Expenditure Trends

Non Pay Group	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m
Primary Care Contractors	14.0	14.1	14.0	14.2	14.0
Primary Care Drugs	9.8	9.4	9.3	8.8	8.6
Provider Non Pay	9.7	10.4	9.9	10.8	10.3
Secondary Care Drugs	4.6	5.2	4.9	4.6	4.8
Healthcare Commissioning	26.0	26.5	26.2	25.8	27.0
CHC & FNC	8.2	8.1	8.0	4.2	8.6
Other	8.4	5.5	5.6	8.6	6.1
Total Expenditure	**80.7**	**79.1**	**77.9**	**76.9**	**79.5**



Key Points:

- The total spend in M05 of £79.4m was £2.5m higher than M04. The main movements were:
- Decrease in Provider Non Pay by £0.5m. This is primarily £280k reduction in PCH energy costs, along with £290k reduction in M&SE and Disposables across Theatres, Diabetic clinics and Continence services.
- Increase in Healthcare Commissioning of £1.2m reflecting a pass through allocation to JCC
- Increase in CHC & FNC by £4.4m. This is the result of in month expenditure returning to prior months levels after recognition of an accountancy gain in M04.
- Decrease in Other of £2.5m. Primarily the result of a movement in Capital Charges in month.

Income Trends

Income Group	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m	Jul-26 £'m	Aug-26 £'m
Welsh NHS Income	5.5	5.9	5.9	6.0	5.8
JCC Income	1.3	1.1	1.2	1.5	1.4
Primary Care Contractor Income	1.1	1.2	1.2	1.5	1.2
CHC Income	0.8	0.7	0.8	0.8	0.8
Other Income	5.2	4.7	4.6	5.4	5.1
Total Income	**13.9**	**13.7**	**13.6**	**15.1**	**14.4**



Key Points:

- The total income in M05 of £14.4m is £0.7m lower than M04.
- The main movements were:
  - Primary Care Contractor Income – decrease of £0.3m (GMS Cash Limited adjustment)
  - Other Income - £0.3m decrease as a result of a decrease in Primary Care Prescribing income

Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,391.2	32.2	27.8	99.6	1,550.8
Anticipated Allocations:					
Capital	67.0				(67.0)
Welsh Risk Pool	(5.3)				(5.3)
Payaward 26/27	21.9				21.9
M&D Pay Award 26/27	7.1				7.1
Discovering a Digital Solution	0.8				0.8
ESR Recharges	1.5				1.5
GP IM&T Refresh Programme				1.4	1.4
AHW Prevention & Early Years	0.9				0.9
Planned Care Tranche 1	3.4				3.4
Other	2.4			0.4	2.4
Total Allocations	**1.491.0**	**32.2**	**27.8**	**101.3**	**1,652.3**

Key Points:

- As at M05 the confirmed Revenue Resource Limit (RRL) allocation was £1,550.8m.
- We are anticipating a further £101.5m of funding.

Income Assumptions - NHS

	Contracted Income	Non Contracted Income	Total Income
	£m	£m	£m
Swansea Bay University	25.0	0.0	25.0
Aneurin Bevan University	18.0	1.3	19.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	20.1	1.6	21.6
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.4	0.9
Powys	8.2	0.1	8.2
Public Health Wales	1.2	3.9	5.1
Velindre	0.0	11.5	11.5
DHCW	4.2	0.1	4.3
Wales Ambulance Services	0.0	0.1	0.1
JCC	14.0	0.4	14.2
HEIW	0.0	20.4	20.4
NHS Wales Executive	0.0	0.0	0.0
Total	**91.2**	**40.1**	**131.3**

Key Points :

- All LTA documents have now been submitted and signed.

Savings

	Month 5			Month 5		
	YTD	26/27	Rec	YTD	26/27	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M5	13.0	31.3	31.3	10.4	31.3	31.3
Actual and Forecast Savings	(6.8)	(27.6)	(27.5)	(4.8)	(21.2)	(22.5)
Total	6.2	3.7	3.8	5.6	10.0	8.7



Key Points:

- The M05 YTD savings is reporting £6.8m of identified savings, which is £6.2m below the YTD target of £13.0m.
- The forecast in year savings of £27.6m is £3.7m below the £31.3m target.
- The M05 forecast recurrent savings of £27.5m is £3.8m below the £31.3m target.

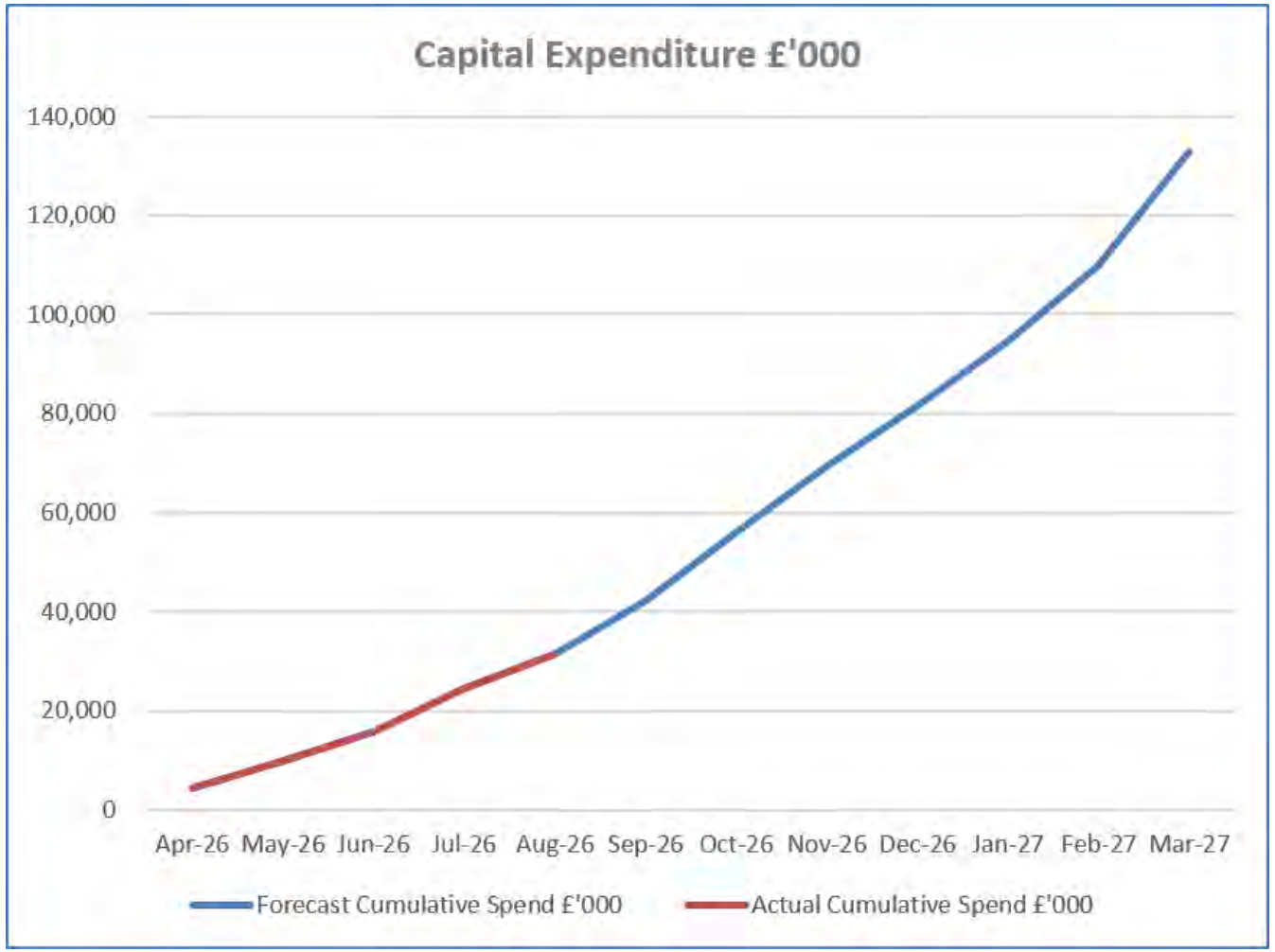
Risks & Opportunities

	Risk Level L/M/H	M5 £m	M5 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27 as per our anticipated allocation.
HMRC Travel Allowance change April 2026	L	0.0	Tbc	Annual Impact of £0.4m has now been recognised in M5 forecast
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	Tbc	Assumed to be fully funded in 2026/27. Awaiting further details from HEIW before being able to assess impact.
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	18.4	18.4	Recognised as Directed by WG.
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.3	0.2	Table C3
Delivery Risk on Savings plans yet to be identified	M	0	7	Mitigations fully recognised in M5.
Delegated Risk Assessments	H	3.7	3.7	Risk adjusted cost pressures
Health Visitors Band 6 Dispute	H	0.8	0.8	
NWJCC Plans not delivering	L	Tbc	Tbc	JCC reporting nil risk
LTA Disputes	H	Tbc	Tbc	
Planned Care target pressures	M	Tbc	Tbc	
Pay & Employment disputes	M	Tbc	Tbc	
Primary Care Prescribing NCSO	M	1.8	1	M5 forecast updated, Risk of continuation of NCSO remains outside of forecast.
CHC Growth above Plan	M	1	Tbc	M5 Forecast updated, risk of further deterioration.
Retention of Dental Underspend	L	1	1	See note below
Total Risks		**27.0**	**32.1**	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		**(Tbc)**	**(Tbc)**	
Net Risk		**27.0**	**32.1**	

Key Points:

- As at M05 we have identified risks to the forecast, amounting to £27.0m.
- There is a small number of potential opportunities that could help mitigate the identified risks which have yet to be confirmed.

Capital Expenditure



Key Points:

- The Capital Resource Limit for 2026-27 of £132.385m was issued on 20th August 2026.
- This is supplemented by a forecast of £0.170m of donated funds and £0.378m NBV of assets disposed of in this financial year giving an overall programme of £132.933m.
- Expenditure to 31st August 2026 amounted to £31.581M.
- The forecase outturn capital position is breakeven.

Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2026) £'000	Closing Balance as at M5 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	796,175	810,562	796,175
Intangible Assets	2,927	2,927	2,927
Trade and Other Receivables	104,127	104,127	104,127
Total Non-Current Assets	903,229	917,616	903,229
Current Assets			
Inventories	8,048	8,022	8,022
Trade and Other Receivables	117,362	129,889	103,590
Cash and Cash Equivalents	4,880	717	317
Non Current Assets Classified as Held for Sale			
Total Current Assets	130,290	138,628	111,929
Current Liabilities			
Trade and Other Payables	213,179	176,180	204,850
Provisions	52,860	49,666	46,292
Total Current Liabilities	266,039	225,846	251,142
Non-Current Liabilities			
Trade and Other Payables	16,750	16,750	16,750
Provisions	103,749	109,651	109,651
Total Non-Current Liabilities	120,499	126,401	126,401
TOTAL ASSETS EMPLOYED	646,981	703,997	637,615
Financed By:			
General Fund	507,326	564,342	497,960
Revaluation Reserve	139,655	139,655	139,655
TOTAL	646,981	703,997	637,615

Key Points :

The main changes in the balance sheet figures from opening balance to M05 include the following:

- Trade and other payables have increased by £2.3m since M04. This is due to the timing of the Pharmacy payment, which has resulted in an increase in the Pharmacy accrual of £11.0m offset by a reduction in trade creditors of £12.6m.
- Provisions have increased by £6.2m, this is due to an increase in value of the clinical negligence provision of £6.4m.
- Trade and other receivables have increased by £6.6m, this is due to the increase in the amount due from the Welsh Risk Pool for Clinical Negligence cases as detailed above.

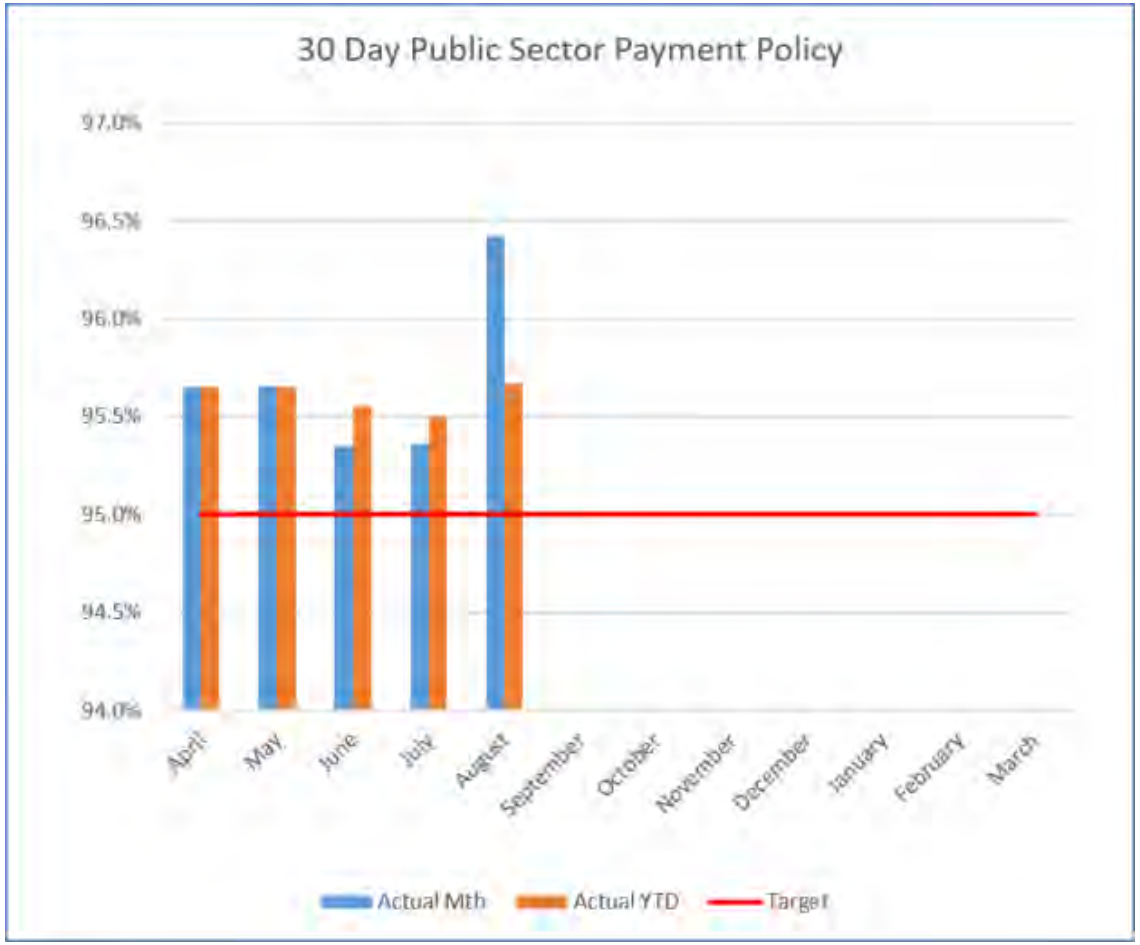
Cash Flow Forecast

Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	134,206	132,083	129,883	154,221	129,335	137,100	134,097	115,800	131,900	117,300	124,800	119,378	1,560,103
WG Capital Funding	14,000	12,500	1,400	6,900	9,200	8,400	8,500	13,000	12,800	13,300	14,200	20,774	134,974
Sale of Assets	84	1	-	51	-	-	-	-	-	-	-	-	136
Welsh NHS Org'ns	14,146	10,225	13,448	9,822	11,341	10,000	15,000	11,000	14,000	12,000	12,000	17,000	149,982
Other	3,375	6,769	5,840	2,841	6,215	4,000	6,000	6,000	9,000	6,000	6,000	12,000	74,040
Total Receipts	165,811	161,578	150,571	173,835	156,091	159,500	163,597	145,800	167,700	148,600	157,000	169,152	1,919,235
Payments													
Primary Care Services	21,258	21,156	24,602	31,865	9,378	22,677	31,566	9,809	33,186	10,281	20,784	21,848	258,410
Salaries and Wages	68,227	68,151	68,908	73,235	70,895	69,000	68,500	68,500	68,500	68,500	68,500	68,500	829,416
Non Pay Expenditure	62,165	62,059	54,650	63,434	67,760	58,000	55,000	55,000	53,000	56,000	54,000	57,779	698,847
Capital Payments	13,029	5,559	6,734	9,634	9,350	8,401	8,576	13,008	12,733	13,317	14,184	22,600	137,125
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	164,679	156,925	154,894	178,168	157,383	158,078	163,642	146,317	167,419	148,098	157,468	170,727	1,923,798
Net Cash In/Out	1,132	4,653	(4,323)	(4,333)	(1,292)	1,422	(45)	(517)	281	502	(468)	(1,575)	
Balance B/F	4,880	6,012	10,665	6,342	2,009	717	2,139	2,094	1,577	1,858	2,360	1,892	
Balance C/F	6,012	10,665	6,342	2,009	717	2,139	2,094	1,577	1,858	2,360	1,892	317	

Key Points within the Cash Flow Forecast :

- In M05 the cash balance was £0.7m, comprising £0.6m revenue and capital of £0.1m.
- This cash position is within planned levels.
- At this point there is no expected drawdown of working balances or strategic cash.

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30-day target in August was 96.4%.
- The cumulative percentage year to date is 95.7%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.

Version 1 June 2026

CTMUHB Public Board

Board Assurance Framework Report – September 2026

Eitem yr Agenda / Agenda Item	7.1
Dyddiad y Cyfarfod / Date of Meeting:	Thursday 24 September 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director Governance and Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Review
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to: • Review the updated BAF and confirm that the contents provide adequate assurance and reflect recent discussions.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	All Strategic Pillars This report relates to the Board Assurance Framework as a whole and therefore aligns to all CTMUHB Strategic Pillars.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The Board Assurance Framework supports delivery of the Integrated Medium Term Plan and Annual Delivery Plan by identifying, monitoring and reporting the principal strategic risks that may affect delivery of the Health Board's objectives, priorities and statutory duties.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Board Assurance Framework sets out the Health Board's principal strategic risks and provides a structured view of the controls, assurances, gaps and mitigating actions in place to manage them. All risks have been reviewed and updated by risk owners and handlers as part of the September 2026 refresh. Particular focus has been placed on improving the articulation of strategic gaps, strengthening the description of mitigating actions, and evidencing the impact of actions taken to date. Changes to the BAF are normally indicated in red text to aid visibility of changes. This has not been applied on this occasion due to the extent of the revisions, which would have significantly reduced the readability of the document. A summary version of the BAF has also been produced for the September reporting round. This summary should be read alongside the full Board Assurance Framework, which provides the detailed risk descriptions, controls, sources of assurance, actions and supporting evidence. It does not replace the full framework or seek to reproduce all of its content.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans*	The September iteration of the BAF has focused on strengthening the articulation of strategic gaps, risk treatment narratives and evidence of the impact of mitigating actions. In addition, the summary version provides an accessible overview of the Health Board's principal strategic risks and the current level of assurance over how they are being managed. It is intended to support Board and Committee discussion by highlighting the most significant gaps, the progress being made to address them, the factors that continue to limit assurance, and the expected direction of travel.

/ Strategic or Regulatory risks etc and any options for addressing these)	
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The Health Board recognises that development of a mature assurance framework is an ongoing process. Next steps for the November 2026 iteration will include exploring how the assurance already contained within the detailed BAF can be summarised more visibly within this summary document, giving Board and Committee members more at-a-glance visibility of the current position, the effectiveness of mitigating actions, areas where assurance remains limited, and the overall direction of travel for each strategic risk. The intention is not to replace the detailed assurance contained within the full BAF, but to make key assurance messages easier to identify and use. Work is also underway to enhance the way the BAF is used within Board and Committee business. The Director of Corporate Governance and Board Secretary is currently leading a pilot within the Operational Delivery Committee (ODC) to test a more assurance-led approach to committee business, using BAF-assigned risks to focus scrutiny, triangulate evidence and support clearer assurance conclusions. Subject to evaluation of the pilot, learning may be used to inform future consideration of how assurance committees contribute to oversight of strategic risks and onward assurance to the Board.
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to: • Review the updated BAF and confirm that the contents provide adequate assurance and reflect recent discussions.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework	All Strategic Risks on the BAF This report relates to the Board Assurance Framework as a whole and therefore has relevance to all strategic risks included within the BAF.

(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	All applicable The Board Assurance Framework supports consideration of the Health Board's strategic risks across all relevant Wellbeing Goals. Individual strategic risk entries identify specific implications where relevant.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	All applicable The Board Assurance Framework supports oversight of strategic risks that may affect all Enablers of Quality. The specific relevance of each enabler is reflected within individual strategic risk entries where appropriate.

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Applicable This report is an assurance update and does not propose any service change or operational decision. Environmental and sustainability implications are considered within individual strategic risks where relevant.

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	No separate Equality & Welsh Language Impact Assessment has been undertaken as this report provides an assurance update and does not propose a new policy, service change or decision. Equality & Welsh Language implications are considered within individual strategic risks where relevant. Named Executive/Board member sign off for no EWLIA completion: Executive Sponsor: Director of Corporate Governance / Board Secretary
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*	No separate Quality Impact Assessment has been undertaken as this report provides an assurance update rather than proposing a service change or operational decision. Quality implications are reflected within individual strategic risks where relevant.

Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	
Cyfreithiol / Legal	Yes (Include further detail below) Legal and regulatory implications are captured within individual strategic risk entries where relevant.
Enw da / Reputational	Yes (include further detail below) The BAF is a key public assurance document. Reputational implications therefore arise from ensuring that the Health Board's principal strategic risks are accurately reflected and appropriately reported.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	Yes (include further detail below) This report does not request additional resources. Workforce, financial and other resource implications are considered within individual strategic risks where relevant.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic risk owners and risk handlers	Aug-Sept 2026	Updates requested to support the September 2026 BAF refresh, including redrafting of the Gaps section and other elements.
Executive Leadership Group, Board and Committees	Various	Previous iterations of the BAF have been reviewed through the established governance cycle. The document is iterative and continues to respond to Executive, Board and Committee feedback.
Audit Wales feedback / Structured Assessment recommendation	2025/26	BAF template amended to strengthen reporting of the actual impact of mitigating actions, in response to the recommendation that the BAF should more clearly report the impact of actions taken to mitigate strategic risks.
Executive Leadership Group	14 Sept 2026	Review, scrutiny and management sign-off of the September 2026 iteration of the BAF.

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework
CTMUHB	Cwm Taf Morgannwg University Health Board
ELG	Executive Leadership Group

IMTP	Integrated Medium Term Plan
P&I	Performance and Improvement

This summary provides an accessible overview of the Health Board's principal strategic risks against the four CTM 2030 strategic goals, and the current level of assurance over how they are being managed. It is intended to support Board and Committee discussion by highlighting the most significant gaps, the progress being made to address them, the factors that continue to limit assurance, and the expected direction of travel.

The summary should be read alongside the full Board Assurance Framework, which provides the detailed risk descriptions, controls, sources of assurance, actions and supporting evidence. It does not replace the full framework or seek to reproduce all of its content.

The Health Board recognises that development of a mature assurance framework is an ongoing process. The September iteration of the BAF has focused on strengthening the articulation of strategic gaps, risk treatment narratives and evidence of the impact of mitigating actions.

Next steps for the November 2026 iteration will include exploring how the assurance already contained within the detailed BAF can be summarised more visibly within this summary document, giving Board and Committee members more at-a-glance visibility of the current position, the effectiveness of mitigating actions, areas where assurance remains limited, and the overall direction of travel for each strategic risk. The intention is not to replace the detailed assurance contained within the full BAF, but to make key assurance messages easier to identify and use.

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
	Creating Health / Creu Iechyd *Reducing health inequalities; Equal focus on mental and physical health; Supporting our communities; Being a healthy organisation*					
	Four BAF risks are assigned to "Creating Health". All four of these BAF risks are also assigned to "Sustaining Our Future". Risk 11 is also assigned to "Improving Care"					
4	Effective Community and Partner Engagement in Service Changes and Developments Lead: Director of Communication, Engagement & Fundraising Committee: Strategic Development Committee	Gap 1: A consistent and embedded approach to engagement related to service change is not yet fully established across the Health Board Gap 2: Capacity within the engagement function remains insufficient to fully support organisational and population engagement requirements Gap 3: Digital engagement, insight and social listening capability is not yet sufficiently developed to support modern engagement approaches Gap 4: Regional engagement approaches and messaging are not yet fully co-ordinated across partner organisations	16 (C4xL4)	8 (C4xL2)	Dec 2026	September 2026: Progress has been made through development of the Service Change SOP, securing funding for additional engagement capacity, implementation of the Orlo platform and regional engagement planning. However, these arrangements are not yet fully embedded and capacity constraints remain, limiting the pace of risk reduction. Risk treatment: Treat with elements tolerated.
7	Fulfilling our environmental and social duties and ambitions Lead: Executive Director of Strategy & Transformation Committee: Strategic Development Committee	Gap 1: Climate adaptation and organisational preparedness for climate change are not yet fully embedded Gap 2: Decarbonisation and sustainable decision-making are not yet fully embedded across procurement, estates and organisational planning Gap 3: Capacity and investment remain insufficient to fully deliver environmental sustainability and decarbonisation ambitions	16 (C4xL4)	8 (C4xL2)	2030	September 2026: The risk is actively managed through the Climate Action Plan, decarbonisation programme, sustainability initiatives and partnership arrangements. Whilst progress continues through a range of environmental sustainability projects and investment programmes, delivery remains constrained by funding availability and the scale of change required to meet long-term environmental and social sustainability ambitions. Risk treatment: Treat with elements tolerated.
8	Prevention and early intervention to support healthy life expectancy Lead: Executive Director of Public Health Committee: Strategic Development Committee	Gap 1: Health Protection and Immunisation capacity remains insufficient to fully deliver its contribution to the Health Board's wider prevention and population health priorities. Gap 2: Population Health Management capability and infrastructure are not yet sufficiently developed to support population-based planning and intervention.	20 (C5xL4)	8 (C4xL2)	TBC	September 2026: The risk is being actively managed through population health, prevention, health protection and partnership programmes. Whilst strategic frameworks and targeted interventions continue to develop, Population Health Management capability, Health Protection capacity and whole-system delivery are not yet sufficient to demonstrate sustained improvement in Healthy Life Expectancy or reduced inequalities. For longer term improvement in outcomes, resources and associated services will need to be shifted from treatment of disease into preventative interventions.

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
		Gap 3: A whole-system approach to prevention and inequalities with sufficient associated resource, is not yet fully embedded across the Health Board and partner organisations.				Risk treatment: Treat with elements tolerated.
11	Delivery of an Integrated Care Model Lead: Chief Operating Officer Committee: Strategic Development Committee	Gap 1: Digital and information-sharing infrastructure is not yet sufficiently developed to support integrated care. Gap 2: The evidence base and delivery model for sustainable primary and community care requires further development. Gap 3: System integration and partnership arrangements are not yet sufficiently mature to deliver a fully integrated model of care.	16 (C4xL4)	12 (C4xL3)	TBC	September 2026: The risk is actively managed through integrated care transformation programmes and regional partnership arrangements. Whilst progress continues in developing integrated models of care and joint working across the system, further work is required to embed operational integration, digital integration, sustainable primary and community care models, and more effective system-wide planning and decision-making. Risk treatment: Treat with elements tolerated.
Improving Care / Gwella Gofal *Delivering safe and compassionate care; Developing new models of care; Digital transformation for patients and staff; Ensuring timely access to care*						
All risks are assigned to "Improving Care" except for 4, 7, 8, 9						
1a	Enough capacity to meet elective demand Lead: Chief Operating Officer Committee: Quality, Safety & Experience Committee; and Operational Delivery Committee	Gap 1: Digital systems supporting planned care pathways are not yet fully developed or integrated. Gap 2: Cancer tracking and speciality-specific elective data remain insufficiently robust to support performance oversight and early intervention. Gap 3: Elective recovery and service redesign initiatives are not yet fully embedded across all specialties.	16 (C4xL4)	12 (C4xL3)	2030	September 2026: The risk is actively managed through planned care recovery, productivity and service transformation programmes. Whilst progress continues across a number of areas, including cancer performance, elective capacity and reductions in long waits, the risk remains elevated due to ongoing workforce, operational and capacity constraints, particularly within Orthopaedics and Neurology. Further sustained improvement is required before elective capacity can consistently meet demand and support a reduction in risk score. Risk treatment: Treat with elements tolerated.
1b	Enough capacity to meet emergency demand Lead: Chief Operating Officer Committees: Quality, Safety & Experience Committee; and Operational Delivery Committee	Gap 1: Urgent and emergency care improvement actions are not yet fully embedded or delivering sustained improvements in performance	20 (C4xL5)	12 (C4xL3)	2030	September 2026: The risk continues to be actively managed through urgent and emergency care improvement programmes and whole-system actions to improve patient flow, discharge and access to care. Whilst progress continues and the overall trajectory is positive, sustained demand, workforce pressures and patient flow challenges continue to constrain emergency care performance. Further improvement is required before sufficient assurance can be obtained that capacity is consistently able to meet emergency demand and support a reduction in risk score. Risk treatment: Treat with elements tolerated.
2	Ability to deliver improvements which transform care and enhance outcomes Lead: Executive Director of Nursing / Executive Medical Director Committees: Quality, Safety & Experience Committee and Operational Delivery Committee	Gap 1: Quality intelligence and assurance arrangements are not yet fully integrated to provide a comprehensive and timely organisational view of quality, safety and performance. Gap 2: Ward assurance, safeguarding and related quality governance arrangements require further development and consistent embedding to provide reliable assurance across all services and settings. Gap 3: Organisational learning, improvement and feedback arrangements are not yet consistently embedded, and the impact of improvement activity is not always systematically measured or demonstrated. Gap 4: Concerns, complaints, redress and legal services arrangements require further strengthening to provide timely resolution, organisational learning and sustainable assurance.	16 (C4xL4)	12 (C4xL3)	TBC	September 2026: The foundations of the quality management framework are largely in place, with progress made in strengthening governance, oversight and assurance. The remaining challenge is to embed these arrangements consistently across the organisation and demonstrate sustained impact. As this work matures, assurance is expected to strengthen and the risk score to reduce over time. Risk treatment: Treat
See also under "Inspiring People" and "Sustaining our Future": Risk 3: Enough workforce to deliver the activity and quality ambitions of the organisation						

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
5	Delivery of a digital and information infrastructure to support organisational transformation Lead: Director of Digital Committees: Operational Delivery Committee and Strategic Development Committee	Gap 1: Digital capability and adoption are not yet sufficiently mature to enable transformation at scale Gap 2: Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation Gap 3: Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care	16 (C4xL4)	12 (C4xL3)	TBC	September 2026: The risk continues to be actively managed through delivery of digital transformation, infrastructure, cyber improvement programmes and regulatory compliance. Whilst progress is being made and the overall trajectory is cautiously positive, the risk remains elevated due to workforce and funding constraints, legacy systems, national dependencies and the evolving cyber threat landscape. Further progress is required before digital capability, capacity and resilience are sufficiently embedded to support a reduction in risk score. Risk treatment: Treat with elements tolerated.
6	Ability to maintain a safe and fit for purpose estate infrastructure Lead: Executive Director of Finance Committee: Operational Delivery Committee	Gap 1: National Skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions. Gap 2: Backlog maintenance requirements continue to exceed available resources and funding. Gap 3: Available capital and revenue funding remains insufficient to maintain and improve the existing estate. Gap 4: Estate improvement works must be delivered whilst maintaining safe and uninterrupted services.	16 (C4xL4)	12 (C4xL3)	2031	September 2026: We continue to actively manage this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited. Risk treatment: Treat with elements tolerated.
10	Ability to develop a fit for the future estate to reflect our future clinical service model Lead: Executive Director of Finance Committee: Strategic Development Committee	Gap 1: A long-term estate strategy aligned to the future clinical service model is not yet fully developed. Gap 2: Sufficient capital funding has not yet been secured to deliver capital schemes.	16 (C4xL4)	8 (C4xL2)	2031	September 2026: The risk is actively managed through strategic estate planning, development of major capital schemes and alignment with the emerging Clinical Services Plan. Whilst preparatory work and business case development continue, progress remains dependent on completion of the future clinical model and the availability of capital funding. Further progress is required before the Health Board can be assured that future estate requirements are fully understood and deliverable. Risk treatment: Treat with elements tolerated.
See also under "Creating Health" and "Sustaining our Future" – Risk 11 Delivery of an Integrated Care Model						
Inspiring People / Ysbrydoli Pobl *Visible and inspiring leadership; Promoting diversity and inclusion; Embedding our values and behaviours; Encouraging local employment*						
There is one BAF risk assigned to "Inspiring People". This risk is also assigned to "Improving Care" and "Sustaining our Future"						
3	Enough workforce to deliver the activity and quality ambitions of the organisation *(Including Culture, Values and Behaviours)* Lead: Executive Director for People Committees: Quality, Safety & Experience Committee and Operational Delivery Committee	Gap 1: Workforce planning is not yet consistently aligned to future organisational priorities, service transformation programmes and regional workforce requirements, limiting our ability to proactively shape the future workforce. Gap 2: Workforce deployment, productivity, digital systems and workforce intelligence capabilities are not yet sufficiently mature to optimise capacity, quality, efficiency and affordability. Gap 3: Recruitment, retention and attendance arrangements are not yet consistently delivering a sustainable, resilient and engaged workforce, resulting in workforce supply pressures and variable workforce experience. Gap 4: Organisational values, behaviours and approaches to staff experience are not yet consistently embedded across the	16 (C4xL4)	8 (C4xL2)	March 2029	September 2026: This risk continues to be treated through targeted action under the CTM People Plan, workforce planning, recruitment, retention, and wellbeing, and productivity programmes. A reduction is expected over time, but remains constrained by national workforce supply, sickness absence, variable pay, affordability pressures and the pace of service change. Risk treatment: Treat with elements tolerated.

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
		Health Board, impacting engagement, wellbeing, leadership culture and organisational performance.				
	Sustaining Our Future / Cynnal Ein Dyfodol *Becoming a green organisation; Ensuring our services' financial sustainability; Embedding value-based healthcare; Ensuring our estate is fit for the future*					
All BAF risks are assigned to "Sustaining Our Future" as well as also being assigned to other objectives. There is one BAF risk which is assigned to "Sustaining Our Future" but not assigned to any other objectives: Risk 9						
9	Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) Lead: Executive Director of Finance Committee: Operational Delivery Committee	Gap 1: Understanding of budgetary control and procurement processes in some services Gap 2: A recognised risk of shortfalls in savings delivery	20 (C4xL5)	12 (C4xL3)	TBC	We are actively managing this risk and expect progress through delivery of the IMTP and savings programmes; however, the level of financial challenge and delivery risk remains significant. Risk treatment: Treat

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Target Score	Target Score Date	Risk Treatment /Status Update September 2026
1.	Improving Care, Sustaining our Future Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	2030	Treat with elements tolerated. The risk is actively managed through planned care recovery, productivity and service transformation programmes. Whilst progress continues across a number of areas, including cancer performance, elective capacity and reductions in long waits, the risk remains elevated due to ongoing workforce, operational and capacity constraints, particularly within Orthopaedics and Neurology. Further sustained improvement is required before elective capacity can consistently meet demand and support a reduction in risk score.
		b) Enough capacity to meet emergency demand			20 (C4xL5)	12 (C4xL3)	2030	Treat with elements tolerated. The risk is actively managed through urgent and emergency care improvement programmes and whole-system actions to improve patient flow, discharge and access to care. Whilst progress continues and the overall trajectory is positive, sustained demand, workforce pressures and patient flow challenges continue to constrain emergency care performance. Further improvement is required before sufficient assurance can be obtained that capacity is consistently able to meet emergency demand and support a reduction in risk score.
2.	Improving Care, Sustaining our Future Click Here for Risk 2	Ability to deliver improvements which transform care and enhance outcomes	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	TBC	Treat. The foundations of the quality management framework are largely in place, with progress made in strengthening governance, oversight and assurance. The remaining challenge is to embed these arrangements consistently across the organisation and demonstrate sustained impact. As this work matures, assurance is expected to strengthen and the risk score to reduce over time.
3.	Sustaining our Future, Improving Care and Inspiring People Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	8 (C4XL2)	March 2029	Treat with elements tolerated. This risk will continue to be treated through targeted action under the CTM People Plan, workforce planning, recruitment, retention, and wellbeing, and productivity programmes. A reduction is expected over time, but remains constrained by national workforce supply, sickness absence, variable pay, affordability pressures and the pace of service change.
4.	Creating Health, Sustaining our Future Click Here for Risk 4	Effective Community and Partner Engagement in service changes and developments	Director of Communication, Engagement & Fundraising	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	Dec 2026	Treat with elements tolerated. Progress has been made through development of the Service Change SOP, securing funding for additional engagement capacity, implementation of the Orlo platform and regional engagement planning. However, these arrangements are not yet fully embedded and capacity constraints remain, limiting the pace of risk reduction.
5.	Improving Care, Sustaining our Future Click Here for Risk 5	Delivery of a digital and information infrastructure to support organisational transformation	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4xL4)	12 (C4xL3)	TBC	Treat with elements tolerated. The risk is actively managed through delivery of digital transformation, infrastructure, cyber improvement programmes and regulatory compliance. Whilst progress is being made and the overall trajectory is cautiously positive, the risk remains elevated due to workforce and funding constraints, legacy systems, national dependencies and the evolving cyber threat landscape. Further progress is required before digital capability, capacity and resilience are sufficiently embedded to support a reduction in risk score.

6.	Improving Care, Sustaining our Future  Click Here for Risk 6	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	2031	Treat with elements tolerated. We are actively managing this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited
7.	Sustaining our Future, Creating Health  Click Here for Risk 7	Fulfilling our Environmental and Social Duties and ambitions	Executive Director of Strategy & Transformation	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	2030	Treat with elements tolerated. The risk is actively managed through the Climate Action Plan, decarbonisation programme, sustainability initiatives and partnership arrangements. Whilst progress continues through a range of environmental sustainability projects and investment programmes, delivery remains constrained by funding availability and the scale of change required to meet long-term environmental and social sustainability ambitions..
8.	Creating Health, Sustaining our Future  Click Here for Risk 8	Prevention and early Intervention to support Healthy Life Expectancy	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	8 (C4xL2)	TBC	Treat with elements tolerated The risk is actively managed through population health, prevention, health protection and partnership programmes. Whilst strategic frameworks and targeted interventions continue to develop, Population Health Management capability, Health Protection capacity and whole-system delivery are not yet sufficient to demonstrate sustained improvement in Healthy Life Expectancy or reduced inequalities. For longer term improvement in outcomes, resources and associated services will need to be shifted from treatment of disease into preventative interventions.
9.	Sustaining our Future  Click Here for Risk 9	Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)	Executive Director of Finance	Operational Delivery Committee	20 (C4xL5)	12 (C4xL3)	TBC	Treat. We are actively managing this risk and expect progress through delivery of the IMTP and savings programmes; however, the level of financial challenge and delivery risk remains significant.
10.	Sustaining our Future, Improving Care  Click Here for Risk 10	Ability to develop a fit for the future estate to reflect our future clinical service model	Executive Director of Finance	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	2031	Treat with elements tolerated. The risk is actively managed through strategic estate planning, development of major capital schemes and alignment with the emerging Clinical Services Plan. Whilst preparatory work and business case development continue, progress remains dependent on completion of the future clinical model and the availability of capital funding. Further progress is required before the Health Board can be assured that future estate requirements are fully understood and deliverable.
11.	Creating Health, Sustaining our Future, Improving Care  Click Here for Risk 11	Delivery of an Integrated Care Model	Chief Operating Officer	Strategic Development Committee	16 (C4xL4)	12 (C4xL3)	TBC	Treat with elements tolerated. The risk is actively managed through integrated care transformation programmes and regional partnership arrangements. Whilst progress continues in developing integrated models of care and joint working across the system, further work is required to embed operational integration, digital integration, sustainable primary and community care models, and more effective system-wide planning and decision-making.

Section 2 Strategic Risk Heat Map

Current risk scores in black

Target risk scores in *grey italic*

Consequence						
	5				8	
	4		*3,4,7,8,10*	*1a,1b,2,5,11,9*	1a,2,3,4,5,6,7,10,11	1b, 9
	3				*6*	
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):	Risk score 16
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care • Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	

Strategic Risk: Enough capacity to meet elective demand - (Risk No.1a)		
If the Health Board is unable to meet demands for services at all points in the patient journey.	*Then* its ability to provide high quality and affordable care and to meet access targets will be reduced	*Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

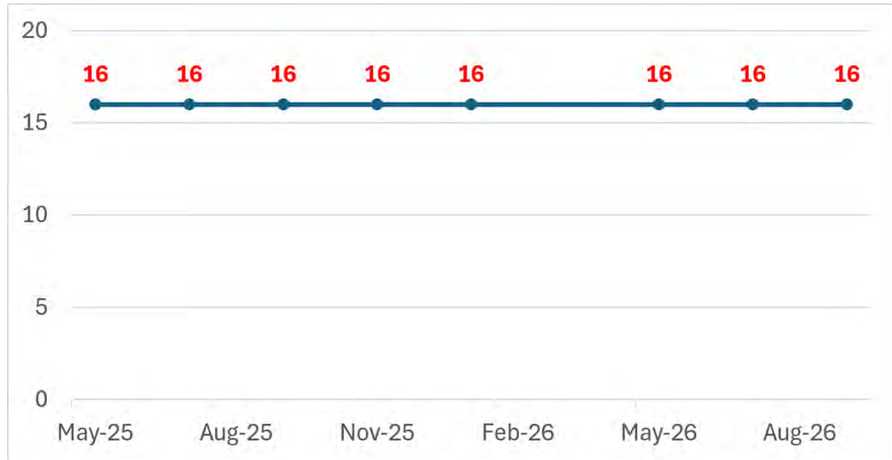
Risk Lead	• Chief Operating Officer • Executive Director of Strategy & Transformation	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
Initial	4	5	20
Current	4	4	16
Target	4	3	12
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The risk score remains unchanged at 16 (C4xL4). Positive progress continues across a number of planned care, cancer and productivity improvement programmes, with sustained improvements in performance and capacity management. However, significant operational, workforce and capacity pressures remain, preventing a reduction in the risk score at this stage. Key progress during this period includes: • Cancer performance has remained above the 60% Suspected Cancer Pathway (SCP) target, resulting in automatic de-escalation to Level 1 routine monitoring. CTMUHB has maintained the top position in Wales for four consecutive months and an updated trajectory has been submitted. With Junes positing being 64.9% the highest achieved to date.

	• Progress has continued in reducing long waits, with all specialties aiming to maintain waits below 104 weeks, with the exception of Orthopaedics and Neurology. Phased funding is being released to support the 104 delivery by March 2027. CTMUHB are currently working with the region to deliver this. • The Health Board's outpatient improvement programme has achieved zero patients waiting longer than 52 weeks, although Neurology waits transferred from Cardiff and Vale University Health Board continue to influence overall performance. • All theatres are now operational across the three acute hospital sites, supported by a revised theatre timetable introduced in April 2026 based on demand and capacity modelling. • Improvements have been made in theatre start times and in the use of See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) pathways. • The Orthopaedic Elective Unit at Princess of Wales Hospital continues to support dedicated elective activity, while consolidation of cataract surgery within the Princess of Wales Eye Unit has strengthened standardisation and delivery of High Volume Low Complexity (HVLC) pathways. • An increased focus on Ophthalmology productivity to achieve HVLC lists has commenced. • An Endoscopy Recovery Plan has been implemented to maintain recent improvements in performance. With additional weekend capacity commencing in September 2026. • The Productivity, Improvement and Transformation (PIT) Board has been refocussed on delivery of key specialty actions, including further implementation of SOS and PIFU pathways. • Continuous improvement has been demonstrated against elective demand trajectories across a range of services, including Mental Health and Learning Disabilities. However, the risk remains elevated due to: • Continued growth in patients waiting over 104 weeks, driven primarily by the recurring gap in Orthopaedics capacity and transfer of Neurology pathways from Cardiff and Vale University Health Board. • Routine operational pressures that continue to constrain elective capacity and reduce resilience during periods of increased demand. • Workforce recruitment challenges and reduced reliance on Additional Hours (ADH) and Waiting List Initiative (WLI) activity as pay arrangements are standardised. • The planned capital programme at Prince Charles Hospital, which will temporarily reduce theatre capacity while mitigation measures are developed. • Dependence on partner organisations, with financial and workforce pressures across local authority and third-sector services impacting the Health Board's ability to maintain capacity and patient flow. • The need to continuously evaluate both the opportunities and challenges arising from regional working arrangements. Whilst progress continues and the overall trajectory remains positive, further sustained improvement is required before the Health Board can demonstrate that elective capacity is sufficient to consistently meet demand and support a reduction in the risk score.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures

1. Strategic Planning and Improvement Programmes

A suite of strategic programmes is in place to increase elective capacity, improve productivity and deliver planned care transformation in line with national policy and organisational priorities.

- Productivity, Improvement and Transformation (PIT) Programme.
- Planned Care Recovery Programme.

- Clinical Services Plan.
- Integrated Medium Term Plan (IMTP).
- National Planned Care Programme.
- Specialty-specific improvement trajectories.

2. Demand and Capacity Management

Processes are in place to manage demand, prioritise patients according to clinical need and optimise the use of available capacity across the organisation.

- Annual Demand and Capacity Plan.
- Waiting list management arrangements.
- Centralised utilisation of available capacity.
- Demand and capacity modelling.
- Interventions Not Normally Undertaken (INNU) application processes.
- Recovery planning and seasonal planning arrangements.

3. Elective Capacity and Service Transformation

A range of service redesign and capacity initiatives support delivery of elective care and reduce waiting times.

- Endoscopy insourcing arrangements.
- Elective surgery reconfiguration.
- Regional Ophthalmology Service arrangements.
- Additional theatre capacity, including the South Theatre at Royal Glamorgan Hospital.
- Theatre optimisation initiatives.
- Llantrisant Health Park development proposals.
- Cross-cutting improvement programmes covering theatres, diagnostics, outpatients, pre-assessment and therapies.

4. Governance and Programme Oversight

Formal governance arrangements oversee delivery of planned care recovery, performance improvement and service transformation.

- Improving Care Board.
- Operational Services Management Board.
- Planned Care Recovery Board / Planned Care Recovery Operations Board.
- Cancer Board.
- Six Goals / Unscheduled Care Board.
- Innovation Board.

5. Regional Partnerships and System Working

Partnership arrangements support integrated planning, pathway redesign and system-wide approaches to improving patient flow and elective performance.

- Regional Partnership Board programmes.
- Partnership Leadership Team.
- Commissioning Group.
- South East regional recovery programmes.
- Regional pathology collaboration.
- Partnership working with local authorities to improve discharge and patient flow.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of routine performance reporting, programme assurance, harm review processes, escalation reports and operational risk monitoring. These arrangements provide oversight of planned care performance, cancer pathways, waiting list management, service pressures and delivery of the planned care recovery programme.

Performance and Delivery Assurance

The Board and relevant Committees receive assurance on planned care delivery through regular performance and recovery reporting, including:

- Integrated Performance Report.
- Assessment Dashboard.
- Referral to Treatment and Cancer trajectories.
- Planned Care Recovery Update Report.
- PIT Programme reports.
- Planning, Performance and Finance monthly report.

Service-Specific Assurance

Additional assurance is provided through focused reports on areas experiencing operational or performance pressure. These reports support scrutiny of high-risk specialties and enable targeted intervention where required.

- Update reports on specific services experiencing pressure, including Ophthalmology and Urology.
- Follow-up reporting on outpatients not booked.
- Service improvement and recovery updates through relevant programme and operational governance routes.

Quality, Safety and Risk Assurance

The impact of planned care pressures on patient safety and experience is monitored through harm review processes, escalation arrangements and risk reporting.

- Harm Reviews.
- Escalation processes, including reporting to the Chief Operating Officer and Quality, Safety and Experience Committee.
- Care Group performance review meetings.
- Organisational Risk Register and Care Group Risk Registers.
- Tactical Intervention meetings.

Overall Assurance Position

Current assurance demonstrates that planned care performance is subject to regular monitoring, escalation and programme oversight. The assurance available indicates progress in a number of areas, including cancer performance, planned care recovery and specialty-level improvement activity. However, the risk remains open because assurance also shows that pressures continue in key pathways, waiting list recovery remains uneven, and further sustained improvement is required before the Health Board can be assured that elective capacity is sufficient to meet demand.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
1. Digital systems supporting planned care pathways are not yet fully developed or integrated.	Actions already taken • Digital dictation consolidation and standardisation. • Consultant Connect implementation. • Use of Attend Anywhere to support virtual activity. • Progression of Welsh Patient Referral Service (WPRS) rollout. Further actions required / in progress • Digital pre-assessment system. • Theatre system optimisation. • Digital outpatient system implementation. • Continued reduction in manual processes.	• Improved monitoring of speciality utilisation and non-compliance. • Reduced missed opportunities within planned care pathways. • Reduced referral demand through improved pathway management. • Reduced waiting lists. • Reduced cancellations and non-attendance.	Digital developments to date have improved access to virtual activity, strengthened pathway management and increased visibility of speciality utilisation and performance. Improvements in digital processes and system standardisation are beginning to support reductions in missed opportunities and more effective management of referral demand and waiting lists, However, further development of digital outpatient and pre-assessment systems is required before the full benefits can be realised.
2. Cancer tracking and speciality-specific elective data remain	Controls already in place • Weekly performance meeting	• Improved performance oversight and earlier identification and escalation of pathway risks.	Improvements in cancer tracking arrangements, performance oversight and staff training have

insufficiently robust to support performance oversight and early intervention.	• Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance Further actions required / in progress • Implementation of online escalation process for all patients outside of agreed component waiting times. • CANISC (Cancer Network Information System Cymru) replacement ongoing. • Implementation of Breast, Urology & lower GI datasets	• Improved visibility of pathway performance and waiting list management. • Sustained Suspected Cancer Pathway (SCP) performance above 60%. • Reduction in waiting list backlog across cancer and elective pathways. • Improved consistency, accuracy and robustness of speciality-specific elective data. • Full implementation of new datasets and escalation processes to support timely intervention and decision-making.	strengthened the identification and escalation of pathway risks. Sustained performance against the Suspected Cancer Pathway and increased focus on waiting list management have contributed to reductions in backlog across a number of services. However, further work is required to fully embed new datasets and enhance the reliability of speciality-specific elective data.
3. Elective recovery and service redesign initiatives are not yet fully embedded across all specialties.	Actions already complete • Regional Ophthalmology service expansion Further actions required / in progress • Trauma service reconfiguration. • Completion of theatre workforce recruitment. • Continued business continuity arrangements (ongoing). • Clinical Services Plan development.	• Increase in activity • Reduced fallow sessions • Reduction in waiting times Reduction in >104 week wait across all specialities except that with a recurring gap.	Elective recovery initiatives have increased activity and supported reductions in waiting times across a number of specialties. Progress has been made in reducing the number of patients waiting over 104 weeks and improving elective capacity through service reconfiguration and additional workforce support. However, improvements remain uneven and are not yet fully embedded across all pathways, particularly where recurring capacity challenges remain.

Linked National Priority Measures
Access to Timely Planned Care • Number of patients waiting more than 104 weeks for treatment; • Number of patients waiting more than 36 weeks for treatment; • Percentage of patients waiting less than 26 weeks for treatment; • Number of patients waiting over 104 weeks for a new outpatient appointment; • Number of patients waiting over 52 weeks for a new outpatient appointment; • Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%; • Number of patients waiting over 8 weeks for a diagnostic endoscopy; and • Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).
Current Performance Highlights
Detailed RTT and elective performance information is reported separately through the Integrated Performance Report and Planned Care Recovery reporting arrangements. Current performance demonstrates ongoing progress in cancer performance, outpatient recovery and elective capacity initiatives; however, challenges remain in reducing long waits and sustaining sufficient capacity across all specialties.
Were there any significant incidents affecting this strategic Risk this period:
None
Associated Risks escalated to the Organisational Risk Register

Strategic Gap 1: Digital systems supporting planned care pathways are not yet fully developed or integrated		
No directly aligned ORR risks are currently escalated. This gap is being managed through planned care improvement, digital development and pathway modernisation programmes.		
Strategic Gap 2: Cancer tracking and speciality-specific elective data remain insufficiently robust to support performance oversight and early intervention.		
No directly aligned ORR risks are currently escalated. This gap is managed through performance improvement arrangements, cancer tracking processes, data quality initiatives and planned care governance.		
Strategic Gap 3: Elective recovery and service redesign initiatives are not yet fully embedded across all specialties.		
4491	Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery. *This risk reflects wider capacity, flow and demand pressures affecting the Health Board's ability to reduce waiting times and sustain planned care recovery.*	16
6294	Insufficient consultant workforce in endoscopy and gastroenterology. *This risk reflects the challenges associated with maintaining sufficient specialist capacity to support timely diagnosis, treatment and elective recovery*	20
6280	Suspension of the Regional Hepato-Pancreato-Biliary Service Model. *This risk reflects the impact of regional service dependencies and commissioning arrangements on timely access to specialist planned care pathways.*	16
5045	Insufficient neurology capacity impacting timely access to services. *This risk reflects the ongoing impact of workforce shortages, diagnostic constraints and inherited waiting list pressures on elective performance and long waits.*	16

Strategic Goal(s):		Risk score
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care •	Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	20
Strategic Risk: Enough capacity to meet emergency demand - (Risk No.1b)		
If the Health Board is unable to meet demands for services at all points in the patient journey.	*Then* its ability to provide high quality and affordable care and to meet access targets will be reduced	*Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

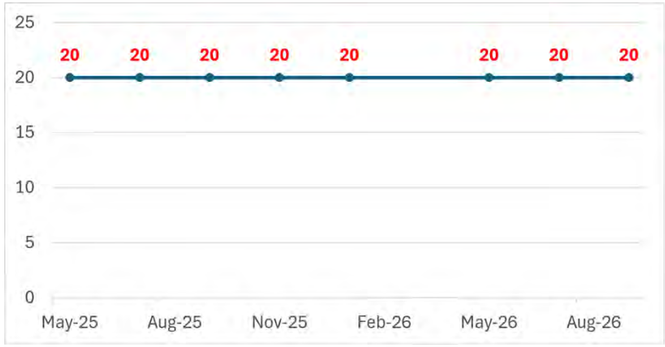
Risk Lead	• Chief Operating Officer	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
Initial	4	5	20
Current	4	5	20
Target	4	3	12
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The risk score remains unchanged. Whilst progress continues across a number of urgent and emergency care improvement programmes, significant system pressures remain which continue to constrain patient flow, emergency care performance and service resilience. Key progress during this period includes: • Improvements against a number of urgent and emergency care trajectories, including 45-minute ambulance handover performance, 12-hour Emergency Department performance and a reduction in lost ambulance hours. • Continued development of clinical pathways and operational arrangements to support emergency demand and maintain service resilience. • Progress in workforce recruitment and the ongoing development of sustainable staffing models across urgent and emergency care services. • Continued regional collaboration and whole-system working to support patient flow and access to care.

	However, the risk remains elevated due to: • The ongoing impact of temporary changes to stroke service provision and associated effects on capacity across the wider system. • Reconfiguration of bed capacity and continued diversion of emergency admissions between sites, placing additional pressure on operational resilience. • A high number of clinically optimised patients remaining within core bed capacity, impacting patient flow and timely access to care. • Capacity constraints within partner organisations, including local authority and third-sector services, which continue to affect discharge pathways and whole-system flow. • Workforce pressures, alongside a reduction in Additional Hours (ADH) and Waiting List Initiative (WLI) activity associated with pay standardisation arrangements. • Continued financial, workforce and environmental constraints affecting the pace of improvement. Whilst the overall trajectory is positive and improvement continues in a number of key performance measures, further sustained progress in patient flow, capacity management and whole-system working is required before the Health Board can demonstrate that emergency care capacity is sufficient to consistently meet demand and justify a reduction in the risk score.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures

Urgent & Emergency Care Improvement Programme

The Health Board's approach is aligned to the National Urgent and Emergency Care (UEC) Improvement Plan and associated local improvement programmes. Key areas of focus include:

- Strengthening community capacity and alternatives to admission.
- Single Point of Access (SPoA) providing central coordination.
- Improving patient flow and discharge across the UEC pathway.
- Improving patient safety and reducing harm associated with delays.
- Delivering consistent models of care, including front-door and frailty pathways.
- Improving demand and capacity management.
- Supporting workforce development, data utilisation and quality improvement.

Governance and Oversight

A comprehensive governance framework is in place to oversee urgent and emergency care performance and improvement activity, including:

- Improving Care Board.
- Operational Management Board.
- UEC Programme Board / Unscheduled Care Board.
- Urgent and Emergency Care Collaborative (including STAMP).
- Programme Boards for key service areas including Stroke, Diabetes, Frailty and Orthogeriatric services.
- Project Boards including SDEC, UTC, Single Point of Access and FLS.

Operational Performance and Capacity Management

A range of operational controls support the management of urgent and emergency care pressures, including:

- Annual demand and capacity planning.
- Seasonal and winter resilience planning.
- Escalation and business continuity arrangements.
- Centralised management of capacity across the organisation.
- Clinically led prioritisation processes.

- Service recovery planning following periods of operational pressure.
- Interventions Not Normally Undertaken (INNU) arrangements where required.

Regional Working and System Collaboration

The Health Board works with regional partners to support patient flow, discharge and integrated care arrangements, including:

- Partnership Leadership Team arrangements with Local Authority and NHS partners.
- Regional commissioning arrangements.
- Regional programmes supporting patient flow and discharge pathways.
- Development of alternatives to admission and Discharge to Recover then Assess (D2RA) pathways.
- Collaborative work to address delays for patients medically fit for discharge.

Service Improvement and Transformation

A programme of service transformation is in place to improve urgent and emergency care pathways across the Health Board, including:

- Strategic Transformation of Acute Medicine Programme (STAMP).
- Stroke Improvement Programme
- Reduce waiting times for patients in Emergency Departments
- Single Point of Access developments.
- Same Day Emergency Care (SDEC) developments
- Optimise and Frailty programmes.
- Orthogeriatric improvement initiatives.
- Specialty-specific improvement trajectories.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of routine performance monitoring, governance oversight, improvement programme reporting, targeted intervention arrangements and external review. Information is considered through established governance and performance structures, with escalation through executive and committee reporting arrangements where performance, delivery or emerging risks require additional oversight. At the time of reporting, assurance is focused on monitoring the effectiveness of improvement actions and delivery of sustainable improvements in urgent and emergency care performance, patient flow and service resilience.

Internal Assurances

The Board receives assurance through a range of internal performance, governance and improvement reporting arrangements, including:

- Executive Integrated Performance Meetings.
- Directorate Integrated Performance Meetings.
- Integrated Performance Reports.
- Assessment Dashboards and performance monitoring information.
- Planning, Performance and Finance monthly reporting.
- Performance trajectories, including Referral to Treatment (RTT) and Cancer performance.
- Follow-up reporting relating to outpatients not booked.
- Service-specific improvement and performance reports for areas subject to operational pressure, including Neurology and Stroke services.
- UEC Programme Board reporting.
- Same Day Emergency Care (SDEC) Programme reporting.
- Optimise Programme reporting.
- Ambulance Handover and Emergency Department Improvement Plan monitoring.
- Escalation processes, including reporting to the Chief Operating Officer and Quality, Safety and Experience Committee.
- Care Group performance review meetings.
- Organisational Risk Register and Care Group Risk Registers.
- Targeted Intervention (TI) meetings and associated improvement monitoring.

External Assurances

The Board also receives independent assurance through external scrutiny and oversight arrangements, including:

- Audit Wales Urgent and Emergency Care Audit.
- National performance monitoring and trajectory review arrangements.
- Regional oversight through the South-Central Stroke Operational Delivery Group.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
1. Urgent and emergency care improvement actions are not yet fully embedded or delivering sustained improvements in performance	Completed actions / controls in place • Urgent Emergency Care Action Plan developed using recommendations from national reviews and guidance. • Unscheduled Care Transformation Programme established, supported by governance through the Single Point of Access Board and wider health board oversight arrangements. • ED Flow Action Cards introduced, including monitoring of patient handovers, triage times, first assessment and reducing 12-hour waits. • Ambulance escalation arrangements implemented and ED 12-hour Action Plan completed. • Urgent Care Summit and whole-system improvement work undertaken to agree priorities for patient flow, discharge and admission avoidance. • Service redesign commenced through STAMP, Same Day Emergency Care development and reconfiguration of emergency care pathways and capacity. Further actions in progress • Review and implement the Safe Transfer of Patients Policy and associated actions. • Complete work to reduce the length of stay for patients in Emergency Departments, specifically patients >12hrs. • Progress implementation of Strategic Clinical Services Plan priorities and Pathway 1 redesign. • Further develop Extended Emergency Medicine Ambulatory Care (EEMAC). • Continue whole system work to improve admission avoidance, discharge processes and patient flow. • Embed improvement actions through the Unscheduled Care Transformation Programme and monitor delivery against performance measures.	• Improved urgent and emergency care performance. • Reduction in 12-hour waits and delayed patient handovers. • Improved patient flow across the whole system. • Reduced length of stay in the Emergency Department. • Reduced risk of harm associated with prolonged waiting times. • Improved patient experience and outcomes. • More sustainable emergency care arrangements and capacity management.	As of September 2026, actions completed to date have strengthened governance, coordination and oversight of urgent and emergency care improvement. Improved performance monitoring arrangements are in place through ED Flow Action Cards and escalation processes, with greater organisational focus on patient flow, admission avoidance, discharge planning and emergency care capacity. Service redesign work has commenced across a number of pathways, providing a foundation for sustainable improvement, although performance remains inconsistent and improvements are not yet fully embedded across the health board.

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

- Zero patients >45 mins ambulance handover by March 2027
- Continuous improvement of patients waiting >12-hours and not exceed 1000 by March 2027

Access to Timely Planned Care Services in USC

As per Planned Care BAF

Current Performance Highlights

Detailed operational performance information is reported separately through the Integrated Performance Report and specialist programme governance arrangements. The Board Assurance Framework focuses on the strategic implications of current performance and the effectiveness of actions being taken to address the risk.

Current Performance Highlights (September 2026)

- Performance against the continuous improvement trajectory for patients waiting over 12 hours remains below the level required to provide full assurance that the risk is effectively controlled. Prolonged waits within emergency care settings continue to present significant operational, quality and strategic challenges.
- The ambulance handover improvement trajectory for patients waiting over 45 minutes was delivered, providing evidence of progress against one of the key national priority measures.
- Improvement trajectories are in place, and some indicators demonstrate positive progress; however, variation remains across sites and further work is required to fully embed changes and deliver consistent improvement.
- Delivery of urgent and emergency care improvement programmes continues to be monitored through established governance, performance and escalation arrangements.
- Whilst progress has been made in a number of areas, sustained improvement in patient flow, emergency care performance and whole-system resilience remains necessary before the Health Board can demonstrate sufficient assurance that the risk is reducing towards the desired level.

Were there any significant incidents affecting this strategic Risk this period:

September 2026: The intent of the Stroke Service temporary arrangement is to support service resilience, enable more effective use of the available specialist workforce, and maintain access to stroke assessment, treatment and inpatient care while workforce recovery actions continue. Although recruitment progress and return from maternity leave have provided some improvement, the consultant workforce remains fragile, with two substantive consultants currently on restricted duties and further maternity leave in place. As a result, the service continues to operate with limited resilience, and this remains a significant risk to sustainable stroke service delivery.

Associated Risks escalated to the Organisational Risk Register

Strategic Gap 1: Urgent and emergency care improvement actions are not yet fully embedded or delivering sustained improvements in performance.		
4491	Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery. *This risk reflects wider system pressures across urgent, emergency, inpatient and community services, including the impact of discharge delays, workforce constraints and whole-system capacity challenges on patient flow and emergency demand.*	16
5045	Insufficient neurology capacity impacting timely access to services. *This risk reflects the impact of workforce shortages, diagnostic constraints and long waiting times on service capacity and timely access to care, contributing to wider pressures across the patient pathway.*	16
4632	Inability to deliver timely, high-quality stroke care across CTM. *This risk reflects continuing challenges associated with providing timely access to specialist stroke assessment, treatment and rehabilitation, including workforce, pathway and system capacity constraints*	16
3826	Emergency Department overcrowding impacting patient safety and quality of care. *This risk reflects the ongoing impact of patient flow, capacity and discharge pressures on Emergency Department performance, patient experience and delivery of national performance standards.*	15

Strategic Goal(s):		Risk score
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care	Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future.	16

Strategic Risk: Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)		
If the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	*Then* we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	*Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

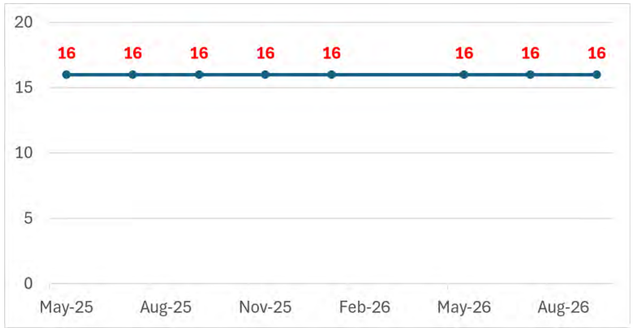
Risk Leads	• Executive Nurse Director • Executive Medical Director	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	4	4	16
Target	4	3	12
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The risk score remains unchanged at 16. A wide range of quality improvement, patient safety, governance, learning and innovation arrangements remain in place and continue to provide assurance. However, the organisation recognises that further work is required to strengthen the framework, improve outcome-focused measures and ensure that assurance can be demonstrated consistently across all elements of this risk. The current score therefore remains appropriate while this work progresses. Work has taken place this cycle to strengthen the articulation of this risk to provide clearer lines of accountability, more meaningful controls and measurable indicators of improvement against the Duty of Quality. This review includes rationalisation of controls and assurances, clearer identification of gaps,

	and a stronger focus on evidencing how improvement activity contributes to safer, more timely, effective and compassionate care. The Executive Director of Nursing, Midwifery and Patient Care, will be leading a strategic reconfiguration of the Board Assurance Framework for this section to enable more meaningful and measurable objectives that directly influence our ability to reduce the current Duty of Quality risk score to an organisationally tolerated level. This work is essential to ensure that our approach to quality is not only compliant but impactful supporting the delivery of safe, timely, compassionate and effective care. Without this shift, we risk avoidable harm to patients, poor experience, diminished staff morale, increased regulatory scrutiny and erosion of public trust. The revised framework will provide a clearer pathway to improvement, accountability and assurance. Work on the revised framework is ongoing, with progress continuing beyond the original March 2026 deadline to ensure a comprehensive and effective outcome. Upon completion, the framework will provide an enhanced structure for improvement, strengthened accountability, and clearer assurance arrangements
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	CTM is actively treating this risk through established quality, safety, improvement, governance and innovation programmes. The current programme of work is focused on strengthening organisational assurance, embedding continuous improvement and ensuring that quality outcomes can be measured more consistently across the organisation. CTM continues to target a risk score of 12, representing a level of risk that is considered organisationally tolerable.

Current Control Measures

Our current control measures can be grouped into five main themes:

1. Quality Governance and Strategic Frameworks
   - Duty of Quality and Duty of Candour arrangements.
   - Clinical Governance Frameworks, policies and Standard Operating Procedures (SOPs).
   - Infection Prevention and Control Strategy.
   - Safeguarding Strategy.
   - Clinical Effectiveness Committee.
   - Medicines Management governance arrangements.
2. Quality Assurance and Patient Safety
   - Mortality governance arrangements.
   - Harm Free Care Programme.
   - Ward Assurance Programme.
   - RADAR (Risk Assessment, Delivery and Assurance Review) governance arrangements.
   - Executive Patient Safety Walkabouts.
3. Learning, Experience and Engagement
   - People's Experience Framework.
   - Listening and Learning Programme.
   - PREMS (Patient Reported Experience Measures) and PROMS (Patient Reported Outcome Measures).
   - Citizen Voice (Llais) engagement arrangements.
   - Staff Ideas Scheme.
4. Improvement and Innovation
   - Improvement Community of Practice.
   - Quality Improvement training programme.
   - Leading for Patient Safety Programme.
   - iCTM Improvement Programme.

- Service Improvement Groups.

5. Supporting Infrastructure
   - Learning Academy.
   - Research and Development Strategy.
   - Workforce Productivity Programmes.
   - EPMA (Electronic Prescribing and Medicines Administration) implementation.
   - Legal, safeguarding and specialist quality functions.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of external inspection, independent audit, annual statutory and professional reports, routine quality and performance reporting, and specialist governance oversight arrangements. Reports are reviewed through the relevant governance structures, with escalation by exception to the Quality, Safety & Experience Committee (QSEC) and Board where concerns or significant risks are identified. At the time of reporting, no significant assurance concerns have been identified beyond those already being managed through the Organisational Risk Register, Integrated Performance Report and established improvement programmes.

External assurances

The Board receives routine external assurance from a range of organisations and regulatory bodies, providing independent scrutiny of quality, safety, governance and workforce arrangements. Current sources of external assurance include:

- Health Education and Improvement Wales (HEIW) reviews of medical education and training environments for resident doctors.
- General Medical Council National Training Survey feedback.
- Annual undergraduate training reviews.
- Public Services Ombudsman for Wales Annual Letter and associated thematic learning.
- NHS Wales Performance & Improvement oversight of governance, incident management, and maternity and neonatal serious incident closures.
- Bi-annual Nurse Staffing Levels (Wales) Act compliance and assurance reporting to Board and Welsh Government.
- External thematic audits and benchmarking reviews, including pressure ulcer prevalence reviews undertaken in collaboration with external partners.

Recent significant external assurance findings:

- Healthcare Inspectorate Wales (HIW): Inspection of Ward 21, Ward 22 and the Psychiatric Intensive Care Unit at Royal Glamorgan Hospital in April 2026 identified a number of concerns with the potential to present an immediate risk to patient safety. Immediate and longer-term improvement plans have been developed and progress is being monitored through established governance arrangements
- Internal Audit: Review of People's Experience received a Substantial Assurance opinion.
- Internal Audit: Falls Audit (June 2026) received a Reasonable Assurance opinion.
- Pressure Ulcer Prevalence Review: External audit undertaken in collaboration with Arjo Huntleigh in June 2026, examining prevalence across emergency departments. Findings are due to be reported to Quality, Safety & Experience Committee in November 2026.
- External recognition and feedback from partner organisations, including positive feedback received from Public Health Wales regarding bowel screening services

Internal assurances

Annual Reports

Annual reports are reviewed through the appropriate specialist governance arrangements and reported to QSEC and/or Board as required. These include:

- Duty of Quality
- Duty of Candour
- Safeguarding
- Infection Prevention and Control
- Clinical Audit
- Clinical Education
- Medicines Management
- Organ Donation
- Improvement and Innovation

No significant concerns requiring escalation beyond existing governance arrangements have been identified through these reports during the current reporting period.

Routine governance and performance assurance reports

Quality and safety performance is routinely monitored through:

- Quality Dashboard
- Integrated Performance Dashboard
- Quality Governance and Regulatory Review updates
- Care Group Quality Reports
- Mortality reporting
- IPC reporting
- RADAR reporting
- National Clinical Audit and NCEPOD studies
- Improvement Portfolio reporting

No significant concerns requiring escalation beyond existing governance arrangements have been identified through these reports during the current reporting period.

Other internal assurance

A range of other internal assurance processes is in place:

Governance Oversight

- QSEC oversight.
- Executive Patient Safety Walkabouts.
- HIW tracker and improvement monitoring.
- Medicines safety governance.
- Safeguarding governance.

Accreditation and Compliance

- Ward assurance programme.
- Pathology ISO accreditation.
- Echocardiography accreditation.
- Patient Safety Solutions.

Learning and Improvement

- Learning from Events panels.
- Coroner and legal oversight meetings.
- Listening and Learning arrangements.
- Multi-agency safeguarding learning.

Workforce and Culture

- Staff survey.
- Nursing standards.
- Professional standards processes.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Actions underway / still to take	Intended Impact of Mitigating Actions	Actual impact of actions (once completed)
Gap 1: Quality intelligence and assurance arrangements are not yet fully integrated to provide a comprehensive and timely organisational view of quality, safety and performance.	• Mortality Board established and organisation-wide mortality data collection implemented. • CTMUHB representation established on the NHS Wales National Quality and Safety Framework workstream. • Benchmarking arrangements established through the National Quality and Safety Framework and NHS Wales Beacon Dashboard. • Live clinical quality dashboard implemented within maternity and neonatal services.	• Standardise mortality reporting across Care Groups. • Continue development and roll-out of clinical quality dashboards. • Further embed the National Quality and Safety Framework within organisational reporting. • Improve integration of quality, safety, performance and improvement intelligence.	• More comprehensive and timely quality assurance. • Improved visibility of quality and safety risks. • Better integration of intelligence from multiple sources. • Improved benchmarking and identification of variation. • Earlier identification and escalation of concerns requiring intervention.	As at September 2026, mortality oversight, national benchmarking and clinical quality dashboard arrangements have strengthened the availability and visibility of quality and safety information. The live dashboard within maternity and neonatal services has improved access to performance information, while participation in national arrangements has increased CTMUHB's ability to compare quality measures with other NHS Wales organisations. However, information remains held across several systems and

				further work is required to achieve a fully integrated and timely organisational view.
Gap 2: Ward assurance, safeguarding and related quality governance arrangements require further development and consistent embedding to provide reliable assurance across all services and settings.	Controls already in place / actions completed • Ward assurance arrangements established, including routine assurance visits, targeted reviews and point prevalence audits. • Ward Accreditation Programme developed and introduced across a number of clinical areas. • Safeguarding Strategy and Framework implemented. • Safeguarding dashboard developed and piloted. • Once for Wales safeguarding module piloted. • Governance and tracking arrangements strengthened for looked-after children's health assessments.	Further actions required • Review ward assurance arrangements and support development of a consistent and sustainable all-Wales approach. • Continue targeted assurance visits while future accreditation arrangements are considered. • Further refine and embed safeguarding dashboard and reporting arrangements. • Continue implementation and oversight of the Safeguarding Strategy workplan.	Intended Impact of Mitigating Actions • More consistent assessment of quality and safety standards across clinical areas. • Improved triangulation of ward-level assurance information. • More comprehensive and accessible safeguarding information. • Earlier identification and escalation of ward and safeguarding concerns. • Stronger assurance to committees and the Board regarding compliance and quality standards.	Actual impact of actions (once completed) As at September 2026, ward assurance activity and targeted visits have improved visibility of standards and areas requiring support. Safeguarding oversight has also strengthened through the strategy, dashboard, tracking systems and revised governance arrangements. These developments provide a stronger foundation for assurance, although further work is required to embed consistent arrangements across all services and settings and to establish the future approach to ward accreditation.
Gap 3: Organisational learning, improvement and feedback arrangements are not yet consistently embedded, and the impact of improvement activity is not always systematically measured or demonstrated.	Controls already in place / actions completed • Staff Ideas Scheme implemented. • Improvement into Practice training programme established and delivered. • Permanent funding secured for PREMs, with implementation under way across the Health Board. • Viva Engage launched to support staff communication and engagement. • Arrangements established for capturing patient, staff and community feedback.	Further actions required • Continue roll-out and embedding of PREMs across services. • Increase awareness and use of staff and patient feedback mechanisms. • Further develop arrangements for integrating staff, patient, community and partner intelligence. • Continue promotion of improvement methodologies and staff engagement initiatives. • Strengthen measurement and reporting of the outcomes achieved through improvement activity.	Intended Impact of Mitigating Actions • Quality improvement increasingly embedded in everyday practice. • Staff have greater skills, confidence and opportunities to identify and implement improvements. • Staff, patient and community feedback is used more systematically to inform service design and improvement. • Better evidence of whether improvement activity is delivering the intended outcomes. • More integrated improvement intelligence to support organisational learning, decision-making and assurance.	Actual impact of actions (once completed) As at September 2026, the Staff Ideas Scheme, improvement training, PREMs and Viva Engage have increased opportunities for staff and patients to contribute ideas and feedback. PREMs information is now routinely reported to Care Groups and QSEC, strengthening oversight of patient experience. These developments represent progress towards a more integrated approach to organisational learning and improvement; however, feedback intelligence remains fragmented and the impact of improvement activity is not yet consistently measured or demonstrated.
Gap 4: Concerns, complaints, redress and legal services arrangements require further strengthening to provide timely resolution, organisational learning and sustainable assurance.	Controls already in place / actions completed: • Listening to People introduced as the national approach to managing concerns, complaints, incidents and redress. • Strengthened weekly oversight arrangements for concerns and complaints, including escalation and executive assurance. • Legal Services Organisational Change Process completed, with revised structures implemented and a recovery plan in place. • Governance arrangements, operating procedures and external stakeholder engagement strengthened to support more	Further actions required / in progress: • Embed the revised Legal Services, Redress and Claims structures and operating arrangements. • Strengthen identification, management and oversight of cases that may qualify for redress. • Improve compliance with performance requirements and reporting across concerns, complaints and redress processes. • Strengthen the identification, dissemination and monitoring of learning arising from concerns, complaints, claims, inquests and redress.	Intended impact: • More timely, consistent and person-centred management of concerns, complaints and redress. • Improved compliance with statutory and organisational requirements. • A more sustainable and resilient Legal Services, Redress and Claims function. • Learning from concerns, complaints, claims, inquests and redress translated more consistently into service improvement and organisational assurance.	Actual impact of actions (following completion): As at September 2026, Listening to People, the Legal Services Organisational Change Process and strengthened oversight arrangements have improved the organisational framework for managing concerns, complaints, legal activity and potential redress cases. Revised structures, governance arrangements and stakeholder engagement have strengthened oversight and support more consistent escalation and organisational learning. However, recruitment to revised structures is not yet complete and the benefits are not yet fully embedded. Further evidence is required to

	consistent management of legal, concerns and redress activity.			demonstrate sustained improvement in compliance, timeliness and the translation of learning into measurable improvements in care and patient experience.

Linked National Priority Measures

Delivery of this strategic risk contributes to a range of national quality, safety, experience and improvement priorities. Key areas of alignment include:

Quality, Safety and Improvement

- NHS Wales Quality and Safety Framework.
- Health and Social Care (Quality and Engagement) (Wales) Act 2020, including the Duty of Quality and requirements relating to public engagement.
- National Value Based Healthcare Strategy.
- National Patient Experience Framework.
- Patient Safety Solutions Programme.
- NHS Wales national work on Learning and Improving.

These programmes support CTMUHB's approach to quality governance, organisational learning, service improvement, patient experience and assurance.

Infection Prevention and Control

- Six Tier One Infection Prevention and Control targets.
- National Infection Prevention and Control Guidance.
- NHS Wales National Infection Prevention and Control Framework.

These provide the national standards, governance arrangements and assurance mechanisms supporting safe care and infection prevention across all settings.

Safeguarding and Vulnerable People

- National Safeguarding Improvement Plan.
- Welsh Government programme to strengthen Mental Capacity Act implementation and Deprivation of Liberty Safeguards arrangements.
- Independent HIW/CIW review of Regional Safeguarding Board child protection arrangements.

These programmes support CTMUHB's safeguarding governance, assurance and continuous improvement arrangements.

Nursing, Workforce and Professional Leadership

- Chief Nursing Officer's Strategic Vision 2025-2030.
- National Nurse Education Standards.
- Dementia Care Standards.
- Chief Medical Officer priorities relating to clinical leadership and implementation of the Ministerial Advisory Group recommendations.

These programmes support workforce capability, professional leadership and the delivery of safe, high-quality care.

Population Health and Prevention

- Care Closer to Home priorities, including diabetes outcome measures.
- Children's Rights Charter.

These priorities support prevention, early intervention, improved outcomes and person-centred care.

Collectively, these national priorities provide the strategic and regulatory framework within which CTMUHB's quality, safety, experience and improvement programmes operate and against which ongoing assurance is measured.

Current Performance Highlights

Performance associated with this risk is monitored through the Integrated Performance Dashboard and associated quality, safety and experience reporting and governance. Key measures include:

Quality and Safety

- Quality Dashboard

- Maternity and Neonatal Dashboard
- Mortality Indicators
- Tier 1 Infection Prevention and Control Indicators
- Harm Free Care Outcome Measures (including falls, pressure ulcers and medication administration)
- Deteriorating Patient Measures (including Sepsis and NEWS scoring)
- Patient Safety Solutions compliance

Patient Access and Outcomes

- Cancer Standards
- Unscheduled Care
- Urgent and Emergency Care Programme
- Waiting List Delays

Mental Health

- Mental Health Measures

Experience, Learning and Concerns

- Listening to People (LTP) compliance measures (which have replaced Putting Things Right compliance reporting from 1 April 2026).

Collectively, these measures provide the principal sources of performance information used to assess delivery of this strategic objective and support triangulation of risk, performance and assurance.

Were there any significant incidents affecting this strategic Risk this period:

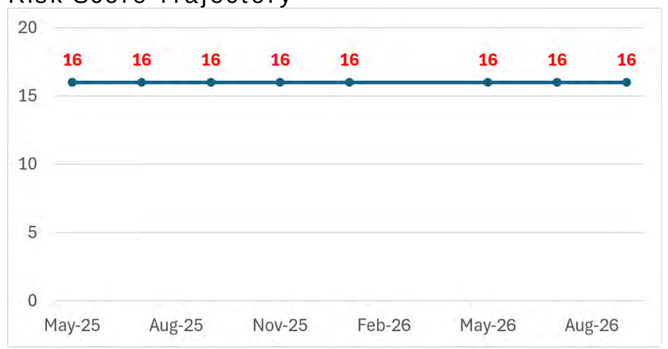
Nationally Reportable incidents (NRI) are managed in according with the Incident Management Framework and reported to the Quality, Safety & Experience Committee.
No Never Events since February 2026

Associated Risks escalated to the Organisational Risk Register		
Strategic Gap 1: Quality intelligence and assurance arrangements are not yet fully integrated to provide a comprehensive and timely organisational view of quality, safety and performance		
4672	Inability to achieve timely, accurate clinical coding and structured data standards.	15
Strategic Gap 2: Ward assurance, safeguarding and related quality governance arrangements require further development and consistent embedding to provide reliable assurance across all services and settings		
5554	Inability to meet Containment Level 3 standards, creating risks to patient and staff safety and statutory compliance.	20
6633	Failure to safely implement Blood Transfusion LIMS 2.0, including legacy data migration, testing and system deployment.	TBC
4632	Inability to deliver timely, high-quality stroke care across CTM.	16
6433	Midwifery workforce staffing.	15
4691	Provision of safe and appropriate estate for Mental Health inpatient services.	15
6766	Security incidents and vulnerabilities across Health Board sites.	16
6629	GMC/HEIW conditions on Prince Charles Hospital Emergency Department.	16
Strategic Gap 3: Organisational learning, improvement and feedback arrangements are not yet consistently embedded, and the impact of improvement activity is not always systematically measured or demonstrated		
There are no risks underpinning this gap on the Organisational Risk Register at present		
Strategic Gap 4: Concerns, complaints, redress and legal services arrangements require further strengthening to provide timely resolution, organisational learning and sustainable assurance.		
6231	Failure to effectively manage concerns.	15
6232	Sustainability of the Legal Services function.	15

Strategic Goal(s):			Risk score 16
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care	Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	Inspiring People • Visible and inspiring leadership. • Promoting diversity and inclusion. • Embedding our values and behaviours. • Encouraging local employment	
Strategic Risk: Enough workforce to deliver the activity and quality ambitions of the organisation *(including culture, values and behaviours)* (Risk No. 3)			
If the Health Board fails to identify and plan for its current and future workforce requirements, and to promote CTMUHB as an attractive place to work	*Then* we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.	*Resulting in* increased gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.	

Risk Lead	• Executive Director for People	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20	
Current	4	4	16	No change to risk scores this period.
Target	4	2	8	

Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*	Risk Score Trajectory 
Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*		The workforce risk remains significant due to ongoing recruitment challenges, national supply constraints, sickness absence, variable pay reliance and workforce implications linked to service change. While turnover and sickness are showing improvement, gaps remain in hard to fill roles, job planning compliance and sustainable workforce models. The score remains unchanged at 16 because workforce challenges continues to affect service resilience, staff wellbeing, delivery of planned activity and a reliance on temporary staffing. The rolling 12-month sickness rate to June 2026 was 7.58% and is slightly higher than the equivalent rolling 12-month period of the previous year (7.00%). The in-month June 2026 sickness rate is 7.21% which is higher than June 2025 (6.78%). M&D agency spend for M4 2026/7 was £769k with a year to date spend of £2.741m. For Nursing and Midwifery agency spend, including HCSWs, the position for the year to date at M4 was reported as £3.023m. Turnover continues to fall, being 8.16% in July 2026, compared to 9.00% in July 2025. Job Planning compliance as at July 2026 was 47%. There is considerable variation between Care Groups and efforts to increase Job Planning figures continue to be addressed via the Medical Workforce Productivity Programme and new Recruitment Controls linking authorisation of Consultant Recruitment to speciality job planning rates.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*		This risk is being treated through the CTM People Plan, workforce planning, recruitment, retention, and wellbeing, and productivity programmes. A reduction is expected over time but remains constrained by factors noted above including national workforce supply, sickness absence, temporary spend, affordability pressures and the pace of service model change.

Current Control Measures

Strategic workforce controls

CTM People Plan, Integrated Medium-Term Plan (IMTP), Education & Training Plans (ETPs), national workforce planning frameworks and Welsh Government/NHS P&I drivers (e.g. Enabling Actions) provide the strategic controls for aligning workforce requirements with CTM2030, service change and national workforce priorities.

Recruitment and Resourcing

Job Evaluation, Vacancy Scrutiny Panel, Recruitment delivered via Trac and supported by NWSSP Recruitment Services, Medical Workforce Recruitment Planning, retention programme, lateral moves scheme, flexible working policy, and onboarding/exit insights are used to manage workforce supply, improve fill rates and support retention. Living Wage Employer – ensures fair pay and equity across CTM.

Workforce Productivity and Temporary Staffing

- Nursing & Midwifery Productivity Programme (NMPP) –includes bank and roster optimisation aligned to the Value and Effectiveness Programme.
- Medical Workforce Productivity Programme – includes increased job planning compliance, targeted medical recruitment, bank expansion agency reduction plans.
- HCRG Managed Service Provider for M&D Bank and Agency service (and AHP, PST and HCS agency requirements) - Live from July 2026.
- Rate Cards (Consultant and Non-Consultant) – ensure consistency and cost control.
- Bank KPIs and Agency Spend Tracker – phase 1 has been built and available in the nurse dashboard. Further work to develop the next phase remains under development with a specification to be agreed. This will support targeted improvement and oversight.
- Increased scrutiny and control in relation to both Worked WTE and temporary staffing use, led by the principles of P&I

Culture, Values and Behaviours (CVB)

- Organisational Values
- Leadership Development Programmes
- Staff Engagement and Recognition –and focus groups.
- Equality, Diversity and Inclusion Strategy
- Speaking Up Safely Guardians and anonymous reporting platform Work in Confidence (WiC) – strengthen psychological safety.
- Care Group Culture and Behaviour Plans – local responses to Staff Survey results embedded in delivery plans.

Sources of Assurance (Internal and External)

Workforce Data and Analytics

Internal assurance

- People/Workforce Metrics Report (staff-in-post, turnover, sickness (including RTW compliance), PDR, statutory and mandatory, age, bank and agency spend, WTE worked, gender pay gap and staff engagement index) to Operational Delivery Committee (ODC) and Local Partnership Forum (LPF); included in the Integrated Performance Report (IPR) to Board
- Workforce data included in in Values & Effectiveness Board/ Nursing Productivity Programme Board/ Medical Workforce Productivity Programme Board.
- Workforce data included in Care Group Integrated Performance Meeting data packs
- People Dashboard

External assurance

- Quarterly vacancy returns submitted to Welsh Government for NHS vacancy statistics.
- Enabling Actions return

Medical Workforce Productivity Programme Board

Internal Assurance

- Medical Workforce Productivity Programme
- Patchwork/HCRG Dashboards
- Job planning compliance
- Audit Updates
- Medical & Dental Variable Pay Audit and M&D Job Planning Audit- recommendations on Audit Tracker (updated for July 2026)
- Majority of actions are incorporated into the FCP and SOP draft submitted to ARAC in February 2026. These are being updated to reflect HCRG being in post, the M&D bank and agency provider
- Final report of Medical Job planning Re-Audit circulated with outcomes of the audit will be presented at the Audit, Risk and Assurance committee meeting in August 2026
- Medical & Dental Medical Rostering Audit – this process is being revisited in light of the implementation of the new Resident Doctor contract.
- Medical & Dental Sickness Audit –management response July 2026
- M&D Job Planning Re-Audit, final report June 2026 and refreshed action plan
- SAS doctors regrading process in place.
- Resident Doctor contract changes CTM Implementation Group in place, alongside CTM membership at both NWSSP and NHS Employers led All Wales groups.

Nursing and Midwifery Productivity Programme Board

Internal Assurance

- Nurse Productivity Programme Board with associated data set updates, actions and targets.

Workforce Planning

Internal assurance

- Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-26) to HEIW and regular updates relating to Student Streamlining (currently recruiting the September 2026 graduates)
- Audit Tracker oversight of actions.
- Strategic Workforce Planning update provided to SDC August 2026

External assurance

- HEIW feedback on Education Training Plan (ETP) submission (on receipt).
- HEIW Workforce Supply Oversight Group (WSOG) from February 2026 focussed currently on nursing/midwifery student streamlining vacancies for CTMs allocated graduating students for September 2026
- LHP Workforce Planning and OD section – LHP FBC currently with Welsh Government for scruitiny
- Welsh Audit Office – CTM Agency Usage and Workforce Planning follow up – self assessment August 2026

Culture, Values and Behaviours

Internal assurance

- NHS Staff Survey results reported to Board and CTM committees, local action plans in Care Groups and progress reported in integrated performance meetings. Staff attending survey briefings agreed (87%) with our corporate priority areas to tackle.
- Partnership forums: LPF and LNC listening and engagement reviews.

External assurance

All-Wales NHS Staff Survey benchmarks: response rate in 2024 was 26.8% (CTM) vs 21.8% (Wales), local target for improvement 40%; Employee Index 70.4% (CTM) vs 72% (Wales). Our focus on the NHS Wales Staff Survey has achieved a sustained improvement in response rates, from 18.1% in 2023, to 26.8% in 2024 to 35.6% in 2025, against a national average of 30%. This represents an additional 1,407 respondents in 2025. Our staff engagement index score increased to 70.5%, up marginally from 70.4%, but note one of only three NHS Wales organisations to improve at all.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Actions still in progress	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
Gap 1: Workforce planning is not yet consistently aligned to future organisational priorities, service transformation programmes and regional workforce requirements, limiting our ability to proactively shape the future workforce. .	Actions already completed • Workforce planning has been incorporated into CTM2030, IMTP and Education and Training Plan arrangements. • Workforce requirements have been considered within priority service and transformation programmes, including Regional Orthopaedics and the Llantrisant Health Park Full Business Case. • Workshops have supported workforce planning for priority areas, including Perinatal, Ophthalmology and Theatres. • The Education and Training Plan commissioning submission was approved by the Executive Leadership Group and submitted to HEIW. • Student streamlining arrangements have supported recruitment of the September 2026 nursing and midwifery graduate cohort, with the Health Board meeting the majority of its commitments. • A Strategic Workforce Planning update was provided to the Strategic	Actions still to do • Complete and embed local workforce plans across Care Groups and corporate directorates. • Strengthen the alignment between workforce, service, transformation and financial planning. • Continue to develop coordinated regional and service-specific workforce plans, building on the work undertaken for priority programmes. • Ensure workforce plans clearly identify future staffing and skills requirements, supply risks, assumptions and affordability implications. • Embed consistent governance and evaluation arrangements for new and extended roles. • Monitor whether workforce plans and new workforce models are delivering the capacity and skills required. Respond to any further findings arising from the Audit Wales follow-up review of agency usage and workforce planning.	Intended impact of mitigating actions • A sustainable, skilled, modernised and affordable workforce capable of delivering CTM2030 and IMTP priorities. • Better alignment between workforce planning, service redesign, regional programmes and financial planning. • Earlier identification and management of future workforce requirements, skills gaps, supply constraints and affordability risks. • Appropriate and effective use of new and extended roles to improve skill mix and workforce resilience.	Actual impact of actions taken to date Workforce planning has become more closely aligned to organisational priorities and major transformation programmes. In particular, the work undertaken for Llantrisant Health Park, Regional Orthopaedics and other priority services has improved the articulation of future workforce requirements, staffing models and associated risks. Governance arrangements for new and extended roles have also been strengthened. However, local and regional workforce planning is not yet consistently developed or embedded across all services. Further work is needed before the Health Board can be assured that future workforce requirements, affordability and delivery risks are being identified and managed consistently across the organisation.

	Development Committee in August 2026. • Governance arrangements have been developed for new and extended roles, including Physician Associates, Advanced Clinical Practitioners and Registered Nursing Associates.			
Gap 2: Workforce deployment, productivity, digital systems and workforce intelligence capabilities are not yet sufficiently mature to optimise capacity, quality, efficiency and affordability.	Actions already completed • Medical and Nursing and Midwifery Workforce Productivity Programmes have been established, incorporating job planning, roster and bank optimisation, temporary staffing and agency reduction. • Scrutiny and control of worked whole-time equivalent capacity and temporary staffing use have been strengthened. • The Agency by Exception process has been introduced for nursing agency use. • A new managed service provider for Medical and Dental bank and agency staffing, and specified wider agency requirements, went live in July 2026. • Consultant and non-consultant rate cards have been introduced to support consistency and cost control. • Phase one of the Bank KPI and Agency Spend Tracker is available through the nursing dashboard. • Nursing and Midwifery establishment reports have been developed, and workforce information is increasingly included in Care Group performance arrangements and corporate reporting. • Medical Job Planning and Medical and Dental Sickness audits have been undertaken, with improvement actions identified. • The People Systems Group has been established and implementation of ESR Go has commenced. • The new Resident Doctor contract was implemented on 1 August 2026, with continuing actions incorporated into the Medical Workforce Productivity Programme.	Actions still to do • Continue delivery of the Medical and Nursing and Midwifery Workforce Productivity Programmes and evaluate their impact. • Improve Medical Job Planning compliance and reduce variation between Care Groups. • Complete the next phase of the Bank KPI and Agency Spend Tracker. • Agree and implement a consistent Health Board-wide approach to establishment reporting and control. • Continue to improve workforce data quality, dashboards and analytical capability. • Improve interoperability between workforce systems and reduce reliance on manual processes. • Continue implementation of ESR Go and prepare for the Future Workforce Solution. • Complete outstanding actions arising from workforce audits and implementation of the Resident Doctor contract. • Demonstrate sustainable improvement in workforce utilisation, agency use and expenditure, bank utilisation and affordability	Intended impact of mitigating actions • Improved deployment and utilisation of the substantive workforce. • More effective rostering and increased use of appropriately skilled bank workers. • Reduced reliance on agency staffing and improved control of variable pay. • Improved Medical Job Planning compliance and reduced variation between services. • Consistent establishment control and a clearer understanding of funded, worked and available workforce capacity. • More accurate and timely workforce intelligence to support strategic and operational decision-making. • Better-integrated workforce systems and reduced reliance on manual processes.	Actual impact of actions taken to date Governance, reporting and oversight of workforce utilisation, productivity and temporary staffing have strengthened. The Agency by Exception process has supported early reductions in nursing agency use, and the new Medical and Dental bank and agency provider has been operational since July 2026. Establishment reporting, workforce dashboards and the inclusion of workforce information within Care Group performance arrangements have also improved organisational visibility. The Resident Doctor contract was implemented on 1 August 2026, with continuing actions now monitored through the Medical Workforce Productivity Programme. However, it is too early to assess its full impact or that of the new managed service arrangements. Establishment control, workforce analytics and system interoperability are not yet consistently mature across the organisation. Medical Job Planning compliance remains at 47%, with variation between Care Groups. Further evidence is required to demonstrate that the strengthened arrangements are delivering sustained improvements in workforce capacity, productivity and affordability.

Gap 3: Recruitment, retention and attendance arrangements are not yet consistently delivering a sustainable, resilient and engaged workforce, resulting in workforce supply pressures and variable workforce experience.	Actions already completed • Recruitment and resourcing controls are in place, including vacancy scrutiny, job evaluation, recruitment through Trac and support from NWSSP Recruitment Services. • Recruitment training, guidance and SharePoint resources have been developed, supported by attraction and employer-branding activity. • Flexible working and lateral moves arrangements have been introduced. • The Moving On process was reviewed and relaunched in July 2026. • The Retention Steering Group has been re-established, supported by developing retention dashboards and exit information. • Sickness absence reporting and analysis have been expanded, including reporting to the Executive Management Board. • An organisation-wide approach to sickness absence has been developed, supported by a short-term Enhanced Case Management Support project within acute and community wards. • The Enhanced Case Management Support project has increased the volume of case reviews, with measures established to assess its impact. • The Health Board has maintained Living Wage Employer status. •	Actions still to do • Finalise and approve the Recruitment and Retention Plan. • Complete and implement the revised Recruitment and Selection Policy and supporting procedures. • Continue targeted recruitment and attraction activity for hard-to-fill roles, workforce groups and specialties. • Complete the review of consultant job descriptions. • Embed the lateral moves and Moving On processes consistently across services. • Improve the quality and use of exit and retention information to support targeted interventions. • Continue delivery of the organisation-wide sickness absence action plan. • Evaluate the impact of the Enhanced Case Management Support project and use the findings to inform the longer-term approach. • Deliver and evidence progress towards the planned reduction in sickness absence during 2026/27. • Demonstrate sustained improvement in vacancies, recruitment, turnover, attendance and reliance on temporary staffing.	Intended impact of mitigating actions • Improved workforce availability, stability and organisational resilience. • More consistent and timely recruitment processes. • Improved recruitment and retention in hard-to-fill roles and priority services. • Better use of retention and exit intelligence to target interventions. • Reduced voluntary turnover and avoidable loss of experienced staff. • Reduced sickness absence and earlier, more effective support for staff. • Reduced workforce gaps and reliance on temporary staffing.	Actual impact of actions taken to date Recruitment guidance, workforce attraction activity and retention intelligence have been strengthened. The Moving On process has been relaunched and the Retention Steering Group re-established, providing a stronger basis for understanding and responding to retention concerns. Turnover was 8.16% in July 2026, compared with 9.00% in July 2025. This indicates improvement in the reported turnover position, although recruitment challenges remain within a number of hard-to-fill roles and specialties. Sickness absence reporting and case management arrangements have also been strengthened. However, the rolling 12-month sickness rate to June 2026 was 7.58%, compared with 7.00% for the equivalent period in the previous year. The Enhanced Case Management Support project was launched in August 2026 and its impact is still being assessed. Sickness absence therefore continues to affect workforce availability, and it is too early to determine whether the new arrangements will deliver sustained improvement
Gap 4: Organisational values, behaviours and approaches to staff experience are not yet consistently embedded across the Health Board, impacting engagement, wellbeing, leadership	Actions already completed • Organisational values and culture, values and behaviours measures have been incorporated into the CTM People Plan. • Leadership development, staff engagement, recognition and focus-group arrangements are in place. • The Equality, Diversity and Inclusion Strategy supports the wider approach to staff experience. • Speaking Up Safely Guardians and the Work in Confidence anonymous reporting platform have been established.	Actions still to do • Continue to embed local ownership of organisational values and expected behaviours across Care Groups, directorates and services. • Strengthen leadership accountability for delivery and evaluation of local culture and behaviour plans. • Continue leadership development, engagement, recognition and speaking-up activity. • Use Staff Survey and local workforce information to identify variation and target support.	Intended impact of mitigating actions • Greater local ownership of organisational values and expected behaviours. • Improved and more consistent staff experience across the Health Board. • Increased confidence among staff to speak up, raise concerns and contribute ideas. • Stronger local leadership and accountability for organisational culture. • Improved staff engagement and reduced variation in experience between services.	Actual impact of actions taken to date Staff Survey participation increased from 18.1% in 2023 to 26.8% in 2024 and 35.6% in 2025. The staff engagement index also increased slightly from 70.4% to 70.5%. Staff Survey findings are being used to inform corporate priorities and local Care Group action plans, supported by divisional information, Integrated Performance Meetings and established speaking-up arrangements. This provides evidence of increased participation and a stronger organisational focus on culture and staff experience.

culture and organisational performance	• Care Group culture and behaviour plans have been developed in response to Staff Survey findings. • Staff Survey results are reported to the Board and relevant Committees, with local actions monitored through Care Group delivery and Integrated Performance Meeting arrangements. • Divisional Staff Survey information is shared to support local action and leadership accountability. • Staff Survey briefings have supported development of corporate priorities, with 87% of attendees agreeing with the priority areas identified. • Planning for the 2026 NHS Staff Survey has commenced and the Survey Leads Group has been re-established.	• Deliver the 2026 Staff Survey and use the findings to assess progress and determine further priorities. • Evaluate whether local culture, leadership and engagement activity is improving staff experience and reducing variation. • Strengthen assurance to the Board and Committees concerning the impact of local culture and behaviour plans.	• Clear evidence that culture and behaviour plans are producing sustained change.	However, the current evidence does not yet demonstrate that improvements in staff experience, values and behaviours are consistent across all services or that local interventions have delivered sustained organisational impact.

Linked National Priority Measures

Workforce

- 23. Agency spend as a percentage of the total pay bill
- 27. Percentage sickness rate of staff

Current Performance Highlights

Key Progress Highlights:

- Workforce Planning: LHP Phase 2 workforce section and workforce demand numbers- FBC submitted August 2026
- LHP OBC/FBC is to be finalised in June for sharing with HB Board Meetings in July 2026
- Productivity & Agency Reduction: Launch of new Managed Service provision for M&D bank and M&D/AHP agency staff contract July 2026
- AFC Bank: 800 Bank only workers identified, bank only workers following the Band 2-3 changes to ensure a viable, appropriately skilled and available bank workforce and on track to meet the deadline of July 2026.
- Recruitment: work progressing to update the Recruitment & Selection policy and associated SOPs, Consultant job description review underway. international recruitment for hard-to-fill medical roles 2025/26 with NWSPP progressed, with two specialist grade psychiatrist started. An ITU doctor has been offered via NWSSP's overseas campaign and joined in June 2026.
- Able to meet majority of commitments to Student Streamlining numbers for Summer 2026 recruitment
- Staff survey launch for 2026 agreed (October 6th 2026) survey leads group reestablished for programme development w.c. 30 Aug 2026

Were there any significant incidents affecting this strategic Risk this period:

None identified.

Associated Risks escalated to the Organisational Risk Register

Gap 1: Workforce planning is not yet consistently aligned to future organisational, service transformation and regional workforce requirements		
6294	Insufficient consultant workforce in Endoscopy and Gastroenterology.	20
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model.	16
Gap 2: Workforce deployment, productivity, systems and workforce intelligence are not yet sufficiently mature to optimise workforce capacity and affordability		
6629	GMC/HEIW Conditions on Prince Charles Hospital Emergency Department. Workforce, medical staffing and training arrangements are a key contributing factor to this risk. New escalation during the period.	16
Gap 3: Recruitment, retention and attendance arrangements are not yet consistently delivering a sustainable and resilient workforce		
6294	Insufficient consultant workforce in Endoscopy and Gastroenterology	20
5753	Inadequate Special School Nurse Provision. *Sept 2026: Risk score reduced to 16. Whilst the risk cannot be fully eliminated, staffing is currently at establishment. Longer-term work is required with Local Authority partners to review the future model of care and determine the Health Board's ongoing management of the residual risk.*	~~20~~ 16
6475	Patient safety and service delivery risks arising from industrial action impacting Health Visiting services	16

6232	Stability of the Legal Services Function.	15
5877*	DEESCALATED: Impact of new GP Out of Hours contract on service capacity and rota fill. *Score reduced; will not appear in future ORR reports.*	~~16~~ 9
6397*	DEESCALATED: Shortage of GPs impacting urgent primary care service delivery. *Score reduced; will not appear in future ORR reports.*	~~16~~ 12
6318*	DEESCALATED: SHED Team service capacity and resilience. *Score reduced; will not appear in future ORR reports.*	~~16~~ 12
Gap 4: Organisational values, behaviours and approaches to staff experience are not yet consistently embedded across the Health Board		
There are no risks currently escalated to the Organisational Risk Register under this strategic gap.		

* For the September 2026 reporting cycle, some operational risks have reduced in score following organisational moderation and triangulation, reflecting a more consistent alignment between current risk scores, available evidence and the Health Board's risk policy and scoring matrix.

Strategic Goal(s):			Risk score 16
Creating Health • Reducing health inequalities • Equal focus on mental and physical health • Supporting our communities • Being a healthy organisation		Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	

Strategic Risk: Effective Community and Partner Engagement in Service Changes and Developments (Risk No.4)		
If the Health Board *does* not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	*Then* we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	*Resulting in* • Lack of trust between the community and the Health Board. • Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. • Challenge to public decisions relating to future service developments due to limited engagement. • The inability to affect positive change in terms of improving health inequalities and health outcomes.

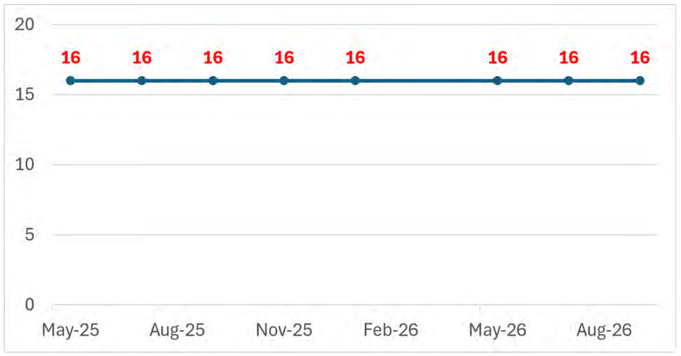
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	4	4	16
Target	4	2	8
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	In recognition of the gaps identified around additional capacity requirements to develop and implement an engagement and involvement strategy associated with the Clinical Service Plan and wider service change requirement as well as the need to define a clearer process and procedure for supporting transformation and service change, the risk score was increased in terms of likelihood to a 4 in July 2025, and continues to remain at this level. The gaps are captured in the mitigating action plan section of this risk.

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being actively managed via the communications team and wider engagement function. As above, we will need to tolerate the fact that management of the risk will need to be ongoing while the organisation actively treats the risk by addressing the capacity, capability and technical gaps.

Current Control Measures

Strategies & Plans

- Strategic delivery framework
- Standard Operating Procedure for service change
- Social media strategy 2026
- CTMUHB Clinical Services Plan
- Regional Communications & Engagement Plan
- Service change and issue-specific communications and engagement plans (various)
- Creating Health PID
- Strategic Equality Plan

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Stakeholder Reference Group
- Llais/CTMUHB Partnership Meetings
- Regional Engagement Group
- All Wales Engagement Group
- CTMUHB Strategic Engagement Forum
- CTM Leaders' Network
- Community Voluntary Councils (Interlink RCT, BAVO, VAMT)
- OPAG (Older Person's Advisory Committee)
- CTM 50+ Forums
- Llynfi Valley Stakeholder Reference Group
- Staff Q&A
- Leaders' Forum
- Armed Forces Health Partnership
- Health and Community Vaccination Working group

Sources of Assurance (Internal and External)

ELG
CTMUHB Board
Stakeholder Reference Group
Community Leaders' Forum
Regional Engagement Group
CTMUHB Strategic Engagement Forum
Llais/CTMUHB Partnership Meetings
Llais issue specific engagement
Welsh Government Heads of Communications
Welsh Government service change submission
RPB

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation
Gap 1: A consistent and embedded approach to engagement related to	Actions completed: • SOP completed with cross-department input. Work underway to implement.	• Consistency of approach to service change across health board will ensure better management of change, resulting in	The Service Change SOP has been developed with cross-departmental input, providing a stronger framework for

service change is not yet fully established across the Health Board	Further actions required • Implement the Health Board Service Change SOP and supporting arrangements. • Embed consistent approaches to engagement and consultation across service change programmes.	greater credibility and effectiveness of engagement activities and more useful insight. • Earlier development and implementation of engagement plans will enable more effective prioritisation of resources and capacity.	planning and delivering engagement activities. This has improved consistency of approach and strengthened organisational readiness; however, implementation remains ongoing and benefits are not yet fully embedded across all service change programmes.
Gap 2: Capacity within the engagement function remains insufficient to fully support organisational and population engagement requirements	Actions completed: • Securing funding with Public Health to recruit additional engagement role. Role developed and recruitment underway, to complete summer 2026. Further actions required • Explore capacity within partner directorates for supporting engagement activities.	• Improved understanding and engagement response to population health priorities, enabling insight- and intelligence-led planning and delivery. • More proactive response to engagement requirements will increase reach and public/partner confidence in the health board and enable the development of campaigns, resources and priorities that match population need. • Improved capacity will enable health board to further develop relationships with community groups, third-sector partners, and hard-to-engage groups, resulting in richer-data, and greater insight to inform effective public engagement methods and resources. • Additional capacity to manage unexpected engagement need, e.g. for urgent service change, will lead to more effective, meaningful and timely engagement that maintains credibility and trust.	Additional capacity has been secured through Public Health funding and recruitment activity is underway. This will increase the Health Board's ability to respond to engagement requirements and develop relationships with communities and partners; however, recruitment has not yet been completed and overall capacity constraints remain.
Gap 3: Digital engagement, insight and social listening capability is not yet sufficiently developed to support modern engagement approaches	Actions completed: • Procurement of Orlo platform for social media management, social listening and public engagement has been completed. Onboarding and activation of platform 2/9/26	• Significantly enhanced ability to produce, manage and monitor social media will enable health board to use these key channels to engage with, target, influence, understand, and respond to public and stakeholders. • Significantly improved insight into population sentiment, behaviour, trust and confidence will enable the health board to be far more responsive and informed in the management of change, and reach and impact of campaigns for behaviour change. • Significantly enhanced, AI-supported capability and capacity will enable greater reach, more impactful and more valuable public engagement, resulting in more useable and influential data and insight.	Orlo will provide strong foundations for improved insight gathering, targeting and public engagement; however, it will take time for the team to be trained in its use and for the full benefit of the platform to be realised.
Gap 4: Regional engagement approaches and messaging are not yet fully co-ordinated across partner organisations	Actions completed • Development of regional engagement plan and associated resources with partners in AB and CAV Further actions needed: • Implementation of engagement activities during quarter 3, 26/27	• More visibility of regional working will increase confidence amongst staff, stakeholders and public in the value of regional working. • Joint planning and delivery of communications and engagement across the region will be more efficient, making best use of limited and capacity and enabling greater reach.	Work has commenced with regional partners to develop a shared engagement approach and supporting resources. This has strengthened collaboration and improved understanding of regional priorities; however, arrangements remain in development and opportunities for fully co-ordinated regional engagement have not yet been fully realised.

		• ‘Story-telling’ and messaging at regional-level will help to frame population need and system/service requirements.	

Linked National Priority Measures
Nil
Current Performance Highlights
• Procurement of Orlo social media management, social listening and digital survey platform completed. Onboarding underway for implementation in September ‘26 • Recruitment process for Engagement Lead Officer (Public Health) underway. Should complete, September ‘26
Were there any significant incidents affecting this strategic Risk this period:
None identified.
Associated Risks escalated to the Organisational Risk Register
Nil

Strategic Goal(s):		Risk score
Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care	Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	16

Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)		
If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	*Then* We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	*Resulting in* Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients' experiences, and continue to constrain our ability to work seamlessly across our region.

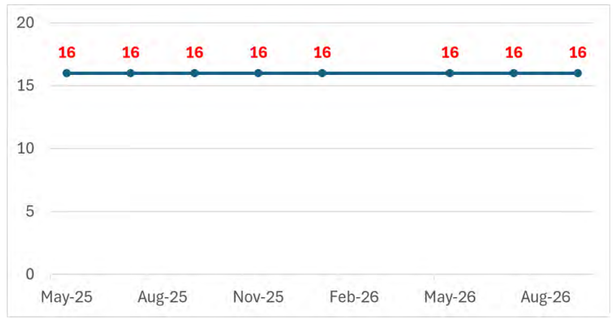
Risk Lead	Director of Digital	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	4	4	16
Target	4	3	12
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	September 2026: The risk score remains unchanged at 16 (C4xL4). Whilst progress continues across a number of digital transformation, infrastructure and cyber security programmes, significant strategic vulnerabilities remain which prevent a reduction in the likelihood score at this stage. Key progress during this period includes: • Continued implementation of the Digital, Data and AI Strategy, Cyber Improvement Plan and Information Security Policy. • Strengthening of governance arrangements for artificial intelligence, supplier management and digital inclusion. • Ongoing improvements to digital infrastructure, cyber monitoring capabilities and clinical system standardisation. • Progress with key enabling programmes including digitisation of medical records, electronic prescribing medicines administration, shared care records and patient-centred contact services.

	However, the risk remains elevated due to: • The evolving cyber threat landscape and continuing exposure to cyber attack. • Ongoing capital, revenue and workforce constraints affecting the pace of digital transformation. • Continued reliance on legacy systems and a relatively low level of digital maturity compared to recognised benchmarks. • Dependencies on national programmes, suppliers and wider NHS Wales digital developments. Whilst the overall trajectory is considered cautiously positive, further progress is required before the Health Board can demonstrate that digital capability, capacity and resilience are sufficiently embedded to support organisational transformation and justify a reduction in the risk score.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

Current Control Measures

Strategic Direction and Governance

The Health Board has established strategic and operational arrangements to support digital transformation, prioritisation and delivery of digital investment and improvement programmes. For example:

- Population Health Strategy.
- Digital & Data Delivery Programme.
- Project Portfolio Board.
- Digital Investment Fund.
- Digital Maturity Benchmarking.

Cyber Security and Information Governance

A range of governance, policy and assurance arrangements are in place to support cyber resilience, information governance and the safe use of digital technologies. For example:

- Cyber Improvement Plan (Aligned to the NIS Directive)
- Cyber Resilience & Availability Group.
- Cyber Incident Response Arrangements (including testing and exercising).
- Information Security, Records Management and Information Governance Frameworks.
- AI Governance Framework.
- Non-Corporate Communication Channels Policy.

Digital Transformation and Infrastructure

Programmes are in place to strengthen digital infrastructure, modernise clinical systems and support the delivery of digitally enabled services. For example:

- IT Infrastructure Review.
- Electronic Prescribing Medicines Administration Programme.
- Shared Care Record arrangements.
- Patient-Centred Contact Programme.
- Bridgend Clinical Systems Consolidation.

Digital Inclusion and Adoption

Workstreams are in place to support workforce adoption of digital technologies and equitable access to digital services. For example:

- Digital Inclusion and Accessibility Workstreams.

Workforce digital capability and business change initiatives.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of programme governance, internal and external audit activity, information governance reviews, cyber assurance arrangements and routine reporting on delivery of the Digital & Data agenda. Collectively, these provide oversight of digital transformation programmes, information governance, cyber resilience, compliance and progress against strategic digital priorities.

Recent assurance activity indicates continued progress in a number of areas, including delivery of digital transformation programmes, strengthening governance arrangements and ongoing improvements to digital infrastructure and cyber resilience.

Internal Assurance

The Board receives assurance through a range of governance and reporting arrangements, including:

- Digital Programme Assurance Reports covering delivery of Digital & Data priorities within the IMTP.
- Medical Records Assurance Reports.
- Progress reporting against the Population Health Strategy.
- Clinical Safety reporting.
- Planning, Performance and Finance reporting.
- Reporting through Operational Delivery Committee and associated governance arrangements.

External Assurance

Independent assurance is obtained through external review, audit and compliance frameworks, including:

- Audit Wales reviews.
- Internal Audit reviews.
- All-Wales Information Governance Toolkit assessments and ICO reviews.
- NIS-D Cyber Assessment Framework and associated Cyber Resilience Unit (CRU) improvement monitoring.

Recent assurance highlights

- Review of Digital Transformation (May 2026) which has made nine recommendations:
  - Strengthening the digital strategy with clearer milestones and alignment to wider plans.
  - Improving digital performance reporting with clearer measures and risks.
  - Developing a costed infrastructure plan with timelines and asset data.
  - Introducing formal AI governance for oversight of all AI use.
  - Building digital workforce capability through skills assessment and training.
  - Strengthening user engagement and digital inclusion.
  - Clarifying long-term digital investment needs and decision points.
  - Coordinating oversight of digital projects.
  - Embedding a benefits framework to show whether digital investments deliver value.

Overall Assurance Position

Current assurance provides evidence that key governance, cyber security, information governance and digital transformation arrangements are operating effectively. Whilst assurance activity demonstrates progress across a number of programmes and control areas, it also highlights the continuing need to address workforce, resource, infrastructure and digital maturity challenges before full assurance can be obtained that the strategic risk is adequately controlled.

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Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact of actions (following implementation)
Gap 1: Digital capability and adoption are not yet sufficiently mature to enable transformation at scale *Whilst significant investment has been made in digital technology, governance and infrastructure, digital literacy, skills and adoption are not yet consistently embedded across the workforce. This limits the Health Board's ability to fully realise the benefits of digital transformation, maximise the value of existing systems, and support organisational change at the pace required.*	Controls in Place / Actions Already Taken • Digital literacy and workforce capability have been identified as key priorities within Digital and Data planning and Integrated Medium-Term Plan (IMTP) proposals. • Existing digital learning resources and support materials are available and continue to be promoted across the organisation. • Digital and business change capability is being developed through a range of transformation programmes, including national and local digital initiatives. • Work is underway to develop a more structured organisational approach to digital and data literacy and clinical digital skills.	• Increased workforce confidence and capability in the use of digital and data tools. • Improved adoption and utilisation of digital systems. • Greater consistency in digital ways of working. • Improved ability to deliver service redesign and transformation enabled by digital technology. • Increased return on investment from digital programmes and infrastructure.	Work completed to date has increased organisational focus on digital literacy, digital inclusion and workforce capability as critical enablers of transformation. Digital skills development is increasingly being incorporated within major change programmes, helping to build awareness and readiness for new ways of working. However, a consistent organisational approach is not yet fully embedded, and further work is required before digital capability is sufficiently mature to support transformation at scale.

	• Digital inclusion and accessibility workstreams are supporting wider adoption of digital services by staff, patients and communities. • Continued cyber awareness campaigns and targeted engagement. Further Actions Required • Develop a Digital and Data Literacy Strategy. • Develop a structured approach to workforce digital capability and clinical digital skills development. • Establish measures to monitor digital confidence, capability and adoption across the organisation. • Work with key stakeholders including nursing, medical leadership, CTM Education and Training and HEIW.		
Gap 2: Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation *The scale of the Health Board's digital transformation ambition continues to exceed the available workforce, revenue and capital resources available to deliver it. Whilst progress is being made across a number of programmes, staffing constraints, specialist skills shortages, short-term funding arrangements and competing organisational priorities continue to limit the pace at which digital transformation can be delivered and embedded.*	Controls in Place / Actions Already Taken • Digital and Data workforce requirements are identified through the Integrated Medium-Term Plan and Digital & Data planning processes. • Available capital and revenue funding is prioritised towards the highest-risk areas and strategic priorities. • The 2025/26 Digital & Data capital programme was delivered on time and within budget, supporting investment in digital infrastructure, cyber resilience and digital enablement. • Additional funding opportunities continue to be pursued through national and local programmes. • Recruitment to priority posts is being progressed and specialist contract support utilised where required. • Workforce requirements continue to be reviewed through programme, portfolio and IMTP planning arrangements. Further Actions Required • Develop a sustainable workforce plan for Digital & Data services. • Continue recruitment to priority roles and reduce reliance on temporary arrangements where possible. • Improve alignment between organisational demand, workforce capacity and available funding. • Secure recurrent funding to support critical digital and transformation functions. Maintain a clear prioritisation framework where demand exceeds available resources.	• Improved capacity to deliver digital transformation programmes. • Reduced reliance on contractors and short-term workforce solutions. • Increased resilience across Digital & Data services. • Improved delivery timescales for digital projects and programmes. • Greater ability to support service transformation and organisational priorities.	Investment in digital infrastructure, cyber resilience and transformation programmes has strengthened the Health Board's digital capability and enabled progress across a number of strategic initiatives. Workforce planning and targeted recruitment have also improved understanding of resource requirements. However, workforce, funding and capacity constraints remain significant and continue to affect the speed at which digital transformation can be delivered and sustained.
Gap 3: Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care *Whilst significant progress has been made in the development of digital systems, infrastructure and governance arrangements, the Health Board's overall digital maturity remains below the level required to fully support integrated care,*	Controls in Place / Actions Already Taken • A range of digital transformation programmes are underway to support the development of integrated digital services and clinical systems. • Electronic Prescribing and Medicines Administration implementation is progressing across the Health Board. • Shared care record arrangements are in place to support information sharing. • Patient-centred contact programme development is underway.	• Improved access to timely, accurate and integrated information. • Better support for clinical decision making and service redesign. • Reduced reliance on paper-based and manual processes. • Improved patient and staff experience through digitally enabled services. • Increased organisational productivity and efficiency.	Progress has been made in modernising digital services, strengthening governance arrangements and advancing key transformation programmes, including Electronic Prescribing and Medicines Administration, patient-centred contact services and wider digital enablement initiatives. These developments have improved the foundations for future transformation;

service transformation and data-driven decision making. Continued reliance on legacy systems, fragmented digital records and national system dependencies limits the pace at which the organisation can realise the full benefits of digital transformation. A number of associated operational and programme risks are managed through the Organisational Risk Register.	• Digital maturity benchmarking is used to inform future planning and capability development. • Digital and data priorities are incorporated within the Digital & Data Strategy and Integrated Medium-Term Plan. • Ongoing engagement with Welsh Government, Digital Health and Care Wales and wider NHS Wales digital programmes supports alignment with national developments. Further Actions Required • Continue implementation of digital transformation priorities and enabling programmes. • Progress development of integrated digital records and digitally enabled patient services. • Improve the availability, quality and use of structured digital information. • Strengthen interoperability and integration across clinical and corporate systems. Continue to influence and align with national digital developments and architecture.	• Improved digital maturity and readiness for future transformation.	however, the Health Board remains at an early stage of digital maturity and further progress is required before the full benefits of integrated, data-driven and digitally enabled care can be realised.

Linked National Priority Measures

Digital and Technology
National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),
Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)
Value Based Health and Care
Coding standards

Current Performance Highlights

Detailed programme, operational and technical updates are reported separately through Digital & Data governance arrangements, programme boards and routine performance reporting. The Board Assurance Framework focuses on the strategic implications of delivery against the Health Board's digital transformation ambition.

Current Position (September 2026)

- Progress continues across several strategic digital transformation programmes, including Electronic Prescribing and Medicines Administration go-live at RGH , Transition to BAU for Digital Maternity solution (BadgerNet), Ophthalmology referrals system Phase 1 – go live (Opera) Patient-Centred Contact Transformation Programme services – go-live Intouch Flow Manager (Patient Check-in, Patient Calling and electronic outcomes) across PCH, RGH, YCC, YCR and DS , digital infrastructure modernisation and wider digital enablement initiatives.
- Adoption of digital services continues to increase, supported by ongoing developments in patient-facing technologies and digital clinical systems.
- Improvements have been made to digital infrastructure resilience, the core network switches have been replaced at PoW, RGH, KHHP and Dewi Sant.
- Automation of cyber incident alerting and handling.
- Progress is also being made in the development of digital and data capabilities to support innovation, artificial intelligence and future service transformation.
- National programme dependencies, workforce capacity constraints and funding pressures continue to affect the pace and sequencing of some digital transformation initiatives.
- Whilst the overall trajectory remains positive, the Health Board's digital maturity remains below the level required to provide full assurance that digital capabilities are sufficiently embedded to support organisational transformation at the desired pace.

Were there any significant incidents affecting this strategic Risk this period:

Critical incidents under NIS-D: - There were no incidents reported to the CRU during this period. However, a small number of high-impact incidents did occur at both local and national level.

Associated Risks escalated to the Organisational Risk Register

Strategic Gap 1: Digital capability and adoption are not yet sufficiently mature to enable transformation at scale		
4672	Inability to achieve timely, accurate clinical coding and structured data standards.	15
Strategic Gap 2: Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation		
4664	Cyber attack resulting in loss of critical services, data and potential extortion (including specialist cyber capacity and capability challenges).	20

4671	Ageing digital infrastructure impacting service resilience (including workforce and funding constraints affecting infrastructure renewal).	16
Strategic Gap 3: Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care		
5276	Delay to LIMS 2.0 implementation impacting pathology service continuity	20
5761	Cross Health Board Data Sharing	16
3337	Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS.	15
5040	Digital system integration dependencies.	15
4672	Inability to achieve timely, accurate clinical coding and structured data standards..	15

Strategic Goal(s)				Risk score 16
Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care		Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future		
Strategic Risk: Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)				
If: CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose estate.	*Then:* there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancements / improvements for patient care and staff wellbeing for now and the future.	*Resulting in:* • An inability to deliver its services efficiently and effectively. • Poor environment and experience for patients and staff • Infrastructure problems • Unable to replace failing/ageing equipment. • Business continuity problems • Poor Estate compliance • Regulatory Compliance issues • Lack of digitally enabled facilities • High carbon footprint • Loss of services and productivity • Increased backlog maintenance		

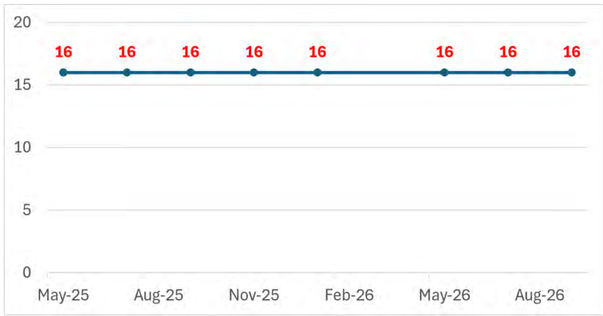
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	4	16
Current	4	4	16
Target	4	3	12
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)* July 2026: Target risk score reviewed and revised to 12 to reflect a more realistic and deliverable position. We are actively managing this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.

	Risk reviewed in April 2026 - due to this period in the financial year it is recognised that currently there is limited movement in available capital and therefore additional improvements and investments in infrastructure is limited. However, in November 2025 CTMUHB Board approved the Prince Charles Hospital (PCH) Refurbishment Project Finalised Phase 3 Full Business Case for submission to Welsh Government for capital funding – approval is awaited. In recognising the above position and recent data available from the Estates, Facilities, Performance Management System, which reports a figure of £95m, risk adjusted to £76m, for backlog maintenance the risk score remains unchanged.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk; however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.

Current Control Measures

- Prioritisation of Estate Activity based on risk-based decision making.
- Pursue all capital funding options from Welsh Government to address backlog maintenance and statutory compliance such as:
  - Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies.
  - Applications to the All-Wales Capital Programme on an annual basis.
  - Discretionary Capital
- Maximise current revenue allocations, optimised for statutory compliance and risk priorities.
- Maintenance Programme established managed via the Planet Facilities Management System (Planned and Reactive Maintenance Jobs).
- In 2024-2025 the estates' operational function was digitised, the estates operatives were provided with mobile devices so that they are now able to work in real time, this has helped to maintain performance despite the staff shortages.
- CTMUHB has the highest capital allocation in 2025-2026 than any other Health Board in NHS Wales. However, this still does not mitigate all the gaps in controls and the resulting impact of this risk.

Sources of Assurance (Internal and External)

Internal
- Regular monitoring through CTMUHB'S Executive Capital Management Group.
- Capital Scheme Delivery Programme.
- Annual Estates and Energy Performance Report received at the Operational Delivery Committee (and Planning, Performance and Estates Committee prior to that Committee being disbanded)
- Routine performance reports submitted quarterly to the Estates and Capital Governance Board and monthly at the Estates Operational Management Team meetings.
- Escalation of risks through the Capital and Estates Risk Escalation Group.
- Comprehensive internal audit programme.

External
- NHS Shared Services Partnership- Specialist Estate Services (NWSSP–SES) have collected Estates and Performance Monitoring system data (EFPMS) on behalf of Welsh Government.
- ISO 14001 Certification – Environmental Management achieved.
- Regular reporting and monitoring with Welsh Government.
- Comprehensive external audit programme.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Gap 1: National Skills shortage in Estates Roles *(Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions.*	Actions already taken: • The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend. • Concerns have been raised at a national level. Further actions needed / in progress: • Ongoing activity continues with the support of the People Directorate to explore routes	Improved recruitment and retention across Estates roles, increasing capacity to deliver core maintenance and compliance activity and supporting a more stable and sustainable estates function.	Recruitment and workforce planning activity has strengthened understanding of the challenges affecting Estates recruitment and retention. Ongoing attraction initiatives are helping to maintain workforce capacity; however, national workforce shortages and competition from the private sector continue to affect recruitment to key Estates roles.

	to further promote and attract candidates to roles advertised particularly around the Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge.		
Gap 2: Backlog maintenance requirements continue to exceed available resources and funding.	Actions already taken: • Secured Targeted Estates Funding (TEF) • Proactive in securing additional funding from Welsh Government when available.	Reduction in backlog maintenance and estate-related risks through delivery of prioritised schemes, resulting in a safer, more compliant estate and an improved environment for patients and staff.	Funding secured through Targeted Estates Funding (TEF) and other sources has enabled progress on a number of high-priority maintenance schemes and reduced risk in targeted areas. However, backlog maintenance continues to exceed available resources and remains a significant challenge.
Gap 3: Available capital and revenue funding remains insufficient to maintain and improve the existing estate.	Further actions needed / in progress: • Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	Securing capital investment to modernise infrastructure, reduce backlog maintenance and address statutory compliance risks.	Progress has been made in developing business cases and capital investment proposals for priority estate schemes. Whilst this has improved readiness to deliver future investment, delivery remains dependent on securing sufficient capital funding.
Gap 4: Deliver schemes within a live environment Estate improvement works must be delivered whilst maintaining safe and uninterrupted services.	Actions already taken: • Dialogue with service leads. • Secure decant where appropriate. Further actions needed / in progress: • Continue to maintain dialogue with service leads and secure decant where appropriate.	Safe delivery of capital works with minimal disruption to services, ensuring continuity of care and operational resilience during construction activity.	Estate improvement schemes continue to be delivered whilst maintaining operational services. Close collaboration with clinical and operational teams has supported safe project delivery; however, delivering works within a live healthcare environment continues to present operational and programme risks.

Linked National Priority Measures
Energy and Environmental Targets as listed in the CTMUHB Decarbonisation Action Plan (DAP). Deliver the Capital programme within the agreed Capital Resource Limit (CRL).
Current Performance Highlights
Please refer to the Estates Performance Report submitted to the Operational Delivery Committee in April 2025 available here: 29 April 2025 - Cwm Taf Morgannwg University Health Board The next submission will be shared with the Operational Delivery Committee on 30th April 2026.
Were there any significant incidents affecting this strategic Risk this period:

Associated Risks escalated to the Organisational Risk Register		
6235	Insufficient funding to address backlog maintenance across the estate.	16
6766	NEW: Security incidents and vulnerabilities across Health Board sites	16

Strategic Goal(s):

Creating Health
- Reducing health inequalities
- Equal focus on mental and physical health
- Supporting our communities
- Being a healthy organisation

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

Risk score 16

Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.7)

If the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact	*Then* we will not fulfil our Socio-economic duty, our statutory emission reduction targets, our Wellbeing of Future Generations objectives and our value-based healthcare principles	*Resulting in* negative environmental and social impacts, and loss of trust and confidence among stakeholders

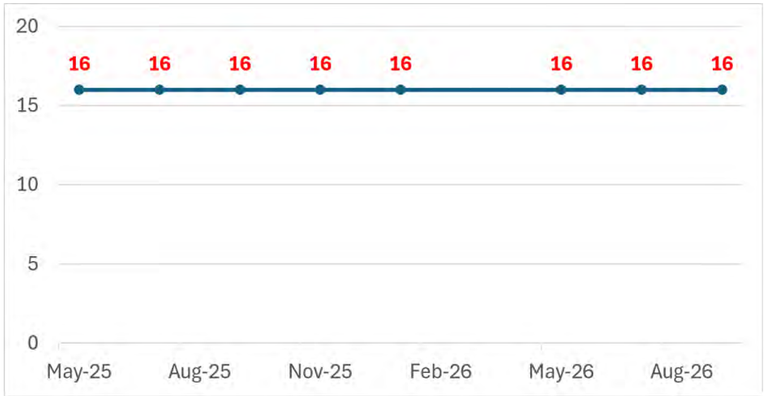
Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	4	4	16
Target	4	2	8
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score:
Including where risk score remains unchanged and for any changes

The current risk score remains unchanged at 16.
Progress has been made in strengthening governance arrangements, approving the Climate Action Plan, securing funding for decarbonisation initiatives and embedding environmental sustainability considerations into organisational planning.

Positive progress includes delivery of renewable energy schemes, achievement of GreenED accreditation across all Emergency Departments and continued development of sustainability and partnership arrangements.

	However, the risk remains elevated because climate adaptation and resilience arrangements are still maturing, significant investment is required to deliver long-term decarbonisation ambitions, and the pace of improvement continues to be constrained by workforce and financial capacity. Recent periods of hot weather across Wales have also reinforced the importance of continuing to strengthen organisational preparedness for climate-related risks. Whilst the overall direction of travel is positive, further progress is required before a reduction in risk score can be justified.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Current Control Measures

Strategic Direction and Governance

Strategic oversight of environmental sustainability, climate adaptation and socio-economic responsibilities is provided through established governance arrangements and organisational strategies.

- Environmental Sustainability Group, reporting to the Strategic Development Committee.
- Climate Action Plan.
- CTM2030.
- Integrated Medium Term Planning (IMTP) process aligned to the Wellbeing of Future Generations Act.
- Sustainability Manager role.
- Public Service Board Climate Change Action Group.

Environmental Sustainability and Decarbonisation

A range of programmes and initiatives are in place to reduce the Health Board's environmental impact and support delivery of NHS Wales decarbonisation ambitions.

- All-Wales sustainable procurement approach.
- REFIT Programme (£11.4m energy-efficiency investment).
- Nitrous Oxide Decommissioning and Gas Capture Scheme.
- Green CTM Staff Forum.
- Waste management initiatives, including elimination of landfill for foodstuffs.
- Reduced use of environmentally impactful anaesthetic gases.
- Climate adaptation actions identified through the Climate Change Risk Assessment.

Social Value and Anchor Institution Activity

The Health Board continues to use its role as a major employer, purchaser and community partner to improve population wellbeing and reduce inequalities.

- Anchor Organisation programme.
- Community wealth building and local procurement initiatives.
- Building Healthier Communities Programme.
- Work to incorporate socio-economic duties within organisational planning and decision-making.

Partnership and Innovation

Partnership arrangements and innovation activity support the delivery of sustainability and wider environmental ambitions.

- Public Service Board partnership arrangements.
- Regional sustainability collaboration.
- Innovation activity focused on environmental sustainability and decarbonisation opportunities.

Sources of Assurance (Internal and External)

Assurance is derived from governance oversight, programme monitoring, statutory reporting, independent audit activity and partnership governance arrangements. Collectively, these provide assurance regarding delivery of environmental sustainability, decarbonisation and socio-economic responsibilities.

Current assurance demonstrates that governance arrangements, programmes and strategies supporting environmental sustainability continue to mature. Positive assurance is available regarding strategic direction, programme oversight and delivery of a number of decarbonisation initiatives. However, assurance remains more limited regarding long-term reductions in carbon emissions, climate adaptation outcomes and the wider organisational impact of sustainability initiatives.

Strategic and Statutory Assurance

Assurance regarding fulfilment of wellbeing and socio-economic duties is provided through:

- Wellbeing Statement accompanying the Annual Plan.
- Progress reports against the Annual Plan.
- Building Healthier Communities Steering Group.
- Healthy Housing Alliance.

Programme and Operational Assurance

Assurance relating to environmental sustainability, climate adaptation and decarbonisation is provided through:

- Environmental Sustainability Annual Report.
- Climate Action Plan monitoring and reporting.
- Decarbonisation programme reporting through the Strategic Development Committee.
- Progress monitoring of major sustainability projects and investment programmes.

Independent Assurance

Independent assurance is provided through external accreditation and audit activity, including:

- ISO 14001 Certified Environmental Management System accreditation.
- NWSSP Internal Audit Services review of the Decarbonisation Action Plan and associated follow-up activity.
- Independent review of decarbonisation programme delivery and compliance with agreed actions.

Overall Assurance Position

Current assurance demonstrates that governance arrangements, climate action planning and decarbonisation programmes are established and continue to develop. Progress is evident in a number of environmental sustainability initiatives, including energy efficiency, carbon reduction and sustainable procurement. However, delivery remains dependent on sustained investment, partnership working and successful implementation of longer-term climate adaptation and decarbonisation actions before the full intended benefits can be realised.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact of actions (following implementation)
Gap 1 Climate adaptation and organisational preparedness for climate change are not yet fully embedded	Controls already in place / actions completed • Climate Action Plan approved by Board. • Board development sessions completed to improve awareness and understanding. • Regional Climate Change Risk Assessment (CCRA) developed through the Public Service Board. • High-level climate adaptation risks identified and incorporated into the Climate Action Plan. Further actions required • Implement priorities arising from the Climate Action Plan. • Continue development of climate adaptation arrangements in line with Welsh Government policy. • Embed climate resilience considerations within strategic planning and service delivery.	Intended impact • Improved organisational resilience to climate change. • Better understanding and management of climate-related risks. • More sustainable services capable of responding to future environmental challenges.	Actual impact of actions taken to date The Climate Action Plan has been approved and climate-related risks have been formally assessed and incorporated into organisational planning. Awareness of climate change impacts has increased through Board development activity and regional partnership working. However, implementation remains at an early stage and further work is required before climate adaptation is consistently embedded across all services.
Gap 2 Decarbonisation and sustainable decision-making are not yet fully embedded across procurement, estates and organisational planning	Controls already in place / actions completed • Procurement representation established within Environmental Sustainability and decarbonisation groups. • All-Wales sustainable procurement approaches adopted. • Climate Action Plan approved.	Intended impact • Reduced organisational carbon footprint. • Improved sustainability of procurement and operational decision-making.	Actual impact of actions taken to date Significant progress has been made in establishing governance arrangements, sustainable procurement networks and decarbonisation programmes. Major

	• Decarbonisation programme supported through the Sustainability Manager function. • REFIT programme funding secured for energy efficiency improvements. • Sustainability considerations incorporated into relevant organisational planning arrangements. Further actions required • Strengthen consideration of carbon impact within procurement decision-making. • Continue delivery of decarbonisation initiatives. • Develop and implement supporting organisational policies and strategies. • Monitor and report progress against Welsh Government decarbonisation requirements.	• Increased delivery of decarbonisation objectives. • Progress towards NHS Wales Net Zero ambitions.	energy-efficiency projects and low-carbon initiatives are underway, and sustainability considerations are increasingly incorporated into organisational decision-making. However, financial pressures and competing priorities continue to affect the pace of implementation and delivery.
Gap 3 Capacity and investment remain insufficient to fully deliver environmental sustainability and decarbonisation ambitions	Controls already in place / actions completed • Climate Action Plan approved and endorsed by the Board. • Sustainability Manager appointed to oversee delivery of the programme. • REFIT Programme funding of £11.4m secured to improve energy efficiency. • Targeted Estates Fund (TEF) funding secured for decommissioning of nitrous oxide and gas capture works. • Alternative funding opportunities actively pursued where available. • Sustainability and decarbonisation governance arrangements established. Further actions required • Secure additional capital investment to deliver Climate Action Plan priorities. • Continue delivery of major decarbonisation and energy-efficiency projects. • Identify and access alternative funding streams where available. • Maintain prioritisation arrangements where available funding is insufficient to deliver all planned schemes.	Intended impact • Increased delivery of Climate Action Plan objectives. • Reduced organisational carbon emissions. • Improved energy efficiency and environmental sustainability. • Increased resilience and sustainability of the Health Board estate. • Progress towards NHS Wales Net Zero ambitions	Actual impact of actions taken to date Significant investment has already been secured for a number of decarbonisation and energy-efficiency schemes, including the REFIT programme and targeted estates funding initiatives. This has enabled delivery of priority sustainability projects and strengthened the Health Board's ability to reduce its environmental impact. However, the scale of investment required to achieve long-term decarbonisation ambitions continues to exceed currently available resources, and delivery remains dependent on securing additional funding and capital investment.

Linked National Priority Measures

Economy and Environment
- Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach
- Qualitative report detailing the progress of NHS Wales' contribution to climate action as outlined in the organisation's plan.

Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme

The Welsh Government Energy Service have published an updated strategic delivery plan (SDP) which outlines the high-level actions for decarbonisation within the NHS covering 2025-2030.Actions contained in the SDP are being reviewed and allocated to strategic leads.

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

Current Performance Highlights

Decarbonisation and Environmental Sustainability

Progress continues in reducing the environmental impact of Health Board operations. All three Emergency Departments have achieved Bronze GreenED accreditation status and CTMUHB received two NHS Wales Sustainability Awards, whilst also securing national innovation funding to support the development of sustainable solutions to waste and environmental challenges. Decarbonisation reporting has continued throughout the year and the Annual Report and Accounts included reporting on progress against the Wellbeing of Future Generations Act objectives.

The solar installation at Coed Ely Solar Farm is now complete and will provide low-carbon electricity directly to Royal Glamorgan Hospital through an innovative private wire arrangement. A further project is underway to utilise surplus renewable energy generated locally to support Prince Charles Hospital. In addition, funding has been secured through the REFIT programme to support energy efficiency and carbon reduction initiatives across the Health Board estate.

Partnerships, Investment and Social Value
Progress continues through partnership arrangements, innovation programmes and wider sustainability initiatives. Significant external funding has been secured through national programmes to support environmental sustainability projects and innovation activity. Work also continues to embed the Wellbeing of Future Generations Act, socio-economic duties and Anchor Organisation principles within organisational planning and decision-making, supporting the Health Board's contribution to wider environmental, social and economic wellbeing objectives.

Were there any significant incidents affecting this strategic Risk this period:

During summer 2026, periods of exceptionally hot weather have highlighted the increasing frequency and impact of climate-related events.
Whilst CTMUHB maintained service delivery throughout these periods, the events reinforced the importance of climate adaptation, organisational resilience and effective partnership working in responding to environmental risks.
The experience has provided a practical demonstration of the relevance of the Health Board's Climate Action Plan and the need to continue strengthening preparedness for future climate-related events, including the potential impacts on vulnerable populations, infrastructure and service delivery.

Associated Risks escalated to the Organisational Risk Register

Linked to all three strategic gaps:		
5374	Fulfilling environmental and social duties. *This Directorate-led risk reflects the operational delivery of the Climate Action Plan, climate adaptation arrangements, decarbonisation programme, socio-economic duties and wider environmental sustainability objectives. It provides the principal operational risk underpinning this strategic BAF risk and supports all three strategic gaps.*	16
Gap 3: Capacity and investment remain insufficient to fully deliver environmental sustainability and decarbonisation ambitions		
6235	Insufficient funding to address backlog maintenance across the estate. *This risk reflects the financial and infrastructure constraints that affect the Health Board's ability to modernise its estate, improve energy efficiency and deliver elements of its longer-term decarbonisation ambitions.*	16

Strategic Goal(s):		Risk score 20
Creating Health • Reducing health inequalities • Equal focus on mental and physical health • Supporting our communities • Being a healthy organisation	Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	

Strategic Risk: Prevention and early Intervention to support Healthy Life Expectancy (Risk No.8)

If CTMUHB does not effectively shift its services to prevention and early intervention and engage the population to improve their health	*Then* There will be a decrease in Healthy Life Expectancy (HLE) and an increase in the gap between the most and least deprived and an unsustainable health service. We will also fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy	*Resulting in* poorer health outcomes, greater inequalities and an unsustainable health service.

Risk Lead	Executive Director of Public Health	Assurance committee	Strategic Development Committee

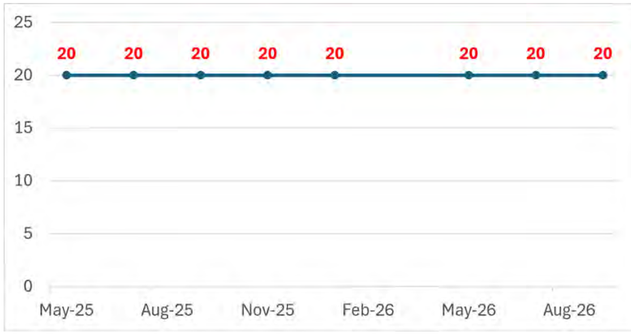
	Consequence	Likelihood	Score
Initial	5	4	20
Current	5	4	20
Target	4*	2	8
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

*The consequence score has reduced for the target score assessment, as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention); however, the organisation will still need to adapt as appropriate.

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The current risk score remains unchanged at 20. Whilst progress continues through a range of prevention, population health and inequalities programmes, the latest population health data indicates that Healthy Life Expectancy (HLE) remains significantly below the Welsh average and continues to decline. Significant inequalities also persist across the CTM population, demonstrating that the scale and pace of change are not yet sufficient to improve long-term population outcomes. Current Position: Life Expectancy and Healthy Life Expectancy: The most recent data published in June 2026 by Public Health Wales shows that: • In CTM, Healthy life expectancy at birth is 55.0 years for females, and 56.0 years for males in 2022-2024; both significantly lower than the average in Wales (58.5 and 59.2 years respectively).

- Healthy life expectancy has been decreasing in recent years across CTM and Wales, for both males and females.

- Significant inequalities remain, with the gap in Healthy Life Expectancy between the most and least deprived populations continuing to widen In 2022-2024, the gap in Healthy life Expectancy at birth between the most and least deprived across Wales has increased from 15.3 years to 18.1 years for males, and from 18.5 years to 19.0 years for females.

Recent analysis from the Office of National Statistics (ONS) shows that Healthy Life Expectancy declined across all three local authority areas within CTM between 2011-13 and 2022-24, for both males and females. In particular, the drop in female HLE is now lower than males in each LA.

With Healthy Life Expectancy in CTM reducing, people are living for longer in ill health, utilising additional health care services and raising further questions about the sustainability of effective health care within the limited budget available.

Deprivation:

CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with 51.9% of the population in CTM living in the two most deprived fifths in Wales (WIMD, 2025). Linked to this, CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in healthcare demand may be higher than in the rest of Wales.

Inequalities in Health:

The gap in life expectancy at birth between the most and least deprived in CTM is now estimated at 6 years for males and 5.3 years for females. With regards to Healthy life expectancy, the gap is greater, at 10.7 years and 12.1 years for males and females respectively (PHW 2024).

Population Changes:
In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services. Increasing levels of ill-health, an ageing population and growing prevalence of chronic conditions are expected to place further pressure on health and care services over the coming years.

The risk therefore remains elevated due to:

- Continued reductions in Healthy Life Expectancy.
- Persistent health inequalities across the CTM population.
- Capacity constraints and short-term funding arrangements affecting prevention and population health activities.
- Slower than anticipated implementation of some prevention initiatives, including elements of children's weight management services
- Ongoing gaps in the provision of preventative services such as the level 2 and 3 adult weight management service unable to meet demand, with excessive waiting lists of many years

Increasing population demand associated with deprivation, ageing and chronic disease

Overall Trajectory:
Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities.

Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board.

	If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures

National Plans and Welsh Government Strategies/groups:

- "Healthier Wales",
- "Healthy Weight Healthy Wales",
- "Smoke Free Wales"
- Welsh Government Health protection Operational and Resilience Group
- Well-being of Future Generations (Wales) Act (WBFGA),
- Marmot Nation Principles

CTM Organisational Strategic Direction and Governance

- Strategic leadership and oversight of prevention, population health and inequalities is provided through established strategies, boards and planning arrangements:
- CTM2030.
- Creating Health Programme Board.
- Creating Health Delivery Plan.
- Local Public Health Team portfolio.
- Public Health input to IMTP planning.
- Contribution to the Wellbeing Assessments (PSB) and Population Needs Assessments (RPB) regionally
- Healthcare Public Health

Health Protection and Prevention Programmes

A range of programmes are in place to improve prevention, health protection and early intervention:

- Health Protection Strategy.
- All Hazards Health Protection Plan.
- Vaccine Equity Strategy.
- Healthy Weight Whole-System Approach.
- Help Me Quit Hospital Programme.
- PIPYN Service
- WISE Programme.
- Diabetes Strategic Plan.
- Cancer Inequalities Programme.
- Stroke Equity Programme.
- Behavioural Science Programme

Population Health Management and Intelligence

Population Health Management approaches are being developed to improve understanding of population need and support targeted intervention:

- Population Health Management Programme.
- Primary Care Cluster Population Health approaches.
- Population health analysis and prioritisation processes.

Partnership and Whole-System Working

- The Health Board works with partners to address wider determinants of health and reduce inequalities including;
- Regional Partnership Board

- Public Service Board
- Area Partnership Board
- Local Authorities
- Leadership Groups and Partnership Forums.
- Marmot programme arrangements.
- Public Health Wales and
- Third-sector organisations and community leaders

Sources of Assurance (Internal and External)

Assurance is derived from a combination of strategic planning, programme monitoring, population health reporting, health protection arrangements and partnership governance. Collectively, these provide assurance that the Health Board continues to develop its prevention, population health and inequalities agenda, whilst also monitoring progress against associated statutory duties and strategic objectives.

Current assurance demonstrates ongoing delivery of a range of prevention, health protection and population health programmes. Positive assurance is available in relation to governance arrangements, programme development and partnership activity. However, assurance regarding long-term improvements in Healthy Life Expectancy and the reduction of inequalities remains more limited, reflecting both the scale of the challenge and the long-term nature of the outcomes being sought.

Wellbeing and Socio-Economic Duties

Assurance regarding delivery of statutory wellbeing and socio-economic duties is provided through:

- Wellbeing Statement accompanying the Annual Plan.
- Progress reports against the Annual Plan.

Strategic Assurance

The Board receives assurance regarding development and delivery of the Health Board's prevention and population health agenda through:

- Creating Health Programme reporting.
- Director of Public Health Annual Report.
- Creating Health Portfolio Board reporting through the Transformation Board.

Programme and Partnership Assurance

- The Population Health and Partnerships Committee receives assurance relating to delivery of prevention, population health and partnership programmes through:
- Population Health Management Programme reports.
- Health Protection Programme reports.
- Vaccination Programme reports.
- Regional Partnership Board Annual Report.
- Transformation Fund and Leadership Board updates.
- Mental Health Strategic Updates.
- Acute Clinical Services Plan (ACSP) updates.

Overall Assurance Position

Current assurance demonstrates that strategic frameworks, governance arrangements and prevention programmes continue to develop and mature. There is positive assurance that prevention, population health, health protection and partnership activity remain areas of organisational focus. However, the latest population health indicators continue to demonstrate declining Healthy Life Expectancy and persistent inequalities, indicating that further sustained action will be required before the intended population-level outcomes are realised.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact (following implementation of mitigating actions)
Gap 1: Health Protection and Immunisation capacity remains insufficient to fully deliver its contribution to the Health Board's wider prevention and population health priorities.	Controls already in place / actions completed • Recurrent funding secured from 2024/25 onwards. • Increase in allocation of £1.06m secured. • All Hazards Health Protection Plan signed off for implementation.	• Sufficient capacity to deliver Health Protection priorities. • Improved resilience and sustainability of health protection services.	Sept 2026: Additional recurrent funding has strengthened Health Protection capacity and supported implementation of the All Hazards Health Protection Plan. This has improved the Health Board's ability to deliver key Health

	Further actions required • Secure additional funding to address the remaining gap between CTM and the Welsh "Fair Shares" allocation. • Deliver remaining priorities within the Health Protection Strategic Plan.	• Reduced variation in delivery of Health Protection programmes.	Protection priorities; however, funding remains below the Welsh "Fair Shares" allocation and capacity constraints continue to limit full delivery of the strategic plan.
Gap 2: Population Health Management capability and infrastructure are not yet sufficiently developed to support population-based planning and intervention.	Controls already in place / actions completed • Population Health Management programme established alongside Primary Care Clusters. • Population Health priorities identified through the Local Public Health Team portfolio. Further actions required • Continue implementation of the Population Health Management programme. • Develop and prioritise shared clinical record capability. • Establish a clearly defined strategic plan for delivery of Population Health Management.	Improved use of Population Health Management data to inform strategic planning and service delivery. Better targeting of resources towards population need. Improved population intelligence to support prevention and early intervention.	Sept 2026: Population Health Management approaches are becoming more established within Primary Care Clusters and are increasingly informing local planning and prioritisation. This has strengthened understanding of population need and opportunities for intervention; however, the programme remains at an early stage of development and full implementation has not yet been achieved.
Gap 3: A whole-system approach to prevention and inequalities with sufficient associated resource, is not yet fully embedded across the Health Board and partner organisations.	Controls already in place / actions completed • Creating Health Delivery Plan approved. • Creating Health Portfolio Board established. • Health Protection Strategy approved. • Vaccine Equity Strategy in place. • Healthy Weight Whole-System Approach established. • Help Me Quit Hospital programme implemented. • WISE programme in place. • Cancer Inequalities Group established. • Stroke Equity Audit recommendations being implemented. • Diabetes Strategic Plan in place. • Partnerships established through Regional Partnership Boards, Public Service Boards and leadership groups. • Marmot principles adopted across Public Service Board arrangements. • PSB Health Inequalities workstream established Further actions required • Continue implementation of Creating Health Delivery Plan priorities. • Embed prevention and inequalities objectives across all Health Board services. • Expand evidence-based prevention programmes where funding permits. • Strengthen collaborative action on wider determinants of health. • Improve outcome monitoring and measurement of health inequalities.	Increased investment in prevention and early intervention Improved Healthy Life Expectancy. Reduced inequalities in health outcomes. Reduced variation in access and outcomes across the CTM population. Better alignment of resources towards prevention and early intervention. Reduced burden of chronic disease.	Sept 2026: Significant progress has been made in establishing strategic frameworks, partnership arrangements and prevention programmes to support population health improvement. This has strengthened organisational focus on prevention, inequalities and wider determinants of health, while increasing collaboration with regional and local partners. However there remains insufficient resource in prevention and early intervention to influence the longer-term population health outcomes needed.

Linked National Priority Measures

Population Health – Ministers Measures Phase One

- Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All-Wales Weight Management Pathway
- Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway
- Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally.
- Percentage of adult smokers who make a quit attempt via smoking cessation services.
- Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates.

NHS Performance Framework Quadruple aim one:

- 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)
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
- Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
- Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old
- Percentage of adult smokers who make a quit attempt via smoking cessation services.
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks.
- Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within the last 15 months.
- Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within the last 15 months.
- Percentage of population (adult) receiving NHS dental care over a 24-month period – General Dental Services (GDS)
- Percentage of population (child) receiving NHS dental care over a 12-month period – General Dental Services (GDS)

Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

Were there any significant incidents affecting this strategic Risk this period:

No

Associated Risks escalated to the Organisational Risk Register

6179	High and increasing prevalence of overweight and obesity in children and adults	20
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	12

Strategic Goal(s)	Risk score
Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	20

Strategic Risk: Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk No.9)

If the Health Board fails to deliver and sustain an approved Integrated Medium-Term Plan and manage its revenue resources within the 'Revenue Resource limits' set by WG.	*Then* we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3-year period)	*Resulting in* Breach of statutory duties, application of the escalation framework by Welsh Government, trust and confidence in the Health Board (reputational impact).

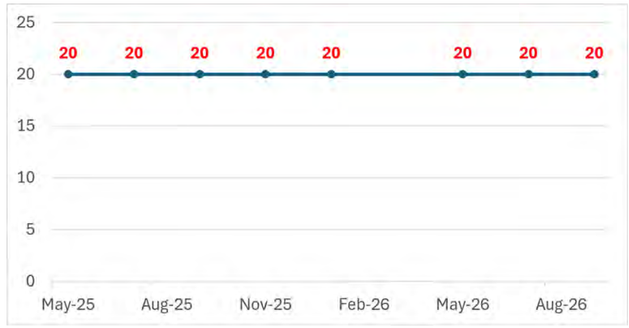
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	4	5	20
Target	4	3	12
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	As part of the 2026-2029 IMTP, the Health Board has submitted a balanced financial plan for 26/27 for both Capital & Revenue resource. Both of these plans include risks, particularly the Revenue Plan which includes the delivery of £31.3m of savings together with £38.6m of risks and an assumption that WG will support the £18.4m Welsh Risk Pool pressure if the HB delivers a break-even financial position. The HB awaits the formal response of the submitted IMTP and if the plan is approvable, development of robust savings plans will be critical to provide WG with confidence upon the deliverability of the IMTP financial plan. The financial outlook for 2027/2028 and beyond looks very challenging and there is a significant risk to achieving a recurrent balanced financial plan. The month 2 year to date position is reporting a £5.2m deficit with a savings shortfall of £4.4m. Further cost pressures of £1.2m have been partially offset by £0.3m of unplanned additional income relating to the EPMA programme. The recurrent position will be reviewed following month 3 reporting.

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	The financial plan highlights a high level of risk for in year achievement but with a far more significant level of risk for 2027/2028 and beyond. This risk will therefore be *treated* until there is confidence that the Health Board can achieve the planned break-even position.

Current Control Measures

Financial Management

- Financial Accountability letters to be issued by CEO.
- Budget setting process and Budgetary control framework paper to be presented to EMB for approval.
- Standing Financial Instructions
- Scheme of Reservation & Delegation
- Local Counter-Fraud Service
- Monthly financial performance reviews for Care Groups and corporate directorates

Sources of Assurance (Internal and External)

Financial Management

- Annual Report and Accounts
- Monthly Finance Reports
- Monitoring Returns to Welsh Government
- Internal Audit Programme
- External Audit Programme
- Losses and Special Payments Report to Audit & Risk Committee

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	• Deliver budget holder training within Care Groups/Directorates – *Ongoing throughout 2026/2027.* • Deliver procurement training to departments where compliance with procurement processes is low - *Ongoing throughout 2026/2027.*	Budget holders, through regular training, will be better informed in terms of process and best practice. Greater focus on compliance. Informed decision making through confidence gained through training and experience.	Improved Budget Management. Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver effective and efficient financial management and accountability.
2. A recognised risk of shortfalls in savings delivery	• Develop a more streamlined programmatic approach to planning and delivery of efficiency savings schemes, with a focus on cost reductions and managing expenditure within allocated budgets for 26/27 as well as identifying pipeline schemes in delivery for 27/28. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables. Shared learning across directorates will identify areas of best practice and what has worked well.	Improved financial resilience and sustainability.

Linked National Priority Measures

1. YTD position
2. Savings plan position

Current Performance Highlights

- The M2 YTD position is reporting a £5.2m deficit against plan.
- Latest savings plans have only identified £14.5m of the £31.3m savings plan required.
- There is a high risk to delivering a balanced financial plan for 2026/27

Were there any significant incidents affecting this strategic Risk this period:

Non delivery of savings remain the most significant cause for the year to date deficit and the forecast remains significantly below the planned level.

Associated Risks escalated to the Organisational Risk Register

6596	Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27	20
6597	Failure to achieve the planned break-even position in 2026/2027	20

Strategic Goal(s)		Risk score
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care	Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	16

Strategic Risk: Ability to develop a fit for the future estate to reflect our future clinical service model – (Risk No.10)

If CTMUHB is unable to invest in its estate so it's fit for future.	*Then* there is a risk that CTMUHB may not be able to deliver the required enhancements / improvements to support patient care and staff wellbeing for the future and to align with the strategic vision and ambitions.	*Resulting in* • Being unable to deliver its services efficiently and effectively in the right place with the right provision at the right time in modern and fit for purpose healthcare facilities. • Impact on environment for patients and staff • Future site development plans may not be fit for purpose. • Less ability to ascertain NHS capital or alternative financial support for the future development of its sites. • Lack of digitally enabled facilities • High carbon footprint

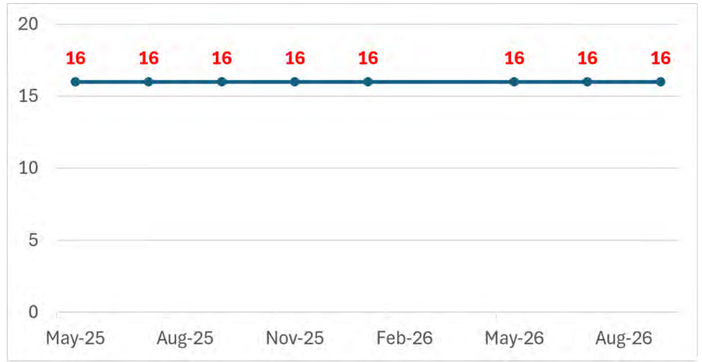
Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	4	16
Current	4	4	16
Target	4	2	8
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.

	Risk score reviewed in July 2026 and no changes made. The Strategic Clinical Services Plan is still being developed. Funding for the estate is based on the highest risk factor and therefore funding allocations are based on informed risk-based decision making.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk; however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.

Current Control Measures

The Health Board will continue to seek all opportunities for WG funding such as Targeted Estates funding (TEF) to address high priority backlog issues.

Sources of Assurance (Internal and External)

Internal
- Regular monitoring through CTMUHB'S Capital Programme Board.
- Capital Scheme Delivery Programme
- Project Boards established for specific capital schemes.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
Gap 1: A long-term estate strategy aligned to the future clinical service model is not yet fully developed.	Actions already taken: • Delivery continues against IMTP priorities • Strategic Clinical Services Plan development is underway. • Priority estate requirements have been identified through planning processes. Further actions needed / in progress: • Develop a comprehensive future estate strategy aligned to the agreed clinical model.	Continued investment targeted at highest-risk areas to maintain safe, operational estate infrastructure and support delivery of services while the longer-term estate strategy is being developed.	Delivery of IMTP estate priorities has continued, ensuring investment remains focused on the highest-risk and most critical areas. However, the future estate strategy remains dependent on completion of the Strategic Clinical Services Plan and is not yet fully developed.
Gap 2: Sufficient capital funding has not yet been secured to deliver Capital Schemes.	Actions already taken: • Development of business cases for major schemes including Prince Charles Hospital Phase 3 and Llantrisant Health Park. • Ongoing capital planning arrangements through IMTP processes. • Prioritisation of schemes based on organisational need and strategic fit. Further actions needed / in progress: • Secure approval and funding for priority capital schemes. • Continue development of business cases and supporting evidence. Explore future funding opportunities and alternative financing approaches where appropriate.	More effective use of available capital funding to progress priority schemes, supporting improvements to estate condition and enabling services to operate from safe and appropriate facilities.	Progress has been made in developing strategic business cases and preparing priority capital schemes for future investment. Whilst this has improved organisational readiness, delivery remains dependent on securing sufficient capital funding and approval of major projects.

Linked National Priority Measures

Current Performance Highlights

Were there any significant incidents affecting this strategic Risk this period:		
Associated Risks escalated to the Organisational Risk Register		
6235	Insufficient funding to address backlog maintenance across the estate. *This risk reflects the continuing pressure that backlog maintenance places on available estate resources and investment. It is a significant contributor to Strategic Risk 10 as estate funding and capacity are required both to maintain the existing estate and to develop facilities that support future clinical service models.*	16

trategic Goal(s)						Risk score
	Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care		Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future		Creating Health • Reducing health inequalities • Equal focus on mental and physical health • Supporting our communities • Being a healthy organisation	16

Strategic Risk: Delivery of an Integrated Care Model (Risk No.11)		
If CTMUHB is unable to develop and deliver an integrated care model - both within the NHS and with wider social care and Third Sector partners - that is community based, proactive and which achieves greater continuity and coordination of care.	*Then there will be:* • A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served. • Failure to wrap around robust community services which are responsive to patient needs around the GP practice teams. • A negative impact on Primary Care teams and demand for services resulting in instability of Primary Care services. • A negative impact on productivity and value for money; and • Limited support to broader social and economic development.	*Resulting In:* CTMUHB being unable to improve outcomes and reduce health inequalities for its population and therefore failure to deliver the objectives set out in CTM 2030.

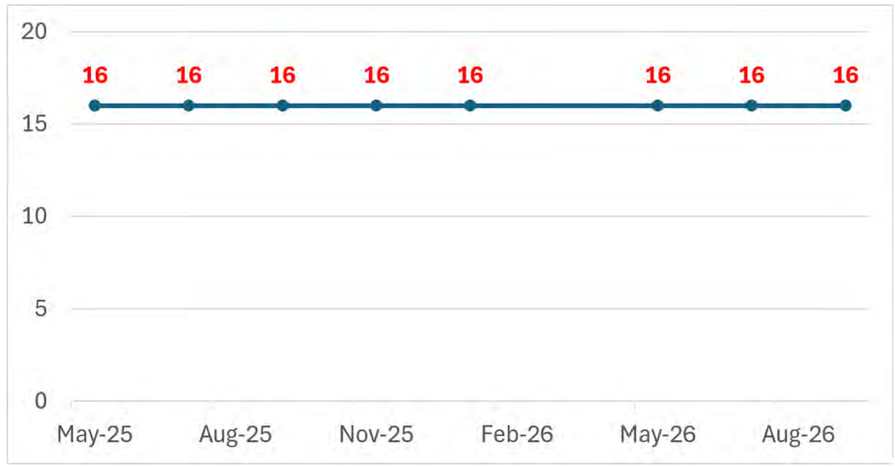
Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	4	16
Current	4	4	16
Target	4	2	8
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The current risk score remains unchanged at 16. Significant progress has been made in strengthening integrated working through the Regional Partnership Agreement, development of the Integrated Community Care System (ICCS), expansion of Hospital@Home and maturing admission avoidance and discharge pathways. Work is also underway with the National Association of Primary Care to develop a future primary and community care model and implementation roadmap. However, the risk remains elevated because: • digital integration and information sharing arrangements are not yet fully embedded; • sustainable primary and community care models remain under development; and • further progress is required to achieve fully integrated planning, commissioning and delivery across partner organisations. Whilst the overall direction of travel is positive, further progress is required before a reduction in risk score can be justified.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

Strategic Leadership and Programme Governance

- A programme of work (Integrated Community Care System Programme) is in place to support development of integrated health and social care services across the CTM region, aligned to the Clinical Services Plan, CTM2030 and national integrated care priorities. The leadership of this programme sits under the Regional Partnership Board. This is supported by the Integrated Leadership Board and the Partnership Leadership Team. These are forums that bring together Health, Local Authorities and the Third Sector.
- Within CTMUHB, the transformation required to support this joint programme is managed through the Primary Care and Community Transformation Programme / Board (see below)

Integrated Care and Digital Enablement

Work is underway to develop the digital infrastructure, information sharing and governance arrangements required to support integrated models of care.

- Development of integrated community care records.
- Introduction of MOSAIC within local authority services and oversight from the Connecting Care Programme Board.
- Work to align health, primary care and local authority systems.
- Development of integrated performance frameworks and outcome measures.
- Community care digital record programme.

Primary and Community Care Transformation (Community By Design is the national programme)

A range of initiatives are in place to support development of sustainable primary and community care services and future delivery models.

- National Association of Primary Care review and model development work.
- General Medical Services transformation initiatives.
- Community Pharmacy transformation programme.
- Community Services transformation programme.
- Implementation of the National Single Point of Access (SPOA) Framework.
- Cluster development and strengthening of clinical leadership arrangements.
- Comprehensive listening and engagement activity to inform improvement programmes.

Partnership and System Integration

Partnership arrangements are in place to support joint planning, integrated commissioning and development of a more connected health and care system.

- Regional Partnership Agreement (Section 33).
- Regional Partnership Board arrangements.
- Regional Integration Fund and Capital Programme initiatives.
- Joint Partnership Boards in the three local authority areas.
- Regional Needs Assessment and Regional Area Plan.
- Collaboration with local authorities, third-sector organisations and wider system partners.

Population Wellbeing and Self-Management

Programmes are in place to support prevention, self-management and improved community-based care.

- 3Ps Programme.
- Community Voluntary Council partnership arrangements.
- Community by Design principles.
- Programmes supporting informed decision-making and self-management.

Sources of Assurance (Internal and External)

Assurance is derived from programme governance, performance reporting, regional partnership arrangements and Welsh Government oversight. Collectively, these provide assurance regarding the development of integrated models of care, delivery of primary and community care transformation, and progress towards greater integration across health, social care and third-sector partners.

Current assurance demonstrates continued progress in developing governance arrangements, partnership structures and transformation programmes supporting integrated care. Positive assurance is available regarding programme development and regional collaboration. However, assurance remains more limited regarding the implementation of fully integrated care models and demonstration of measurable system-wide benefits, reflecting the complexity and long-term nature of service transformation.

Programme and Performance Assurance

Assurance regarding delivery of integrated care priorities is provided through:

- Integrated Performance Report.
- Regional Partnership Board highlight reports.
- Integrated Leadership Board highlight reports.
- Regional Integration Fund (RIF) and regional capital fund reports.

Strategic Assurance

The Board and Strategic Development Committee receive assurance regarding progress towards integrated care through routine programme reporting and strategic updates, including:

- Strategic Development Committee reports.
- Integrated Care Model programme updates.
- Reports relating to development of primary and community care transformation programmes.

External and Independent Assurance

External assurance is provided through Welsh Government scrutiny and regional oversight arrangements, including:

- Welsh Government Integration Accountability Meeting outcomes and associated feedback.
- Regional Partnership Board governance arrangements.
- Monitoring and reporting of Regional Integration Fund programmes.

Overall Assurance Position

Current assurance demonstrates that governance structures, partnership arrangements and transformation programmes supporting integrated care continue to develop and mature. Regional collaboration and strategic planning have strengthened, and progress has been made in developing integrated models of care. However, implementation remains dependent on continued partnership working, digital integration and development of sustainable primary and community care models before the full benefits of integration can be realised.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact of actions (once completed)
Gap 1 Digital and information-sharing infrastructure is not yet sufficiently developed to support integrated care	Controls already in place / actions completed • Community care digital record being developed and scoped. • Introduction of MOSAIC to replace WCCIS within social care. • Connecting Care Programme Board established. • Programme established to support implementation of integrated health and care records.	Intended impact • Improved information sharing across health and care partners. • Better understanding of population need. • More joined-up care planning and delivery. • Improved ability to address health inequalities through shared intelligence.	Actual impact of actions taken to date Work has progressed to establish the digital foundations required to support integrated care, including development of shared records and strengthened collaboration between health and local authority systems. This has improved organisational readiness and alignment across partners; however, integrated records and information sharing arrangements are not yet fully implemented and benefits have yet to be fully realised.

	• Work underway to align community, primary care and local authority systems. Further actions required • Implement integrated community care records. • Strengthen interoperability between health and social care systems. • Develop data sharing arrangements across partner organisations. • Continue implementation of Connecting Care priorities.		
Gap 2 The evidence base and delivery model for sustainable primary and community care requires further development	Controls already in place / actions completed • Review commissioned to explore alternative delivery models. • Written output received from the National Association of Primary Care (NAPC). • Lessons identified from directly managed practices and national examples. • Primary Care and Community Transformation Board established. • Governance arrangements established to support development of integrated community services. Further actions required • Finalise the CTM primary and community care model and associated implementation roadmap. • Complete evaluation of alternative service delivery models. • Agree and implement future service models where appropriate. • Continue development of strategic plans for Primary and Community Services.	Intended impact • Sustainable GP and Primary Care services. • Financially viable practice models. • Improved resilience across the primary and community care system. • Strategic plan for Primary and Community Service	Actual impact of actions taken to date Work has improved understanding of alternative models of service delivery and strengthened the evidence base for future planning. Governance arrangements are now in place to support service transformation; however, further development and evaluation are required before sustainable models can be consistently implemented across the CTM footprint.
Gap 3 System integration and partnership arrangements are not yet sufficiently mature to deliver a fully integrated model of care	Controls already in place / actions completed • Regional Partnership (Section 33) Agreement established and signed by all partner organisations. • Joint Partnership Boards progressing through the Primary and Community Transformation Programme. • Development of Regional Needs Assessment and Regional Area Plan. • Ongoing partnership working with local authorities and regional partners.	Intended impact • More effective system-wide decision making. • Greater alignment of resources and commissioning priorities. • Improved integration of health and social care services. • Improved outcomes through a genuine "single system" approach.	Actual impact of actions taken to date Partnership arrangements have matured and there is greater alignment between health, social care and regional planning processes. Shared governance structures and collaborative programmes are providing stronger foundations for integration; however, full system integration remains complex and requires further progress in commissioning, decision-making and organisational alignment before the intended benefits can be realised.

	• Internal transformation programme re-profiled to align with integration ambitions. Further actions required • Continue development of integrated commissioning and decision-making arrangements. • Strengthen shared priorities and outcomes across partner organisations. • Embed a culture of joint working and system leadership. • Progress structural integration priorities where agreed.		

Linked National Priority Measures

Ministerial Priorities
- Timely access to care
- Population health and prevention
- Building community capacity
- UEC PROGRAMME FOR Urgent and Emergency Care
- Community by Design

Current Performance Highlights

Integrated Models of Care and Community Services

Progress has continued in developing integrated and community-based models of care across CTMUHB and the wider region. The Hospital@Home service, established in October 2025, is now embedded within Health Board governance arrangements and is supporting the wider objective of providing alternatives to hospital admission and facilitating earlier discharge. A clinically-led audit has informed further development of community services and a comprehensive workforce model has been implemented, bringing together previously separate services within a more integrated approach.

The Navigation Hub and Single Point of Access (SPOA) continue to mature as key mechanisms for admission avoidance, demand management and clinically-led triage. Progress includes expansion of virtual ward models, support for care homes, development of urgent community pathways and further alignment with community nursing and therapy services. CTMUHB has also expanded its multi-agency falls response service across all localities, providing alternatives to ambulance conveyance and supporting earlier intervention closer to home.

The Primary and Community Care Transformation Programme remains focused on developing a sustainable future model for primary and community services. A mapping exercise of community services has been completed and shared with the National Association of Primary Care (NAPC), and a draft document setting out potential future models of care is being further developed through the Transformation Board. Work continues to develop a clear implementation roadmap and supporting strategic plans.

System Integration and Partnership Working

Partnership working across health, social care and the third sector has continued to strengthen. The Regional Partnership (Section 33/Part 9) Agreement has now been signed by CTMUHB and all three Local Authorities, providing a formal basis for joint accountability and future integrated service delivery. Regional Partnership Board structures continue to provide the principal governance arrangements for integration with social care and wider partners.

The CTM Regional Partnership has agreed a target model for an Integrated Community Care System (ICCS) for the older population, supported by an implementation plan, programme delivery arrangements and established governance. Good progress has also been made in developing shared approaches to discharge planning, community capacity management and Home First principles. Work continues to strengthen locality-based planning arrangements and Joint Partnership Board structures. In August 2026, an Integrated Manager post, developed jointly with Bridgend County Borough Council, was appointed to support closer operational integration and partnership working.

Regional Integration Fund supported services assisted 31,698 people during 2025/26, avoided 10,605 hospital conveyances, prevented 1,785 admissions, enabled 2,397 timely discharges and supported 12,801 people to remain independent.

Digital Integration and Shared Intelligence

Digital integration continues to develop as a key enabler of integrated care. Work is underway to develop integrated performance dashboards and shared reporting arrangements across health and local authority services. The Regional Integrated Services Director and regional team are working with partner organisations to develop locality-level dashboards that provide integrated managers with shared intelligence to support planning, performance management and delivery of regional priorities.

Overall Position

Overall, CTMUHB has made progress in strengthening integrated working, community-based care, discharge arrangements and regional partnership governance. However, further progress is required to fully realise the benefits of integrated care, including development of sustainable primary and community care models, implementation of digital integration initiatives and continued maturation of joint planning, commissioning and decision-making arrangements across partner organisations.

Were there any significant incidents affecting this strategic Risk this period:

The growth of the ageing population relative to the working-age population, the rise of multimorbidity, and persistent health inequalities, particularly for preventable illness, are all issues that the National Health Service (NHS) will face in the years to come. The greatest contributors to ill health and social care needs include cardio- vascular disease, musculoskeletal disorders, cancer, mental health, dementia and chronic respiratory disease. As a result, the health and social are system will need to be more joined up to enable an increased focus for an integrated model to transform the way we work and care for people, whilst building on community resilience to meet the demand and timely access to care.

Typically, the winter months present additional pressure on the local authority and health board, because of increased rate of acuity, attributed to winter, which includes RSV and the biggest impact norovirus. As a result, the health board had a period of Business Continuity Incident declared and whilst the sustained operational pressure experienced through the Discharge Sprint and Business Continuity Incident (BCI) these periods acted as a critical opportunity for strengthened system wide working.

The Sprint enabled a step change in how the Health Board and Local Authority partners worked together, creating a heightened, shared focus on whole system flow, timely decision making and collective ownership of risk. Through daily multidisciplinary engagement, shared oversight of patient cohorts, and more frequent joint problem solving, partners were able to operate in a more co-ordinated and responsive way, particularly in relation to discharge planning, community capacity and support for people with complex needs.

Although good examples of working relations were noted and made a difference to patients and the whole system approach, there is a notable learning that the health board and partners have identified. This learning will be reflected in a health board and local authority session and work towards plans for next winter, and a whole system review.

Associated Risks escalated to the Organisational Risk Register

Gap 1: Digital and information-sharing infrastructure is not yet sufficiently developed to support integrated care.		
5761	Cross Health Board Data Sharing.	16
3337	Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS.	15
5040	Digital System Integration Dependencies..	15
Gap 2: The evidence base and delivery model for sustainable primary and community care requires further development		
5877	DE-ESCALATED SEPT 2026: ~~Impact of new GP Out of Hours (OOH) contract on service capacity and rota fill.~~	16
6397	DE-ESCALATED SEPT 2026: ~~Shortage of GPs impacting urgent primary care (OOH and Navigation Hub) service delivery.~~	16
Gap 3: System integration and partnership arrangements are not yet sufficiently mature to deliver a fully integrated model of care		
4491	Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery.	16
6280	Suspension of the Regional Hepato-Pancreato-Biliary Service Model.	16

CTMUHB Public Board

Integrated Performance Dashboard

Eitem yr Agenda / Agenda Item	7.2
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Executive Director of Strategy & Transformation & responsible Executive Directors
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to NOTE the Integrated Performance Dashboard.

1. Situation/Background

The Welsh Government's NHS Wales Performance Framework for 2026/27 sets out the national priorities and performance expectations for Health Boards and will inform the development of future reporting arrangements and performance assessment in the forthcoming year. The framework is available to read at the following URL: NHS Wales performance framework | GOV.WALES

This Integrated Performance Dashboard provides a consolidated overview of the Health Board's current performance position, highlighting key areas of operational pressure, risk and delivery challenge. While targeted recovery actions have supported improvement in specific areas, overall performance continues to operate under sustained pressure.

Service delivery remains supported through a combination of non-recurrent capacity, system partner collaboration and active executive oversight to manage demand and mitigate risks to patient safety, experience and statutory performance requirements. This reflects the ongoing gap between demand and sustainable capacity across the health and care system.

A comprehensive suite of performance measures, aligned to the Quadruple Aim and supported by benchmarking against other NHS Wales organisations, is provided within the appendices.

2. Specific Matters for Consideration - Key Performance Highlights:

- Planned Care: RTT recovery continues with a 69% reduction in patients waiting over 26 weeks for a first outpatient appointment compared with the same period last year. However, at the end of August, 462 patients remain waiting over 104 weeks, primarily in Orthopaedics.

  Recovery plans remain in place across all major specialties, focusing on additional outpatient and elective capacity, waiting list validation, theatre productivity improvements, workforce recruitment and pathway redesign.

- Diagnostics: Performance remains challenged, with a significant number of patients waiting beyond the eight-week target (4,112). Workforce shortages, increasing demand and operational pressures within Radiology continue to constrain recovery and present a risk to both planned care and cancer pathways. Improvement actions include maximising available capacity, workforce initiatives, service redesign and optimisation of newly implemented diagnostic systems.

- Cancer: Suspected Cancer Pathway performance improved to 67.5% but remains below the 75% target. Endoscopy, pathology and tertiary provider delays continue to affect performance.

- Urgent & Emergency Care: Performance across urgent and emergency care has improved, particularly in ambulance handover delays and Emergency Department throughput. Ambulance handovers improved to 70.8% within 15 minutes and handovers over 45 minutes reduced to 92 patient breaches. ED performance improved to 62.4%, though remains substantially below the 95% target, while 12% (1,945) of attendances resulted in patients waiting more than 12 hours for treatment.

  Sustained demand and flow challenges continue to impact patient experience and operational resilience. Key actions include strengthening escalation processes, improving patient flow, increasing same-day emergency care utilisation and enhancing system-wide discharge arrangements.

- Delayed Discharges & Patient Flow: 260 delayed discharges were recorded across Mental Health, Acute and Community services. Delayed discharges remain a significant pressure, reducing bed availability and contributing to Emergency Department crowding and ambulance handover delays. The principal risks relate to availability of community support, social care packages and complex discharge pathways. Ongoing actions are focused on strengthening discharge coordination, improving partnership working across the health and social care system and reducing stranded patients.

- Mental Health: CAMHS services continue to deliver strong performance, achieving key access targets and demonstrating sustained improvement. Adult Mental Health services have also shown signs of improvement in waiting times; however, capacity pressures and rising demand remain a risk to sustained delivery. Improvement actions continue to focus on

pathway redesign, workforce recruitment and reducing assessment and treatment delays.

- Quality & Safety: Quality indicators remain generally positive, with Early Resolution performance significantly exceeding target and demonstrating a strong focus on patient experience and organisational learning. Continued executive oversight and robust action plans are in place to ensure timely closure of Nationally Reportable Incidents and implementation of learning; just 4 NRI's remain open past the 12 month timeframe.

- Population Health: Smoking cessation performance continues to exceed expectations and demonstrates positive impact from prevention and public health programmes. Conversely, childhood vaccination uptake remains below the national aspiration, creating a risk of widening health inequalities and increased susceptibility to vaccine-preventable disease. Actions are focused on targeted outreach, reducing inequalities in uptake and improving engagement with underserved communities.

- Workforce: Indicators show improvement in Performance Development Reviews and mandatory training compliance, however, sickness absence remains above target and workforce availability continues to affect service delivery in several key areas. The principal risks relate to operational resilience, service capacity and staff wellbeing. Ongoing actions include targeted attendance management, wellbeing support, recruitment initiatives and continued focus on compliance with statutory and mandatory requirements.

Key Statistics

Planned Care	Period	Total Open Pathways	Waiting <26 wks for New OPA (Stage 1)	Waiting >26 wks for New OPA (Stage 1)	% Waiting >26 wks for New OPA	Waiting >104 wks for RTT
	Aug-26	86,214	38,516	9,874	25.6%	462

Diagnostics	Aug-26	Total Patients Waiting for Diagnostic Test	Patients Waiting <8 wks	Patient Waiting >8 wks	% Waiting >8 wks
		15,652	11,540	4,112	26.3%

Cancer Services	Jul-26	Total Patients Treated	Total Patients Treated within 62 days (SCP)	% Patients Treated within 62 days (SCP)	Number of patients waiting over 62 days from point of suspicion at month end (Jul 26)
		391	264	67.5%	542

Unscheduled Care	Aug-26	Total Ambulance Handovers	Total Handovers within 15 mins	% Handovers within 15 mins	Total Handovers over 45 mins	% Handovers over 45 mins
		2,007	1,421	70.8%	92	4.6%
		ED Attendances	Patients seen within 4 hrs	% seen within 4 hrs	Patients waiting >12 hrs	% waiting >12 hrs
	Major	15,153	8,849	58.4%	1,945	12.8%
	Minor	1,599	1,599	100.0%	0	0.0%
	Total	16,752	10,448	62.4%	1,945	11.6%

Delayed Discharges	Census Date	Acute	Mental Health	Community	Total
	19th Aug 26	95	33	132	260

Mental Health		Part 1a			Part 1b		
	Jul-26	Number of Assessments	Assessments within 28 days	% within 28 days	Number of Interventions	Interventions within 28 days	% within 28 days
	CAMHS	144	127	88.2%	67	57	85.1%
	Adults	671	415	61.8%	191	79	41.4%
		Part 2			Psychological Therapies within 26 wks		
	Jul-26	Total patients currently in receipt of secondary Mental Health services	Total patients who have a valid CTP at the end of the month	% with a valid CTP	Total patients waiting for PT	Patients waiting <26 wks	% waiting <26 wks
	CAMHS	150	146	97.3%	N/A		
	Adults	1,905	1,679	88.1%	1,799	1,023	56.9%

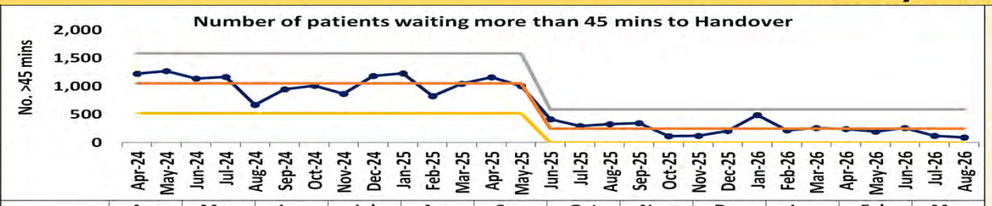
Quality & Safety	Aug-26	Number of Early Resolutions Reviewed	Number remained as Early Resolution	% ER
		58	53	91.4%

Population Health (next update expected Oct 2026)	2025/26	Estimated number of Smokers	Number of Smokers treated by Smoking Cessation Service	% of Smokers treated by Smoking Cessation Service
		45,900	2,900	6.3%
	Qtr 4 2025/26	Eligible Children aged 5 for scheduled vaccination	Uptake of the Eligible Children	% Uptake
		1,042	930	89.3%

Key Delivery Expectations

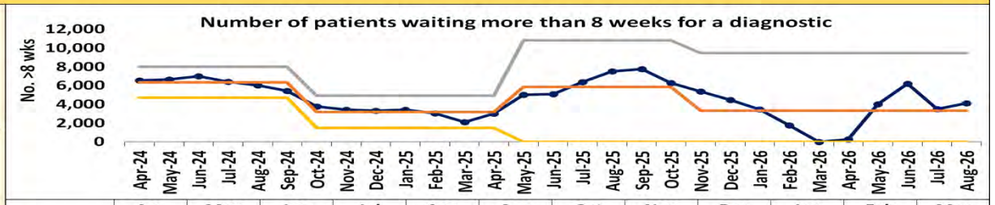
Timely Access to Care

Ensure no ambulance handover waits over 45 minutes



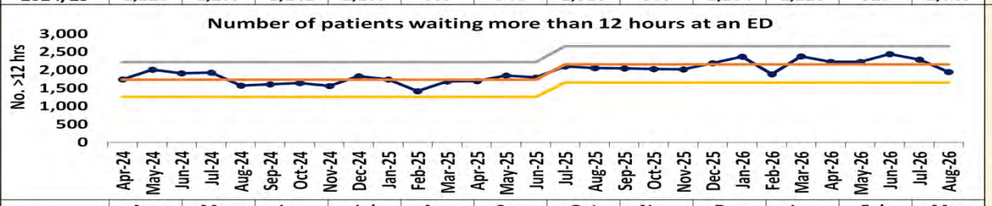
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	245	200	262	121	92							
2025/26	1,163	1,011	416	302	335	355	116	122	214	494	225	261
2024/25	1,226	1,269	1,141	1,169	669	946	1,010	866	1,184	1,228	827	1,043

Ensure maximum wait for diagnostics does not exceed 8 weeks



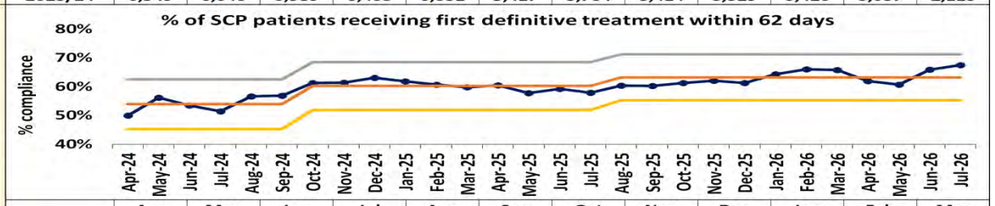
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	275	4,022	6,176	3,475	4,112							
2024/25	1,693	1,850	1,799	2,099	2,053	2,050	2,030	2,022	2,193	2,367	1,882	2,384
2023/24	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,414	3,329	3,426	3,037	2,113

Ensure no patient spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge



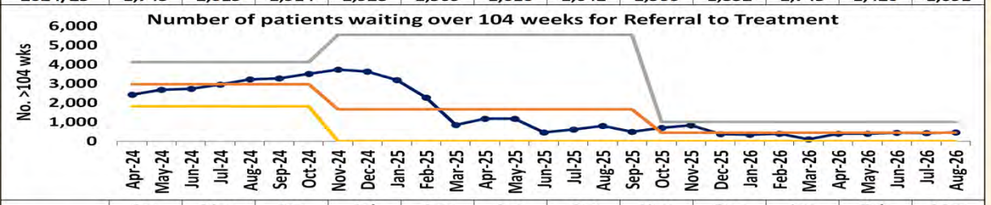
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	2,226	2,230	2,432	2,292	1,945							
2025/26	1,693	1,850	1,799	2,099	2,053	2,050	2,030	2,022	2,193	2,367	1,882	2,384
2024/25	1,745	2,015	1,914	1,928	1,569	1,610	1,642	1,566	1,832	1,745	1,420	1,691

Achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027

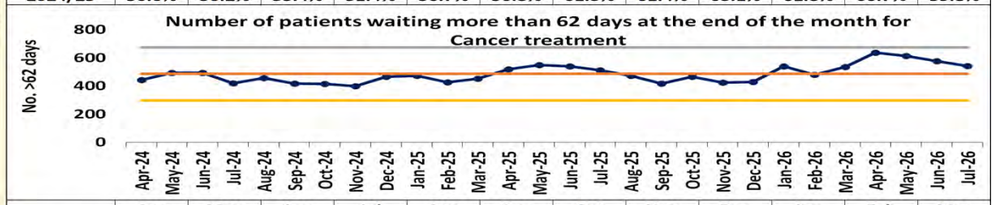


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	62.0%	60.7%	65.9%	67.5%								
2025/26	60.5%	57.8%	59.2%	57.9%	60.3%	60.3%	61.3%	62.0%	61.3%	64.3%	66.0%	65.8%
2024/25	50.0%	56.2%	53.4%	51.4%	56.7%	56.8%	61.3%	61.4%	63.1%	61.8%	60.7%	59.8%

No patients waiting more than 104 weeks for referral to treatment



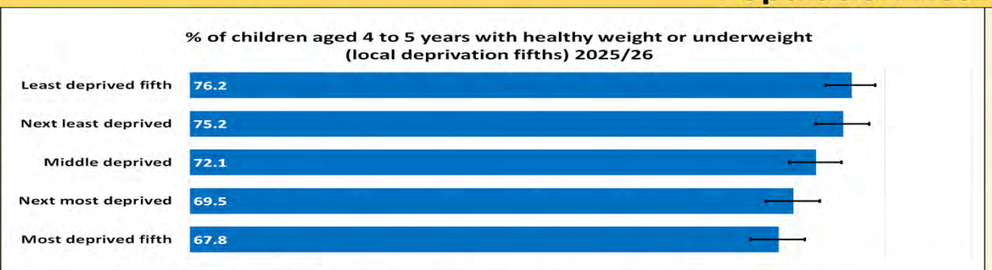
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	390	399	451	430	462							
2025/26	1,168	1,177	463	615	794	496	699	830	369	348	388	98
2024/25	2,435	2,680	2,738	2,956	3,226	3,277	3,516	3,736	3,643	3,189	2,277	856



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	638	614	577	542								
2025/26	519	550	539	513	472	417	466	425	428	539	481	535
2024/25	444	494	493	420	457	418	415	399	465	474	426	452

Population Health & Prevention

Increase the proportion of children who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged



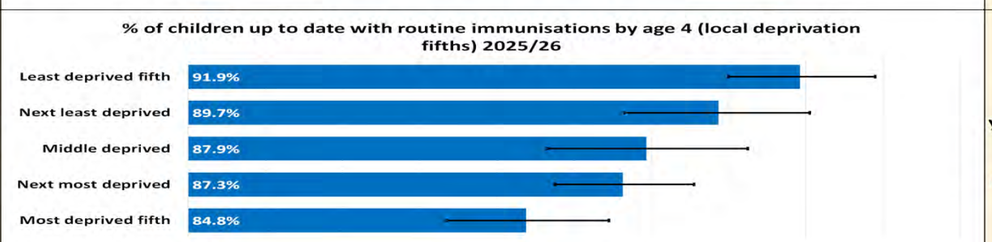
% uptake of the influenza vaccination amongst adults aged 65 years & over (Target 75%)



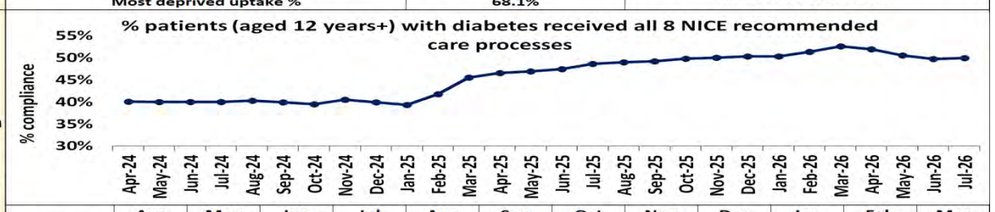
	2023/24	2024/25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Uptake	72.2%	69.3%	48.0%	61.6%	67.9%	70.7%	72.4%	72.5%

2025/26 season comparing % uptake in the most deprived and least deprived quintiles of areas		
Least deprived uptake %	78.3%	Inequalities gap is 10.2
Most deprived uptake %	68.1%	

% of children who are up to date with routine immunisations by age 4



Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

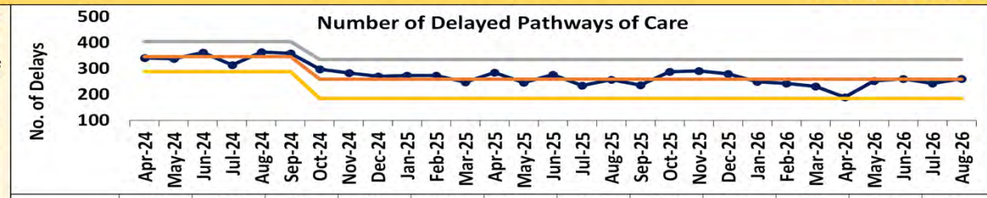


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	51.9%	50.5%	49.7%	49.9%								
2025/26	46.6%	46.9%	47.4%	48.6%	49.0%	49.2%	49.8%	50.0%	50.3%	50.3%	51.3%	52.6%
2024/25	40.1%	40.0%	40.0%	40.0%	40.3%	39.9%	39.5%	40.5%	39.9%	39.4%	41.8%	45.5%

Continued overleaf...

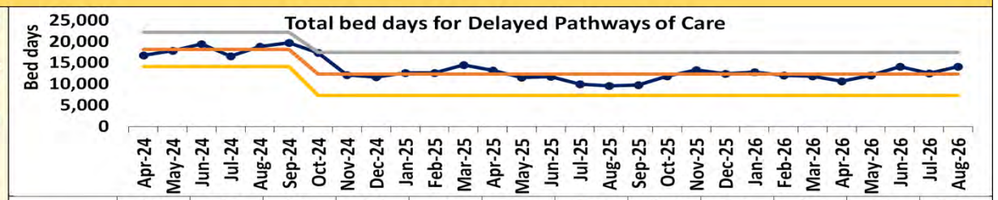
Community by Design

Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	189	253	261	242	260							
2025/26	284	246	277	234	257	236	287	291	279	249	243	231
2024/25	341	338	362	313	363	359	297	283	270	274	273	248

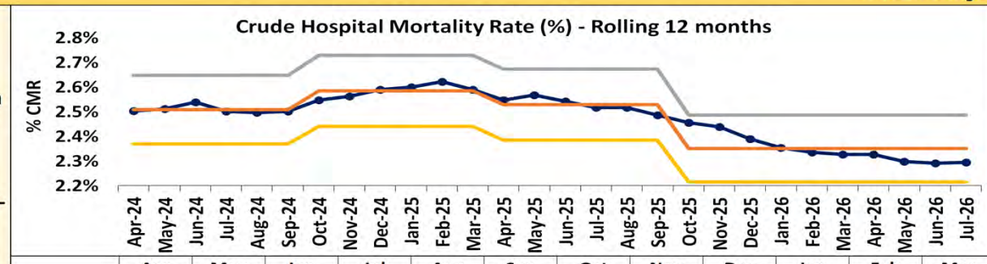
Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	10,668	12,042	14,075	12,569	14,124							
2025/26	13,181	11,531	11,725	9,948	9,620	9,805	11,871	13,295	12,399	12,783	12,042	11,799
2024/25	16,721	17,807	19,407	16,598	18,786	19,719	17,317	12,100	11,648	12,656	12,657	14,488

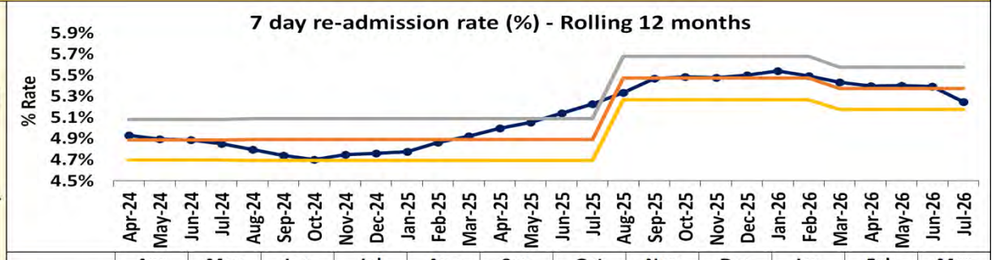
Quality & Safety

Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.



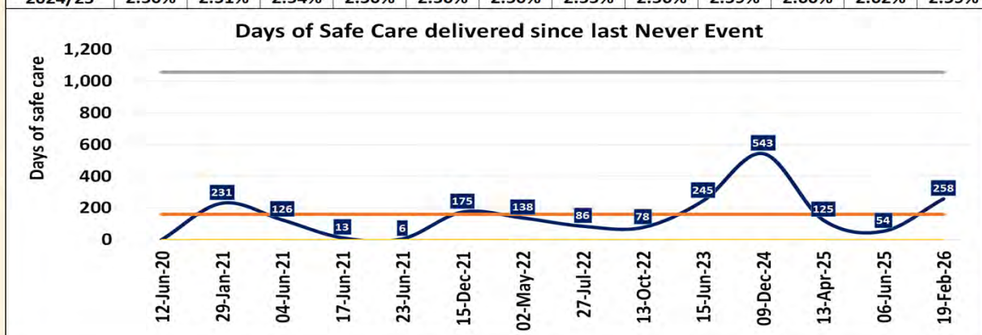
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	2.33%	2.30%	2.29%	2.29%								
2025/26	2.55%	2.57%	2.54%	2.52%	2.52%	2.49%	2.46%	2.44%	2.39%	2.35%	2.33%	2.33%
2024/25	2.50%	2.51%	2.54%	2.50%	2.50%	2.50%	2.55%	2.56%	2.59%	2.60%	2.62%	2.59%

Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.

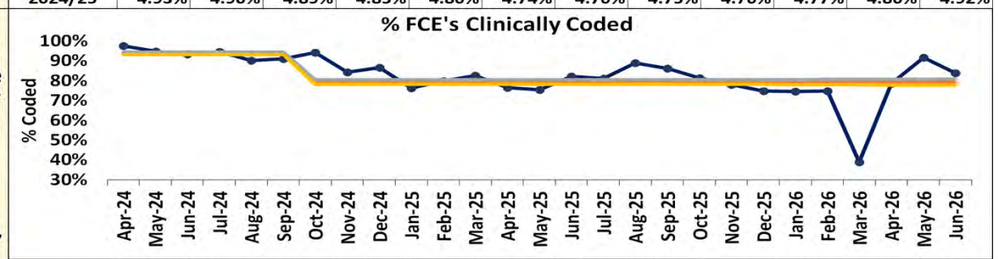


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	5.40%	5.40%	5.40%	5.25%								
2025/26	5.00%	5.06%	5.14%	5.23%	5.34%	5.47%	5.48%	5.48%	5.50%	5.54%	5.49%	5.43%
2024/25	4.93%	4.90%	4.89%	4.85%	4.80%	4.74%	4.70%	4.75%	4.76%	4.77%	4.86%	4.92%

Days of safe care delivered since the last never event

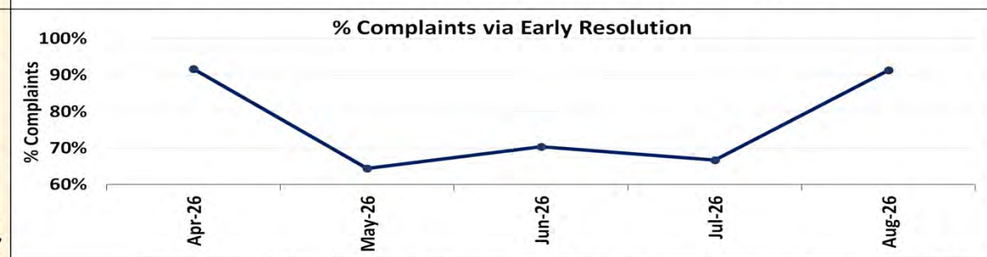


The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	78.5%	91.6%	83.9%									
2025/26	76.3%	75.3%	82.1%	81.1%	88.9%	86.2%	81.3%	77.9%	74.8%	74.6%	74.8%	38.9%
2024/25	97.5%	94.9%	93.3%	94.6%	90.2%	91.0%	94.3%	84.3%	86.6%	76.3%	79.9%	82.5%

Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027



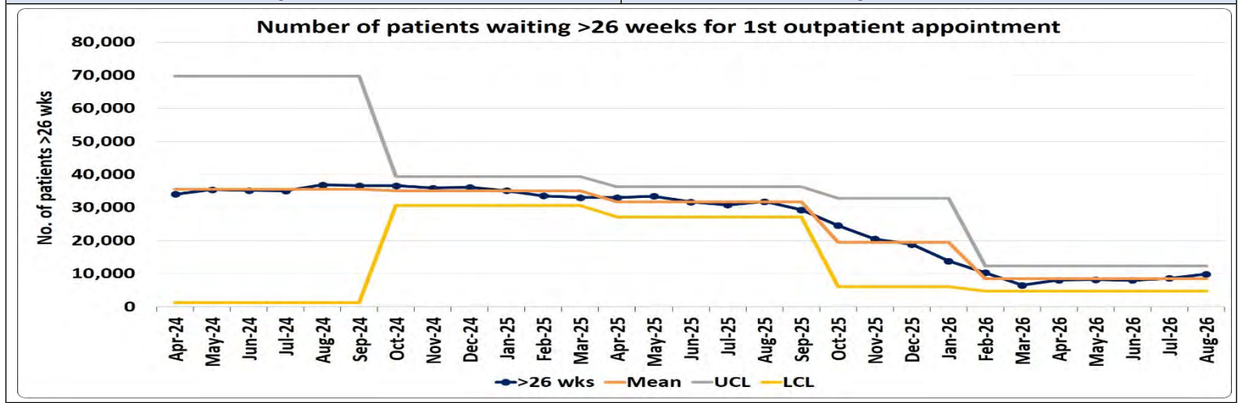
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	91.7%	64.4%	70.4%	66.7%	91.4%							

CTMUHB Planned Care Group

Referral to Treatment Times (RTT)

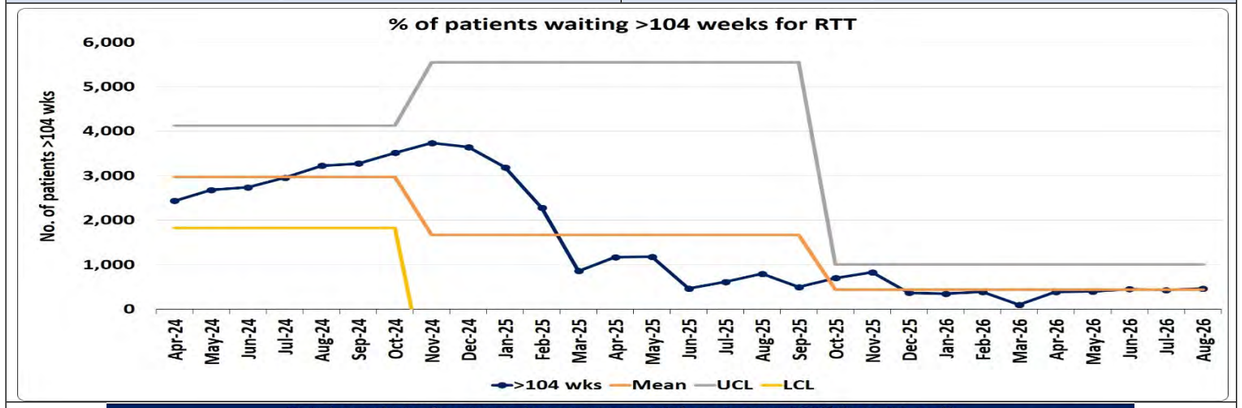
Number of patients waiting more than 26 weeks for a new outpatient appointment

Target - Zero	Aug 2026 – 9,874



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

Target - Zero	Aug 2026 – 462



Total number of open pathways per specialty - August 2026 (provisional)

Specialty	Patients waiting >26 Weeks for 1st OPA	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Breast Surgery	0	0	0	638
Cardiology	1,048	212	0	5,054
Colorectal Surgery	59	294	0	3,416
Dermatology	585	0	0	5,085
Diabetes Service/Medicine	90	0	0	561
Diagnostics	0	0	0	5,154
Ear Nose and Throat Service	1,739	1,077	0	8,522
Endocrinology	122	1	0	959
Gastroenterology	245	14	0	3,104
General Medicine	30	16	0	569
General Surgery	153	684	0	4,387
Geriatric Medicine	1	3	0	303
Gynaecology	137	1,017	0	6,268
Haematology (Clinical)	59	0	0	281
Nephrology	0	1	0	172
Neurology	850	398	29	1,987
Ophthalmology	1,222	1,021	0	9,675
Oral Surgery	233	133	0	2,589
Orthodontics	134	0	0	405
Orthopaedics	1,240	2,875	433	12,129
Paediatric Neurology	0	0	0	4
Paediatrics	311	0	0	2,202
Pain Management	453	247	0	1,803
Respiratory Medicine	115	66	0	1,359
Restorative Dentistry	13	0	0	60
Rheumatology	301	59	0	1,367
Sport and Exercise Medicine	0	0	0	35
Therapies	0	0	0	1,466
Urology	693	665	0	6,091
Vascular Surgery	41	32	0	569

How are we doing and what are our key concerns?

Planned Care performance remains significantly challenged, with 9,874 patients waiting more than 26 weeks for a first outpatient appointment, 9,277 patients waiting over 52 weeks of which 462 patients have been waiting over 104 weeks against a national target of zero. Whilst outpatient and RTT recovery initiatives are delivering gradual reductions in long waits, the August position demonstrates that demand continues to outstrip capacity across a number of specialties.

Outpatient demand continues to exceed available capacity across several specialties. The largest cohorts of patients waiting over 26 weeks are within ENT (1,739), Orthopaedics (1,240), Ophthalmology (1,222), Cardiology (1,048), Neurology (850) and Urology (693). Whilst performance has improved compared to previous years, recovery remains constrained by workforce shortages, theatre capacity, diagnostic delays and increasing referral demand.

Long waits are concentrated within a small number of specialties, with Orthopaedics accounting for 433 (93%) of all patients waiting over 104 weeks for Referral to Treatment.

What key actions are we taking and when do we anticipate improvement?

Progressive improvement is expected throughout the remainder of 2026/27 as additional capacity is embedded and recovery programmes mature. However, achievement of national RTT goals will remain dependent on sustained improvements in workforce availability, elective capacity and diagnostic performance.

What are the key risks and mitigations?

The principal risk remains the concentration of very long waits within Orthopaedics and Neurology, where capacity and workforce gaps continue to impact recovery trajectories. Additional risks include sustained referral growth, diagnostic bottlenecks and elective capacity pressures, which could slow progress and create new long-wait cohorts.

Mitigating actions include specialty-focused recovery plans, additional clinic and theatre capacity, continual waiting list validation, pathway redesign, productivity improvements and targeted recruitment initiatives.

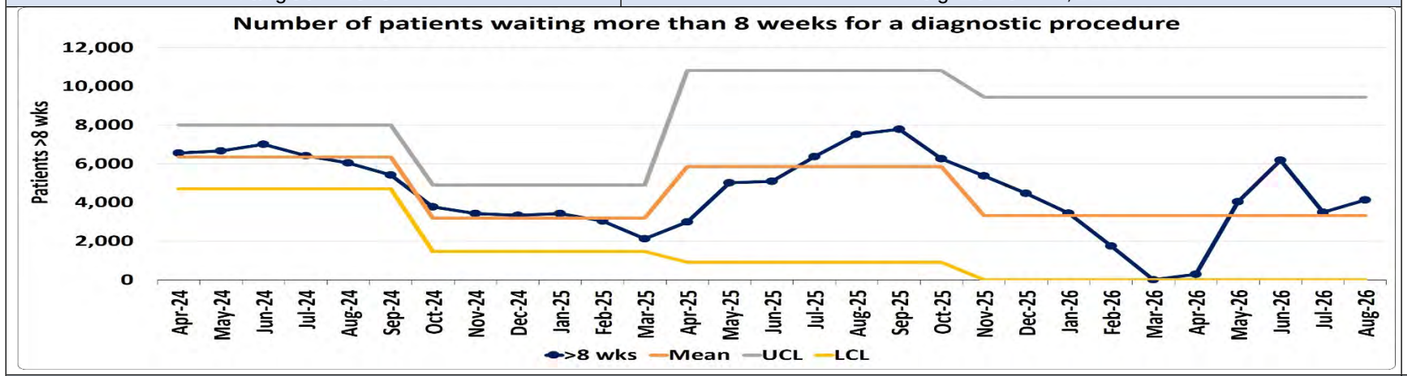
The concentration of 104-week waits within Orthopaedics presents the greatest risk to achieving national recovery expectations during 2026/27.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics

Number of patients waiting 8 weeks for a specified diagnostic

Target - Zero	Aug 2026 – 4,112



Number of Patients waiting >8 Weeks for a Diagnostic Test		Jul-26	Aug-26	Difference from last period
Cardiology Services	Echo Cardiogram	673	955	282
	Cardiac CT	66	70	4
	Cardiac MRI	12	5	-7
	Diagnostic Angiography	43	40	-3
	Stress Test	7	8	1
	DSE	16	12	-4
	TOE	2	2	0
	Heart Rhythm Recording	30	27	-3
	B.P. Monitoring	2	3	1
Bronchoscopy		3	0	-3
Colonoscopy		26	16	-10
Gastroscopy		8	17	9
Cystoscopy		54	24	-30
Flexi Sig		4	3	-1
Radiology	Non-Cardiac CT	10	8	-2
	Non-Cardiac MRI	299	243	-56
	NOUS	1,988	2,417	0
	Non-Cardiac Nuclear Medicine	0	2	2
Imaging	Fluoroscopy	16	25	9
Physiological Measurement	Urodynamics	37	25	-12
Neurophysiology	EMG	113	143	30
	NCS	66	67	1
Total		3,475	4,112	208

Radiology:

How are we doing and what are our key concerns?

Radiology services continue to face significant pressure against the eight-week diagnostic target, with rising demand across Urgent Suspected Cancer and RTT pathways exceeding available capacity. Performance has also been impacted by the implementation of the Radiology Information System (RiS), which temporarily reduced productivity during transition and continues to require ongoing data validation and assurance activity.

Additional operational challenges, including MRI downtime associated with equipment reliability and adverse weather events, have further constrained capacity. As a result, the service remains reliant on insourced activity to meet demand and maintain patient access.

What key actions are we taking and when do we anticipate improvement?

The priority is to maximise existing capacity while developing a sustainable workforce model to meet future demand.

Key actions include:

- Optimisation of CT and MRI templates.
- Introduction of additional weekend MRI sessions.
- Deployment of locum sonographers and expansion of senior clinical support to stabilise ultrasound services.
- Workforce and template reviews are also underway to inform demand and capacity modelling and support future service redesign.
- Recruitment to vacant posts continues alongside investment in the sonographer training pipeline, with additional trainees expected to reach independent practice over the next 12 to 18 months.
- In parallel, RiS data validation remains a key focus, supported by full implementation of partial booking processes and participation in national programmes to improve booking, reporting and RTT pathway management.

What are the key risks and mitigations?

<u>The principal risks relate to:</u>

- Sustained demand growth.
- Insufficient recurrent capacity.
- Continued reliance on non-recurrent funding and outsourced activity.
- The ongoing impact of RiS data validation requirements.

<u>Mitigating actions include:</u>

- Robust data quality assurance processes.
- Targeted recruitment, workforce development and capacity optimisation through template redesign and service transformation.
- Continued engagement with national improvement programmes to support the delivery of more efficient and sustainable diagnostic pathways.

Endoscopy:

How are we doing and what are our key concerns?

Core endoscopy capacity, including backfilled sessions, is sufficient to meet urgent, routine and Urgent Suspected Cancer demand. However, capacity remains insufficient to sustainably address the existing surveillance backlog and ongoing surveillance demand. CTM continues to perform strongly compared with other Health Boards in Wales and currently has the lowest proportion of patients waiting over 6 weeks among Health Boards undertaking complex procedures. Demand and capacity remain finely balanced, with infrastructure challenges at POW impacting activity and productivity.

What key actions are we taking and when do we anticipate improvement?

- Insourcing contracts for BSW and non-BSW activity started 12/09/26.
- Planning continues for Phase 2 Endoscopy to develop a sustainable service model aligned to National Endoscopy Programme recommendations.
- Planned care recovery funding plan has been submitted for approval for additional insourcing to support with 8-week diagnostic target, USC performance and Surveillance with an anticipated October start date.
- Further work is underway to address surveillance backlog requirements, including clinical validation and capacity planning. Longest waiting patients have undergone clinical validation with significant reductions and partial booking letters being sent.
- Planning is aligned to JAG accreditation requirements and future LHP developments.

What are the key risks and mitigations?

<u>Risks:</u>

- Limited availability of specialist endoscopists for complex and GA procedures.
- Potential deterioration in SCP performance due to focus on RTT target.
- Infrastructure fragility at POW.

<u>Mitigations:</u>

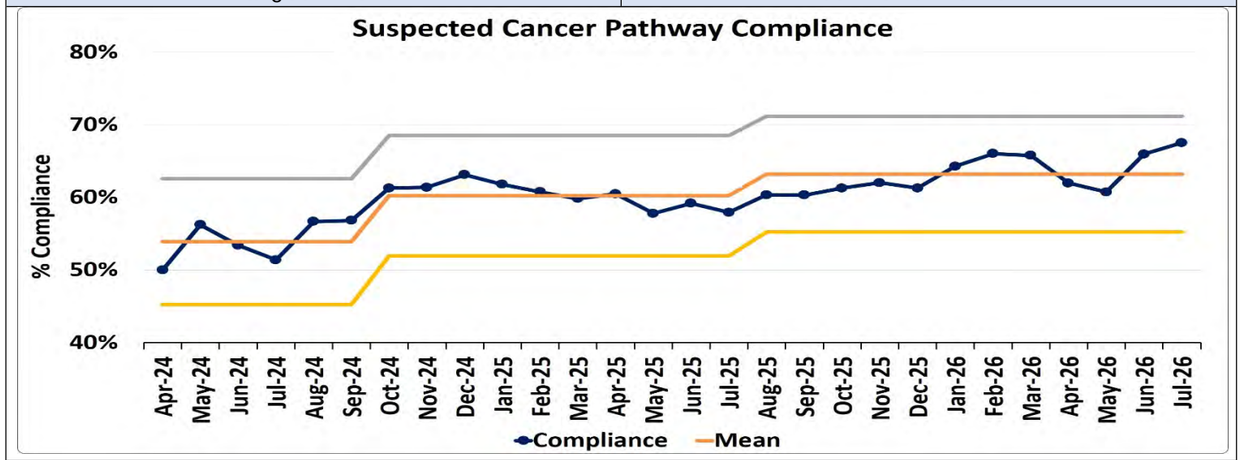
- Additional targeted endoscopy lists and workforce optimisation.
- Robust escalation processes and collaboration with Estates.
- Development of centralised HSDU (planned late 2026).
- Expansion of Clinical Endoscopist roles.

CTMUHB Planned Care Group

Suspected Cancer Pathway (SCP)

% of patients starting their first definitive cancer treatment within 62 days from point of suspicion

Target – 75%	Jul 2026 – 67.5%

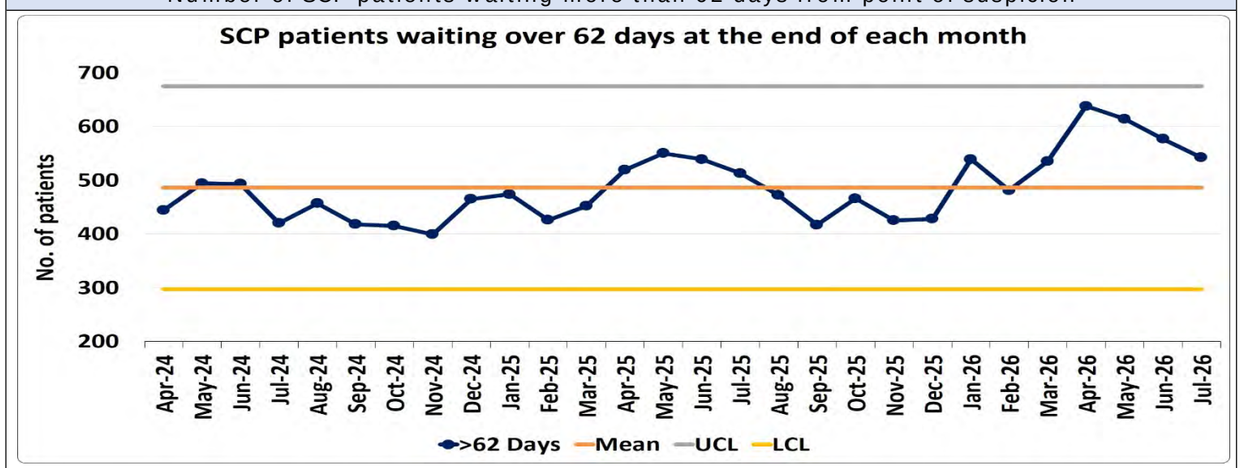


% SCP patients treated without suspensions per tumour site

CTMUHB - SCP % Treated Without Suspensions - July 2026

Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 75%
Head and neck	6	6	12	50.0%
Upper GI	13	13	26	50.0%
Lower GI	12	31	43	27.9%
Lung	29	13	42	69.0%
Sarcoma	1	0	1	100.0%
Skin (exc BCC)	116	4	120	96.7%
Brain/CNS	3	0	3	100.0%
Breast	29	9	38	76.3%
Gynaecological	7	7	14	50.0%
Urological	32	38	70	45.7%
Haematological	9	5	14	64.3%
Children's	1	0	1	100.0%
Other	6	1	7	85.7%
Total	264	127	391	67.5%

Number of SCP patients waiting more than 62 days from point of suspicion



How are we doing and what are our key concerns?

SCP performance improved to 67.5% in August 2026 but remains below the 75% target.

Performance continues to be impacted by Endoscopy capacity constraints, pathology reporting delays, tertiary provider dependencies and increasing pathway complexity, which are affecting timely progression through diagnostic and treatment pathways. Despite these challenges, CTM Cancer Services remain in Level 1 (Routine Arrangements) following de-escalation in February 2026, reflecting improvements in governance and pathway oversight.

What key actions are we taking and when do we anticipate improvement?

A number of recovery actions continue to embed, including the introduction of additional USC Endoscopy capacity, expansion of Breast and Dermatology clinic capacity and the appointment of a substantive Urology Consultant to increase biopsy capacity and improve pathway resilience.

Further improvements are being supported through digital vetting, pathway tracking and weekly performance reviews to identify and address delays at the earliest opportunity.

These actions are expected to support improvements during Quarter 3 2026/27, subject to external dependencies.

What are the key risks and mitigations?

The principal risks remain Endoscopy and pathology capacity constraints, ongoing tertiary provider delays, and increasing genomic testing requirements, all of which continue to extend pathway durations.

Operational pressures including workforce availability, administrative capacity and elective bed availability also present challenges to recovery.

Capacity expansion, strengthened performance monitoring and pathway reviews are being used to mitigate these risks, however, tertiary provider capacity remains a significant risk to achievement of the 75% target.

CTMUHB Unscheduled Care & Acute Medicine Group

Ambulance Patient Handover & Emergency Department Waits

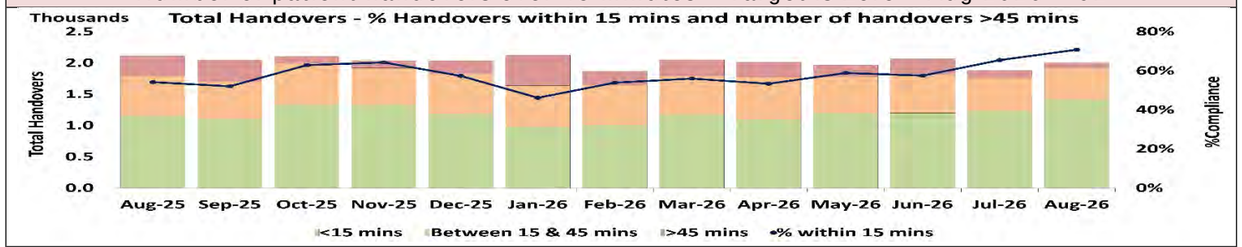
Median emergency ambulance response time to purple (arrest) & red (emergency) category calls

Target – each measure 6-8 minutes median | Aug 2026 – Purple = 06:55 / Red = 10:00

	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
Period	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response
Aug-25	04:13	08:45	09:28	10:25	08:13	09:45	07:54	09:45
Sep-25	08:54	08:33	09:29	09:13	07:22	08:16	08:55	08:43
Oct-25	04:02	05:58	08:16	09:38	09:31	10:09	07:45	08:56
Nov-25	04:25	07:40	07:35	09:52	07:35	08:48	07:05	09:07
Dec-25	05:35	09:20	08:45	10:59	08:40	10:38	08:14	10:40
Jan-26	05:52	10:30	08:49	10:20	08:11	10:19	08:33	10:20
Feb-26	05:57	07:57	07:09	09:58	08:07	11:09	07:16	09:54
Mar-26	06:15	08:24	07:32	11:02	08:28	11:03	07:44	10:34
Apr-26	07:07	09:04	08:15	11:26	07:05	11:28	07:54	10:56
May-26	05:06	07:57	08:25	11:31	09:01	11:18	08:14	10:55
Jun-26	06:13	09:24	09:43	11:52	07:46	10:48	08:39	11:07
Jul-26	05:50	09:02	06:47	10:40	05:57	09:36	06:20	09:53
Aug-26	05:34	07:39	07:46	11:40	06:32	09:33	06:55	10:00

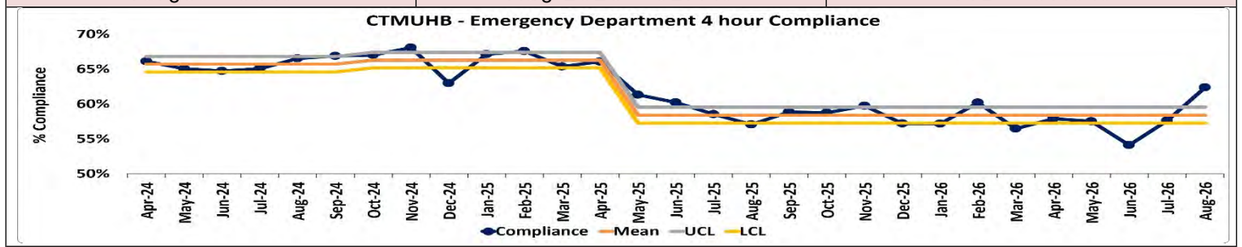
% patient handovers within 15 minutes Target – 80% - Aug 2026 = 70.8%

Number of patient handovers over 45 minutes – Target is Zero – Aug 2026 = 92



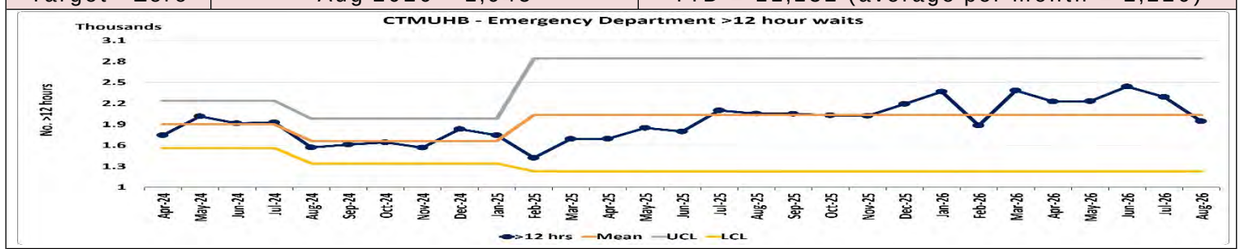
% patients spending <4 hours in A&E

Target – 95% | Aug 2026 – 62.4% | YTD = 57.9%



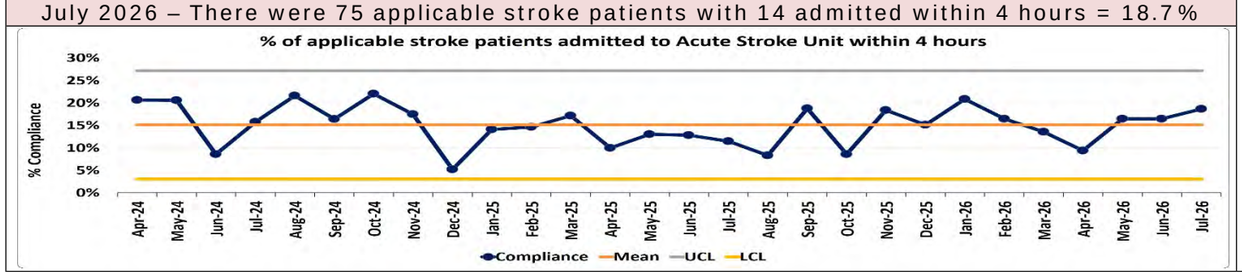
Number of patients spending >12 hours in A&E

Target - Zero | Aug 2026 – 1,945 | YTD = 11,132 (average per month = 2,226)



% of applicable stroke patients admitted to Acute Stroke Unit within 4 hours

July 2026 – There were 75 applicable stroke patients with 14 admitted within 4 hours = 18.7%



How are we doing and what are our key concerns?

Ambulance patient handover performance continued to improve in August, with almost 71% of handovers completed within 15 minutes and only 92 handovers exceeding 45 minutes, the lowest level recorded in the last 12 months. Sustaining this improvement remains dependent on better patient flow through the Emergency Department (ED). Prolonged ambulatory waits continue to present safety, quality and regulatory risks, particularly for frail patients and increase reliance on chair-based care, which can adversely affect patient experience and increase the risk of falls and pressure damage.

ED four-hour performance improved to 62.4% in August, although it remains significantly below the 95% target. The number of patients waiting more than 12 hours reduced to 1,945, with most breaches associated with specialty admissions. A dedicated 12-Hour ED Improvement Programme has been launched to strengthen operational processes, improve data quality and support patients being assessed and treated in the most appropriate setting at the earliest opportunity.

Performance against the stroke pathway remains challenging. Whilst there have been small improvements in recent months, admissions to the Acute Stroke Unit within four hours continue to be affected by ED crowding, delays in diagnostic imaging, early stroke recognition and inter-site transfer pressures.

What key actions are we taking and when do we anticipate improvement?

A comprehensive programme of work is underway to improve patient flow and reduce delays across urgent and emergency care pathways.

Key actions include implementation of ED Flow Action Cards, enhanced rapid assessment through dedicated triage nursing and senior clinical support, expansion of ambulatory care capacity and improved utilisation of specialty assessment units through programmes such as STAMP and OPTIMISE.

The 12-Hour ED Improvement Programme commenced in August and is focused on reducing long waits through strengthened action planning, development of an SDEC-first approach for GP referrals, implementation of the Extended Emergency Medicine Ambulatory Care model, enhanced demand and capacity modelling and improvements in data capture and reporting.

Stroke pathway improvements continue through daily multidisciplinary breach huddles, greater engagement from PCH and POW clinical teams, dedicated service management support and the wider Transformation Programme. The introduction of Pre-Hospital Video Triage from 5/10/26 is expected to support earlier clinical decision-making and improve pathway timeliness.

What are the key risks and mitigations?

The principal risks remain prolonged waits for frail and elderly patients, increasing clinical complexity, infection prevention challenges associated with limited isolation capacity, pressure ulcer development and workforce fatigue. Stroke pathway delays also continue to present a risk due to capacity constraints, diagnostic turnaround times and transfer delays.

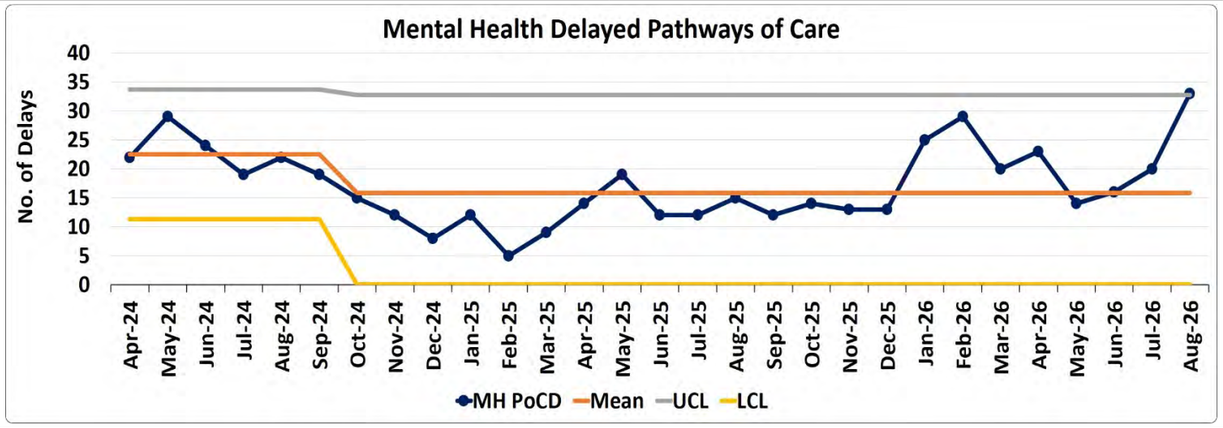
Mitigating actions include the continued use of escalation frameworks during periods of system pressure, close collaboration with WAST to improve pre-arrival information and patient streaming, strengthened pressure ulcer prevention measures and daily multidisciplinary review processes to expedite stroke care and escalation where required.

CTMUHB Efficient Services

Pathways of Care Delayed Discharges (POCD)

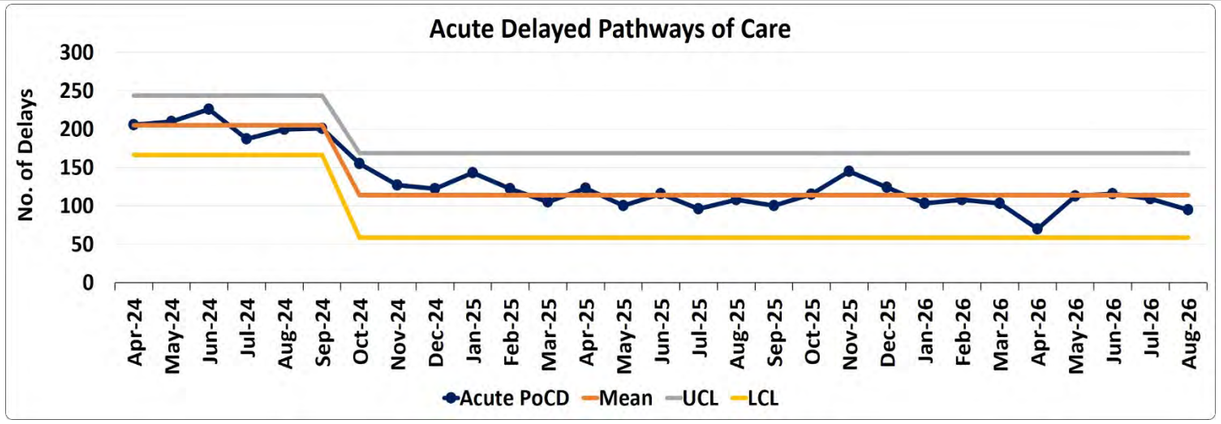
Number of Pathways of Care delayed discharges – Mental Health

Target – 12 month reduction trend | Census date 19th August 2026 - 33



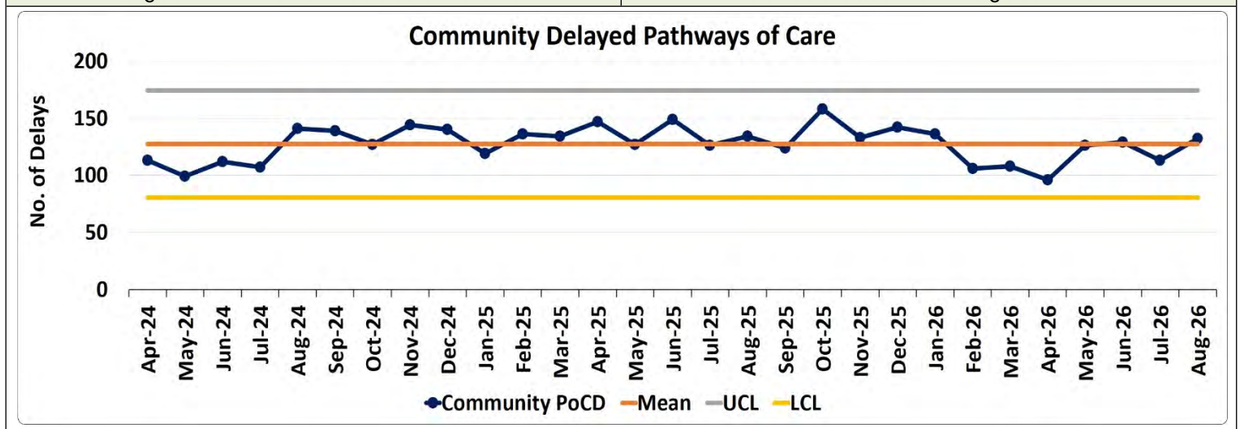
Number of Pathways of Care delayed discharges – Acute

Target – 12 month reduction trend | Census date 19th August 2026 - 95



Number of Pathways of Care delayed discharges – Community

Target – 12 month reduction trend | Census date 19th August - 132



How are we doing and what are our key concerns?

The August 2026 snapshot census recorded 260 Pathways of Care Delayed Discharges across Mental Health, Acute and Community services. This represents an increase of 8 patients (3%) compared with the 12 month rolling average and continues the gradual rise seen since April 2026.

Performance remains challenged by the increasing complexity of patients awaiting discharge, particularly where care arrangements involve multi-agency assessment, statutory processes, specialist placements or complex decision-making pathways. These cohorts typically experience longer lengths of stay and continue to place pressure on patient flow across the system.

Work is ongoing with partners to strengthen oversight of complex cases and support timely progression through discharge pathways.

What are we doing and what are the key risks and mitigations?

Risk 1: Deterioration in delayed discharge performance

Increased patient complexity, demand within Pathway 3 services, discharge assessment requirements and availability of community support remain key factors that may impact delayed discharge performance and patient flow.

Mitigations/Actions:

- Continue implementation of the EToC (Proportionate Trusted Assessment) improvement programme.
- Embed Home First principles through multidisciplinary review and challenge.
- Maintain strengthened oversight of long-stay and complex discharge cohorts.

Risk 2: Increased delays for complex discharge pathways

Patients requiring complex multi-agency arrangements remain vulnerable to extended discharge times. Ongoing monitoring indicates these pathways continue to require enhanced coordination and escalation to minimise unnecessary delays and maintain inpatient capacity.

Mitigations/Actions:

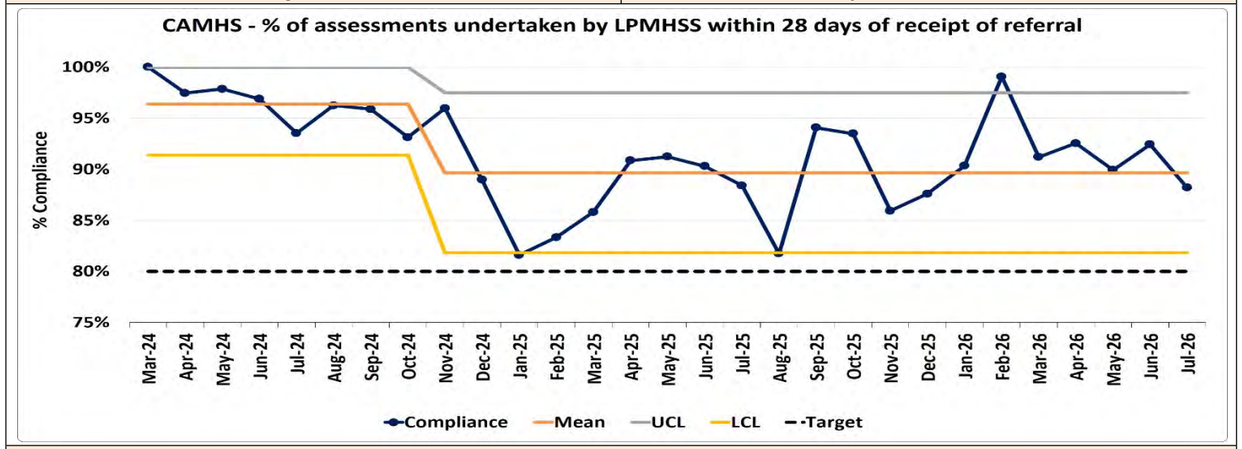
- Continue close partnership working with local authorities and wider system partners.
- Maintain oversight and monitoring of complex discharge pathways.
- Review assessment-related delays and implement improvement actions where required.
- Prioritise patients experiencing the longest delays through established escalation processes.

CTMUHB Mental Health & Learning Disabilities Care Group

Child and Adolescent Mental Health Services (CAMHS)

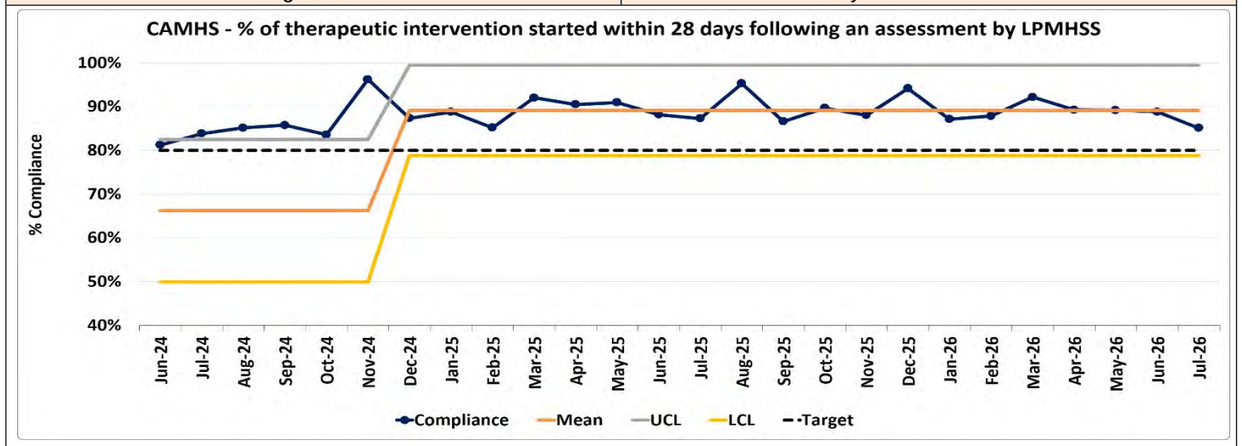
% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%	July 2026 – 88.2%



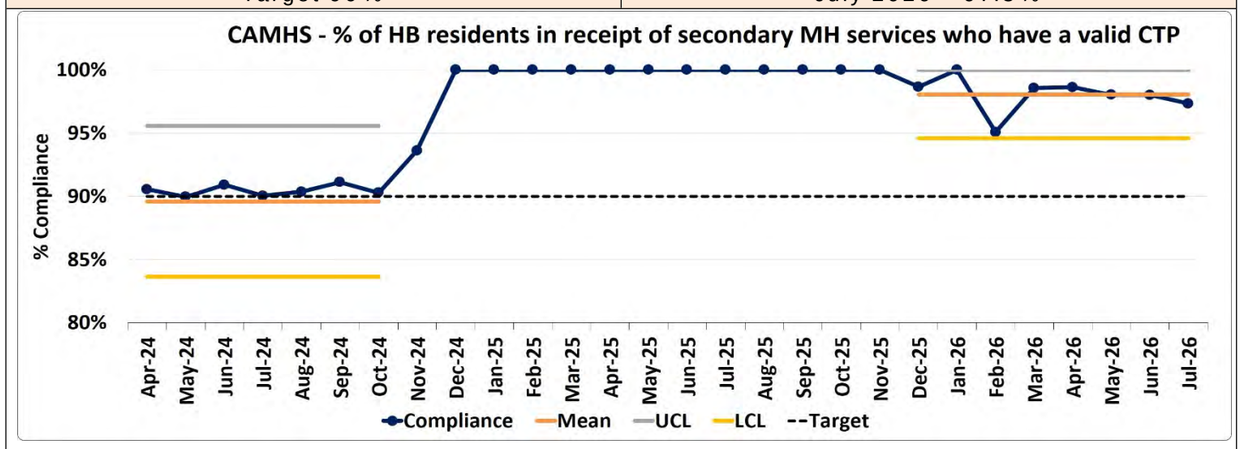
% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	July 2026 – 85.1%



% of HB residents who are in receipt of secondary MH services who have a valid CTP

Target 90%	July 2026 – 97.3%



How are we doing and what are our key concerns?

CAMHS continues to deliver strong performance against Welsh Government Mental Health Measure standards, with compliance remaining above target across assessment, intervention and Care and Treatment Plan measures. Performance has remained stable despite fluctuations in demand.

Assessment performance (Part 1a.) remains strong, with 88.2% of patients assessed within 28 days, exceeding the 80% target. Activity levels remain well managed, with assessments completed broadly matching referral demand.

Therapeutic intervention performance (Part 1b.) remains above target, with 85.1% of patients commencing treatment within 28 days of assessment. Care and Treatment Plan (Part 2) compliance is 97.3%, significantly above the 90% target, reflecting continued focus on high-quality care planning.

Overall, CAMHS continues to demonstrate sustained delivery, effective demand management and strong compliance across all key measures.

What key actions are we taking and when do we anticipate improvement?

The focus has shifted from performance recovery to sustaining high levels of delivery and ensuring service resilience.

Key actions include:

- continued delivery of the CAMHS improvement plan, development of therapeutic group capacity, strengthened partnership working with third-sector providers and the use of real-time performance monitoring to identify pressures early.
- Flexible workforce deployment and regular operational reviews support effective management of demand and capacity, helping maintain performance within target.

What are the key risks and mitigations?

The principal risks relate to fluctuations in referral demand, increasing complexity of presentations and potential workforce pressures during periods of reduced staffing availability.

Mitigations include daily performance monitoring, proactive demand and capacity management, flexible use of staff resources and strong governance arrangements. Stable staffing levels and low sickness absence continue to provide resilience across the service.

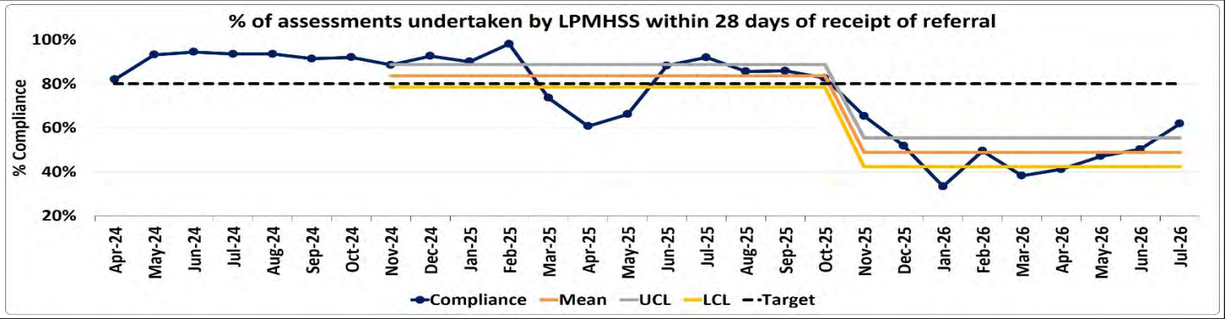
These controls provide assurance that CAMHS is well positioned to maintain current performance levels whilst responding effectively to future demand pressures.

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services

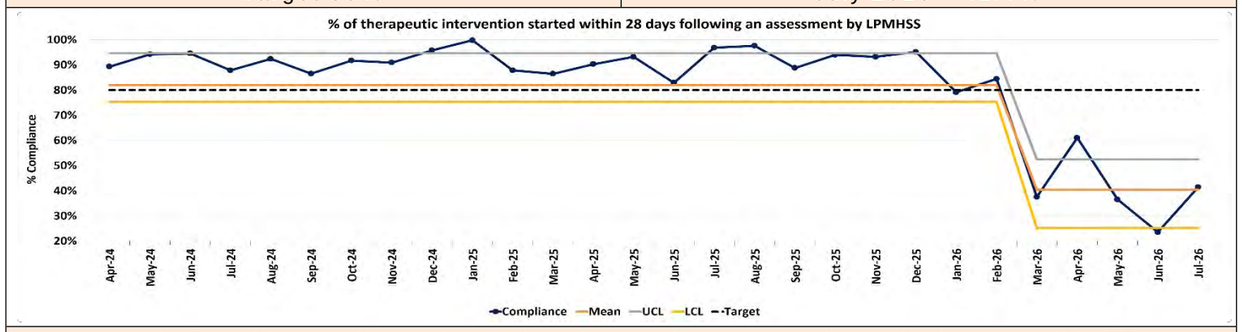
% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%	July 2026 – 61.8%



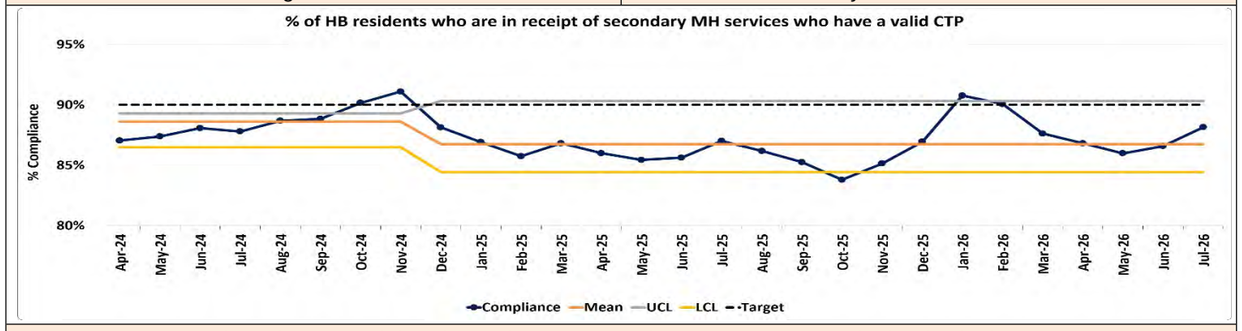
% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	July 2026 – 41.4%



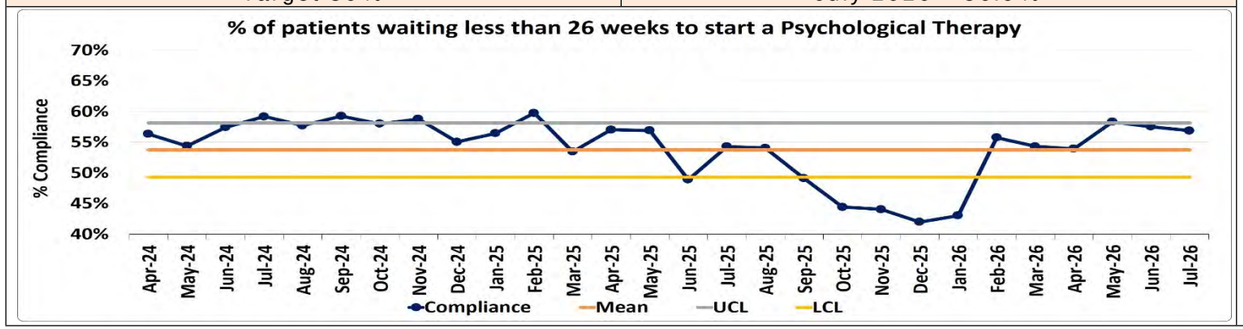
% of HB residents who are in receipt of secondary MH services who have a valid CTP

Target 90%	July 2026 – 88.1%



% of patients waiting less than 26 weeks to start a Psychological Therapy

Target 80%	July 2026 – 56.9%



How are we doing and what are our key concerns?

Performance across Adult Mental Health Services remains below national targets; however, there are encouraging signs that improvement actions are beginning to have an impact. Data from July 2026 shows positive movement in several key areas, with further gains anticipated as service changes become embedded.

The most notable improvement has been within the Local Primary Mental Health Support Service (LPMHSS), where 61.8% of patients received an assessment within 28 days of referral, representing the strongest performance seen in recent months.

Performance for therapeutic interventions commencing within 28 days of assessment remains challenging at 41.4%; however, an increasing number of patients are now booked within the target timeframe.

Care and Treatment Plan compliance has improved to 88.1%, narrowly below the 90% target, whilst Psychological Therapies continues to experience significant pressure from high demand and long waiting times.

Overall, services remain under considerable pressure, but recent trends indicate that recovery actions are beginning to stabilise performance and build momentum for further improvement.

What key actions are we taking and when do we anticipate improvement?

- A comprehensive improvement programme is underway to increase capacity, improve patient flow and strengthen operational efficiency.
- LPMHSS improvements include a single CTM-wide waiting list, enhanced patient communication processes, practitioner-led triage and streamlined assessment pathways.
- For therapeutic interventions, weekly demand and capacity reviews, expanded group programmes and standardised job planning are supporting better utilisation of clinical time.
- Improvement work on Care and Treatment Plans focuses on enhanced monitoring, recruitment and strengthened partnership working with local authority colleagues.
- Within Psychological Therapies, waiting list validation, standard operating procedures and focused management of long-waiting patients are helping create a more sustainable pathway for recovery.

What are the key risks and mitigations?

Key risks include:

- sustained demand growth, workforce vacancies, increasing waiting lists and the challenge of maintaining recent performance improvements.

To mitigate these risks:

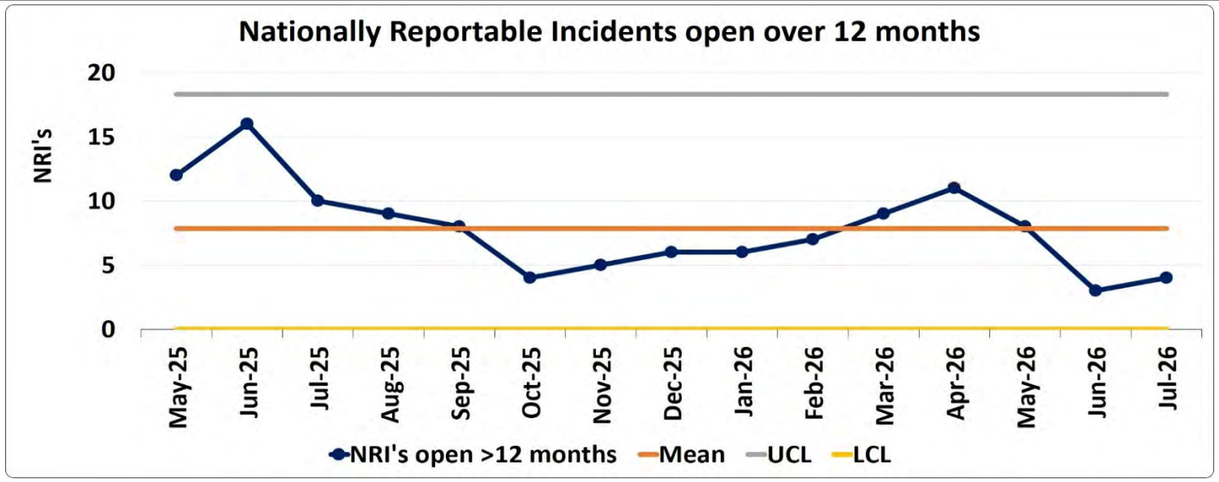
- services have strengthened performance management arrangements, implemented regular demand and capacity reviews, prioritised recruitment, enhanced waiting list validation and data quality processes.

While challenges remain significant, the combination of focused improvement activity, stronger operational oversight and targeted workforce initiatives provides greater confidence that performance will continue to improve during the second half of the year.

CTMUHB Safe Services

Nationally Reportable Incidents Open over 12 months

Target – Zero | Jul 2026 = 4



How are we doing and what are our key concerns?

Timely completion of nationally reported incidents remains a key element of CTM's commitment to patient safety, quality improvement and organisational learning. Meeting national reporting and investigation timescales ensures that incidents are reviewed while evidence is current, enabling robust investigations, timely implementation of actions and the rapid sharing of learning across services.

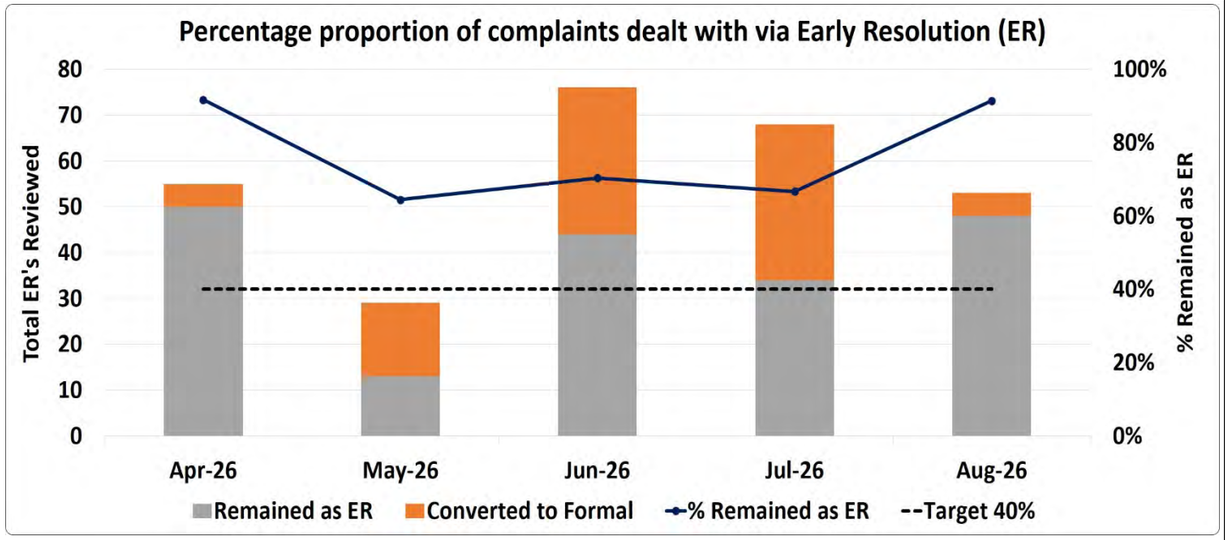
As of July 2026, 4 Nationally Reportable Incidents (NRIs) remain open beyond the 12 month threshold with no key concerns or risks at present.

What key actions are we taking and when do we anticipate improvement?

Continued focus on reducing overdue incidents will help CTM maximise learning opportunities, improve patient and family outcomes and demonstrate effective stewardship of quality and safety processes.

% proportion of complaints dealt with via Early Resolution (ER)

Target – 40% by March 2027 | Aug 2026 – 91.4%



How are we doing and what are our key concerns?

Performance against the Early Resolution (ER) measure remains exceptionally strong. In August 2026, just over 91% of concerns were successfully resolved through the Early Resolution pathway, substantially exceeding the set target of 40% by March 2027. This sustained performance demonstrates the effectiveness of current triage arrangements and reflects a continued organisational focus on resolving concerns quickly, locally and at the earliest appropriate stage.

Quarter 1 results further highlight the maturity of the process. Of the 174 concerns reviewed, the vast majority were managed successfully through Early Resolution, with only a small number requiring escalation to the formal complaints process. This indicates improving quality in initial assessment, earlier engagement with patients & families and increasing confidence amongst clinical and operational teams in proactively managing concerns.

Whilst performance remains highly positive, maintaining quality alongside speed remains essential. Continued assurance is required to ensure that all Early Resolution decisions are appropriately documented, proportionate to the concerns raised, and capable of generating meaningful organisational learning.

Improvement Actions

- Ongoing support and guidance for clinical teams to strengthen local resolution arrangements.
- Daily audit and huddle reviews to ensure consistency and appropriateness of ER decisions.
- Implementation of quality assurance processes to assess the effectiveness and standard of responses.
- Targeted feedback and learning to encourage early intervention and reduce escalation into the formal complaints pathway.
- Continued collaboration between PALS, Concerns Teams and operational services to support timely engagement with patients and families.

Risks and Mitigations

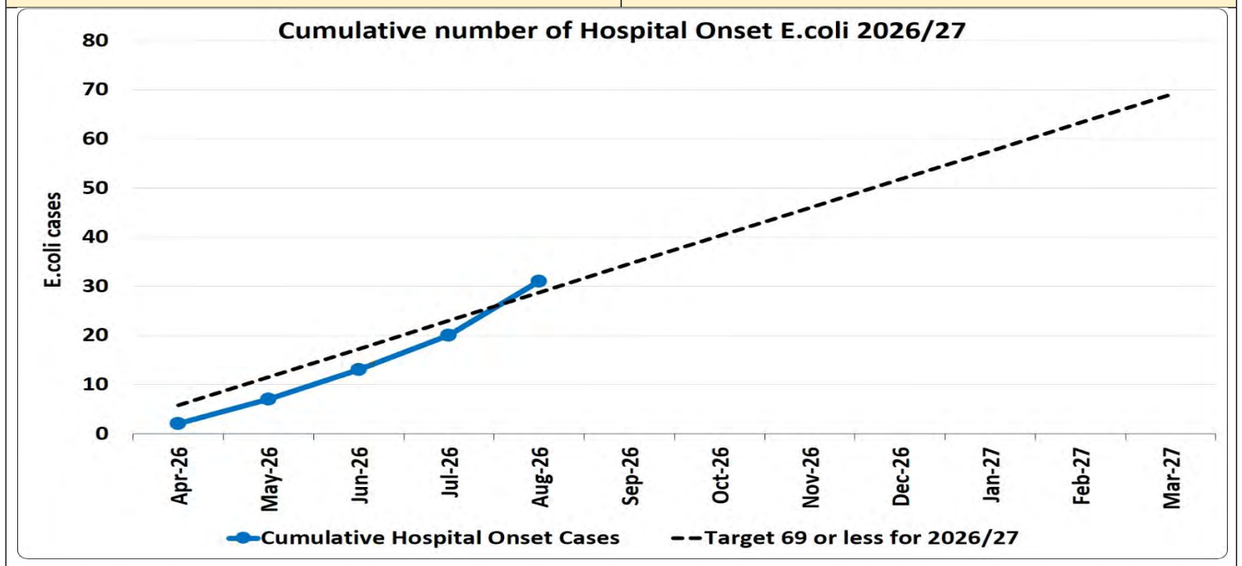
The principal risk associated with high Early Resolution rates is the potential for inconsistent decision-making or insufficient investigation of concerns, which could result in unresolved dissatisfaction, missed learning opportunities or inappropriate categorisation of complaints.

These risks are mitigated through regular quality assurance reviews, routine case audits, established governance oversight, ongoing staff training & supervision and continuous monitoring of escalation rates and recurring themes. Together, these controls provide assurance that performance is being delivered in line with statutory requirements whilst supporting continuous service improvement and positive patient outcomes.

CTMUHB Safe Services

Cumulative number of hospital onset E.coli BSI cases (Bloodstream Infections)

10% reduction on the 2024-25 baseline (<69 cases)	April to August 2026 – Cumulative Cases = 31



Hospital Onset specimens are taken more than 2 days (where day 1 is day of admission) into a hospital inpatient stay.

How are we doing and what are our key concerns?

Between April and August 2026, CTM recorded 31 hospital-onset E. coli bloodstream infection (BSI) cases, representing 21% of all reported specimens. The hospital-onset rate was 5.78 per 1,000 admissions, above the all-Wales rate of 4.64 with cumulative hospital-onset infections currently 24% higher than the equivalent period in 2025/26. Community-onset cases have reduced by 8% compared with the same period last year.

The increase in hospital-onset infections continues to present a significant challenge. Infection Prevention and Control (IPC) training compliance remains below the expected standard at 79%, although this reflects a modest improvement from the previous quarter. Compliance among medical and dental staff remains particularly low at 45.4%, despite recent improvements. In addition, the absence of a mandatory Aseptic Non-Touch Technique (ANTT) training requirement may contribute to variation in aseptic practice across clinical settings.

What key actions are we taking and when do we anticipate improvement?

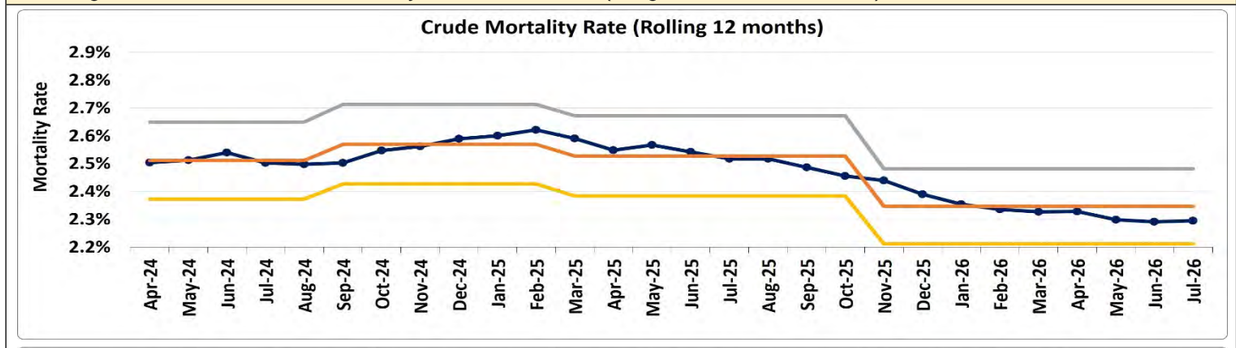
The IPC team continues to deliver the annual infection prevention work programme, with a specific focus on reducing gram-negative bloodstream infections. Activity includes strengthening engagement with clinical teams to improve local ownership and accountability, undertaking detailed case reviews and working closely with community bowel and bladder services to reduce infection risks across the whole care pathway. Point Prevalence Surveys are also being used to identify infection risks and monitor compliance with agreed practices.

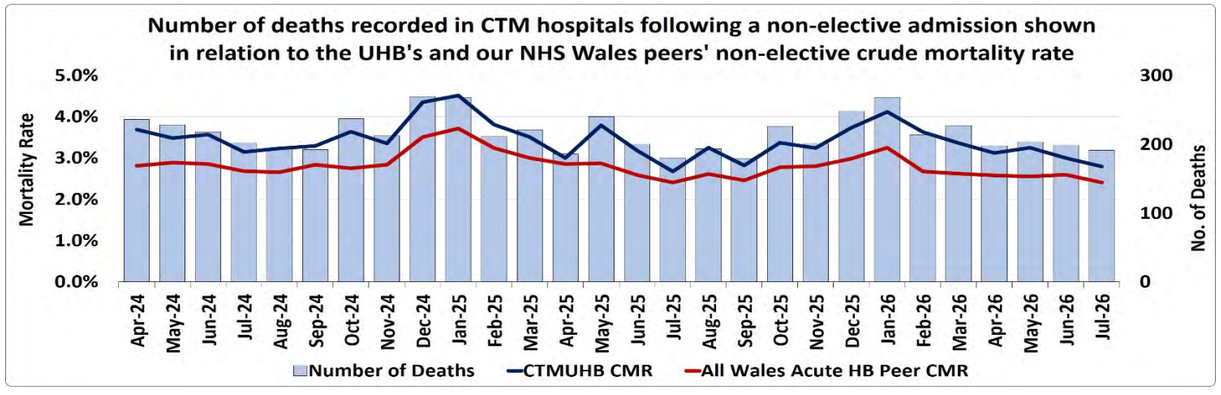
What are the key risks and mitigations?

Key risks include ongoing pressure from community-acquired infections, low training compliance within some staff groups and inconsistent adherence to infection prevention measures. These risks are being mitigated through targeted case reviews, shared learning, enhanced surveillance, continued focus on device-associated infection risks such as urinary catheter use and reinforcement of PPE and Bare Below the Elbows standards.

CTMUHB Crude Hospital Mortality Rate

Rolling 12 month crude mortality rate is 2.29% (Aug 2025 to Jul 2026)





Mortality continues to be predominantly driven by non-elective activity, with a current mean non-elective CMR of 3.31%, highlighting the higher risk associated with emergency admissions and their disproportionate impact on overall mortality rates.

There is a clear and consistent seasonal pattern in mortality, with peaks observed during the winter months. These increases coincide with periods of heightened respiratory illness, infection prevalence and system pressure, all of which contribute to increased patient acuity and elevated risk of adverse outcomes.

Clinical practice changes are influencing mortality indicators - increased admission of patients presenting via Emergency Departments has resulted in lower ED crude mortality, but higher inpatient crude mortality.
In-patient activity over the past two years has increased by approximately 8.5% spells. This sustained growth in demand, particularly within non-elective pathways, reinforces the ongoing challenge of managing higher-risk patients within constrained system capacity.

Overall, the data highlights that mortality trends are closely linked to fluctuations in emergency demand and seasonal pressures, underlining the importance of targeted interventions to manage acuity, mitigate risk during peak periods and improve outcomes across non-elective care pathways.

The Multidisciplinary Mortality Review Screening Panel continues to review all deaths in line with Welsh Government policy and the 2014 Palmer Report.

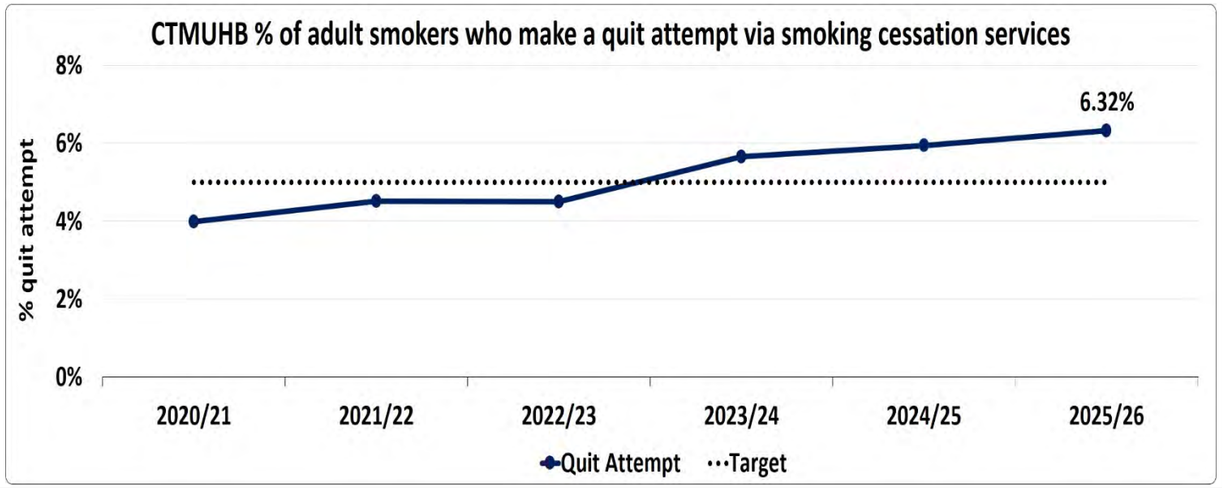
Further information is available in previous reports to Q&S committee (https://ctmuhb.nhs.wales/about-us/our-board/committees/quality-safety-committee/quality-safety-committee-documents/2022/15-november-2022/66-learning-from-mortality-reviews-update-20102022pdf/).

CTMUHB Improving Population Health & Wellbeing

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

7.5% Annual Target for 2026/27:	1.5% by Quarter 1 3.5% by Quarter 2 5.5% by Quarter 3 7.5% by Quarter 4

2025/26 – 6.32%



% of adult smokers who are CO-validated as quit at 4 weeks

Target 2026/27– 40% Each Quarter	2025/26 – 9.79%

2025/26		
Estimated number of smokers	*Estimated % of CTMUHB population who are smokers*	*Estimated number of smokers needing to access smoking cessation to reach 5% of smokers*
45,900	**12.4%**	**2,300**
Number of smokers treated by the smoking cessation service	*Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter*	
2,900	**284**	
6.32%	**9.79%**	

Next update expected October 2026

How are we doing and what are our key concerns?

- Health Board Help Me Quit (HMQ) services have exceeded the 5% treated smoker target for 2025/26, marking the third consecutive year of performance above target. This reflects strong service engagement and sustained demand for cessation support.

<u>CO-validated quit target</u>

- Meeting the CO-validated quit target remains challenging due to the high proportion of virtual appointments, where CO readings cannot be taken. Our own client insight work indicates that approximately 90% of clients prefer telephone appointments and this flexibility increases engagement with the service. This pattern is consistent across the other health boards in Wales.

- All clients are followed up at 4 weeks to assess their quit status and this is recorded as 'self-reported' if CO validation cannot be undertaken. When combined, self-reported and CO-validated quit rates for 2025/26 stand at 52%.

What key actions are we taking and when do we anticipate improvement?

<u>CO-validated quit target</u>

- A proposed change to the national HMQ Community Pharmacy specification is expected to support improved CO validation.

- Face-to-face and mixed-model delivery approaches are being trialled to improve uptake, although scaling these approaches to a level sufficient to meet the CO-validated target is unlikely.

What are the key risks and mitigations?

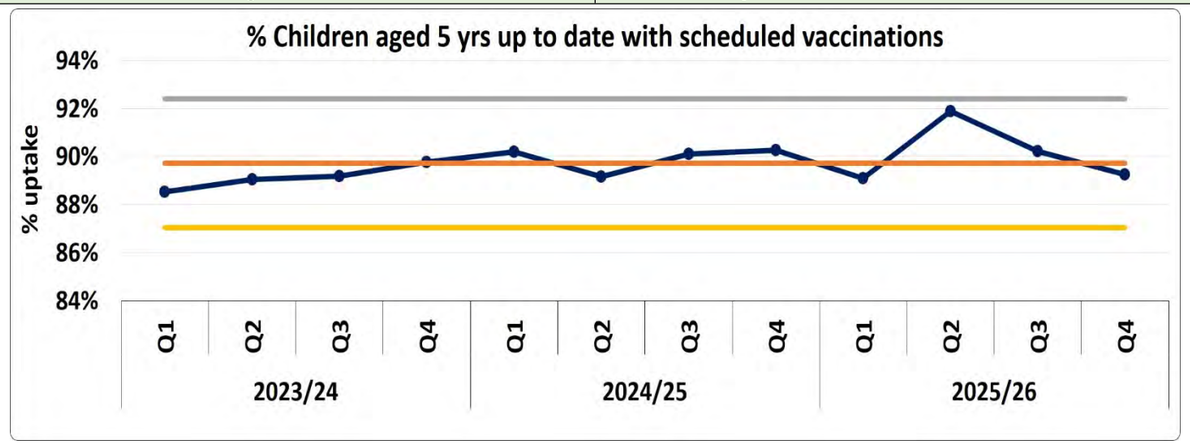
- The main risk facing Help Me Quit services is capacity to increase the number of smokers treated. Achieving the Welsh Government ambition of reducing smoking prevalence to 5% by 2030 will require a reduction from nearly 46,000 to 18,000 smokers within 4 years, requiring significant further resource. However, smoking remains a major driver of harm in CTM, with 11% of deaths and 4% of admissions attributable to smoking annually. Reaching 5% prevalence would yield significant improvements in population health with resultant reductions in healthcare activity.

- Welsh Government have raised the target for % of adult smokers who make a quit attempt from 5% to 7.5% in 2026/27, meaning HMQ services in CTM will need to support an additional 1,000 smokers per year. The service is already planning for how this could be achieved.

CTMUHB Improving Population Health & Wellbeing

% of children who are up to date with the scheduled vaccinations by age 5

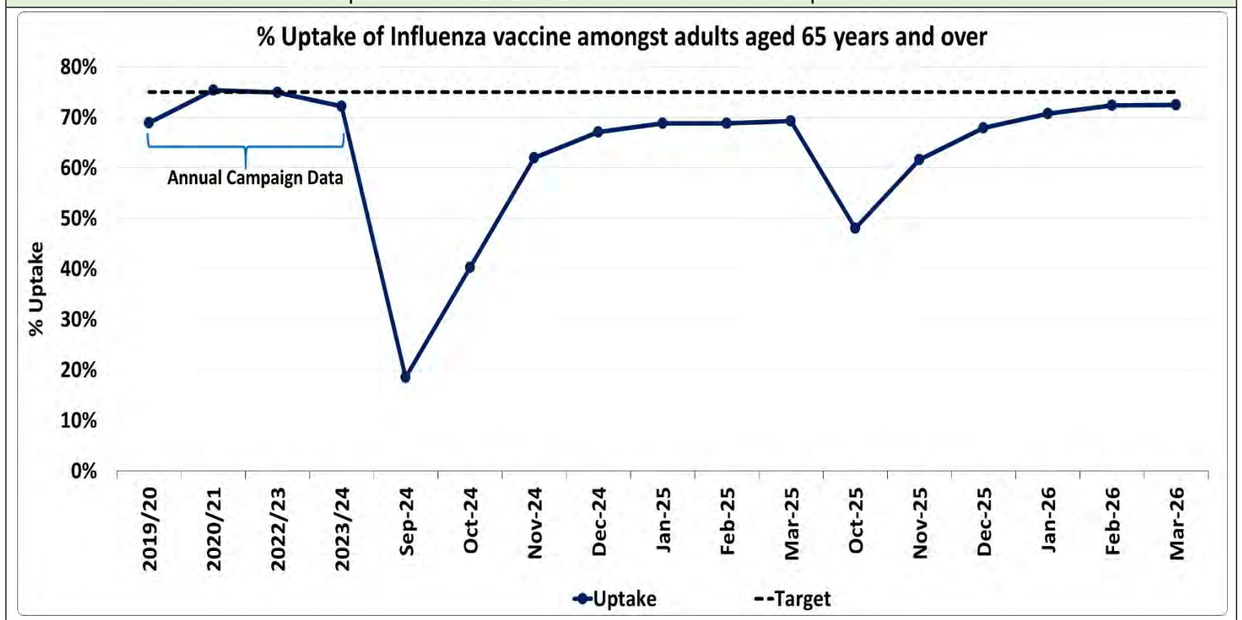
Target – 95%	Quarter 4 2025/26 – 89.3%



% uptake of the influenza vaccination amongst adults aged 65 years & over

Target – 75%	Mar 2026 – 72.5%

Flu vaccination updates for 2026/27 season are not expected until the autumn



Next update expected October 2026

How are we doing and what are our key concerns?

Uptake of the childhood vaccination by age 5 remains below the 95% target, with a small decline reported (89.3%).

MMR2 uptake has reduced to 90.9% and 4-in-1 uptake to 90.8%, highlighting the continued challenge of achieving the level of coverage required to prevent outbreaks of vaccine-preventable diseases.

MMR uptake remains a key priority, particularly following the introduction of the MMRV vaccine, which has contributed to appointment pressures in some primary care settings. Preparations are also underway for the national Meningococcal B catch-up campaign commencing in July 2026. In addition, influenza vaccination uptake among adults aged 65 years and over remained below the 75% target at 72.5%, with delivery arrangements for some childhood flu cohorts still being finalised.

What key actions are we taking and when do we anticipate improvement?

- Work is underway with Child Health and GP practices to address clinic backlogs, optimise appointment scheduling and share best practice from practices that have successfully avoided vaccination queues.
- A targeted MMRV catch-up programme for eligible children will commence from November 2026 through Primary Care.
- Planning for the 2026/27 influenza vaccination programme is now underway following publication of national guidance, with work progressing to strengthen delivery models for children, inpatients and staff vaccination programmes.
- Additional engagement with schools and Public Health Wales communications teams is planned during the autumn term to promote vaccine uptake.

What are the key risks and mitigations?

- Failure to improve childhood vaccination coverage increases the risk of outbreaks of vaccine-preventable diseases, particularly measles, where 95% population coverage is required for effective protection. Ongoing monitoring of clinic capacity and vaccination queues, supported by Child Health and Primary Care teams, is in place to mitigate this risk.
- There is also a continued risk that eligible adults, especially those in clinical risk groups, do not receive influenza vaccination. Mitigation focuses on targeted communications, improved accessibility and ongoing analysis of uptake data to support focused interventions.

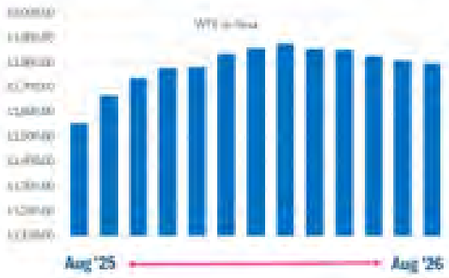
People Metrics Dashboard: September 2026

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Version 2 August 2026

GETTING THE BASICS RIGHT

CTM employs **13,580** staff in post (SIP), equal to **11,799.37** whole time equivalent (WTE) Aug 26.
This is a change of **-0.10%** compared to the previous month (Jul 26). We have grown by **2.00%** (Aug 25 to Aug 26)



The biggest % increase in WTE is in Nursing and Midwifery Registered Staff Group and Medical & Dental by **3.6%** (Aug 25 to Aug 26)





Average age is **44 years**

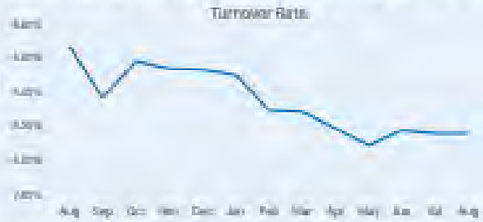
25% of the workforce are aged 55 & over (Aug 26)

44% of Estates & Ancillary Staff Group are aged 55 & over (Aug 26)

MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover

Rolling 12-month turnover has reduced from **8.66%** (Aug 25) to **8.16%** (Aug 26)



Area with the highest turnover: **Estates & Ancillary (12.19%)**

Top reasons all Staff Groups: **Retirement & Voluntary Resignation**

Bank & Agency Spend

Bank & Agency spend (Jun 26):
M&D was **£2.52m**
NMR was **£2.47m**



Lateral Moves Scheme **384** eligible requests & **152** successful moves since launch (Feb 2024)

GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **75.13%** (Aug 26)

The target for PDR Compliance is 85%



Return to Work compliance is **72.6%** (Jul 26) which has increased from **58.1%** (Jul 25)

Statutory and Mandatory Training Compliance in June 26 for Level 1 is **81.3%** and ALL Levels of Training is **75%**

The target for all Statutory and Mandatory Compliance is 85%

Improved Performance | Static Performance | Decreased Performance

AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **7.54%** (Jul 26) which is **891** WTE lost in month. This is compared to **7.15%** (July 25). Rolling 12-month is **7.63%** Jul 26 compared to **7.03%** July 25.

40.9% of sickness (Jul 26 in mth) due to **Anxiety/Stress/ Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Estates and Ancillary (10.97%)**



Gender Pay Gap (Mar 25):
Median Hourly Pay Gap is **12%**, which remains static
Mean Hourly Pay Gap is **27.5%**, a slight increase from last year

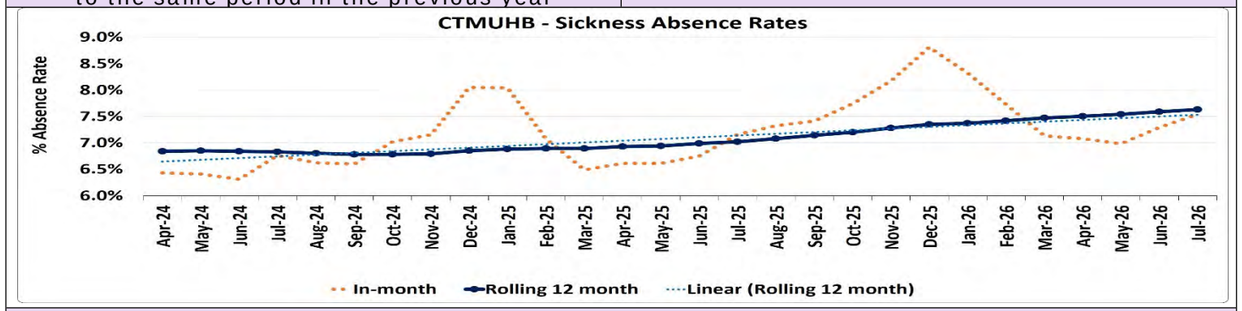


Staff Engagement 2025 Response rate is **35.6%**

CTMUHB Workforce Metrics

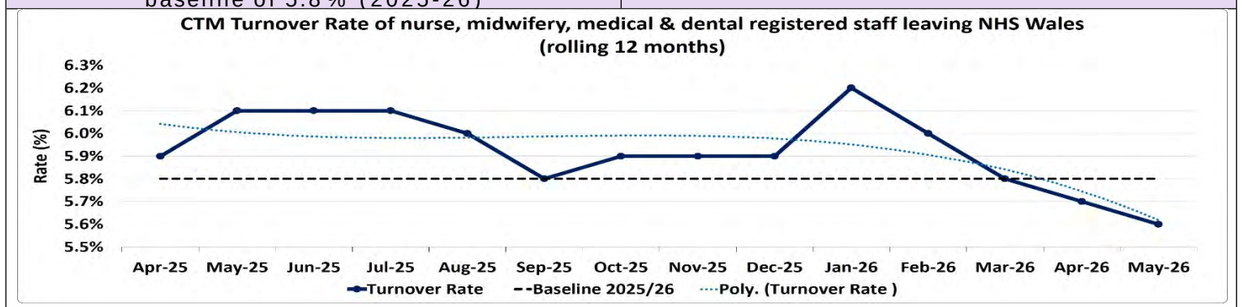
% of sickness absence rate of staff (rolling 12 months)

Target – Rolling 12 month reduction compared to the same period in the previous year	Jul 2026 – 7.54%



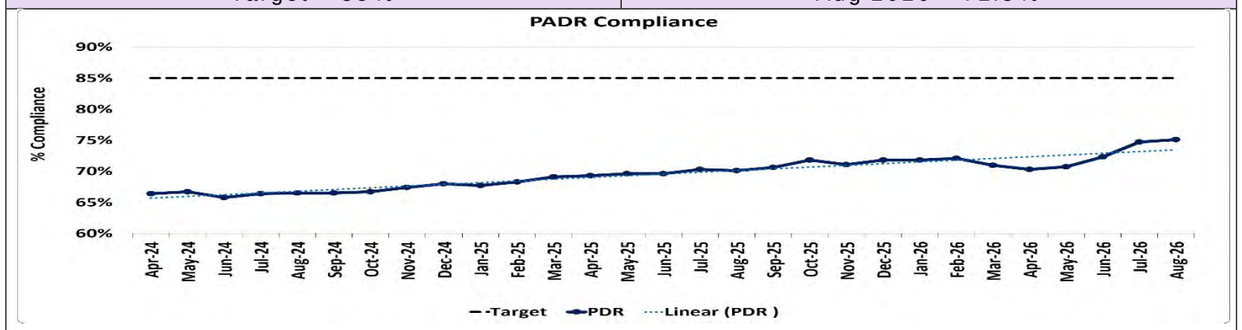
Turnover rate of nurse, midwifery, medical & dental registered staff leaving NHS Wales

Target – Rolling 12 month reduction against a baseline of 5.8% (2025-26)	Jun 2025 to May 2026 - 5.6%



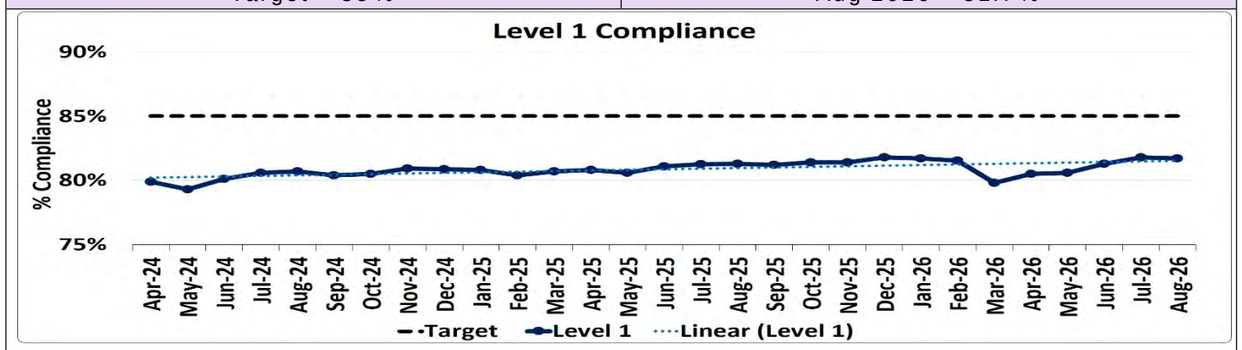
% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months

Target – 85%	Aug 2026 – 72.3%



% headcount who have completed Statutory & Mandatory Level 1 competencies

Target – 85%	Aug 2026 – 81.7%



Sickness Absence – How are we doing and what are our key concerns?

The rolling 12 month sickness absence rate to July 2026 was 7.63%, remaining above both the previous year position (7.03% in July 2025) and the Health Board improvement target. In-month absence increased to 7.54%, in line with seasonal trend, while return to work compliance improved significantly to 72.6%. Absence continues to reduce workforce capacity, affect staff wellbeing and productivity and increase reliance on temporary staffing.

Key Actions: Delivery of the Health and Wellbeing Programme strengthened management oversight, early intervention approaches and targeted work within Acute and Community Wards focusing on Nursing, Midwifery and Additional Clinical Services staff groups.

Key Risk: Continued high sickness absence could adversely affect service delivery, workforce sustainability, retention and agency expenditure.

Turnover Rate – How are we doing and what are our key concerns?

The 12 month turnover rate for staff leaving NHS Wales to May 2026 was 5.6%, performing marginally better than the baseline target of 5.8%. Turnover remains highest among Medical and Dental staff (8.60%), compared with 6.18% for Nursing and Midwifery staff. Workforce stability remains positive, with 93% of Nursing and Midwifery staff and 89% of Medical and Dental staff remaining employed throughout the reporting period.

Key Actions: Continued focus on retention initiatives, career development, support for newly qualified staff, workforce planning, internal mobility and wellbeing programmes.

Key Risk: An ageing workforce, increasing retirements and recruitment challenges may exacerbate workforce pressures and increase reliance on temporary staffing.

PDR & Core Learning – How are we doing and what are our key concerns?

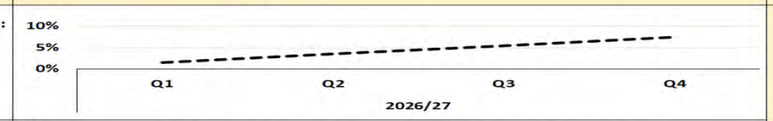
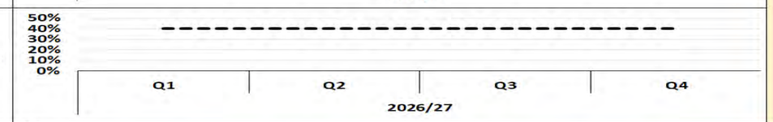
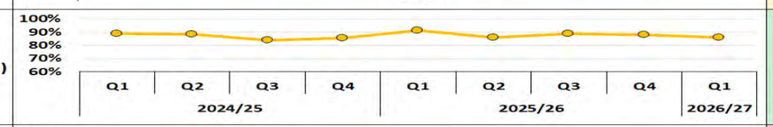
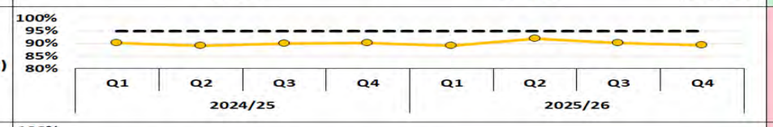
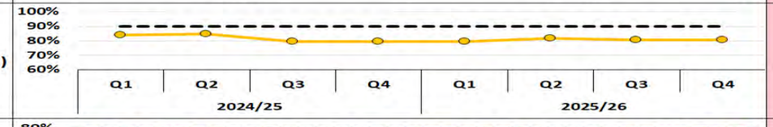
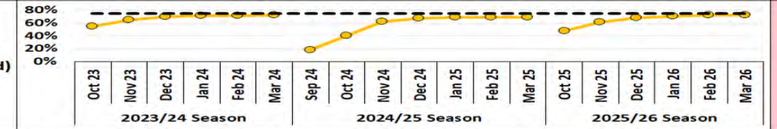
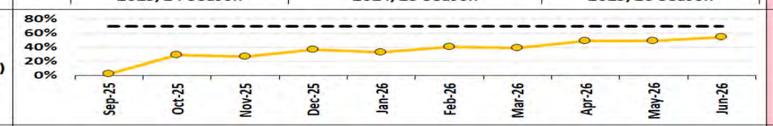
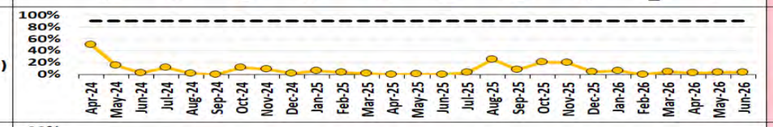
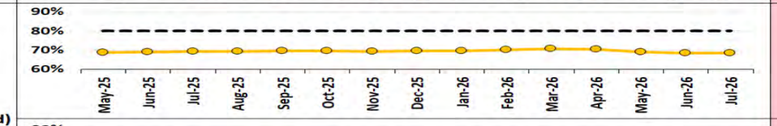
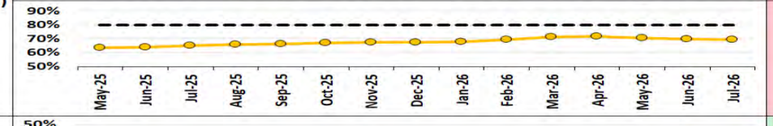
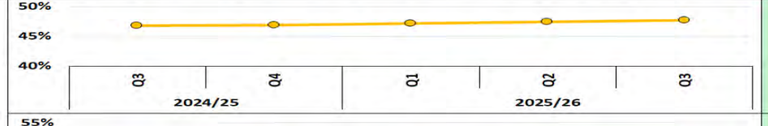
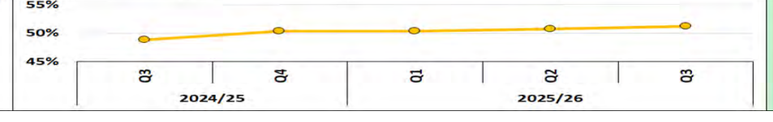
PDR compliance improved to 75.1% in August 2026, representing a year on year increase of 5.7%. Core Learning compliance remains below target at 81.7% for Level 1 subjects and 75.4% across all levels.

Although progress is evident, both indicators remain below the Health Board target of 85%. The principal challenge is now improving the quality, accessibility and relevance of learning and appraisal activity.

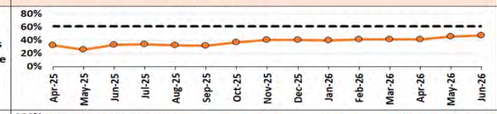
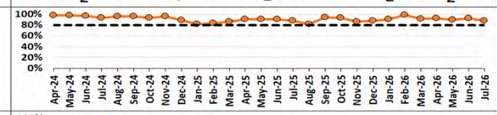
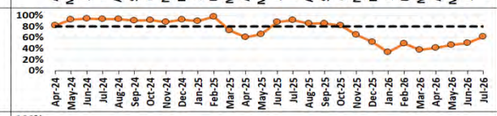
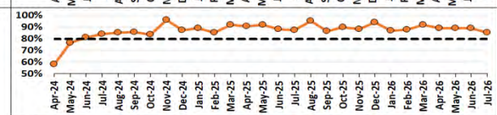
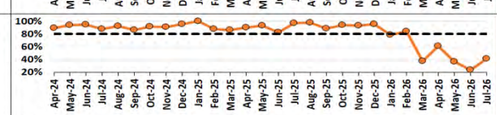
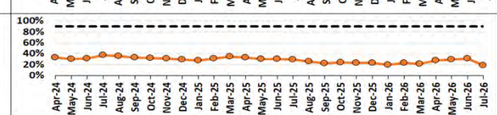
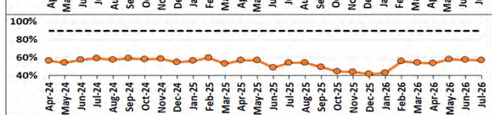
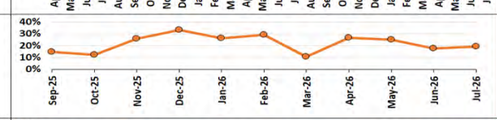
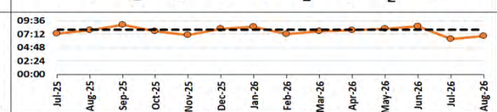
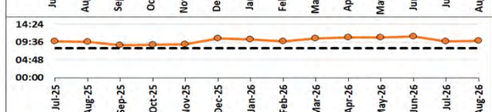
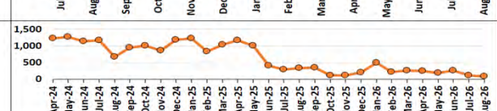
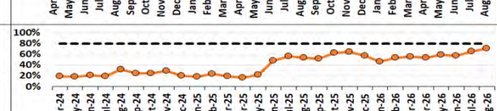
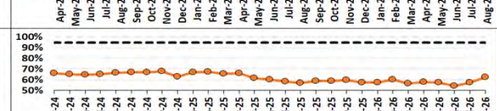
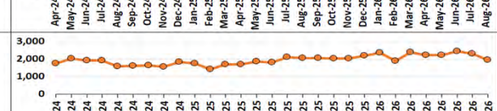
Key Actions: Targeted support for low performing areas, compliance clinics, manager development programmes, quality audits and a local review of the Core Learning offer. Additional support is being provided to Medical and Dental staff in response to compliance requirements and study leave changes.

Key Risk: Ongoing underperformance may reduce organisational assurance, limit workforce development opportunities, negatively affect staff engagement and retention, and potentially impact patient safety.

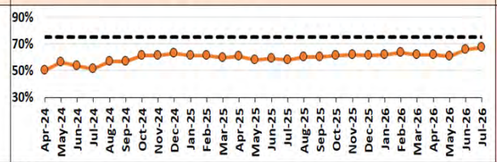
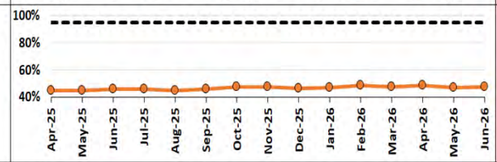
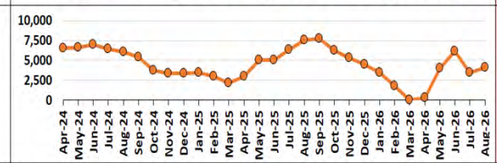
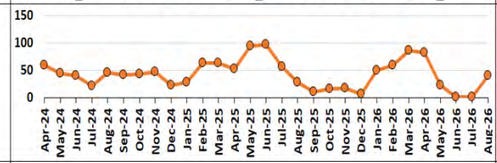
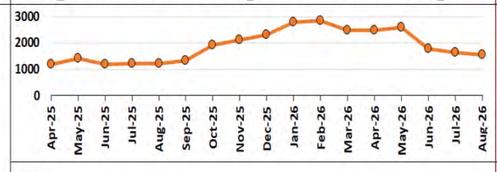
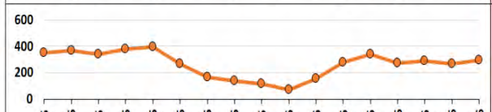
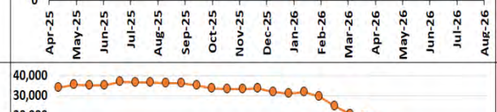
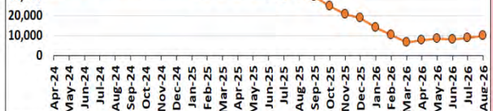
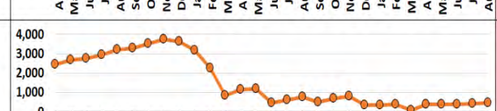
2.2 Appendix 1. Welsh Government Performance Framework Indicators - Quadruple Aim

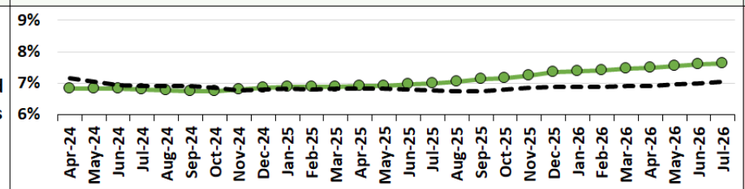
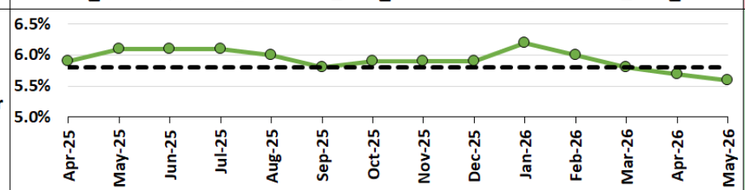
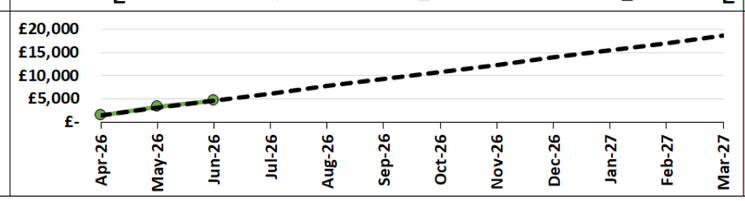
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management				
Performance Measure	**Target**	**Key:** Trend / Target/Trajectory	**Key: Target Met**	**Target Failed**
			Latest Position	
Percentage of adult smokers who make a quit attempt via smoking cessation services	7.5% Annual Target: (Higher is good) 1.5% by Q1 3.5% by Q2 5.5% by Q3 7.5% by Q4		Data not yet available for 2026/27	
Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% each quarter: (Higher is good)			
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80% (Higher is good)		86.1%	Q1 2026/27
Percentage of children who are up to date with the scheduled vaccinations by age 5	95% (Higher is good)		89.3%	Q4 2025/26 (next update expected Oct 2026)
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90% (Higher is good)		80.5%	
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75% (Higher is good)		72.5%	Next update expected Oct 2026
Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years of age	70% (Higher is good)		54.2%	Jun-26
Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90% (Higher is good)		3.4%	Jun-26
Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months	80% (Higher is good)		68.4%	Jul-26
Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months			69.5%	
Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS)	Improvement compared to the same period in the previous year (Higher is good)		47.7%	Q3 2025/26
Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS)			51.2%	

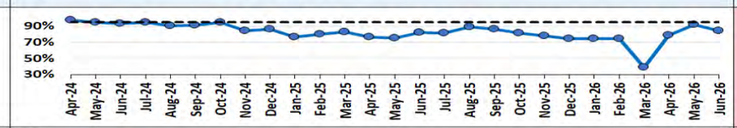
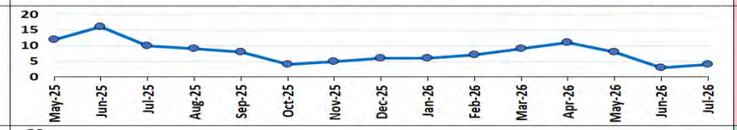
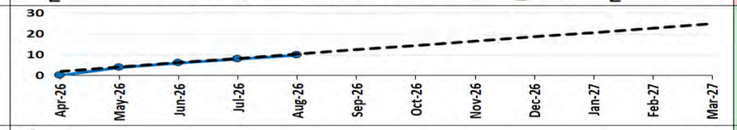
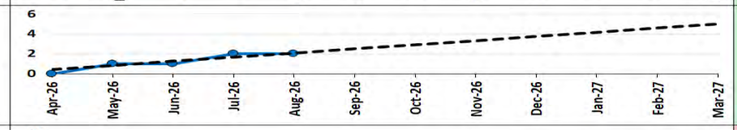
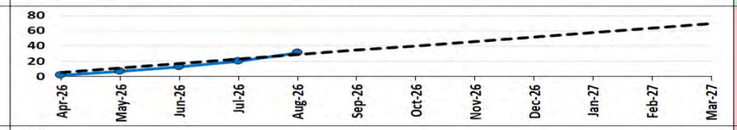
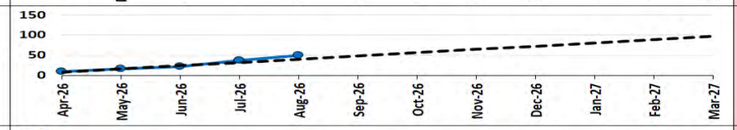
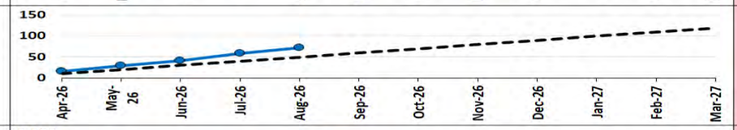
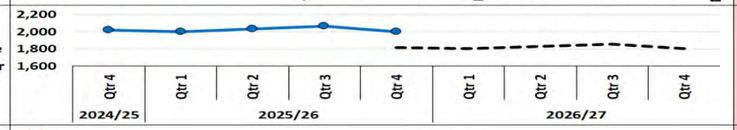
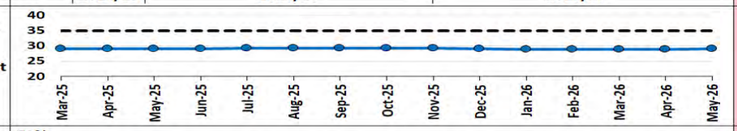
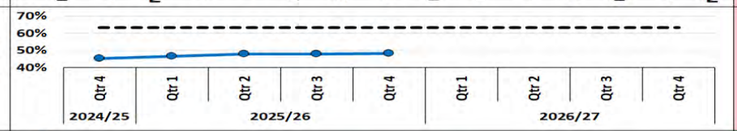
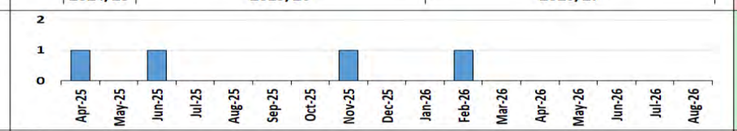
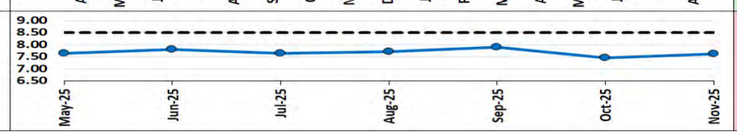
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Performance Measure	Target	Key: Trend --- Target/Trajectory	Key: Target Met	Target Failed
			Latest Position	
Percentage of community pharmacies providing Pharmacist Independent Prescribing Service (PIPS)	70% or an increase of at least 20 percentage points on the March 2026 baseline (40.9%) towards 70% (Higher is good)		46.8%	Jun-26
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80% (Higher is good)		88.2%	Jul-26
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80% (Higher is good)		61.8%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80% (Higher is good)		85.1%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80% (Higher is good)		41.4%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80% (Higher is good)		18.8%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			56.9%	
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	End of quarter on end quarter improvement (Higher is good)		19.4%	Jul-26
Median emergency response time to Purple: arrest category calls	Expected target range 6-8 minutes (Lower is good)		06:55	Aug-26
Median emergency response time to Red: emergency category calls			10:00	
Number of ambulance patient handovers over 45 minutes	Zero (Lower is good)		92	
Percentage of ambulance patient handovers within 15 minutes	80% (Higher is good)		70.8%	
% 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	95% (Higher is good)		62.4%	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero (Lower is good)		1,945	

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

Performance Measure	Target	Key: Trend --- Target/Trajectory	Key: Target Met	Target Failed
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75% (Higher is good)		67.5%	Jul-26
Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95% (Higher is good)		47.5%	Jun-26
Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic	Zero (Lower is good)		4,112	
Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Zero (Lower is good)		40	
Number of adults waiting more than waiting more than 14 weeks for all audiology pathways (to include new & existing pathways for hearing aids, tinnitus & balance)	Zero (Lower is good)		1,556	Aug-26
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			297	
Number of patients waiting more than 26 weeks for new outpatient appointment	Zero (Lower is good)		9,874	
Number of patients waiting more than 104 weeks for referral to treatment	Zero (Lower is good)		462	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction of at least 25% on March 2026 baseline (Lower is good)		41,298	

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable				
Performance Measure	**Target**	**Key:** Trend, Target/Trajectory	**Key: Target Met**	**Target Failed**
			Latest Position	
Percentage of sickness absence rate of staff	Rolling 12 month reduction compared to the same period in the previous year (Lower is good)		7.63%	Jul-26
Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 5.8% for 2025-26 (Lower is good)		5.6%	May-26
Agency spend	30% reduction in 2026-27 from 2025-26 outturn (£26,555 less 30% = £18,589)		£4688 (Numbers in £000's)	Jun-26

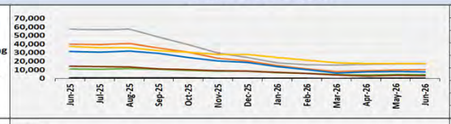
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes				
Performance Measure	**Target**	**Key:** Trend / Target/Trajectory	**Key: Target Met** / Green = Target Met / Red = Under	**Target Failed**
% of episodes clinically coded within one reporting month post episode discharge end date	95%		83.9%	Jun-26
National Reportable incidents open over 12 months	Zero		4	Jul-26
Cumulative number of hospital onset Klebsiella spp BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		10	Apr - Aug 2026
Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		2	
Cumulative number of hospital onset E.coli BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		31	
Cumulative number of MSSA BSI cases (bloodstream infections)	20% reduction on the 2024-25 baseline (Lower is good)		50	
Cumulative number of C.difficile infection cases	25% reduction on the 2024-25 baseline (Lower is good)		72	
Gabapentin and pregabalin DDDs per 1,000 patients	10% reduction compared to same period in the previous year (Lower is good)		2002.47	Q4 2025/26
Average quantity per item prescribed from start period for the reference basket of medicines	Prescribing interval of 35 days or where average is >=35 days in March 2026, an increase of at least 10% on March 2026 baseline of 28.9 (Higher is good)		28.99	May-26
Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	80% or an increase of at least 15 percentage points on the March 2026 baseline of 48.2% towards 80% (Higher is good)		48.2%	Q4 2025/26
Number of never events	Zero (Lower is good)		Zero	Aug-26
Overall HB patient experience score	8.5 (out of 10)		7.61	01/11/2025 (CTM moved to the Promptly system - updates will resume shortly

2.3 Appendix 2. Benchmarking – How do we compare to the rest of Wales?

Key: Wales AB BCU C&V CTM HDda Powys SB

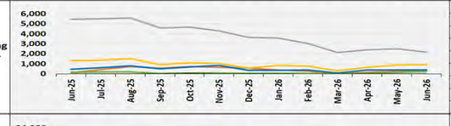
Planned Care & Cancer

Number of patients waiting over 26 weeks for a new outpatient appointment



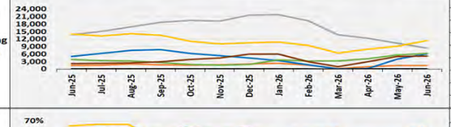
June 2026		
Health Board	Compliance	Rank
Powys	185	1st
SB	3,420	2nd
HDda	4,376	3rd
CTM	**7,830**	**4th**
AB	10,322	5th
BCU	17,143	6th
C&V	17,538	7th

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



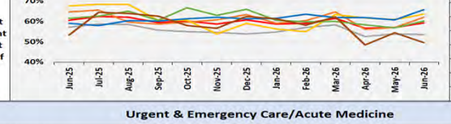
June 2026		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	254	3rd
AB	339	4th
CTM	**388**	**5th**
C&V	934	6th
BCU	2,167	7th

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



June 2026		
Health Board	Compliance	Rank
Powys	51	1st
AB	1,467	2nd
SB	5,243	3rd
CTM	**6,176**	**4th**
HDda	6,252	5th
BCU	8,465	6th
C&V	11,465	7th

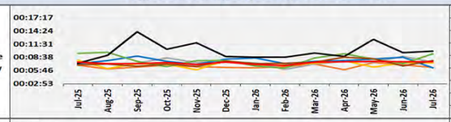
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)



June 2026		
Health Board	Compliance	Rank
CTM	**65.7%**	**1st**
C&V	63.6%	2nd
AB	62.0%	3rd
HDda	60.3%	4th
BCU	53.5%	5th
SB	49.5%	6th

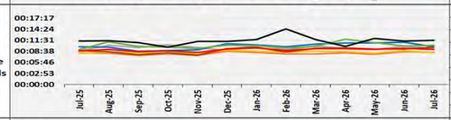
Urgent & Emergency Care/Acute Medicine

Median emergency ambulance response time to purple: arrest category calls



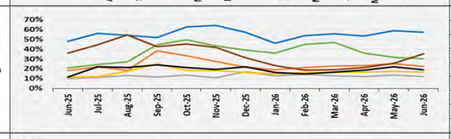
July 2026		
Health Board	Compliance	Rank
CTM	**06:21**	**1st**
AB	06:29	2nd
C&V	07:28	3rd
BCU	07:38	4th
SB	07:58	5th
HDda	09:27	6th
Powys	10:02	7th

Median emergency ambulance response time to red: arrest category calls



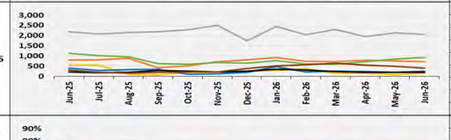
July 2026		
Health Board	Compliance	Rank
C&V	08:16	1st
AB	08:26	2nd
BCU	09:25	3rd
SB	09:49	4th
CTM	**09:51**	**5th**
HDda	10:15	6th
Powys	11:33	7th

Number of ambulance patient handovers within 15 minutes



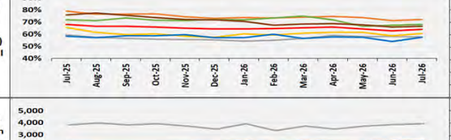
June 2026		
Health Board	Compliance	Rank
CTM	**57.5%**	**1st**
SB	35.3%	2nd
HDda	30.4%	3rd
AB	22.5%	4th
Powys	18.9%	5th
C&V	16.6%	6th
BCU	12.1%	7th

Number of ambulance patient handovers over 45 minutes



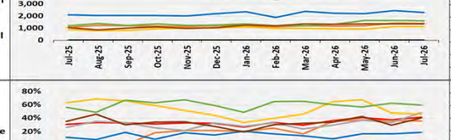
June 2026		
Health Board	Compliance	Rank
C&V	173	1st
Powys	198	2nd
CTM	**257**	**3rd**
SB	414	4th
AB	716	5th
HDda	932	6th
BCU	2,058	7th

% 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



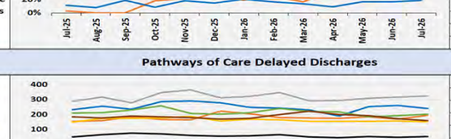
July 2026		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	72.1%	2nd
HDda	68.1%	3rd
SB	66.7%	4th
C&V	60.5%	5th
BCU	57.8%	6th
CTM	**57.6%**	**7th**

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



July 2026		
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,137	2nd
SB	1,364	3rd
AB	1,399	4th
HDda	1,613	5th
CTM	**2,292**	**6th**
BCU	3,912	7th

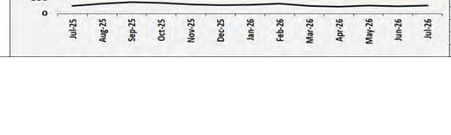
% of applicable stroke patients admitted to Acute Stroke Unit within 4 hours



July 2026		
Health Board	Compliance	Rank
HDda	59.7%	1st
BCU	48.1%	2nd
C&V	45.9%	3rd
SB	40.5%	4th
AB	35.7%	5th
CTM	**18.7%**	**6th**

Pathways of Care Delayed Discharges

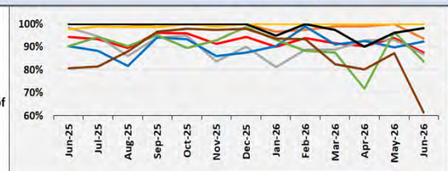
Number of Pathways of Care Delayed Discharges



July 2026		
Health Board	Compliance	Rank
SB	53	1st
C&V	152	2nd
Powys	159	3rd
AB	196	4th
HDda	204	5th
CTM	**242**	**6th**
BCU	325	7th

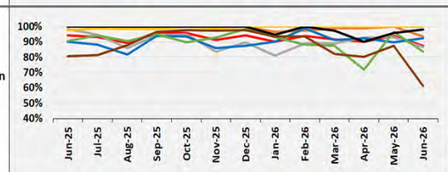
Mental Health Services

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (CAMHS)



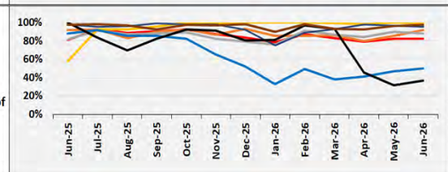
June 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
Powys	98.2%	2nd
AB	93.8%	3rd
CTM	**92.4%**	**4th**
BCU	86.7%	5th
HDda	83.9%	6th
SB	61.4%	7th

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (CAMHS)



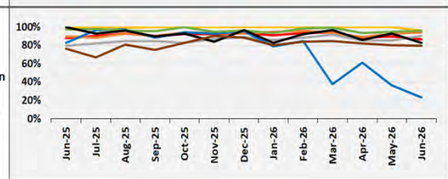
June 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
Powys	98.2%	2nd
AB	93.8%	3rd
CTM	**92.4%**	**4th**
BCU	86.7%	5th
HDda	83.9%	6th
SB	61.4%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (Adults)



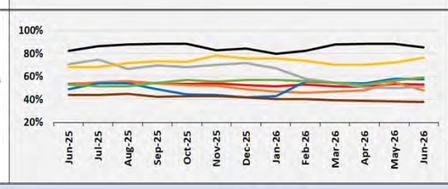
June 2026		
Health Board	Compliance	Rank
C&V	99.5%	1st
Powys	98.0%	2nd
HDda	95.3%	3rd
AB	91.9%	4th
BCU	88.3%	5th
CTM	**50.2%**	**6th**
SB	37.0%	7th

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (Adults)



June 2026		
Health Board	Compliance	Rank
C&V	96.2%	1st
HDda	95.8%	2nd
AB	94.4%	3rd
BCU	90.6%	3rd
SB	82.8%	5th
Powys	79.6%	6th
CTM	**23.5%**	**7th**

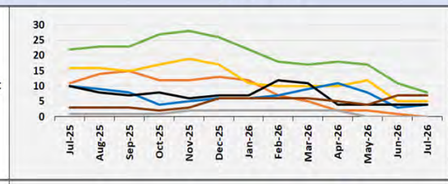
% of patients waiting less than 26 weeks to start a Psychological Therapy



June 2026		
Health Board	Compliance	Rank
SB	85.6%	1st
C&V	76.3%	2nd
HDda	59.3%	3rd
CTM	**57.5%**	**4th**
BCU	51.2%	5th
AB	47.7%	6th
Powys	37.7%	7th

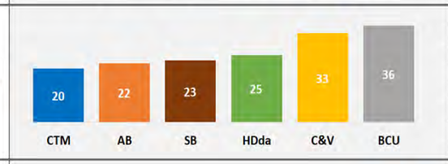
Safe Services

Number of National Reportable incidents that remain open over 12 months



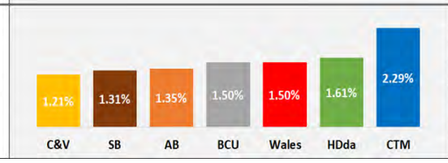
July 2026		
Health Board	Compliance	Rank
AB	0	1st
BCU	0	1st
CTM	**4**	**3rd**
Powys	4	3rd
C&V	5	5th
SB	7	6th
HDda	8	7th

Cumulative number of hospital onset E.coli BSI cases



April to June 2026		
Health Board	Compliance	Rank
CTM	**20**	**1st**
AB	22	2nd
SB	23	3rd
HDda	25	4th
C&V	33	5th
BCU	36	5th

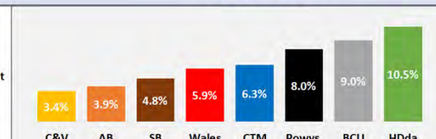
Crude Mortality Rate (Acute Health Boards)



(Rolling 12 month) Jul 25 - Jun 26		
Health Board	Compliance	Rank
C&V	1.21%	1st
SB	1.31%	2nd
AB	1.35%	3rd
BCU	1.50%	4th
HDda	1.61%	5th
CTM	**2.29%**	**6th**

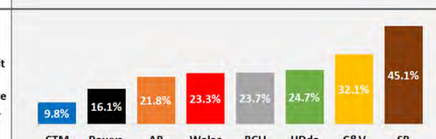
Population Health

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



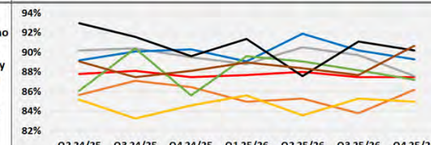
2025/26		
Health Board	Compliance	Rank
HDda	10.5%	1st
Powys	9.0%	2nd
BCU	8.0%	3rd
CTM	**6.3%**	**4th**
SB	4.8%	5th
AB	3.9%	6th
C&V	3.4%	7th

Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks



Qtr 4 2025/26		
Health Board	Compliance	Rank
SB	45.1%	1st
C&V	32.1%	2nd
HDda	24.7%	3rd
BCU	23.7%	4th
AB	21.8%	5th
Powys	16.1%	6th
CTM	**9.8%**	**7th**

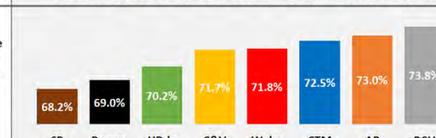
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)



Qtr 4 2025/26		
Health Board	Compliance	Rank
SB	90.7%	1st
Powys	90.2%	2nd
CTM	**89.3%**	**3rd**
BCU	87.6%	4th
HDda	87.2%	5th
AB	86.2%	6th
C&V	85.0%	7th

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over

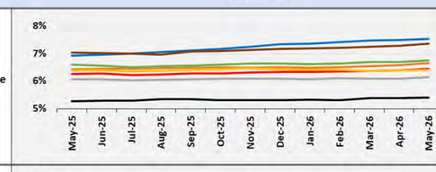
(2025/26 Flu season)



March 2026		
Health Board	Compliance	Rank
SB	68.2%	1st
Powys	69.0%	2nd
HDda	70.2%	3rd
C&V	71.7%	4th
CTM	**72.5%**	**5th**
AB	73.0%	6th
BCU	73.8%	7th

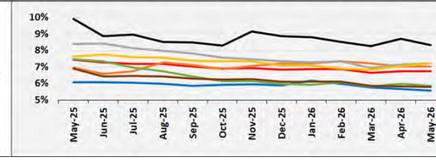
Workforce

% of sickness absence rate of staff



May 2026		
Health Board	Compliance	Rank
Powys	5.4%	1st
BCU	6.1%	2nd
C&V	6.4%	3rd
AB	6.7%	4th
HDda	6.8%	5th
SB	7.4%	6th
CTM	**7.5%**	**7th**

Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales



May 2026		
Health Board	Compliance	Rank
CTM	**5.6%**	**1st**
SB	5.8%	2nd
HDda	5.9%	3rd
AB	7.0%	4th
C&V	7.2%	5th
BCU	7.2%	5th
Powys	8.3%	7th

3. Key Risks / Matters for Escalation

The key risks for all areas are covered in the summary and main body of the report.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 1a
	If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Data to Knowledge
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.	
Cyfreithiol / Legal	Yes (Include further detail below) Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	

Enw da / Reputational	Yes (include further detail below) Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (include further detail below) Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Claire Thompson	16/09/2026	Endorsed for Approval

5. Glossary of terms

Acronyms/Glossary of Terms		Definition or Context
A&E/ED	Accident & Emergency/Emergency Department	Emergency department for urgent care
ANTT	Aseptic Non-Touch Technique	Clinical technique to prevent infection during procedures
BSW	Bowel Screening Wales	National bowel cancer screening programme
CAMHS	Child and Adolescent Mental Health Services	Services for children and young people with mental health needs
CAUTI	Catheter-Associated Urinary Tract Infection	Infection linked to urinary catheter use
CO-validated quit	Carbon Monoxide validated quit attempt	Carbon monoxide test confirming smoking cessation
COO	Chief Operating Officer	Accountable for day-to-day operational performance
CTP	Care and Treatment Plan	Statutory plan for patients receiving secondary mental health services
D2RA	Discharge to Recover and Assess	A model supporting timely hospital discharge and recovery at home
ERCP	Endoscopic Retrograde Cholangiopancreatography	Procedure to diagnose and treat bile duct conditions
HBSUK	Healthcare Business Solutions (UK)	Outsourced or additional capacity clinics used to reduce waiting lists
HCSW	Healthcare Support Worker	Staff providing basic patient care and support
HMQ	Help Me Quit	Smoking cessation service in Wales
IMTP	Integrated Medium Term Plan	A three-year strategic plan aligning Health Board objectives with national priorities
IPC	Infection Prevention and Control	Measures to prevent healthcare-associated infections
LPMHSS	Local Primary Mental Health Support Services	Community-based mental health support
MDT	Multi-Disciplinary Team	Team of healthcare professionals managing patient care collaboratively
N&M	Nursing & Midwifery	Workforce category for nurses and midwives
NIAW	National Imaging Academy Wales	A training and capacity-building initiative for imaging professionals.
NOUS	Non-Obstetric Ultrasound	Ultrasound scans excluding obstetric cases
NRI	National Reportable Incident	Incidents that must be reported nationally due to severity or impact
PADR	Personal Appraisal Development Review	Annual staff appraisal process
PEF	Practice Educator Facilitator	A role supporting training and education for clinical staff
PET	Positron Emission Tomography	Imaging technique used in cancer diagnosis
RCEM	Royal College of Emergency Medicine	Professional body for emergency medicine
RCN	Royal College of Nursing	Professional body for nurses
RIS	Radiology Information System	System for managing radiology workflows
RTT	Referral to Treatment Times	Time from referral to the start of treatment
SCP	Single Cancer Pathway	National standard measuring time from suspicion to first definitive
SOP	Standard Operating Procedure	Step-by-step instructions for routine processes
SPC	Statistical Process Control	Method for monitoring performance trends and variation using statistical
SpR	Specialist Registrar	A doctor in specialist training
STAMP / OPTIMISE	STAMP / OPTIMISE	Flow improvement programmes aimed at reducing delays in emergency
TCI	To Come In	Scheduled admission date for a patient
USGI	Upper Gastrointestinal	Diagnostic investigations for upper GI tract
WAST	Welsh Ambulance Services NHS Trust	Provides ambulance and patient transport services
WLI	Waiting List Initiative	Additional sessions to reduce waiting lists
WPAS	Welsh Patient Administration System	Managing appointments, referrals, admissions and inpatient/outpatient
Welsh Health Boards		
ABUHB	Aneurin Bevan University Health Board	
BCUHB	Betsi Cadwaladr University Health Board	
C&VUHB	Cardiff & Vale University Health Board	
CTMUHB	Cwm Taf Morgannwg University Health Board	
HDUHB	Hywel Dda University Health Board	
Powys THB	Powys Teaching Health Board	
SBUHB	Swansea Bay University Health Board	

CTMUHB Public Board

Primary Care and Community Performance Dashboard

Eitem yr Agenda / Agenda Item	7.3
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Service Director and Medical Director for Primary Care and Community
Cyflwynydd yr Adroddiad / Report Presenter:	Gethin Hughes, Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to NOTE the progress in the development of a Performance Dashboard for Primary Care and Community Services.

1. Situation/Background

This Performance Dashboard provides an overview of the Primary and Community Care Groups current performance position, highlighting key areas of achievement, operational pressure, risk and delivery challenge. This dashboard is still in development and focus has been on refining a key set of measures for sharing with the Board.

2. Specific Matters for Consideration - Key Performance Highlights:

GMS contract variations: Contract variations show a stable position from GP perspective with no contracts handed back and one new branch surgery opening at the beginning of the year, resulting from a branch closure at Forest View Medical Practice. The premises provided a solution for St Davids Medical Practice which had accommodation challenges. Patients in the north Rhondda Fawr Valley are now offered a greater choice from an access perspective.

Diabetes 8 Care Processes: Shows deterioration from last month and CTM practices are now in 3rd position compared to the all-Wales average when they were in 2nd position. CTM remain in a considerably more positive position than 12 months ago. Work being undertaken to understand the reason for this dip and reverse the trend.

Learning Disability Checks: Practices are being asked to achieve 75% delivery of annual health checks for their registered population with Learning Disabilities. Annual health check invitations and health checks performed fall below this target and work being undertaken to support practices to achieve.

General Dental Services (GDS) Performance: This is the first year of delivery for the new GDS contract. Performance is variable across Dental Practices. Challenges exist for not only the Dental Contractors but for primary care team. Systematic monitoring is being undertaken and support offered to practices. As of August 2026, 4,923 patients were waiting allocation through the DAP (Dental Appointment Portal), an improved position compared with the previous month. Bridgend continues to account for the largest proportion of patients, but we understand that this is attributable to several contract hand backs and local population demand.

Welsh General Optometry Services (WGOS): Filtering enables practices to refer between each other for specialist services and monitoring enables secondary care to discharge patients for ongoing monitoring for their condition within Primary Care. Filtering services have been successful to varying degrees within all the specialist services but focus needs to be on developing patients to be identified for discharge to community optometry and the pathways for monitoring must be finalised.

Diabetic Retinopathy – This is the least developed of the eye care pathways, and it has not yet transitioned over to the National pathway. Liaison between primary care and secondary care continues.

GPOOH and Navigation Hub: Performance for GP OOH and Navigation Hub remain strong. For GPOOH all but one target is reached – P1 target which is the Priority 1 patients (P1) those requiring urgent need. The hub is reliant on the information being sent via 111 and following this triage and dispatch. Solutions are being worked through. Care Homes intervention continues to help avoid unnecessary admission avoidance to Emergency Departments and keep patients at home where appropriate.

Hospital@Home: The service is supporting discharge for patients awaiting care package, but who are not safe between calls. Discharge out to alternative provider is timely in Rhondda Cynon Taff and improving for Merthyr Tydfil but longest length of stay is in the Bridgend Locality.

Community Nursing (District Nursing): The service is seeing growing demand, sustained workload increases, and increasing complex caseloads and which is evidenced in the Welsh Levels of Care data.

Challenges

What the Primary Care and Community Care Group can produce is limited due to the large amount of manual data 'pull' required by teams, and the lack of dedicated Informatics/Business Intelligence expertise and support. There is limited data that CTMUHB can gather at Primary Care independent contractor level for all professions as much of the data is pulled directly from practices at a National Level and must be verified by StatsWales before it is published within Primary Care Portal and other central repositories. Hence the data is largely out of date when published. From a community perspective we do not have an integrated community clinical record system again limiting data feed. The team continues to attempt to influence national discussions regarding this. The Care Group will continue to build and refine the dashboard and feedback on the information supplied will be welcomed.

CTMUHB Primary Care & Community

General Medical Services (GMS)

GMS Contract Variations

Indicator	Frequency	2024-25	2025-26	Quarter 1 Apr-26	May-26	Jun-26	Quarter 2 Jul-26	Aug-26	Sep-26	Quarter 3 Oct-26	Nov-26	Dec-26	Quarter 4 Jan-27	Feb-27	Mar-26
Practice Population	QUARTERLY	Raw List Size 1/4/24 468,454	Raw List Size 1/4/25 471,379	471,574			471,695			tbc			tbc		
No. of GMS Contracts in place	QUARTERLY	N/A	N/A	43	43	43	43	43							
No. of Managed Pracices		N/A	N/A	1	1	1	1	1							
No. of practices at Level 3 or above	MONTHLY	N/A	N/A	9	9	9	9	10							
Access Targets 1/4 return submitted on PCIP	QUARTERLY	N/A	100%	100%			100%			tbc			tbc		
Sustainability Applications	MONTHLY	N/A	N/A	0	0	0	0	0							
Current List Closures	QUARTERLY	1	1	1	1	1	1	1							
Branch Closure Applications	*MONTHLY*	0	1	0	0	0	0	0							
Branch Opening Applications	*MONTHLY*	0	0	1	0	0	0	0							
No. of GMS Contract Resignations	MONTHLY	N/A	N/A	0	0	0	0	0							
No. of Patients affected	MONTHLY	N/A	N/A	n/a	n/a	n/a	n/a	n/a							

How are we doing and what are our key concerns?

There are a total of 44 GP practices across the CTM footprint and the table provides a snapshot view of General Medical Contracts' status. It shows stable contract position with no contract hand backs this year. The one significant change has been a branch surgery opening in April 2026 which followed a branch closure for another practice in the Rhondda valley. This enables the Health Board to facilitate and support a practice which was facing significant accommodation and capacity challenges.
The other key indicator is the escalation status, which practices use to indicate pressures. There has been since the beginning of the year an average of 9 practices reporting level 3 (very few reporting level 4)

What key actions are we taking and when do we anticipate improvement?
Contract variations applications and sustainability issues are raised

What are the key risks and mitigations?
Contract hand back is a risk, but it can also be considered as an opportunity to shape service delivery.

Diabetes 8 Care Processes.



Health Board > Cluster Breakdown

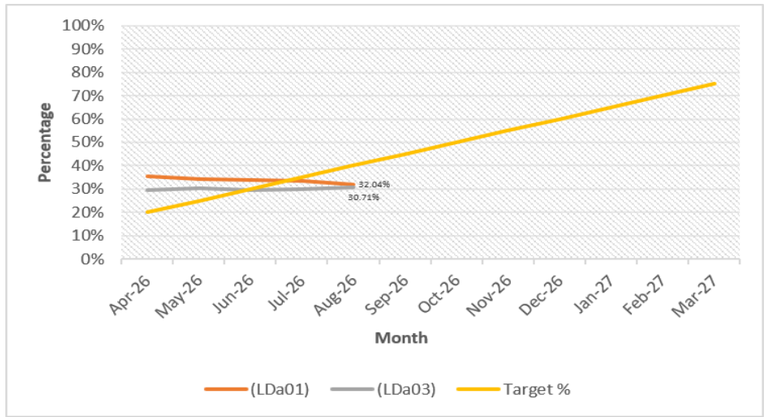
Health Board	Care Process Compliance %	Compliance Var to AWA
⊟ CTMUHB	49.41%	1.89%
Bridgend West	42.17%	-5.34%
Rhondda South	42.26%	-5.25%
Taff Ely South	45.16%	-2.36%
Bridgend East	46.13%	-1.38%
Rhondda North	46.72%	-0.80%
Merthyr South	49.42%	1.91%
Cynon North	49.46%	1.95%
Taff Ely North	52.26%	4.75%
Cynon South	52.82%	5.31%
Merthyr North	58.79%	11.28%
Bridgend North	60.42%	12.90%
Total	49.41%	1.89%

How are we doing and what are our key concerns?
The data shows a downward trajectory from 49.90% in July 2026 to 49.41% August 2026. The two key indicators are diabetic foot checks and albuminuria checks. CTM was leading the way across Wales in terms of rolling 12-month improvement.

What key actions are we taking and when do we anticipate improvement?
Contact continues to be made with each practice regarding compliance. Cluster Development Managers presenting data at collaborative meetings to share best practice and enlist peer support. Monthly monitoring and communication with low performing practices. WISE team provides support for foot checks and the PCC Training Academy continues to offer training courses to practice staff.

What are the key risks and mitigations?
Attainment of the full 8 care processes is difficult to achieve for any practice, however low compliance across the metrics may result in patients and diabetic care is not fully maximised. Consistent and robust monitoring and actions above will help to mitigate the risks and to reverse the trend.

Learning Disabilities Health Checks



How are we doing and what are our key concerns?

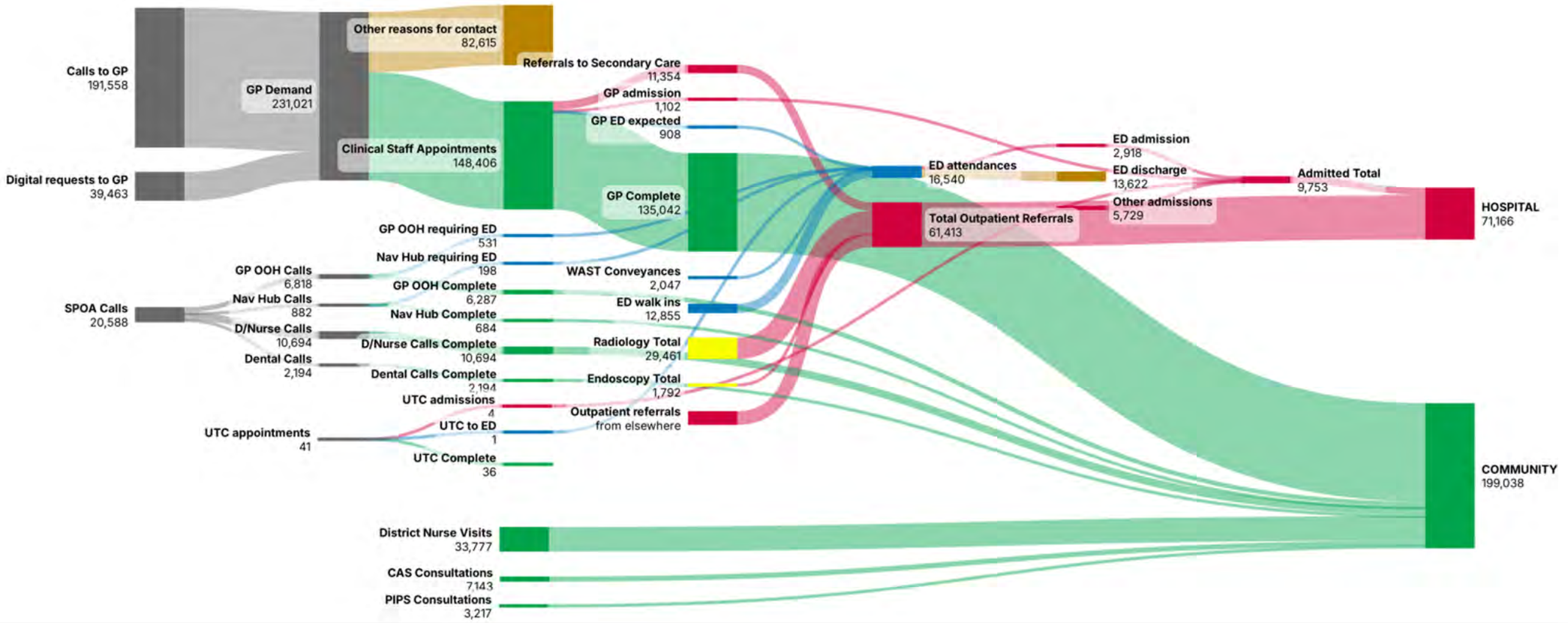
Learning Disability monitoring was previously a supplementary service but is now incorporated into the core contract. The percentage target for the end of 2026-2027 is 75%. The data shows the number of patients invited to an annual health check in the previous 12 months LDa01 and number of annual health checks completed in the last 12 months LDa03. As at 31st August 2026, there were 2,338 patients on LD registers across CTM UHB. This equates to 0.60% of the population of CTM UHB.

- Annual health check invitations – 749 (32.04%)
- Annual health checks completed –718 (30.07%)

What key actions are we taking and when do we anticipate improvement?
Continuous monitoring by the GMS team and there is a targeting of low performing practices for discussion on contractual obligations and offering support. Workshops and resources have been made available to all practices. Data quality issues are being explored with practices.

Key risk and mitigations?
Patients with LD are not receiving the regular checks, risks identified with practices and work undertaken with LD teams to enhance support.

Primary Care Access Metrics for the month of December 2025 (Verified)



What is the graph showing us?

The graph shows verified access data for a whole month in December 2025 and is the same data as presented at the last Board but represented in a different way. The data is pulled from the following sources:

- GP activity - StatsWales
- Other Health Board activity – CTM Data Warehouse and various CTM dashboards

Summary:

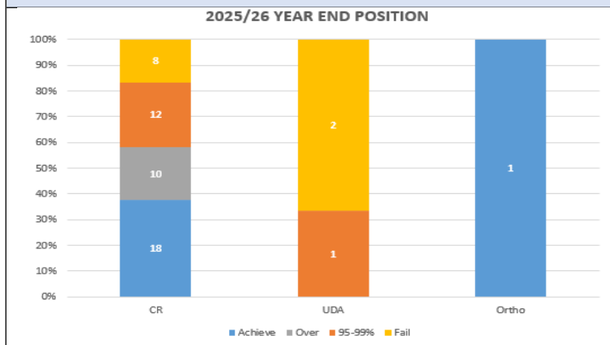
- 64% of contacts to GP Practices result in an appointment; opportunity regarding the 36% (e.g. admin queries, signposted elsewhere)
- 91% of appointments at GP Practices are dealt with completely by the clinician (8% outpatient referral, 1% either admitted or sent to ED)
- Outpatient referrals: 11,354 from GP Practices, 18,806 from elsewhere
- ED attendances: 908 from GP Practices, 2,047 via WAST, 12,855 walk-ins, 730 from GPOOH/Nav Hub/UTC
- Admissions: 1,102 via GP, 2,918 via ED, 4 via UTC, 5,729 from elsewhere
- Community Pharmacy consultations is 7% of GMS consultations

Key:

- Grey - Gross activity
- Green - Patient pathways was completed entirely within Primary Care & Community services
- Blue - Emergency Department pathways
- Red – Admission/outpatient pathways
- Yellow - Diagnostic pathways (both inpatient and outpatient)

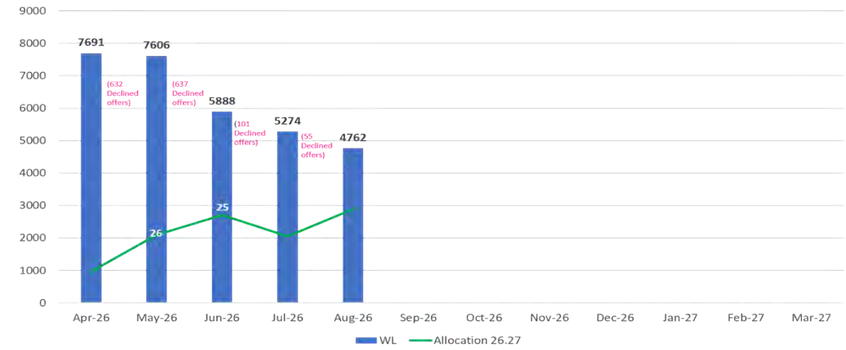
DENTAL

General Dental Services (GDS) 2025/26 – Year End Final Position



	Achieve	Over	95-99%	Fail	Total
CR	18	10	12	8	48
UDA			1	2	3
Ortho	1				1
	19	**10**	**13**	**10**	**52**

	Over	95-99%	Fail
CR	£ 137,940	£ 148,742	£ 429,055
UDA		£ 3,347	£ 26,871
Ortho			
	£ 137,940	**£ 152,089**	**£ 455,926**
AF NP's			£ 42,952
Total Clawback			**£ 498,878**



How are we doing and what are our key concerns?

Final overall delivery is mixed, with 29 providers (57%) achieving or exceeding targets.

- 13 providers (23%) delivered between 95-99% of target, representing activity that may be carried forward into 2026/27 or alternatively recovered, depending on practice choice.
- 10 providers (21%) underperformed against contract requirements, comprising 8 Contract Reform and 2 UDA providers.
- Overperformance was seen in 10 Contract Reform providers, capped at +5%.
- 1 Orthodontic contract achieved expected performance.

Financial Position

- Underperformance / clawback £455,926
- Additional non-performance £42,952
- Total clawback £498,878

What key actions are we taking and when do we anticipate improvement?

- The Primary Care Dental team are currently working through a few queries practices have escalated in relation to their year end position. These will be discussed and resolved through the Contract Variation Group. This has resulted due to year end management discrepancies.

What are the key risks and mitigations?

Risks:

- Workforce capacity constraints due to recruitment and retention challenges limit delivery across several providers. There remains uncertainty around the new contract and the transition. Final year of contract reform is contributing to variable delivery and conservative activity planning. A small number of providers account for the majority of under delivery and claw back.

Mitigations:

- Discussions continue with Welsh Government in respect of clarification on future contractual management and more robust guidance.
- Regular monitoring of practice performance as has been the case for previous years and early discussions regarding contract reductions where underperformance is anticipated.

How are we doing and what are our key concerns?

- The DAP remains the single route for allocation of new NHS dental patients under the 2026 GDS Contract.
- As of August 2026, 4,923 patients were awaiting allocation through the DAP.
- The waiting list has reduced significantly from 7,691 patients in April to 4,923 patients in August 2026, representing a reduction of approximately 36%. This reduction is consistent with July.
- Monthly allocations remain significantly above the 2025/26 average of 961 patients, with 2,890 patients allocated in August 2026 across 23 practices.
- Bridgend continues to account for the largest proportion of patients awaiting allocation (40%) reflecting the impact of contract hand backs and population demand.
- The increase in participating practices and sustained allocation activity indicates the portal is supporting improved access to routine NHS dental services across the Health Board.

What key actions are we taking and when do we anticipate improvement?

- The Primary Care team continue to monitor waiting list trends and allocate new patients monthly.

What are the key risks and mitigations?

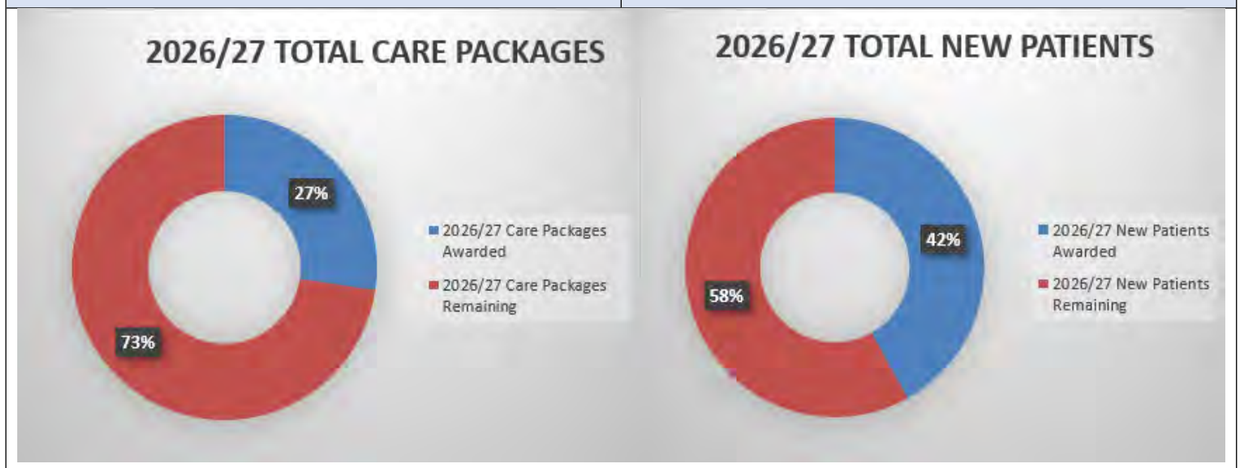
Risks:

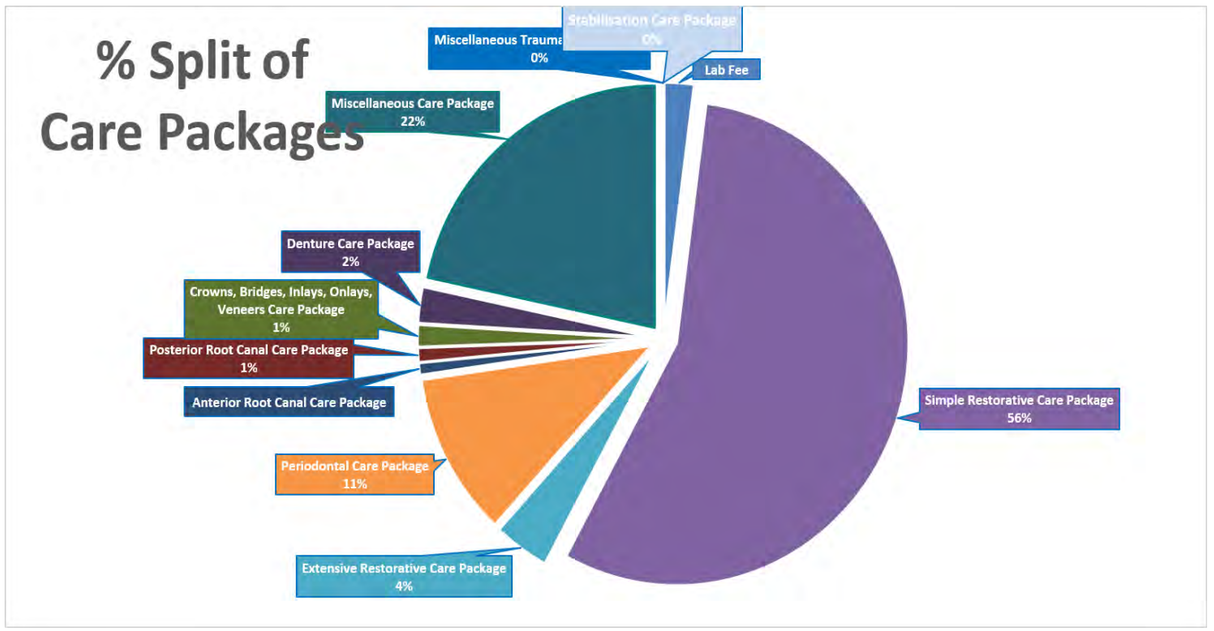
- The decline in the waiting list begins to reverse and there becomes an increasing number of patients waiting.
- Patients may be choosing not to register on the DAP and wait until they need to see a dentist which defeats the object of the contract focused on prevention.

Mitigations:

- The Primary Care Dental Team will continue to monitor trends monthly and will allocate out to practices. They will review demand and will consider targeted commissioning in the event the waiting list increases. Still early start to the new contract.
- Lobby Welsh Government to resolve the concerns raised over the software system through the DAP forums and to consider a National awareness campaign through media explaining access to the DAP.

General Dental Contract Performance (New patients and care packages)





How are we doing and what are our key concerns?

- Care Package (CP) and New Patient (NP) delivery continue to increase month-on-month as practices embed the requirements of the 2026 GDS Contract.
- By August 2026, providers had delivered £5.8m (27%) of the annual Care Package target and £316K (42%) of the annual New Patient target.
- New Patient delivery is performing more strongly than Care Package delivery and is exceeding the required mid-year requirement of 40%. However, its should be noted there continues to be variation across individual practices
- August CP delivery dipped in comparison to the high recorded in July, again this is likely to the claiming issues experienced being rectified and claims held being able to be reported.
- NP delivery dipped in August compared to that seen in July, however, stayed higher than what was recorded in June. NP delivery in August was 1381, compared to June which was 1163
- CP performance remains below the expected 40% mid-year requirement, and continued growth will be required throughout the remaining Qtrs. to achieve contractual requirements.
- Variation between providers remains evident and is likely to reflect workforce capacity, appointment availability and differing stages of transition the new contract model.

What key actions are we taking and when do we anticipate improvement?

New Patients: individual targeted performance discussions are taking place with Dental providers who are below the trajectory and the Primary Care Dental Team continue to monitor and support practices to maximise available appointment activity.

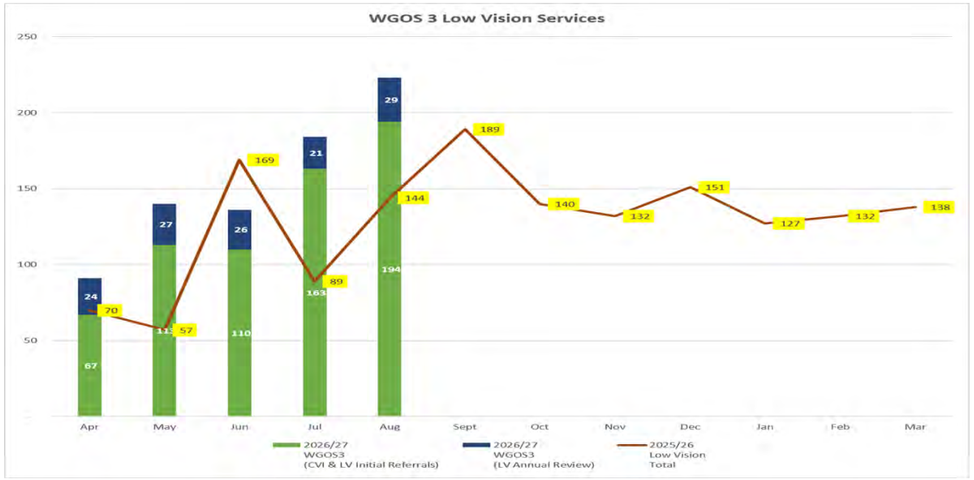
What are the key risks and mitigations?

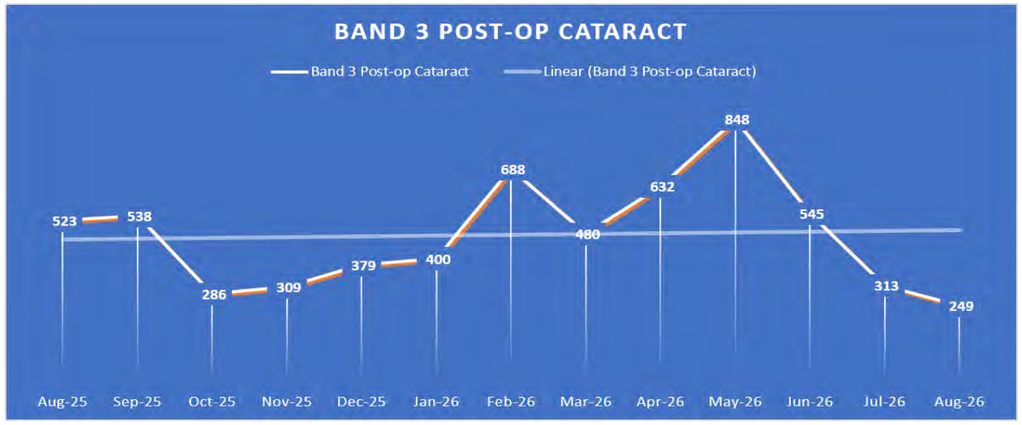
Underperformance of the key Dental contract metrics. Ongoing discussions with the practices to understand their individual circumstances, such as workforce and clinical capacity constraints, early discussions and offer of support where sustainability is key issue to try and avoid contract hand backs.

OPTOMETRY

Welsh General Optometry Services (WGOS)

Low Vision Services (WGOS 2 & 3)	Low Vision Services (WGOS 2 &3) How are we doing and what are our key concerns? • For the period April to August, activity for low vision services increased by 19% in total compared to 2025/26, demonstrating growing utilisation of enhanced optometry pathways. • Growth was seen across all bands, with the largest increase in Band 3 follow-up activity (+35%) • Cataract-related pathways continue to drive activity growth, supporting transfer of care from HES into primary care. • Activity trends indicate increasing management of patients within community optometry services, reducing reliance on secondary care. • Increasing cataract pathways demand is good but it is creating additional activity pressures across both Band 2 and Band 3 services. What key actions are we taking and when do we anticipate improvement? • Continued training and accreditation opportunities to be offered to performers and sign posting to HEIW. • Continue monitoring activity and capacity requirements across cataract pathways • Review activity trends and ensure workforce planning support future growth • Growing pathway complexity and increasing utilisation require ongoing monitoring to ensure sustainable delivery and consistent access across the Health Board • The sharing of cataract forecasted demand from Hospital Services is vital to enable the Primary Care team to be able to match future capacity with demand. What are the key risks and mitigations? Risk • Workforce capability and availability of accredited practitioners in Primary Care may limit future growth as demand continues to increase. Mitigations • Regular sharing of forecast cataract and other enhanced services with the Primary Care team will enable future planning





How are we doing and what are our key concerns?

- Primary Care glaucoma activity continues to increase compared with 2025/26, demonstrating growing utilisation of the pathway with filtering delivery increased by 111% compared with the same period in 2025/26 (400 vs 190 claims). August continued to deliver a high % Glaucoma Filtering, with 26 or 40% of patients retained within Primary Care pathways and managed within primary care.
- Glaucoma Monitoring activity remains strong, with 474 monitoring appointments delivered and 402 patients retained within community pathways. 78% of monitoring patients continued to be managed within in Primary Care demonstrating effective use of primary care capacity and reducing pressure on secondary care services. 402 out of 474 patients were retained in Primary Care.
- Despite this Bridgend has not yet fully implemented the pathways resulting in inequitable access across the Health Board.
- The identification of patients from hospital services could be further maximised.

What key actions are we taking and when do we anticipate

- Hospital services to resolve capacity issues in Princess of Wales to enable roll out.
- Discharge processes and information sharing from secondary care to be improved to identify suitable patients. To be completed by the end of Quarter 4.

Medical Retina Filtering (MRF Wet AMD) (WGOS 4)

How are we doing and what are our key concerns?

- Wet AMD filtering pathway is operational with consistent utilisation of the pathway across participating practices with continued delivery of MRF activity.
- Activity for April to August 2026/27 totalled 165 MRF claims, compared with 190 in the same period of 2025/26, a reduction of 13%. Monthly activity averaged 33 claims, compared with 36 claims in 2025/26.
- Activity was relatively stable between April and June, before reducing to the lowest number of claims in July (26), August has seen a slight recovery in claims.
- The pathway continues to be utilised consistently across the Health Board, supporting the early identification and management of wet AMD patients within community optometry settings.
- All medical retina conditions not yet included in filtering pathway, limiting overall impact on hospital services

What key actions are we taking and when do we anticipate

- Need to expand the pathway to include wider medical retina conditions as well as agree discharge criteria and patient stability for community follow up. This needs to be done by the end of Quarter 4 at the latest.

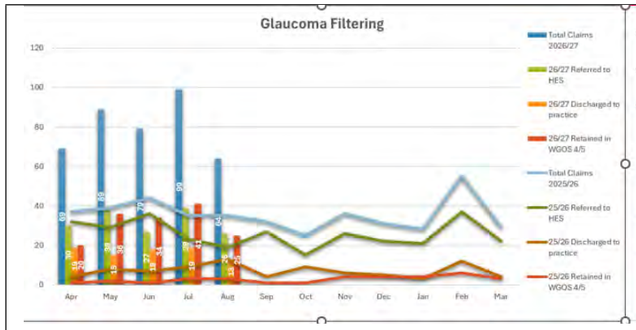
Independent Prescribing (WGOS 5)

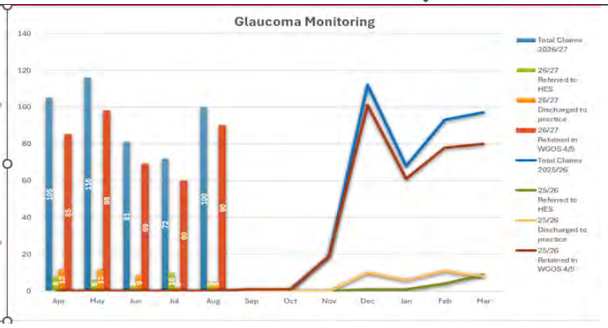
How are we doing and what are our key concerns?

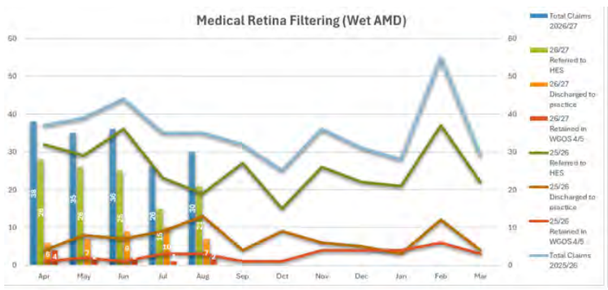
- Activity continues to increase compared with 2025/26, demonstrating growing utilization of IP services within community optometry. Overall, initial appointments increased by 43% compared with 2025/26, and follow-up activity has also increased by 43% indicating increasing confidence in management of patients within community settings.
- While the filtering pathway delivers clear system benefits, the absence of a monitoring pathway and shared access to patient records currently limits opportunities to discharge suitable patients from HES into community services

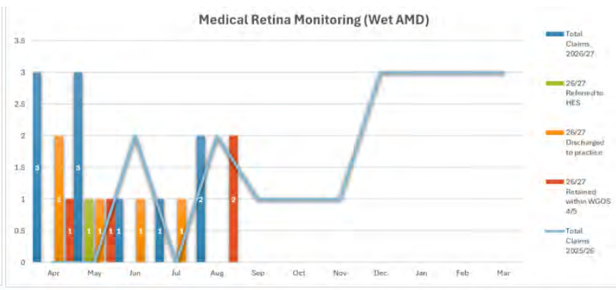
What key actions are we taking and when do we anticipate

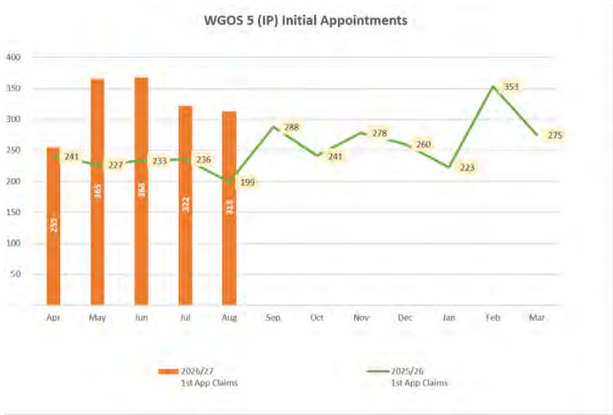
- Work with secondary care and community optometrists to develop and implement the monitoring pathway as soon as possible. Also agree discharge criteria for patients to be managed within community IP. Implement Open Eyes to enable secure sharing between hospital services and community.

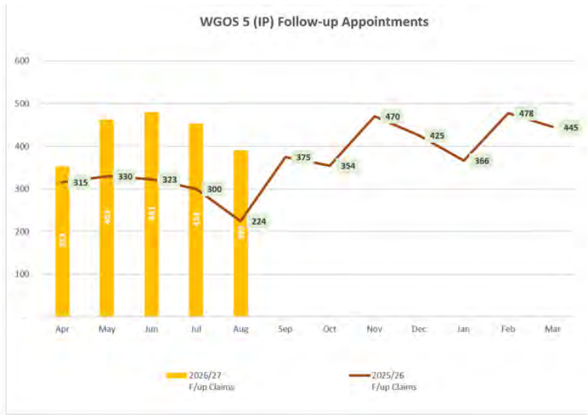












How are we doing and what are our key concerns?

- In 2025/26 1,154 patient records sent to practices.
- Appointments filled average 62% across 5 sites in Merthyr and RCT.
- Vacancies within HES administration has impacted lists being collated and distributed and there is no current admin to support this scheme at present so patients will have to remain in HES.
- The Health Board have been informed the current pathway cannot continue into 2026/27 unless it transitions into a WGOS Medical Retina service. The PCT are liaising with HES to develop a transition plan.

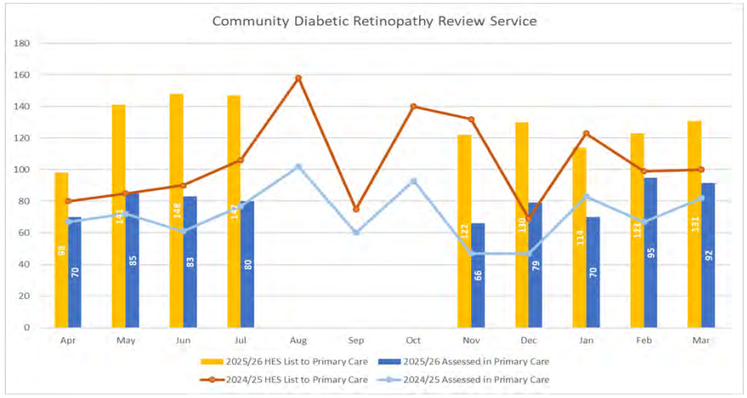
What key actions are we taking and when do we anticipate

- Opthalmology to find a solution to ensure the national pathway can be developed, otherwise the local scheme stops, and the patients remain in hospital services.

Overall Risks for the WGOS level 4 and 5 Eye Care Services:

- Although the filtering services have been developed for all of the WGOS 4 services (all apart from Diabetic Retinopathy) maximization of this has not been realized. It is the monitoring services which have not been developed.

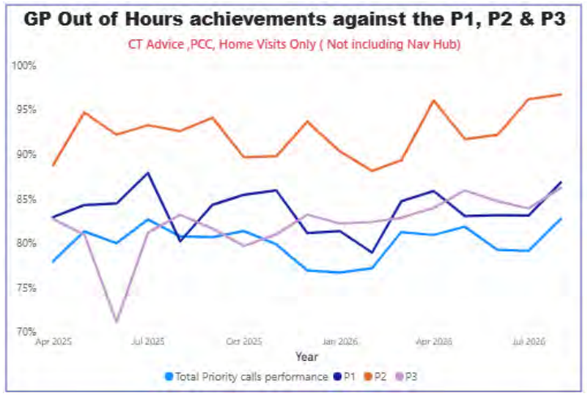
- Mitigations: Progress is being monitored through the Eye Care Collaborative and reported through to Improving Care Board.

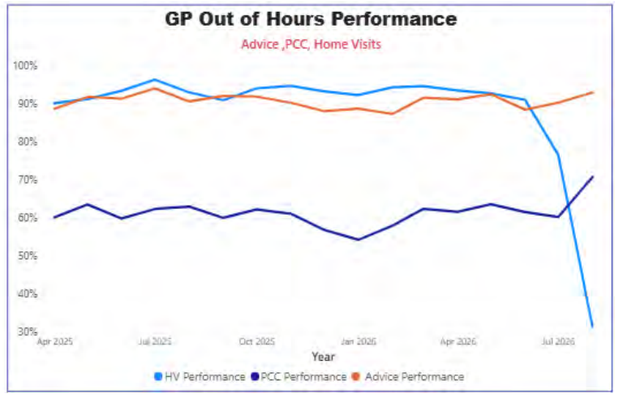

Community Diabetic Retinopathy Review Service
180
160
140
120
100
80
60
40
20
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
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Mar
98
70
141
85
148
83
147
80
122
66
130
79
114
70
123
95
131
92
2025/26 HES List to Primary Care
2025/26 Assessed in Primary Care
2024/25 HES List to Primary Care
2024/25 Assessed in Primary Care

COMMUNITY

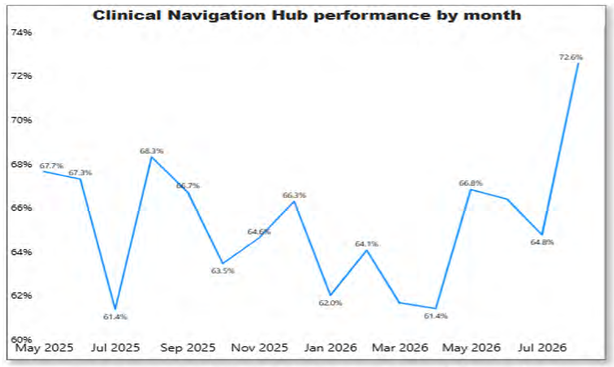
GP Out of Hours & Navigation Hub

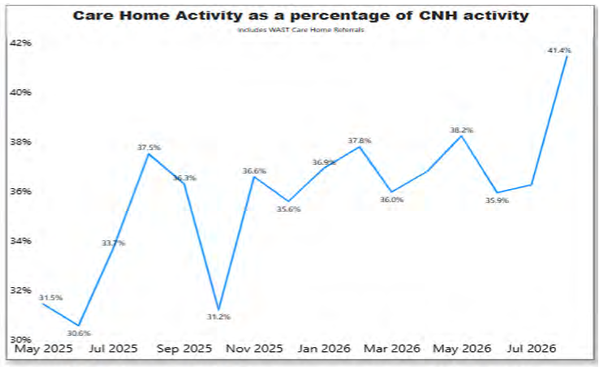
GP OOHs

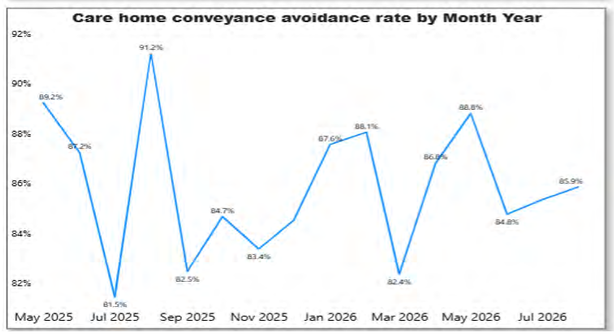


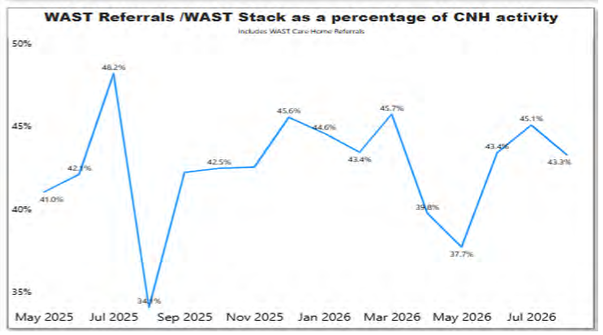


Navigation Hub









GP OOHs

How are we doing and what are our key concerns?

- GPOOH activity increased by 7% in August, with total priority calls rising from 6,880 in July to 7,373 in August. Performance improved across virtually all call categories, with P1 performance increasing from 88.6% to 92.7% and P2 performance rising from 88.0% to 90.2%, demonstrating strong responsiveness to higher-priority demand. P3 performance improved from 70.0% to 79.4%, which may reflect the positive impact of awareness campaigns aimed at ensuring priority calls are categorised correctly upon receipt.
- P1 PCC calls continue to perform below expected levels
- Overall, August demonstrates resilient service delivery despite sustained and increasing demand, with improvements observed across most performance measures.
-

What key actions are we taking and when do we anticipate

- P1 PCC calls require further investigation to understand the underlying causes

Risks Patients will receive a delay in the response to urgent calls and action will be dependent on the outcome of the review.

Navigation Hub

In How are we doing and what are our key concerns?

- August demonstrated strong service resilience, with improved CNH performance and positive outcomes across key pathways despite increased demand.
- Clinical Navigation Hub (CNH) activity increased by 7.4%, from 951 cases in July to 1,021 in August. Despite the higher demand, overall performance improved significantly from 64.8% to 72.6%, demonstrating effective service delivery and clinical intervention across pathways.
- WAST and Care Home pathways remained the main drivers of activity. While WAST referrals reduced slightly from 45.1% to 43.3% of total activity, Care Home activity increased from 36.3% to 41.4%, indicating a greater proportion of demand originating from care homes.
- Care Home conveyance avoidance improved marginally from 85.0% to 85.9%, maintaining strong performance and supporting the reduction of unnecessary hospital conveyances.

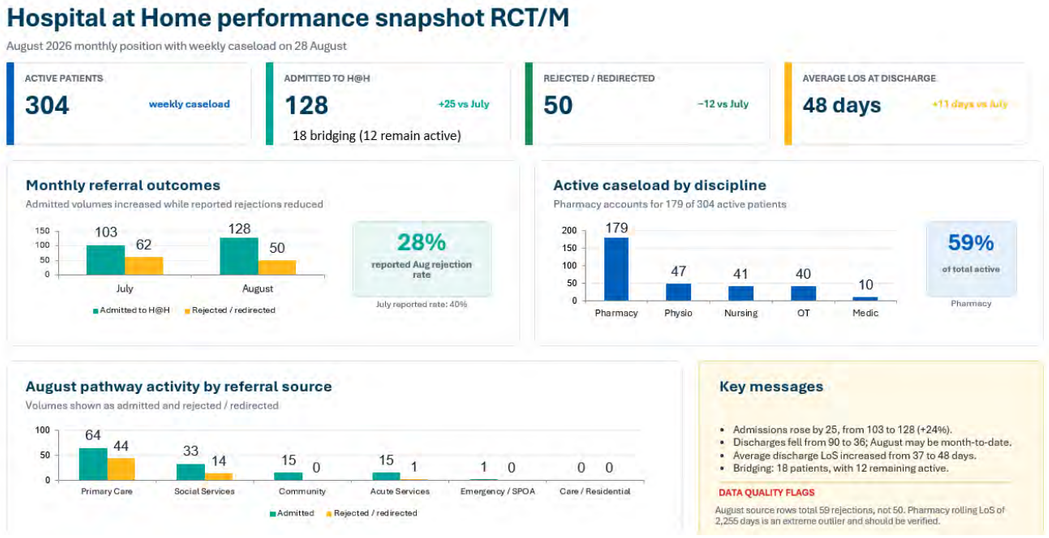
What key actions are we taking and when do we anticipate

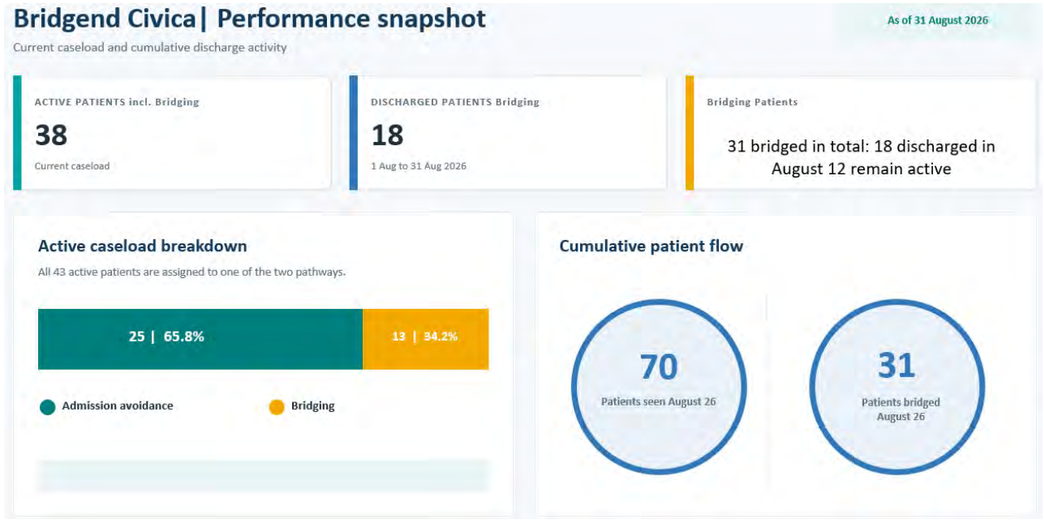
- To maintain focus for the Care homes to prevent avoidable conveyance.
- To ensure that recruitment and shift fill for forthcoming months is maximized to delivery 7 day a week service
- To continue to develop new pathways with key stakeholders, namely acute hospitals, community services, including Local Authority stakeholders.

Risk

Without this service patients would be conveyed unnecessarily to acute hospital so a 7 day service is vital. Recruitment into shift fill is the biggest risk. National contract discussions are taking place, and local recruitment options are being considered in the interim while waiting on the outcome.

Hospital@Home





How are we doing and what are our key concerns?

- Hospital @ Home Fully Operational
- Workforce: analysis has clearly identified Band 5 and 6 Registered Nurses as the most utilised staff group, providing valuable intelligence for future workforce planning.
- Insufficient community capacity in Bridgend is affecting flow, although demand remains heavily concentrated within RCT/MT Bridgend has lower nursing and therapy resource.
- Patient complexity is requiring additional registered nurse input to support bridging patients, increasing workforce pressures and reducing capacity.
- Variation in Admission Avoidance Outcomes: Bridgend's admission rate of 10.3% is significantly higher than RCT/M's 3.9%.

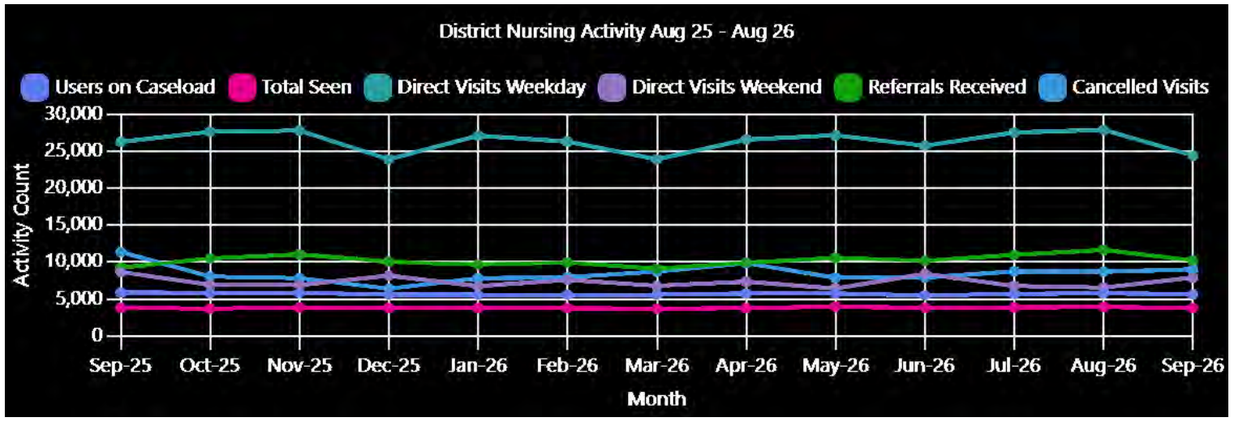
What key actions are we taking and when do we anticipate

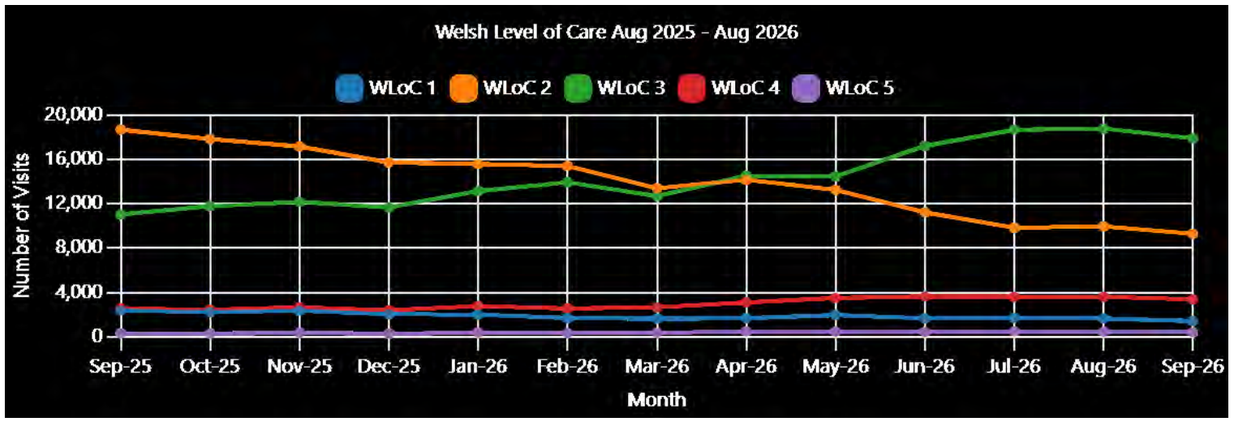
- Successful MDT Consolidation: Phase 1 MDT redesign has been implemented in RCT/M and is currently embedding successfully, with support being provided to SPoA (Single Point of Access), secondary care, GPs and social care.
- Workforce: analysis has clearly identified Band 5 and 6 Registered Nurses as the most utilised staff group, providing valuable intelligence for future workforce planning.
- September 2026: MDT model and new processes scheduled for implementation in Bridgend.
- October/November 2026: Ward 10 PCH implementation planned
- November 2026: Alignment with SW@H provision planned.
- December 2026: Scoping work planned within POW.

Risks: Delays for the patients who require bridging whilst packages of care are put in place. Inequity of access for patients and long waits for packages of care.

Mitigations: To progress the actions detailed above in Q3 and Q4.

Community Nursing





How are we doing and what are our key concerns?

The data is a month in arrears.

The graph tells a consistent story of growing demand, sustained workload, and increasing pressure on District Nursing capacity.

- The users on caseload slightly reduced from 5761 in Jul 26 to 5607 in Aug 26, with 3739 patients seen across CTM. Weekday visits were 24403 compared to 7890 weekend = Total 32,293
- 10177 referrals came into DN in July 2026, up from 9211 received in the same period in 2025, showing increased demand.
- 8995 visits were cancelled which is down to lack of capacity due to sickness and vacancies.

Whilst the service is maintaining activity levels, there remains a high level of complexity reflected in 431 WLoC (Welsh Levels of Care) 5 seen in July 2026. What we are seeing.

- Caseload complexity is increasing.
- Growth in end of life and palliative care at home
- Patients require more frequent interventions.
- Teams are operating at or near capacity.
- Teams have historically picked up Continuing Health Care activity
- Increased complexity in residential settings

There may be limited ability to absorb further growth.

What key actions are we taking and when do we anticipate improvement?

Continuing a review of community nursing caseloads and sickness absence. Focus is being given to Bridgend locality to understand the high number of vacancies and sickness levels. In tandem with this is a review of Lymphoedema, tissue viability and wound clinics with the aim of finalizing an improvement plan. To be completed by end of September 2026.

Risks

Absences due to vacancies and sickness are having a detrimental impact on those remaining in post. There is a high likelihood that the Level 5 patients would have been admitted to an acute hospital during Aug 2026 without District Nursing intervention. This patient is an emergency and potentially in crisis needing immediate action.

3. Key Risks/Matters for Escalation

The key risks for all areas are covered in the summary and main body of the report.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 1a If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Data to Knowledge If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please select a reason below.

rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact:	Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.	
Cyfreithiol / Legal	Yes (Include further detail below) Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	
Enw da / Reputational	Yes (include further detail below) Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact	Yes (include further detail below) Workforce and financial resources are required to address the Planned Care Recovery plans and	

(People / Financial)	improvement trajectories within the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Primary Care and Community Quality, Performance Finance and Workforce meetings	September 2026	Endorsed for Approval

CTMUHB Public Board

Strategy Deployment

Eitem yr Agenda / Agenda Item	7.4
Dyddiad y Cyfarfod / Date of Meeting:	24 September 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Paul Gimson, Assistant Director of Improvement Culture, Capability & Delivery Claire Thompson, Executive Director of Strategy & Transformation
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required. Report is for noting only
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Creating Health If more than one applies please list below: All strategic goals are impacted - Inspiring People, Creating Health, Sustaining our Future & Improving Care
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	This is the framework we will use to structure our IMTP and was explicitly referenced in the 2025/26 IMTP. The framework will need to link to the emergent 'well led' approach outlined by Welsh Government.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	This report updates the Board on progress with implementing a strategy deployment framework (SDF) for the Health Board. It reminds the Board what a strategy deployment framework is and why it is important for the Health Board. It updates on progress in 2026/27 and on plans for 2027/28, including the emergence of a well led framework for Wales, which the SDF will support compliance with.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The report outlines partial implementation, in line with the proposal outlined in September 2025. It outlines how the SDF has been used to support alignment of Care Group activity through an integrated performance management (IPM) approach to support our overall strategic intent of 'CTM2030: Building Healthier Communities Together' and positive feedback received from teams in relation to this. It references the work of our four strategic initiatives (digital, SCSP, regional working & partnerships) and provides an updated position against the key elements of strategy deployment reported to Board in 2025. Finally the report outlines the emergent 'well-led' principles by which the Health Board will be measured as part of the NHS Wales accountability framework, and the role of the SDF in supporting compliance with that.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Continued progress against the elements of strategy deployment outlined in 2025, in particular the completion of the case for change and strategic vision for CTM. Consideration of the opportunity that the elements of strategy deployment provides to comply with the requirements of a well led framework for NHS Wales.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	To note the implementation of the strategy deployment approach and the connections to the emergent well-led framework for NHS Wales

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 8
	If more than one applies please list below: this relates to all strategic risks as the deployment of our strategy and compliance with a well led approach should positively impact on strategic risks.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Leadership
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Reuse
	If more than one applies please list below: All elements of environmental sustainability are impacted as the deployment of our strategy explicitly considers 'sustaining our future'. It is possible that elements may be deprioritised as we make strategic decisions on resourcing priorities and deprioritising other work.

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please select a reason below.

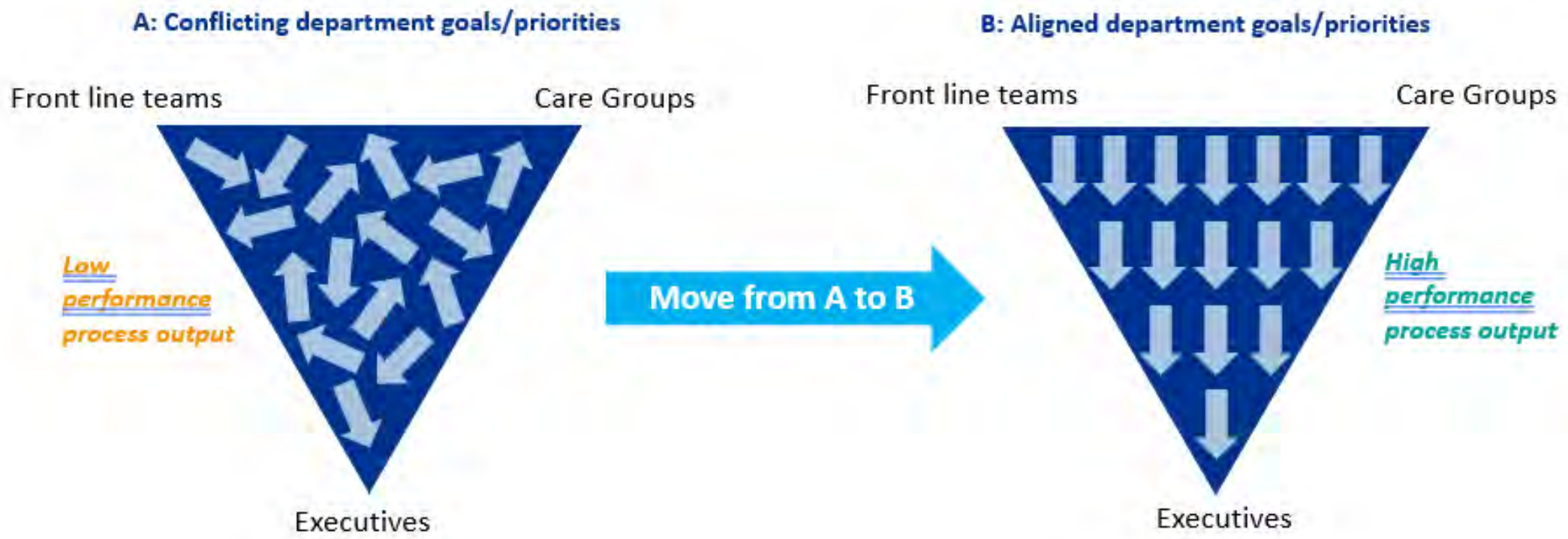
(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion: Claire Thompson
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Individual elements of strategy deployment would be subject to QIA as will the overarching national accountability framework	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic development committee (SDF only)	19/08/2026	noted

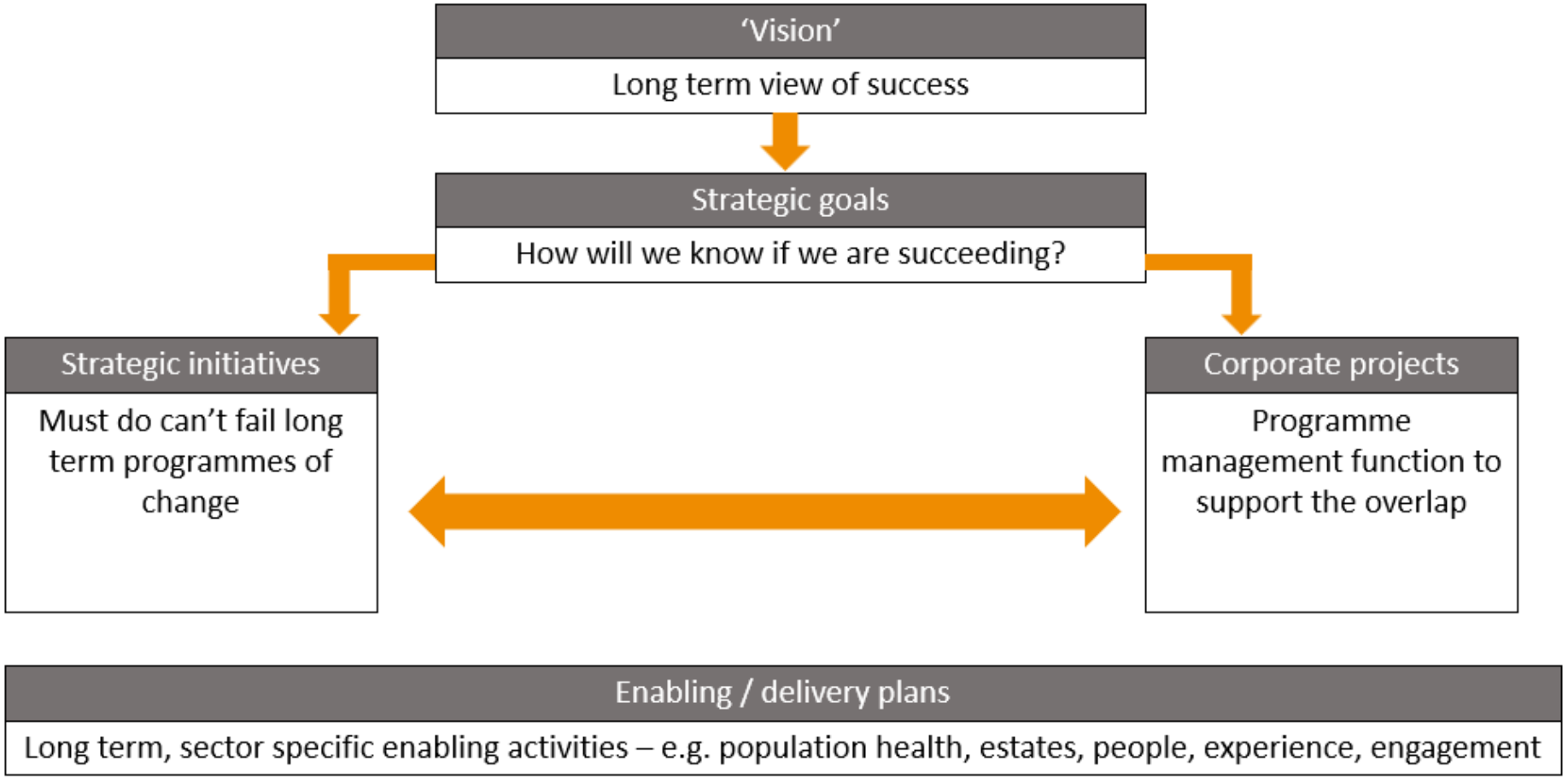
What is a strategy deployment framework?

- It is set by the Board and is based on our vision and goals
- A central mechanism to operationalise our strategy
- Connects the delivery of our strategy to the work of our frontline teams
- Creates coherence for internal and external stakeholders
- Helps us understand how we will know we are succeeding
- Provides a structured method to define how our work (individual & collective) supports delivery of our key objectives
- It allows work across the organisation to be aligned to delivery of progress towards the vision - board committee priorities and integrated performance reporting should be defined by the SDF

Why have a strategy deployment framework?



Strategy deployment framework



CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

STARTING WELL | GROWING WELL | LIVING WELL | AGEING WELL | DYING WELL

Reducing health inequalities
Equal focus on mental and physical health
Supporting our communities
Being a healthy organisation

CREATING HEALTH

Our Strategic Goals

IMPROVING CARE

Delivering safe and compassionate care
Developing new models of care
Digital transformation for patients and staff
Ensuring timely access to care

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

SUSTAINING OUR FUTURE

INSPIRING PEOPLE

Visible and inspiring leadership
Promoting diversity and inclusion
Embedding our values and behaviours
Encouraging local employment

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTMUHB SDF proposal 2025

Vision

"Building Healthier Communities Together"

Sustaining our future	Inspiring people	Improving care	Creating health
How will we know if we are succeeding? Good metrics are ones that can relate to front line staff and can be influenced by their improvements			
Reducing emissions	Improving attendance rates	Reducing harm	Increasing healthy life years
Living within our means	Improving staff survey	Reducing length of stay	Parity of esteem
	Reducing disparity	Improving elective access	Improving mortality

Strategic initiatives ⟷ Corporate projects

CTMUHB SDF 2026/27

Vision

"Building Healthier Communities Together"

Sustaining our future	Inspiring people	Improving care	Creating health

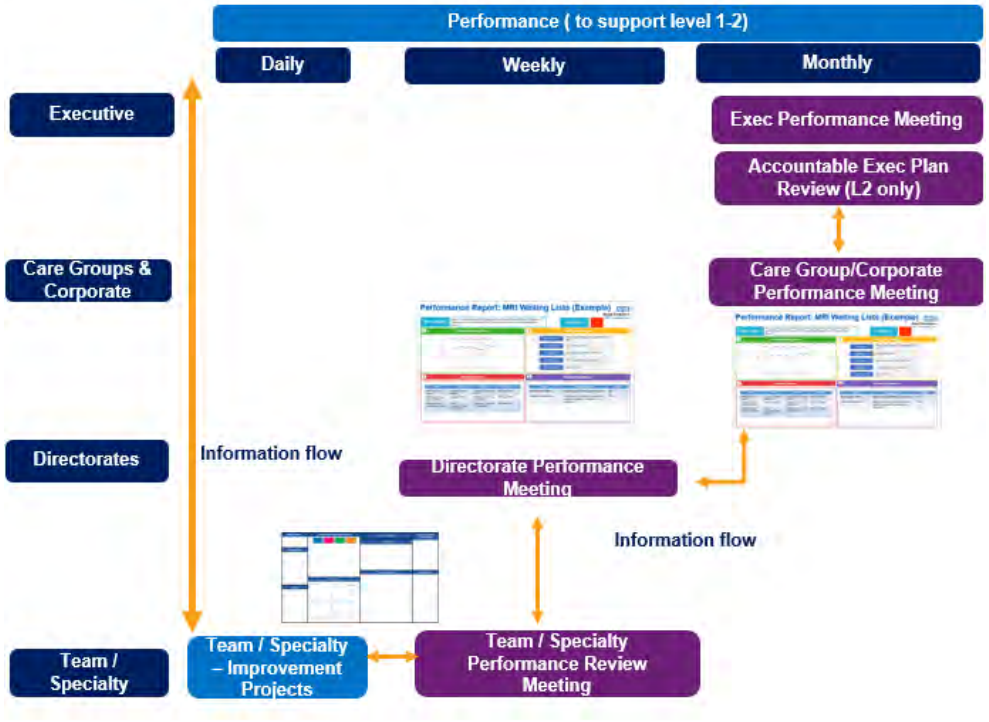
Strategic initiatives
Digital transformation
Strategic clinical services plan Fragile services Primary & community care Integrated community care service Mental health transformation
Regional working (including Llantrisant Health Park)
Partnership working (RPB, PSB)

Corporate projects (egs)
Six Goals
Value & effectiveness
Planned care productivity improvement (PIT)

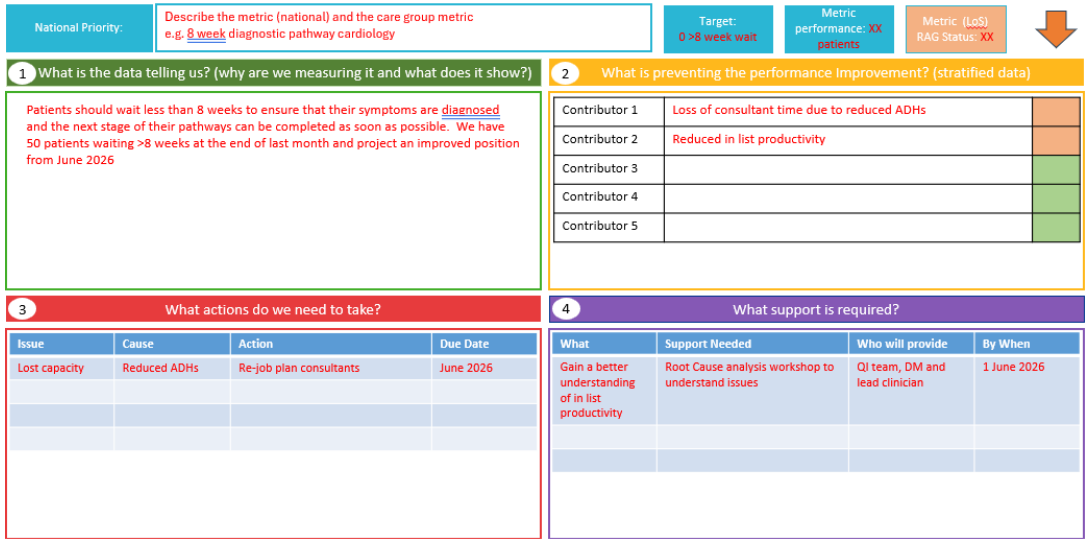
CTMUHB SDF - annual metrics 2026/27

Sustaining our future	Inspiring People	Improving Care	Creating Health
Energy consumption	PADR/job plan compliance >90%	Zero >12 hour waits or >45 minute handovers	Reduce inequity in vaccination, screening and diabetes care by improving rates in our most deprived areas
30% reduction on agency spend	A healthier workforce (1% reduction in sickness absence from 25/26 baseline)	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027	Increase % of patients (aged =>12) who received all 8 NICE diabetes care processes
Year to date financial position (breakeven)	Staff survey response rate (50%)	Zero >8 week diagnostic waits	Reduction in deaths related to substance misuse
	Worked headcount	75% compliance with suspected cancer pathway	% smokers making a quit attempt with HMQ services
		Harm free care: • Days of safe care delivered since the last never event, monitored using SPC T-Chart • Top 3 causes of harm (reduction)	Decrease levels of overweight and obese children in our most deprived areas measured through the NCMP
		12m reduction trend in number of people and total days delayed for packages of care	=> 90% of individuals identified via the Audit Plus Frailty Tool receiving proactive care
		Zero >104 week waits	

Integrated performance management



Key KPI data: What does the data tell us?



Wholesale approach to Care Group accountability based around evidence based improvement approach to performance, aligned to our strategic intent

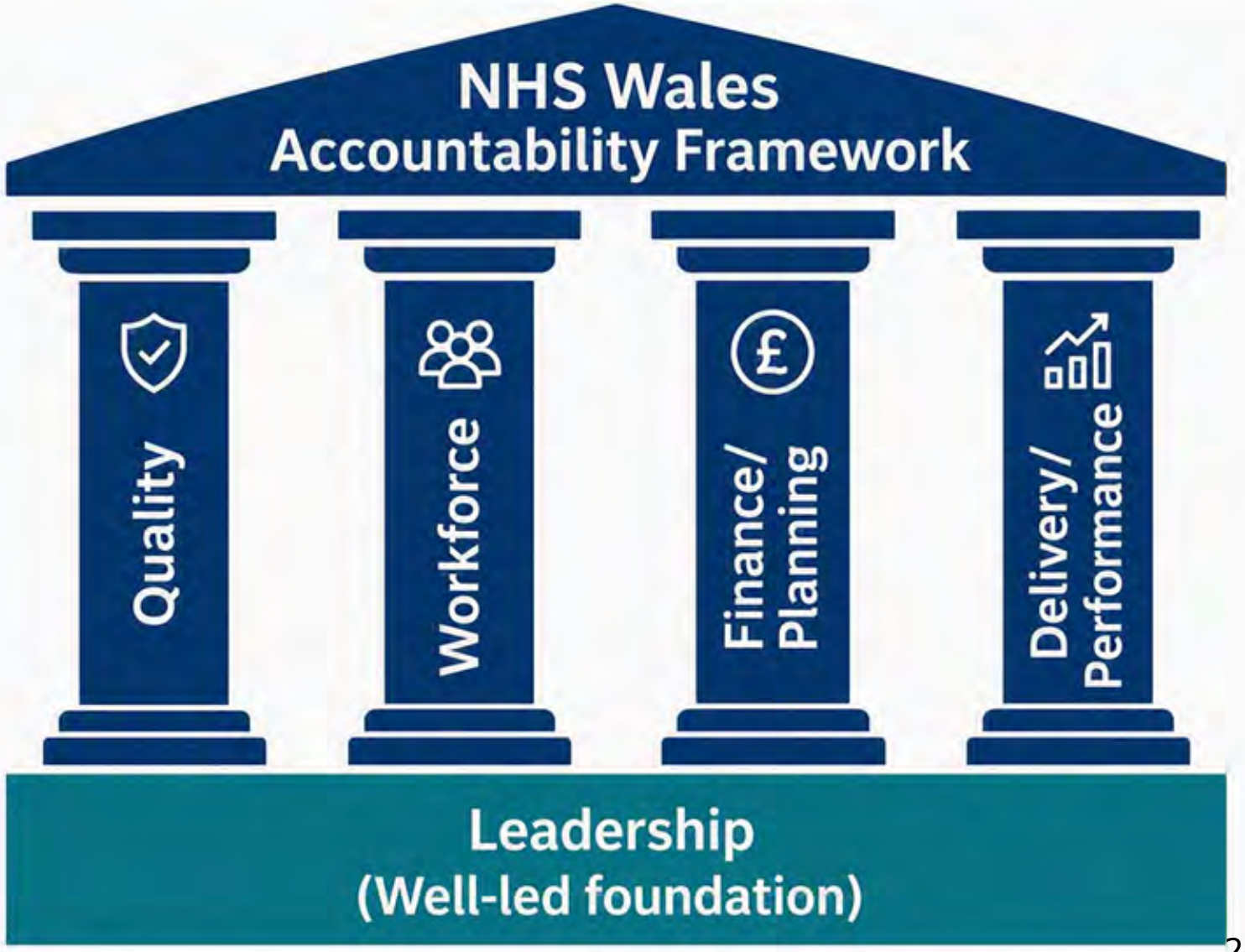
Elements of the strategy to enable deployment into the system (1-6) & Health Board (7-12)

	Element	'25	Current state / action required	26/27
1	Organisational vision & strategic pillars		'Building Healthier Communities' and 4 strategic pillars	
2	Corporate Identity		Recognised deficit - requires support to create single identity	
3	Design principles		Drafted and testing through 25/26 investments (deputies). Senior leadership testing for Board adoption in 26/27	
4	Priority areas		Strategic initiatives defined	
5	Case for change		'Do nothing' scenario. First draft to board Q1 26/27 , revisions underway with working group for Board Q3 26/27	
6	Definition of future state		Articulation of care model, exciting vision of the future that can be easy read as well as for professional stakeholders, for strategic delivery plans to hang off. Image shared with Board Q1 26/27, enhancements in hand with working group for Board Q3 26/27	

	Element	'25	Current state / actions required	26/27
7	Organisational vision & strategic pillars		'Building Healthier Communities' and 4 strategic pillars expanded into a document that is applicable to the organisation (rather than to the community / stakeholders) – would include elements of the people plan etc and is the internal corollary to (6) above	
8	Strategy deployment framework		Clear articulation of annual/multi-year priorities to guide CTM – in use for 26/27, will form basis of 27/28 IMTP	
9	Key metrics (aligned focus)		Subset of current IPR – in use for 26/27 through IPMs	
10	Operational management system		Framework of meetings and escalation levels to support delivery. Includes monthly integrated performance review, scorecards from team/specialty/care group/executive. Ensures all groups are mapped to relevant Board committee to reduce duplication / secure oversight	
11	Improvement tools & techniques		Suite of tools and skills centrally managed but deployed to priority areas in line with strategic direction above	
	Change management locus			
12	Culture		Values, behaviours, leadership & management processes	

- The NHS Wales accountability framework is supported by the SDF in connecting integrated performance management through mapping domains to our strategic goals

- The SDF will provide useful evidence to support the well led foundation, and we could consider how the 7 principles overleaf map to the elements of strategy deployment outlined in 26/27.



The 7 Principles of a well-led Framework...



- A single, nationally recognised definition of what it means to be well led in NHS Wales.
- A structured, evidence-based framework to assess and strengthen leadership, governance and culture – aligned with the Welsh statutory Context.
- Practical tools to support both self-assessment and external review.
- A clear national standard and shared ambition for all NHS Wales organisations.
- Support for continuous improvement, equity, inclusion and sustainable leadership.
- A common language for assessing performance and organisational maturity.
- Greater consistency, alignment and learning across the system, enabling the spread of best practice and improvement.

Version 1 June 2026

CTMUHB Public Board

Wellbeing of Future Generations (Wales Act) work

Eitem yr Agenda / Agenda Item	7.5
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kate May- Assistant Director of Public Health
Cyflwynydd yr Adroddiad / Report Presenter:	Philip Daniels- Executive Director Public of Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	For noting
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context: This report aligns to the following Strategic Pillars*	Not applicable If more than one applies please list below: Creating health Sustaining our Future
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	N/A

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:

Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	CTMUHB is required to review our Wellbeing Objectives annually as part of our commitments under the Wellbeing of Future Generations (Wales) Act.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The Wellbeing Objectives continue to be embedded throughout the CTM 2030 strategy. The Wellbeing Objectives have been reviewed and remain unchanged for 2026-27. The PSB Inequalities in Health Group is overseeing ongoing work with partners to map the alignment of objectives and develop overarching priorities for the CTM region. CTMUHB is actively involved in this work.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	This report seeks to: • Update on the outcome of the annual review of Wellbeing objectives • Summarise associated work undertaken during 25/26. • Highlight the unique risks associated with population health in CTM • Confirm support for opportunities to address the health of the population through prevention spend mapping and partnership working

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*	The Board is asked to note the review.

Recommendation (Linked to the "What Next" section above).	

1. Background / Context

1.1 The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales.

1.2 The Act gives a legally-binding common purpose – the 7 well-being goals – for national government, local government, local health boards and other specified public bodies. It details the ways in which specified public bodies must work, and work together to improve the well-being of Wales.

1.3 The Well-being goals are depicted in the image below:



1.4 The Act places a duty that the public bodies will be expected to carry out. The well-being duty states: Each public body must carry out sustainable development. The action a public body takes in carrying out sustainable development must include setting and publishing objectives ("well-being objectives") that are designed to maximise its contribution to achieving each of the well-being goals and taking all reasonable steps (in exercising its functions) to meet those objectives.

1.5 This means that each public body listed in the Act must work to improve the economic, social, environmental and cultural well-being of Wales. To do this they must set and publish well-being objectives.

2. Strategic Insights

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

2.2 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
- Embed the Welsh language in all we do, recognising the importance of Welsh in people's care and our contribution as an anchor organisation to the wider aim in Wales of reaching a million Welsh speakers

2.3 During the past year we have continued to demonstrate commitment to the Seven Wellbeing Goals and five ways of working, as laid out within the WBFGA. For example we have;

- Continued to work with our 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. This year this has included supporting a community focused vaccination programme, mental health services, and the refocusing of the CTMUHB Charity.

- Improved how we share information, and engage with, community leaders by continuing to use 'highlights/actions reports' following each community meeting and by developing a dedicated CTM2030 Community Leaders' Hub;

- Work continues to progress with our local authority partners in relation to developing an Integrated Community Care System, which will support the delivery of seamless services for older people, people living with frailty and their carers. This year we have established a new intermediate care 'Hospital at Home', focused on developing joint working between the CTMUHB Clinical Navigation Hub and the RCTCBC Single Point of Access to enable improved support for people within our communities, improving integration of services and independence for our communities.

- A focus on co-production remains at the heart of work undertaken by CTMUHB. This was recognised at the NHS Wales Awards in 2025, as

the evaluation of the alcohol liaison service won the NHS Wales Person-Centred Care Award, recognising how co-design enables person centred design to best meet population need.

- Continued to implement the nationally funded Promote, Prevent and Prepare Programme (known as 3Ps) which is reliant on health boards collaborating with the third sector to support the provision of holistic, person-centred support for patients whilst waiting for treatment. Within CTMUHB we recognised the limitations of a written directory of services as a sustainable, up-to-date information resource to facilitate personalised health plans by the Keeping in Touch Team (KITT). Instead we have worked in partnership with the County Voluntary Councils (CVCs) who have teams of social prescribers, who are able to keep pace with the dynamic landscape of community services as a 'living' directory of services. Therefore, collaboration with the CVCs is a crucial priority for the future in delivering the 3P's programme. This work won the National 3Ps 'Working in Partnership Award' in 2025.

- Co-produced with regional stakeholders from across the early years' system and families the 'Whole System: Whole Heart' strategy which sets out our commitment to work together in partnership to ensure every child has the chance to live a happy, healthy and secure life.

- Continued to identify partnership opportunities with local groups, organisations and charities for supporting people's health and wellbeing needs. This has included, for example, the CTM Neurodevelopment Improvement Programme which is a collaborative, multi-agency mechanism aimed at driving continuous improvement for all services across the region to enable neurodivergent people of all ages to lead fulfilling lives;

- Continued to lead a Whole System Approach to Obesity, working across the region to build a shared understanding of how our environment shapes our weight and the challenges our residents face in achieving a healthy weight

- Completed and evaluated a multi-partner warmer homes innovation sprint to outreach to vulnerable individuals across CTM and support with income maximisation. A total of 1800 individuals were supported to claim approximately £2.5m in additional income that they were entitled to but not accessing. This has been delivered in collaboration with local authority, third sector and registered social landlords (RSL) partners and has helped support some of the region's most vulnerable. CTM is now supporting other health boards to take a similar approach at the request of Welsh Government

- Introduction of the endorsed Recruitment Decision Tree, helping managers make consistent, evidence-based decisions about Welsh language requirements. Updated job description templates and clearer

guidance in adverts have further supported this, resulting in a more confident and empowered bilingual applicant pool

- Delivered dedicated Welsh Language & Recruitment training to more than 180 staff. This has improved understanding of the Standards and helped embed fair, legally compliant recruitment practices across the organisation.

- Our renewed partnership with the National Centre for Learning Welsh has enabled a further 200 staff to develop their Welsh skills—bringing the total to over 400 since 2023. This growing internal learning community supports our long-term goal of increasing Welsh-medium workforce capacity.

- Welsh language considerations have been further integrated into leadership and culture work, with "Leading for a thriving Welsh language" now included in the Inspire leadership programme, helping embed bilingualism as a core organisational value

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.

3. Risks and Opportunities

3.1 CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with 51.9% of the population in CTM living in the two most deprived fifths in Wales (WIMD, 2025). Linked to this, CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in associated healthcare demand may be higher than in the rest of Wales. Both life expectancy (LE) and healthy life expectancy (HLE) in CTM are below the Welsh average.

3.2 The current data demonstrates that HLE in CTM is reducing, leaving people living a longer period in ill health, utilising additional health care services and raising further questions about the sustainability of effective health care within the limited budget available. The current trajectory indicates increasing health risks and widening inequalities.

3.3 Work is ongoing with the PSB Inequalities in Health group, to focus efforts on tackling inequalities across the CTM footprint, and to map related priorities and objectives. This provides an opportunity to review the alignment of our Wellbeing Objectives and Health Board strategy to that of our partners which has been a requirement identified in a recent audit.

3.4 The Future-Generations-Report-2025 highlighted the need for Welsh Government and public bodies to protect and increase prevention budgets each year. The recommendations included asking public bodies to *map their preventative spend and invest progressively more upstream towards primary prevention*. There are three health boards where this mapping is being piloted (Hywel Dda, Swansea Bay and Aneurin Bevan). There is an

opportunity for CTMUHB to also undertake this work and better understand our current prevention spend, how this aligns to our wellbeing objectives and how we can protect and increase prevention spend in the future.

4. Compliance and Governance

4.1 As the responsibility for the WBFGA activities has recently been transferred to the Executive Director of Public Health and team, the governance process has been reviewed.

4.2 It is proposed that WBFGA activities will be reported through the Creating Health Programme Board and a 6 monthly update will be produced for Strategic Development Committee as part of the Creating Health reporting arrangements.

5. Benchmarks

5.1 All Health boards in Wales are subject to the same duty relating to the development of Wellbeing objectives

5.2 The way health boards have communicated their commitments under the Well-being of Future Generations (Wales) Act varies considerably. Some have embedded the Act directly into their long-term organisational strategy, while others have mainly communicated their wellbeing objectives through annual reports, governance arrangements, Public Services Board (PSB) partnerships, and dedicated Wellbeing of Future Generations webpages.

5.3 Whilst CTMUHB include the wellbeing objectives in our Annual Report and embed these in our long-term strategy, there is an opportunity for these to be more visible for the public by adding these to our current Wellbeing of Future Generations webpage.

6. Conclusion

5.1 To Note the Wellbeing Objectives for 2026-27.

5.2 To continue to consider and enact the Well-being of Future Generations (Wales) Act within CTMUHB activity and decision making.

5.3 To support the work described to map prevention monies and tackle inequalities though partnership work with the PSB.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 8 If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	Choose an item.

Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies please list below: All

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): N/A Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	N/A	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /*	There is no direct impact on resources as a result of the activity outlined in this report	

Resource Impact *(People / Financial)*	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Development Committee	19/08/2026	The report was NOTED.

Acronyms / Glossary of Terms	
WBFGA	Wellbeing of Future Generations (Wales) Act
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
PSB	Public Services Board
LE	Life expectancy
HLE	Healthy Life expectancy

Meeting Name:	Public Board
Report Title:	Winter Preparedness Plan
Agenda Item:	8.1
Date of Meeting:	24 September 2026
Publication Status:	Open
Report Prepared by:	Sarah James – Deputy Chief Operating Officer
Report Presenter:	Gethin Hughes, Chief Operating Officer/Sarah James, Deputy Chief Operating Officer
Report Executive Sponsor	Gethin Hughes, Chief Operating Officer & Claire Thompson, Executive Director of Strategy and Transformation
Report Purpose:	Inform
Action / Decision Required:	The Board is asked to approve the Winter Resilience and Seasonal Preparedness approach
Strategic Context: This report aligns to the following Strategic Pillars	Creating Health / Improving Care / Inspiring People / Sustaining Our Future
Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan (Reference relevant priority)	Supports the 2026/27 Annual Delivery Plan priorities for urgent and emergency care, care closer to home, safe acute care, discharge without delay, effective operational command and sustained elective capacity.

Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
What (summary of current position / issue & why it matters and evidence to support that position etc)	CTMUHB has developed a Winter Resilience and Seasonal Preparedness Plan for 2026/27, aligned to national guidance and informed by whole-system partner engagement. Following a readiness assessment and multi-agency assurance workshop, actions have been identified to strengthen preparedness across community services, acute capacity, patient flow, workforce resilience and operational escalation. The plan provides the framework to coordinate and monitor the response to winter pressures and maintain safe, effective and sustainable services.
So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)	The Winter Resilience and Seasonal Preparedness Plan supports CTMUHB's 2026/27 delivery objectives and strategic aim of providing safe, timely and sustainable services. It sets out the organisational and system-wide actions required to mitigate winter risks, protect urgent and planned care capacity and maintain patient flow. Board approval provides assurance that appropriate preparations are in place whilst recognising the need for ongoing monitoring and adaptation in response to evolving operational pressures.
What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made)	Following approval, the organisation will complete the remaining readiness actions, embed winter operating arrangements and monitor delivery through established governance and assurance mechanisms. This will support a coordinated whole-system response to winter pressures, strengthen resilience, protect patient safety, maintain flow and help sustain both urgent and planned care services throughout the winter period. A further Board assurance update will be provided to the November Board following continued development and refinement of the Winter Preparedness Plan.

Recommendation (Linked to the "What Next" section above).	**What is it you are asking the Board / Committee to do – APPROVE, ENDORSE, NOTE**
	Approve
Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	STRATEGIC RISK(s) 1a / 1b/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10/ 11
	1a/1b & 11
Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable / A Prosperous Wales / A Resilient Wales / A Healthier Wales / A More Equal Wales / A Wales of Cohesive Communities / A Wales of Vibrant Culture & Thriving Welsh Language / A Globally Responsible Wales
	If more than one applies, please list: A Prosperous Wales / A Resilient Wales / A Healthier Wales / A More Equal Wales / A Wales of Cohesive Communities
Environmental Sustainability Impact (5Rs)	Reuse / Refine / Reduce / Repurpose / Recycle / Not Applicable
	If more than one applies, please list: Not applicable
Link to Enablers of Quality	Not Applicable / Culture & Valuing People / Data to Knowledge / Leadership/ Learning, Improvement & Research / Whole-System Perspective
	If more than one applies, please list: Data to Knowledge / Leadership/ Learning, Improvement & Research / Whole-System Perspective
IMPACT ASSESMENT	
Equality & Welsh Language Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	No direct differential impact is noted, subject to the safeguards and monitoring described in the assessment and business as usual arrangements. However, it is important to note that there is potential for adverse or disproportionate impacts may arise for any group if capacity is constrained, communication is inaccessible, reasonable adjustments are not maintained, community support is unavailable, or temporary service changes create barriers, including Age, disability, carers and socio-economic disadvantage require particular monitoring because winter pressure may amplify existing barriers and vulnerability. The health board have carried out an assessment and an Multi Disciplinary Team (regional and local partners) are engaged to manage and mitigate the risks. A Welsh Language assessment has been undertaken and no adverse impact has been noted as a result of this plan, compliance with the Welsh Language Standards remains a requirement throughout the winter period, including during periods of escalation, service pressure or temporary operational change.
Quality Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	A quality impact assessment has been undertaken with a multidisciplinary review scheduled for the 21 September to sign off an agreed assessment.
Cyfreithiol / Legal	The plan supports the Health Board in meeting its statutory duties, including the Duty of Quality, equality and Welsh language requirements, and emergency preparedness and business continuity responsibilities. Any temporary operational changes will be managed through established governance, clinical risk assessment and decision-making arrangements.
Enw da / Reputational	Effective delivery will support public and partner confidence in the Health Board's preparedness and its ability to maintain safe, timely care. Failure to implement or adapt the plan in response to escalating pressures could adversely affect patient experience, performance and organisational reputation. This will be mitigated through transparent reporting, active operational oversight and timely escalation.
Resource Impact (People / Financial)	Implementation will require coordinated deployment of workforce, capacity and financial resources across the Health Board and partner system. Delivery will be managed through existing planning and governance arrangements; any additional resource requirement or financial commitment arising from emerging pressures will be assessed and escalated through the appropriate approval route.

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CTMUHB Winter Preparedness & Resilience



Purpose and context

Board assurance on CTMUHB's integrated Winter Preparedness Plan 2026/27

1 Purpose

Provide assurance that resilient arrangements are being developed to maintain patient safety and flow, respond to forecast demand and sustain urgent and planned care through winter.

2 Planning approach

A system-wide and iterative approach, informed by Care Groups, site teams, corporate services, Local Authorities and partners, with plans refined as risks and pressures evolve.

3 Intended outcome

One regional plan focused on care closer to home, effective patient flow, resilient acute and community capacity, clear ownership and escalation.

Board-level message

The plan aligns to the national Planning Together for Winter framework and supports the Duty of Quality. Board assurance is sought on the overall approach, recognising that demand and capacity modelling, workforce, discharge, community capacity and partner dependencies will remain under active review.

What success looks like

Safer, more resilient urgent and emergency care

Care closer to home

Support prevention, early intervention and appropriate alternatives to hospital.

Safe acute care

Maintain timely treatment, safety and appropriate capacity.

Discharge without delay

Support timely movement from hospital to home or community settings.

Effective command

Use shared information, clear decisions and coordinated escalation.

Protect planned care

Protect planned care through resilient staffing, ring-fenced capacity and proactive demand management

Four regional priorities

The areas that organise the preparedness plan

1 Community resilience

Prevention, vaccination, frailty support and community-based urgent response.

2 Capacity and safety

Acute capacity, workforce resilience, infection prevention and surge planning.

3 Discharge and flow

Seven-day working, timely discharge and stronger whole-system pathway management.

4 Command and assurance

Shared intelligence, escalation arrangements, testing, learning and governance.

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Foundations already in place

The plan builds on existing capability and opportunities rather than starting again

Integrated partnership working

Established routes across health, social care and wider partners.

Operational oversight

Defined escalation and review arrangements support coordinated decision-making.

Prevention and community support

Existing vaccination, community and urgent-response activity provides a platform for winter.

Discharge governance

Established processes support system-wide focus on flow and reducing avoidable delay.

Resilience planning

Existing emergency preparedness and service-specific surge arrangements provide practical building blocks.

Ongoing improvement

Daily information, review and learning mechanisms can be used to identify and address emerging pressure.

Discharge without delay

Create predictable seven-day flow from ward to home or community

BRONZE

Daily ward grip

EDD, D2RA pathway, criteria to reside, delay code

SILVER

Weekly system review

All >7 days; deep review of >21 days or >48h optimised

GOLD

Resolve system barriers

Repeated failure, disputes and unresolved complex delay

33%	discharges before midday
20%	weekend share by Dec 2026
>25%	weekend share by Mar 2027
24–72h	action timescale for each delay

Effective operational command

Intelligence, decisions and escalation across the whole system



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Proactive frailty in the community

Strengthen prevention, access and alternatives before demand reaches the front door

Vaccination

Expanded staff clinics and peer vaccination; targeted outreach, pharmacy and community access.

Frailty & high-risk cohorts

SPOA, Hospital at Home, CFS/4AT, proactive COPD monitoring and care-home pathways.

Community response

ECC and community nursing; falls responders; direct care-home routes.

MORTUARY & BEREAVEMENT WINTER ASSURANCE

Plans to maintain dignity, compliance and operational resilience during increased winter demand

PREVENT DELAY

Strengthen death certification processes to reduce avoidable delay and support timely release from mortuary care.

MONITOR OCCUPANCY

Use an occupancy escalation plan with defined thresholds and actions as pressure increases.

ESCALATE EARLY

Apply staged operational and executive escalation where certification is not completed within the defined timescales.

BOARD ASSURANCE: the source material describes controls for certification, occupancy escalation, oversight and executive escalation. Continued assurance is based on active monitoring and evidence that the arrangements remain operational.

IPC & respiratory preparedness

Board assurance on plans to prevent, identify and manage winter infection pressures

PREVENT

1

- Outbreak Management Framework approved
- Targeted HCAI improvement programme
- Vaccination, antimicrobial and PPI actions
- High-risk ward rounds and device-care assurance

DETECT & PROTECT

2

- Daily ARI surveillance and Whiteboard reporting
- Isolation, cohorting and admitting-at-risk decisions
- Fit-testing and PPE assurance review
- Daily data-quality checks and exception escalation

RESPOND & ESCALATE

3

- Green, Amber and Red outbreak escalation
- Outbreak Control Cell and daily 11:00 meeting when activated
- Live action tracking, sitrep and communications
- Testing at PCH, RGH and POW before winter

Action: Partners to endorse & sign off Infection Prevention and Control Winter Preparedness Plan 2026/27 – September 25, 2026

BOARD FOCUS Monitor implementation and exceptions through acute and IPC governance, with prompt escalation where actions or data quality fall behind plan.

Seasonal Communications

Proactive

- Launch of "Keeping Winter Well" campaign – focus on prevention, winter messaging and community support
- Development of evergreen messaging (flu, cold weather, access to services, slips, trips and falls)
- Updates to Primary Care webpages
- Staff flu campaign
- Stakeholder collaboration for shared messaging
- Content collation and planning for Primary, Out of Hours and Urgent Care
- Launch of Viva Engage for informal staff wellbeing support

Prevention

- Promote flu vaccination for public and staff
- Launch of "Keeping Winter Well" campaign – focus on prevention, winter messaging and community support
- Encourage warm home practices (layering, reducing draughts, community signposting to support)
- Educational content on minor illnesses and self-care to prevent attendance at ED

Reactive

- Crisis messaging templates (weather, travel, ED pressures)
- "Help Us Help You" messaging during peak periods
- ED video content to discourage inappropriate attendance
- NHS 111 Press 2 mental health support promotion
- IPC advice and guidance – responsible visiting, not attending if poorly
- Real-time social media monitoring and misinformation response
- Amplification of urgent care alternatives (Minor Injuries, OOH)

Escalation

- Stakeholder toolkit using padlet for use / sharing with communities
- Advisory graphics and messaging for busy ED periods
- Continued engagement with partners to adapt messaging
- Operational toolkit for Comms Team (weather, travel, crisis)
- Use of operational data to guide comms focus
- Transparent internal comms to support staff and patients

SEVERE WEATHER ASSURANCE

Prepared arrangements for escalating and managing adverse winter weather

MONITOR

1

Weather intelligence is triangulated from the Met Office, Grittit, Local Authorities and local observations.

PREPARE

2

Gritting, transport, staffing, accommodation, communications and community support are reviewed as alerts increase.

COMMAND

3

Adverse Weather teams and hubs are activated, with Silver or Gold command and executive oversight when required, with EPRR team

BOARD ASSURANCE: defined alert levels, operational actions, command arrangements and de-escalation processes.

Areas requiring continued focus

High-level themes for further development and assurance

Community and frailty

Ensure a consistent, sustainable offer across localities and through periods of increased demand.

Capacity and workforce

Maintain sufficient capacity and workforce resilience while protecting planned services.

Seven-day discharge

Strengthen timely assessment, decision-making and access to community and social care support.

Information and visibility

Improve consistency of information used to understand pressure, capacity and emerging risk.

Infection preparedness

Maintain readiness for respiratory illness and outbreaks, including testing and exercising. IPC framework has been developed

Funding and delivery

Maintain clarity between core provision, agreed enhancements and any exceptional winter requirements.

These themes will continue to be translated into actions, owners, evidence and review points through the assurance process.

WINTER PREPAREDNESS RISKS 2026/27

Purpose

To provide a concise overview of the principal risks that could affect winter resilience, patient flow and delivery of urgent and planned care, the health and social care partners have identified key risks and mitigating actions, which will be reviewed and monitored throughout the winter period in accordance with usual governance and escalation measures.

Board focus

- Note the ten winter preparedness risks and the controls currently identified.
- Seek assurance on delivery of mitigations, unresolved dependencies and timely escalation.
- Recognise that risks are interdependent and require a whole-system response with partners.

Risks

Ten interdependent risks requiring active monitoring and escalation

1. **Demand, respiratory illness & complexity**
2. **Bed occupancy, flow & discharge**
3. **Emergency, handover & critical care**
4. **Surge capacity & estate**
5. **Workforce resilience**
6. **Community capacity & beds**
7. **System co-ordination & partners**
8. **IPC, outbreaks & testing**
9. **Mortuary capacity & resilience**
10. **Elective performance**

How the winter risks will be mitigated

A coordinated set of preventative, operational and escalation controls across the ten interdependent risks

1, 3, 8 Prevent, detect and respond early

Vaccination, respiratory surveillance and outbreak controls; community alternatives, Hospital at Home and Navigation Hub; SDEC, admission avoidance and care-home Call Before Convey pathways.

2, 6, 7 Maintain flow across the whole system

Daily review of clinically optimised patients; SAFER, Optimise, D2RA and Discharge Hub processes; joint monitoring of community, provider and discharge capacity with Local Authorities.

4, 6 Plan and mobilise capacity

Demand and capacity modelling; early site and Care Group planning; readiness monitoring for acute and community capacity; alternative escalation capacity and early escalation of estate or funding constraints.

5 Strengthen workforce resilience

Advance workforce planning, attendance and wellbeing support; monitoring of fragile services; redeployment and escalation arrangements; staff vaccination and severe-weather access plans.

7, 9, 10 Protect critical services and partnerships

Integrated winter governance and partner escalation; mortuary surge and contingency arrangements; active management of elective capacity and escalation where emergency pressures materially affect planned care.

BOARD LINE OF SIGHT

MONITOR

Daily surveillance, capacity, flow, workforce and performance information

ACT

Defined operational controls and service-specific response plans

ESCALATE

Shared triggers, command arrangements and partner escalation routes

ASSURE

Regular review of delivery, gaps, dependencies and residual risk

BOARD ASSURANCE Mitigations are established across all ten risks. Board assurance will depend on evidence of delivery, active management of unresolved workforce, funding, estate and partner dependencies, and timely escalation where controls are not achieving the intended impact.

Anticipated Impact

How the combined actions are expected to improve handovers, long waits, length of stay and delayed discharge

	Ambulance Handovers	12 Hour Performance	Length of Stays	PoCD/DTOCs
MARCH 2026 BASELINE → ANTICPATED IMPACT	261 → TBC	2350 → TBC	Acute 10 days /Community 54.5 days (March 2026 only) → TBC	231/11,799 days → TBC
AUGUST 2026 POSITION	92	1945	10.6 Acute/56.1 Community	260/14,124 days

1 Ambulance handovers

Sustain strong Handover 45 performance and reduce remaining site variation, particularly at POW.

- Earlier streaming and redirection
- Visible SDEC / front-door capacity
- Faster transfer from ED to specialty care

Success: all handovers within 45 minutes

2 12-hour performance

Reduce avoidable waits through earlier intervention, clearer ownership and whole-hospital pull.

- Escalate barriers from 6 hours
- Review every patient at 8 hours
- Immediate MDT review of each breach

Trajectory: no more than 1,000 by March 2027

3 Length of stay

Shorten avoidable bed days by making discharge planning reliable from admission and resolving barriers earlier.

- Daily SAFER board rounds
- EDD / D2RA / criteria-to-reside discipline
- Weekly review of stays over 7 and 21 days

Success: fewer stranded and super-stranded patients

Impact monitored through LOS, >7 and >21 day cohorts

4 PoCD / DTOCs

Reduce the number of delays and total days delayed through named actions and faster cross-system decisions.

- 24–72 hour action timescales
- Joint health and social care validation
- Escalation to Super Stranded / Gold

Success: fewer PoCDs and clinically optimised waits

BOARD ASSURANCE The plan is expected to improve flow across all four measures, but delivery remains dependent on community and social care capacity, seven-day decision-making, workforce resilience and consistent execution at site level.

Assurance and governance

Maintaining a single regional line of sight through winter

1 Plan

Regional priorities, scenarios and actions are brought together in one plan.

2 Assure

Evidence is reviewed with partners and material gaps are explicitly identified.

3 Escalate

Shared triggers and decision-making arrangements support timely response to pressure.

4 Review

Progress, risks, actions and learning are reviewed throughout the winter period.

Board assurance focus

Assurance that material risks are clear, monitored, proportionate mitigation, appropriate evidence and a route for escalation where required.

Next steps

Moving from preparedness activity to sustained winter delivery

1 Finalise

Complete the regional plan and supporting assurance evidence, demand vs capacity modelling.

2 Mobilise

Confirm partner actions, communications, workforce arrangements and readiness activity.

3 Exercise

Test key arrangements and use learning to strengthen resilience before and during winter.

4 Operate

Use shared intelligence, governance and escalation arrangements throughout the winter period.

5 Review

Monitor delivery, emerging risks and outcomes, with learning carried forward.

Overall objective: one regional approach, clear accountability and continued Board visibility of material winter risks.

WINTER PREPAREDNESS TIMELINE 2026/27

Key milestones from risk submission and plan development to winter delivery

11 Aug

WG / NHSPI risk submission

CTMUHB key risks submitted

8 Sep

Regional resilience workshop

Analyze & test modelling, review gaps and agree partner actions

Sep

Refine plan and assurance

Actions, confirm evidence and strengthen arrangements

24 Sep

Final plan

Finalise the national submission version

24 Sep

Board assurance

Board consideration of the plan

25 Sep

WG/NHSPI submission

Submit completed regional plan

Oct–Nov

Readiness and assurance

Further develop and confirm plans, exercise, test, brief and complete operational readiness

1 DEC Winter operating arrangements begin **7–21 DEC** Winter Sprint **31 JAN** Core resilience period closes and learning continues

Agenda Item	9.1.1

Unapproved Minutes of the Public Board held on 30 July 2026

Date and Time of Meeting	Thursday 30 July 2026 at 10:00am
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Paul Mears	Chief Executive
	Rhys Goode	Independent Member
	Helen Lentle	Independent Member
	Dilys Jouvenat	Independent Member
	Kathy Mason	Independent Member
	Neil Mesher	Independent Member
	Hayley Proctor	Independent Member
	Carolyn Donoghue	Independent Member
	Patsy Roseblade	Independent Member
	Rachel Rowlands	Independent Member
	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Lauren Edwards	Executive Director of Allied Health Professionals and Healthcare Sciences
	Richard Hughes	Executive Director of Nursing
	Claire Thompson	Executive Director of Strategy & Transformation
	Dom Hurford	Executive Medical Director
	Hywel Daniel	Executive Director for People
	Philip Daniels	Executive Director of Public Health
	Gareth Watts	Director of Corporate Governance
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement & Fundraising
	Lisa Curtis-Jones	Associate Board Member
	Alex Brown	Associate Board Member
	Sarah Medlicott	Associate Board Member
In Attendance	Hayleigh Jones	Deputy Director for People (In part)
	David Andrews	Medical Director for Primary Care (In part)

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	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
Meeting Producers	Tyler Lewis	Corporate Governance Officer
	James Evans	ICT Support
Meeting Observers	Jane Carroll	Royal College of Nursing (in part)
	Leigh Williams	UNITE the Union (in part)
	Kerry Roberts	UNITE the Union (in part)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting, particularly those joining for the first time and guests and colleagues joining for specific agenda items or observing the meeting. The format of the proceedings was also noted by the Chair. The Chair acknowledged that this was D Jouvenat's final meeting as an Independent Member and paid tribute to her significant contribution over eight years, including her support to the Board, committee work, consultant recruitment panels and role as Speaking Up Safely Champion. On behalf of the Board, the Chair thanked D Jouvenat for her service and wished her well for the future. Members noted that recruitment to the vacant third sector Independent Member role would commence shortly.
1.2	Apologies for Absence
	Apologies for absence were received from: • Paul Deenik, Associate Board Member
1.3	Declarations of Interest
	The following interests were declared by Members: • R Rowlands and L Edwards, Members of UNITE the union • D Jouvenat – Registered as a patient of St David's Street Surgery, referenced within the CEO report, along with members of her family • S Medlicott – Ongoing interest regarding the Llynfi Valley Programme as currently working as a GP in that area.
	Questions from the Public The Chair read out the questions received and responses provided ahead of the Extra Ordinary Public Board held on 29 June and today's public Board meeting. The following questions were raised ahead of the extra ordinary public Board meeting held on the 29 June 2026, and the responses provided are noted as follows: What are the Health Board's plans to develop community bed provision in Maesteg now that it's been decided that the Llynfi Valley Health and Wellbeing Centre will proceed? Much was made in the Board Papers on the Health Centre proposal of discussions underway with BCBC relating to

community beds. Can a detailed update be provided to ensure that community bed availability will be strengthened in the Llynfi Valley?

As agreed on 21 May 2026, a community bed update for Bridgend County Borough will be brought before the Cwm Taf Morgannwg UHB Public Board on 30 July 2026. This update will provide an update on community bed provision in the Bridgend locality in the short to medium-term, and outline work being undertaken with Local Authority partners on a long-term plan for community bed provision right across Cwm Taf Morgannwg.

Llais, by its very name, is the representative patient body for Wales. Why was the Llais report and its recommendations ignored in relation to the closure of Maesteg Hospital and the Llynfi Valley Health and Wellbeing Centre?

We disagree that the Llais report and its recommendations were ignored. The Llais report was addressed directly in the Board Paper and presentation on 21 May 2026, and informed the majority of the discussion held at Public Board, including representations on the report by the Llais Regional Director. As outlined at Public Board, we will be engaging stakeholders and the community later this year, and the plan for this engagement, which will be developed with Llais and local partners, will be presented to Public Board on 30 July 2026.

The following questions were raised ahead of the July 2026 Public Board meeting and the same questions were submitted to be considered at the AGM held earlier today:

Are you concerned that in the month of May 2026 out of 7,902 Healthy Wales Child Contacts that were due, only 298 were completed by a specialist community public health nurse.

Do you agree that the service is severely affected by industrial action and therefore you have misled the Board in previous meetings by saying industrial action is having little effect on the community, especially where we have vulnerable children?

The Board recognises that the figures quoted reflect the significant impact that prolonged industrial action is having on the Health Visiting Service and its ability to deliver the full Healthy Child Wales Programme.

The Board has not been advised that industrial action is having little effect. Rather, throughout this period, the Board has received consistent and transparent updates confirming that the service is operating under a prioritised, risk-based model rather than normal service arrangements.

The focus has been on maintaining essential safeguarding functions, child protection activities, newborn visiting, targeted support and multi-agency

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	arrangements for those children and families at greatest risk. Whilst these mitigations are important, they do not replace the full universal Health Visiting service. *Health Visiting plays a vital role in prevention, early intervention, and family support. The Board has therefore been clear that reduced workforce availability carries residual risks which can be mitigated, but not wholly removed, whilst industrial action continues.* *The timing of this discussion is important. As recognised in the paper before the Board today, the summer holiday period presents additional challenges because children under five may have fewer routine opportunities to be seen by professionals and family pressures can increase. For that reason, the Board is receiving a specific update on Health Visiting industrial action at this meeting and seeking further assurance on the effectiveness of current mitigations and the risks that may remain.* *In recent weeks, the Chair, Chief Executive and Executive Director of Nursing have met directly with Health Visiting teams across Cwm Taf Morgannwg to listen to their experiences, understand the challenges facing the service and hear first-hand the concerns being expressed by staff. Those discussions reinforced a shared commitment to protecting children and supporting families across our communities.* *The Health Board remains committed to constructive engagement with staff representatives and trade union colleagues. Where concerns are raised regarding the impact on vulnerable children and families, we believe there is a collective responsibility to continue exploring all available measures that may reduce risk, including consideration of service derogations where appropriate and a continued focus on securing a sustainable way forward for the service.* *In summary, the Board recognised the significant impact that industrial action was having on the universal Health Visiting service. Members received assurance on the prioritised, risk-based mitigation arrangements in place to support safeguarding and protect children and families at greatest risk, while recognising that these arrangements did not replace the full universal service offer and that residual risks remained. The Board agreed that continued scrutiny would be required, including further assurance on missed contacts, unmet need, children not known to services, the effectiveness of multi-agency arrangements and recovery planning.* In respect of the questions raised above in relation to Health Visiting, the Chair advised that he would now bring agenda item 4.4 forward for presentation and discussion, and invited R Hughes to present the report.
4.4	HEALTH VISITING INDUSTRIAL ACTION: QUALITY & SAFETY SUMMARY
	R Hughes presented the report and highlighted the key matters for Members' attention:

- Service Impact: Members noted that industrial action had required the Health Visiting Service to operate a prioritised, risk-based model, focused on safeguarding and high-risk families, with reduced universal provision.
- Mitigations and Adaptations: Members noted the establishment of a single point of access and hub model, strengthened multi-agency working, broader skill mix and improved communication and documentation arrangements.
- Assurance and Risks: Members received assurance on safeguarding mitigations, while noting residual risks relating to missed universal contacts, unmet need and children not known to services. Further work would review missed contacts, referral patterns, Single Point of Access (SPOA) and hub effectiveness, with enhanced family communication as services resumed.

L Edwards highlighted the need for a multi-professional approach to referrals into wider children's services.

L Curtis-Jones supported the multi-professional approach, noting positive liaison between the local authority and Health Board, and advised that risks had been mitigated and escalated through safeguarding arrangements.

In response to assurance sought by L Curtis-Jones, R Hughes advised that recent engagement with local authority partners had provided reassurance that identified families had been contacted by the Health Visiting Service. Members noted that, while multi-agency triangulation was effective, vigilance remained necessary in relation to unseen or emerging risks during industrial action.

In response to H Lentle's query regarding timescales for identifying children not currently known to be at risk, R Hughes advised that enhanced multi-agency communication was underway over the summer, with more focused work to commence when schools resumed in September.

R Goode sought assurance that opportunities to see children in community settings were being maximised over the summer period. R Hughes advised that safeguarding services could provide the Board with a more detailed summary of the work being undertaken.

C Donoghue advised that the Quality, Safety and Experience Committee had considered the risks and mitigations associated with Health Visiting industrial action at its July meeting, with ongoing quality and safety oversight to continue.

In response to K Palmer's query on ongoing Board oversight, the Chair suggested that a substantive update be scheduled for the September Board meeting, reflecting on the summer period, the start of the new academic term, and providing further assurance on risks, mitigations and recovery planning.

	K Mason sought clarity on recovery planning for the Health Visiting Service following the end of industrial action, including lessons learned and any potential impact on future service take-up. R Hughes advised that recovery planning was underway, with a focus on supporting staff, understanding service impacts and considering whether beneficial changes to ways of working should be retained. R Hughes highlighted the need to understand unmet need arising during industrial action, including missed opportunities to identify developmental needs in infants and families. Members noted that further planning was progressing for the post-industrial action phase, following immediate operational priorities. P Mears emphasised the opportunity to develop a more integrated future model for children's services, working with local authority partners and aligning health visiting, community paediatric nursing, therapies and wider family support within a broader team-based approach. In response to P Mears' query, R Hughes confirmed that no critical incidents or serious untoward incidents had been reported within the Health Visiting Service during the period of industrial action. The Chair highlighted the strategic ambition to deliver more services closer to home through Welsh Government's Community by Design work, noting the importance of integrated family support services and the potential of models such as the Llynfi Valley Health and Wellbeing Centre.
Resolution:	The Board resolved to: • Note the mitigation arrangements in place for Health Visiting industrial action, with particular focus on the summer holiday period. • Recognise that the mitigation model is risk-based and does not represent the universal Health Visiting service offer as business as usual. • Endorse the next phase of assurance work to understand residual risk, including developmental support, referrals, early help, children not known to statutory services and recovery planning. • Support continued multi-agency oversight with Local Authorities, Police, Multi-Agency Safeguarding Hub (MASH), Multi-Agency Risk Assessment Conference (MARAC), maternity, paediatrics, emergency departments, primary care and community services.
Actions:	Safeguarding services to provide the Board with a more detailed summary of the work being undertaken over the summer to ensure opportunities to see children in community settings are being used effectively. A further update on Health Visiting industrial action should be scheduled for the September Board meeting, reflecting on the summer period, the start of the new academic term, ongoing risks, mitigations, and recovery planning.
2.	CONSENT AGENDA BUSINESS

2.1	The Chair asked members if there were any items from the consent agenda that Board Members wished to bring forward to the main agenda for discussion. There were none.
3.	IMPROVING CARE – PART 1
3.1	SHIFT PATTERN ALIGNMENT
	R Hughes, H Daniel and H Jones jointly presented the report. R Hughes emphasised the importance of shift pattern alignment in supporting safe, effective care, staff wellbeing and long-term workforce sustainability. Members noted the need to respond to increasing service complexity, ensure appropriate staff breaks, embed CPD time and maintain affordability. Ongoing engagement with staff and trade unions was highlighted, with individual consultation to consider the impact on affected staff. H Jones outlined the rationale and process for shift pattern harmonisation across nursing, midwifery and healthcare support workers. Members noted the consultation undertaken, the Health Board's preferred option, and key risks including potential industrial action, equality impacts and the need for effective communication and support during individual consultation. H Daniel endorsed the proposal and thanked colleagues for their contribution to the report. H Proctor noted that Option 8 included CPD provision but did not fully meet the 52-hour CPD agreement for registrants. H Daniel confirmed that achieving this remained an aspiration, with the Health Board committed to progressing this over time in line with national work and previous pay commitments. K Palmer sought assurance that staff would be able to access breaks, protected CPD time and timely, accurate information during the consultation and implementation process. R Hughes advised that existing incident reporting and ward assurance processes would support monitoring of staffing, breaks and safety concerns. He suggested developing break reporting as a safety metric to inform establishment planning and enable appropriate leadership response. H Jones advised that CPD guiding principles were being developed for the individual consultation phase, including practical arrangements for rostering CPD outside clinical shift patterns. H Jones advised that staff would receive ongoing updates throughout the individual consultation phase through a range of communication channels, including local management routes, to ensure all affected staff had access to relevant information. H Daniel confirmed that line managers would be provided with detailed information to support one-to-one discussions, with scenarios developed to help staff make informed decisions.

	R Goode sought assurance that communication with staff and trade union partners would be clear, open and transparent throughout the consultation process. H Jones advised that trade union feedback had informed the communications and engagement plan, with efforts made to address access barriers and avoid reliance on intranet-only communication. H Daniel noted that regular engagement with trade unions had been ongoing throughout the programme. P Roseblade sought clarity on the purpose of the initial one-to-one discussions, including whether staff preferences would be captured, whether further discussions would follow any decision, and the resource implications of the process. H Jones advised that the initial discussions would focus on individual impacts of Options 2 and 8, with staff able to suggest alternatives that met the design criteria. Further discussions would be considered following the consultation phase. H Daniel acknowledged the potential resource implications and advised that the process would be managed through line management, with support from People Services and trade union colleagues. C Donoghue sought assurance on consistency of one-to-one discussions. H Daniel advised that line managers had been briefed and further guidance would follow. H Jones confirmed that discussions would be supported by briefing sessions, agreed lines to take and People Services input for complex matters, to promote consistency and manage resourcing pressures. P Mears emphasised the importance of timely roster publication to support staff planning, particularly in relation to childcare and other responsibilities. R Hughes acknowledged current variation in rostering practice and advised that work was underway to establish clearer baseline metrics and improve consistency, supporting quality, safety, staff wellbeing and financial accountability. P Mears emphasised the importance of evaluating the impact of protected CPD time, including whether it improves mandatory training compliance and wider professional development. H Daniel agreed, noting that CPD should encompass mandatory, clinical and supplementary training, alongside broader development opportunities such as digital skills and prevention. Members also noted the progressive inclusion of CPD for healthcare support workers to support development and workforce value. The Chair thanked H Jones and H Daniel for their detailed work and presentation, acknowledged the complexity and risks of the change programme, and emphasised that aligning shift patterns remains an organisational priority.
Resolution:	The Board resolved to: • NOTE the complexity of risks associated with the change programme, accepting that it remains an organisational priority to align our shift patterns.

	• ENDORSE the recommendation to proceed to individual consultation from August 2026. • ENDORSE the recommendation to consult on Option 2 and Option 8, noting the Health Board's preference is for Option 8. • NOTE the initial timeline for the individual consultation phase, and that this will remain subject to change. • AGREE that Board will undertake a structured review and subsequent decisions on any next steps for implementation, following conclusion of individual consultation. • NOTE that any subsequent Board agreement to implement an aligned shift pattern will require the Health Board to issue a reasonable period of notice to affected staff.
Actions:	There were none.
4.	GOVERNANCE / BOARD BUSINESS GOVERNANCE ACTIVITY
4.1	ACTION LOG
	J. Morgan presented the action log.
Resolution:	The Board resolved to NOTE the action log and agreed the actions proposed for closure.
4.2	MATTERS ARISING NOT CONTAINED WITHIN THE ACTION LOG
	There were no matters arising to report.
4.3	BOARD COMMITTEE AND ADVISORY GROUP HIGHLIGHT REPORTS
4.3.1.	STRATEGIC DEVELOPMENT COMMITTEE 12 MAY 2026
	K Palmer presented the highlight report and noted two matters for escalation: • Regional Orthopaedic Programme: Previously delayed work was progressing and was being presented to Board for approval. • Regional Stroke Transformation Programme: The programme remained paused due to dedicated resource constraints, with operational discussions continuing between health boards. C Thompson advised that, while the Regional Stroke Transformation Programme remained without dedicated resource, work continued on the model of care and service resilience through operational discussions between health boards. In response to P Roseblade's query, G Hughes confirmed that CTM's internal stroke improvement work was continuing despite the regional pause, with tactical options being explored with Cardiff and Vale UHB to strengthen stroke provision. In response to L Curtis-Jones, G Hughes confirmed that the pause in the regional stroke work had not impacted patients.
Resolution:	The Board resolved to NOTE the report.
Actions:	There were none.
4.3.2	MENTAL HEALTH ACT MONITORING COMMITTEE 27 MAY 2026
	K Palmer presented the highlight report and noted two positive areas of escalation: the successful funding and implementation of a new mental health IT system; and sustained high compliance with statutory

	documentation for patients detained under the Mental Health Act, as confirmed through Healthcare Inspectorate Wales (HIW) audit findings. Members also noted positive partnership working with South Wales Police and local authorities in relation to Mental Health Act processes. P Roseblade welcomed the funding secured for the new mental health IT system and sought assurance that the previously agreed supplier costs remained valid. S Morris confirmed that procurement had secured a holding position with the supplier, maintaining the agreed business terms.
Resolution:	The Board resolved to NOTE the report.
Actions:	There were none.
4.3.3	QUALITY, SAFETY & EXPERIENCE COMMITTEE HIGHLIGHT REPORT 3 JUNE 2026
	C. Donoghue presented the highlight report from the meeting held on 3 June 2026 and verbally highlighted the following matters identified for escalation at the meeting held on 21 July 2026: • Key concerns escalated included patient boarding and flow management, with the committee being concerned that boarding is becoming routine and seeking assurance on risk assessment and management. A review has been commissioned to assess this practice, with findings expected before winter. • The committee discussed the health visitor industrial action and its risks. • Sustainability of specialist school nursing was highlighted as an ongoing issue, with an update requested for the next meeting. • Positive highlights included a presentation on the falls prevention service, which proactively supports at-risk patients in the community, and a spotlight on hospital at home, showing significant impact on early discharge and admission avoidance.
Resolution:	The Board resolved to NOTE the report.
Action:	There were none.
4.3.4.	HIGHLIGHT REPORT FROM THE SOUTH EAST WALES REGIONAL JOINT COMMITTEE
	G Watts presented the highlight report and highlighted the key matters for Members' attention. • the Regional Joint Committee recommended approval of the Regional Orthopaedic Plan as a route map for recovery, stabilisation, and long-term sustainability of regional lower limb orthopaedic services; • The committee also recommended approval of the associated outline and full business cases for Llantrisant Health Park, progressing governance arrangements across three health boards and onward submission to Welsh Government. Members noted that due to commercial sensitivities, the item will be discussed in closed session after the public session of the Board meeting today; • An update was provided on legal progress, highlighting that cataract services delivered over 25,000 procedures in the last financial year, reducing waiting lists by approximately 10,000 cases;

	• Progress was also reported on diagnostics, pathology, and standardisation and development of regional organisational arrangements. The Chair highlighted a very close working relationship with the Chair at Cardiff and Vale Health Board and the Chair at Aneurin Bevan Health Board. The Chair noted a renewed enthusiasm for collaborative regional agendas, emphasising the potential for significant gains for the population by smarter planning and delivery across the broader footprint. N Mesher observed that the degree of engagement and collaboration among the health boards had significantly improved compared to where it started, describing it as "quite remarkable." He highlighted that recent progress, especially in recovery work, was possible because representatives from the health boards sat together, worked through challenges openly, and built trust. This increased trust is now enabling the boards to tackle difficult challenges collectively that would have been hard to address individually.
Resolution:	The Board resolved to NOTE the report.
Action:	There were none.
5.	INSPIRING PEOPLE
5.1	CHAIR'S REPORT (INCLUDING AFFIXING THE COMMON SEAL AND CHAIR'S URGENT ACTION)
	J. Morgan presented the report and highlighted the following key matters: • The Chair described a recent "summer tour" of CTM sites, emphasising the importance of engaging with staff across hospital and community locations to understand opportunities for innovation and creative use of the Health Board's estate. • Highlighted positive conversations with staff delivering dementia, elderly care, patient discharge, and women's health services, noting the value of holding informal board development sessions on community sites to further connect with frontline teams. • Reported on progress at Prince Charles Hospital, especially the completion of phase two ITU development and upcoming phase three, reflecting significant capital investment and ambition across CTM. H Lentle pointed out that in the Chair's report, two bullet points incorrectly listed Keir Hardie Health Park as a party to the agreements, when it should only relate to Keir Hardie Health Park. She requested that the wording be amended to reflect that Keir Hardie was not a party to the agreement, ensuring consistency with the last bullet point format. The Chair agreed to amend the report and for this to be noted in the minutes.
Resolution:	The Board resolved to: • NOTE the report. • RATIFY the Affixing of the Common Seal as captured in section 3.1 subject to the amendments being made to the following items: • Lease relating to GP Practice 1 Surgery Premises at Keir Hardie Health Park between (1) Cwm Taf Morgannwg University Health Board and (2) Janet Davies and Huw Davies.

	• Lease relating to GP Practice 2 Surgery Premises at Keir Hardie Health Park between (1) Cwm Taf Morgannwg University Health Board and (2) Padma Nannarpaneni.
Action:	The affixing of the common seal section of the report to be amended to address the comments made by H Lentle regarding the wording of two agreements.
5.2	CHIEF EXECUTIVE REPORT
	P Mears presented the Chief Executive Report and highlighted the following key matters: • Escalation Status and Welsh Government Engagement: Members noted that the escalation status remained unchanged, with positive feedback from Welsh Government on improvement progress and continued focus on de-escalation in planned and urgent care. • St David's Surgery Facility: Members noted progress on the agreement for St David's Surgery to occupy the former Forest View Medical Practice facility, supporting expanded services and additional patient care capacity. • Graduate Recruitment and Primary Care Transformation: Members noted emerging Welsh Government programmes to support graduate recruitment and primary care transformation. • Community Beds Reconfiguration: Members noted ongoing work to reconfigure community bed provision, particularly in Bridgend, with further detail expected to be presented to Board in the autumn. • Mental Health Services National Plan: Members noted national work to strengthen community-based mental health support and reduce reliance on inpatient beds, with a further update to be presented to Board in the autumn. • Healthy Life Expectancy: Members noted the significant reduction in healthy life expectancy across CTM and the need for strengthened prevention and partnership working. • Health Visitor Industrial Action: Members noted ongoing engagement with trade unions and Welsh Government, with further updates to be provided in closed session. • Maternity and Neonatal Services Review: Members noted national review findings and CTM's work to reconfigure the Maternity Safety Board to support delivery of recommendations and accelerated improvement. • Radiology System Implementation: Members noted the successful rollout of the new RISP radiology system, with benefits realisation and lessons learned to be monitored as part of transition to business as usual. K Mason welcomed the RISP implementation and sought assurance on benefits realisation, lessons learned and transition to business as usual. L Edwards advised that phase two remained underway, with the programme team continuing to capture benefits and complete lessons learned before closure. Members noted that recommendations would be developed to support ongoing monitoring within radiology services.

	S Morris advised that RISP had delivered the transition from legacy systems, with future oversight to be managed through the Diagnostics, Therapies, Pharmacy and Specialties Care Group. He noted that benefits management capability within the digital and data team was becoming embedded and supporting improved approaches across wider digital programmes. G Hughes emphasised the need to strengthen benefits realisation across digital programmes, service reconfiguration and business cases, with appropriate scrutiny through the Value and Effectiveness Board. S Morris noted that the Audit Wales review of digital transformation, including its focus on benefits realisation, would be monitored through the Strategic Development Committee, while ensuring assurance remained proportionate and focused. The Chair highlighted prevention and public health as significant strategic risks for CTM, given the concerning data on life expectancy and healthy life expectancy. He welcomed greater national focus on prevention and emphasised the need to address the inverse care law by designing services that tackle the root causes of ill health and support earlier intervention. P Daniels supported the Chair's comments, highlighting the significant impact of declining healthy life expectancy on service demand and resource allocation. He emphasised that addressing this challenge would require collective action with partners, including the Regional Partnership Board, Public Service Board and local authorities, with particular attention to the growing inequalities in healthy life expectancy. The Chair emphasised the importance of maintaining professional values and behaviours across all Board activity, particularly during challenging periods. He recognised the professionalism of the Executive Team and Independent Members, reiterated that personal attacks are unacceptable, and confirmed that he had written to UNITE regarding recent behaviours while acknowledging the legal right to industrial action and the importance of constructive dialogue.
Resolution:	The Board resolved to NOTE the report.
Actions:	Further detail on community bed reconfiguration to be presented to the Board in the autumn, particularly in relation to Bridgend. Further update to be provided to the Board in the autumn on the national mental health services plan, including work to strengthen community-based support and reduce reliance on inpatient beds.
5.3	SPEAKING UP SAFELY UPDATE
	G Watts presented the report, highlighting significant progress in embedding Speaking Up Safely across CTM, supported by the recruitment of guardians and implementation of the Working in Confidence system. Members received assurance that arrangements were established and operating effectively, supported by internal audit findings and improved staff survey results.

	Members noted that the next phase would focus on strengthening feedback, organisational learning and thematic reporting, with progress reported annually. G Watts thanked contributors, particularly the guardians and D Jouvenat for her significant contribution as Independent Member Champion for Speaking Up Safely. D Jouvenat welcomed the progress made and noted the effectiveness and accessibility of the system. P Mears noted the positive cultural impact of Speaking Up Safely and suggested that related metrics be incorporated into future people reporting, recognising that increased reporting may indicate a healthy culture in which staff feel able to raise concerns. P Roseblade welcomed the significant assurance rating from internal audit in relation to how staff and others can access the Speaking Up Safely service.
Resolution:	The Board resolved to NOTE the report.
Action:	Incorporate Speaking Up Safely metrics into future people reporting, to support oversight of cultural impact and provide assurance that increased reporting reflects a culture in which staff feel able to raise concerns.
6.	**SUSTAINING OUR FUTURE**
6.1	MONTH 3 FINANCIAL PERFORMANCE REPORT
	S May presented the Month 3 Financial Performance Report, highlighting the ongoing deficit position, delivery of savings plans and the scale of the capital programme. • Deficit Position: Members noted the Month 3 deficit of £7.4m, with further work required to address the remaining in-year gap. • Savings Delivery: Savings plans continued to be developed and challenged, with a further £6.6m to be identified by Month 4. • Capital Programme: Members noted the significant £134m capital resource limit, expenditure to date, revised phasing for Prince Charles Hospital and further Welsh Government allocations expected in the autumn. Members noted the controls in place to contain the run rate, including vacancy approval processes, controls on administrative vacancies and further challenge to care groups on back-office support. The Chair sought assurance on delivery of the savings plan, including the level of confidence in care group plans and the ongoing review and challenge arrangements. S May confirmed that delivery remained challenging, with continued focus on identifying and scrutinising savings plans, monitoring expenditure pressures and maintaining grip on the run rate. N Mesher sought clarity on when the Board would be able to evidence a sustained improvement in the deficit position. S May advised that progress was expected by Month 4, supported by expenditure controls and income assumptions, with a fully realised plan anticipated by Month 5.

Resolution:	The Board resolved to NOTE the report.
Action:	There were none.
7.0	IMPROVING CARE – PART 2
7.1	PRIMARY & COMMUNITY CARE DEVELOPMENT
	The Chair emphasised the importance of strengthening Board oversight of primary and community care, reflecting the strategic shift towards more services being delivered closer to home. Members noted that this item marked the start of regular Board reporting and discussion in this area, with future reports expected to develop iteratively to support a clearer understanding of performance, activity and strategic direction. G Hughes introduced the item, noting the current limitations in performance data, particularly for community services where paper-based records and limited digital clinical systems restrict meaningful analysis. D Andrews then delivered a presentation to Members. P Mears emphasised that the Clinical Services Strategy seeks to reorient the organisation towards primary and community care, with a greater focus on shifting services closer to home. Members noted the importance of developing more meaningful data, including patient experience and outcomes, to inform local delivery and support wider national work. S Blackburn highlighted the need for cultural and behavioural change among both staff and patients, particularly in relation to expectations and use of services. He suggested this should be considered as part of Clinical Services Plan engagement. D Andrews agreed, noting that services must be planned on the basis of need, while remaining as accessible and convenient as possible. P Roseblade queried whether analysis had been undertaken to understand any correlation between clinical capacity, access at practice or cluster level, and the use of out-of-hours services. D Andrews advised that this was an area of interest, although interpretation was complex due to local factors including demographics, care home populations and geography. Members noted the importance of contextualising data with local intelligence, strengthening access assurance where required, and continuing to monitor variations in service provision. K Mason sought assurance on the approach to digital and data integration, given national uncertainty following the discontinuation of WCCIS. P Mears advised that all GP practices now use EMIS and noted the potential for further integration through community-based functionality, subject to national procurement, interoperability and data-sharing arrangements. Members noted that establishing robust information-sharing foundations would be essential before further technology solutions could be progressed. S Morris advised that EMIS Community is not currently procured for NHS Wales and would require separate procurement. He noted that, following the discontinuation of the WCCIS programme, local authorities are progressing their own social care system procurements, with potential alignment to CTM's

mental health solution. Members noted the need for further requirements analysis and careful consideration of system integration, the NHS Wales App and Digital Healthcare Wales (DHCW's) role in supporting future digital development.

K Mason sought clarity on governance, accountability and decision-making arrangements for digital solutions. S Morris advised that the national digital and data blueprint work, now collectively owned, should provide greater clarity on future governance and strategic direction.

K Palmer sought clarity on the vision, delivery plans and timescales for integrated primary and community care teams over the next three years, including whether the model would be standardised or tailored to local population needs. Members were advised that CTM was progressing into the delivery phase, with locality leadership structures expected to be consistent, while team composition would vary according to local needs. The intended approach would balance core standardisation with local flexibility, with team constructs expected to be established within the current financial year.

L Edwards emphasised the importance of a multi-professional community workforce, including AHPs and healthcare scientists, and suggested that research be recognised as an enabler within the model. D Andrews noted the role of occupational therapists within the navigation hub and welcomed further collaboration with the Research & Development (R&D) team.

N Mesher highlighted the need to realign resources towards primary and community care, noting that current expenditure remains weighted towards secondary care despite the strategic ambition for community-based models. He emphasised that robust data would be essential to inform future resource allocation and support the scaling of services such as hospital at home. D Andrews advised that hospital at home currently supports discharge pathways, but should increasingly develop upstream admission avoidance models to deliver greater clinical and financial benefits. P Mears supported the need to reorient organisational focus and resources towards primary and community care, including workforce, service models, long-term condition management and diagnostics closer to home.

S Medlicott welcomed the inclusion of primary and community care on the Board agenda and noted the progress made to date. She highlighted the opportunity to strengthen future reporting through the inclusion of pharmacy and medicines management data, emphasising that robust data would be essential to support further development of primary and community care.

H Proctor sought clarity on whether implementation of the integrated primary and community care teams would require a formal organisational change process or could be delivered through the repurposing of existing roles. D Andrews advised that this would depend on the scale and nature of any role changes, with existing skills and competencies to be reviewed to determine future service delivery requirements. P Mears added that the approach would

	be staged and carefully managed, with staff engagement undertaken before any significant changes were progressed. G Hughes emphasised that primary and community care is central to the Clinical Services Strategy. Members noted the ambition of the plan and the need for more robust data to better understand unmet demand, future service requirements and opportunities to strengthen patient access, including through the NHS Wales App. A further focused discussion at a future Board Development session was suggested.
Resolution:	The Board resolved to NOTE the progress made to date and SUPPORT the next phase of the Transformation Programme.
Action:	A further focused discussion should be scheduled for a future Board Development session on primary and community care, including future service requirements and patient access through the NHS Wales App.
7.2	LLYNFI VALLEY ENGAGEMENT PLAN
	S Blackburn presented the proposed engagement plan for the next phase of the Healthy Futures Maesteg programme, focusing on the development of the Llynfi Valley Health and Wellbeing Centre and the future of Maesteg Community Hospital. Members noted that the plan had been developed with Llais and set out an iterative, inclusive approach to engagement, with clear communication on the scope of influence, continued feedback and ongoing Board assurance. The Chair supported testing the engagement plan with key stakeholders, including local authority and community groups, to ensure it addressed local needs and identified any gaps before consultation commenced. P Mears welcomed the comprehensive nature of the plan and supported further stakeholder testing to maximise engagement. R Goode sought assurance on the engagement plan's reach, including the balance between paid and organic methods to ensure broader and more representative community involvement. S Blackburn advised that the approach would be iterative, working with community groups and using targeted methods, including demographic data, to maximise reach and effectiveness. N Mesher emphasised the importance of robust stakeholder mapping, clear expectation management and proportionate engagement with different groups, reflecting their level of interest, influence and potential role in supporting the programme. S Blackburn agreed, noting the need for transparent communication on the scope of engagement and a more relational approach that enables trusted community voices and networks to support wider involvement. R Rowlands emphasised the importance of engaging underrepresented voices, particularly older people, through trusted community relationships. Members noted that effective community engagement can be complex and relational in nature and welcomed the plan's recognition of this approach. S Blackburn agreed, noting that the approach would use existing hyper-local

	relationships to enable communities to support meaningful conversations and build broader engagement capacity beyond the programme. R Rowlands sought assurance that sufficient capacity was available to support delivery of the engagement plan, noting the potential scale of activity and wider demands on the engagement team. S Blackburn acknowledged the team's limited capacity and advised that the approach would position the engagement team as enablers, working through local communities to support meaningful engagement. R Rowlands highlighted the potential for staff to act as key ambassadors for the engagement process, while noting the need to recognise the impact of wider organisational change on their capacity and willingness to support the programme. D Price confirmed that, from Llais's perspective, the report and public voice had been appropriately considered by the Board, noting that the requested commitments had been progressed through ongoing work and discussion. He also emphasised the importance of respectful engagement for all those involved in the process. The Chair acknowledged Llais's confirmation that the public voice had been appropriately considered and emphasised the importance of respectful engagement. He thanked Llais for its significant contribution to the programme and recognised the value of its statutory role and ongoing partnership in supporting inclusive engagement.
Resolution:	The Board resolved to NOTE the objectives, methodologies and actions set out in this plan.
Action:	There were none.
7.3	BOARD ASSURANCE FRAMEWORK
	G. Watts presented the Board Assurance Framework and highlighted the key matters for Members attention.
Resolution:	The Board resolved to APPROVE the Board Assurance Framework.
Action:	There were none.
7.4	INTEGRATED PERFORMANCE REPORT (QUALITY, PEOPLE & OPERATIONAL PERFORMANCE)
	C Thompson introduced the Integrated Performance Report, noting that relevant sections had been considered through Committee scrutiny and that the report was taken as read. Members noted updates to reflect 2026/27 performance requirements, including population health metrics by deprivation and additional activity volume information. Executive leads highlighted key performance matters across operational delivery, quality and safety, workforce and public health, including urgent and planned care, infection control, mortality, sonography workforce challenges, adult mental health waiting times, sickness absence, vaccination performance, deprivation gaps, healthy weight and smoking cessation. K Palmer sought clarity on when improvement actions for adult mental health services, particularly psychological therapies, would begin to have an impact.

	G Hughes advised that a month-on-month improvement trajectory was expected, supported by validation of the waiting list to address high DNA rates and confirm ongoing patient engagement. He agreed to confirm the detailed improvement trajectory outside the meeting.
Resolution:	The Board resolved to NOTE the report.
Action:	G Hughes to confirm the detailed improvement trajectory for adult mental health services, particularly psychological therapies, outside the meeting.
8.	CREATING HEALTH
8.1	HEALTHY WEIGHT STRATEGIC PLAN
	P Daniels presented the Healthy Weight Strategic Plan, highlighting the scale of childhood obesity across CTM and the lifelong implications for population health. He emphasised the importance of sustained, prevention-focused action to support long-term system sustainability. The Chair welcomed the work underway through programmes such as PIPYN and emphasised the need for continued collective action with local authority partners and elected members. P Mears suggested engaging with local authorities and councillors, emphasising that the healthy weight strategy should be a collective responsibility, not just a public health issue. P Daniels confirmed plans to engage with local authority cabinets and planning committees, noting the importance of addressing the obesogenic environment. D Jouvenat shared a positive anecdote about the PIPYN programme's impact in their local primary school, urging continued support and repeat access for parents. L Edwards highlighted operational challenges, mentioning a 4,500-person waiting list for adult weight management services and ongoing work to review delivery models and maximize capacity. P Mears stressed that the plan should not be seen as solely the responsibility of P Daniels and the Public Health Team to address but should be integrated with primary and community transformation efforts, involving GPs and practice nurses. The Chair advised that P Daniels may wish to consider how the Board could be provided with updates on implementation and assurance.
Resolution:	The Board resolved to APPROVE the Healthy Weight Strategic Plan.
Action:	There were none.
9.	CONSENT AGENDA
9.1	FOR APPROVAL
9.1.1.	Unconfirmed Minutes of the meeting held on 21 May 2026
Resolution:	The minutes were APPROVED.
9.1.2	Unconfirmed Minutes of the Extra Ordinary meeting held on 21 May 2026
Resolution:	The minutes were APPROVED.

9.1.3.	Amendments to Standing Orders – Clinical Advisory Group Terms of Reference
Resolution:	The Standing Orders were APPROVED.
9.1.4	Revised Standards of Good Governance and Probit (in Public Service Roles) Policy
Resolution:	The policy was APPROVED.
9.2	FOR NOTING
9.2.1.	Non Routine Committee Business (Forward Plan)
Resolution:	The Forward Plan was NOTED.
9.2.2.	Annual Cycle of Business for 2026
Resolution:	The Annual Cycle of Business for 2026 was NOTED.
9.2.3	Board Committee and Advisory Group Highlight Reports
Resolution:	The reports were NOTED.
9.2.4.	Capital Update
Resolution:	The report was NOTED.
10.	CLOSE OUT BUSINESS
10.1	Any Other Business
	There was no other business to report.
10.2	Meeting Feedback
	The Chair requested feedback on this meeting within the next two weeks.
11.	Private / In Committee Session
	The Chair advised the following items were taken within a closed session; • Transforming Access to Medicines FBC Response • South East Wales Regional Arthroplasty Plan & LHP Outline/Full Business Case • CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2025/26/CTMUHB Overarching • Major Incident Guidance 2026/CTMUHB Business Continuity Management Policy 2026 • Planned Care Recovery Regional Plan
12.	DATE AND TIME OF NEXT MEETING The next meeting takes place on Thursday 24 September 2026 at 9AM
13.	Close of Meeting

DRAFT

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Agenda Item

Unapproved Minutes of the IN-COMMITTEE Board held on 30 July 2026

Date and Time of Meeting	Thursday 30 July 2026 at 14:15
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Paul Mears	Chief Executive
	Rhys Goode	Independent Member
	Helen Lentle	Independent Member
	Dilys Jouvenat	Independent Member
	Kathy Mason	Independent Member
	Neil Mesher	Independent Member
	Hayley Proctor	Independent Member
	Carolyn Donoghue	Independent Member
	Patsy Roseblade	Independent Member
	Rachel Rowlands	Independent Member
	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Lauren Edwards	Executive Director of Allied Health Professionals and Healthcare Sciences
	Richard Hughes	Executive Director of Nursing
	Claire Thompson	Executive Director of Strategy & Transformation
	Dom Hurford	Executive Medical Director
	Hywel Daniel	Executive Director for People
	Philip Daniels	Executive Director of Public Health
	Gareth Watts	Director of Corporate Governance
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement & Fundraising
	Lisa Curtis-Jones	Associate Board Member
	Alex Brown	Associate Board Member
	Sarah Medlicott	Associate Board Member
In Attendance	Rosie Cavill *(Item 2.1 only)*	Llantrisant Health Park Infrastructure Corporate Director
	Hannah Wilton *(Item 2.2 only)*	Director of Pharmacy and Medicines Management

	Louise Stait	Interim Assistant Director Governance and Risk (Minutes)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting, particularly those joining for the first time and guests and colleagues joining for specific agenda items. The format of the proceedings was also noted by the Chair.
1.2	Apologies for Absence
	Apologies for absence were received from: • Paul Deenik, Associate Board Member
1.3	Declarations of Interest
	No interests were declared in relation to the items on the In Committee agenda, over and above those already declared during the public part of the meeting.
2.	MAIN AGENDA
2.1	South East Wales Regional Orthopaedics Plan and Llantrisant Health Park (LHP) Outline/Full Business Case
	R. Cavill joined the meeting. G. Hughes introduced the report, explaining that significant work had been undertaken across South East Wales region to develop a single approach to elective orthopaedic services. This had included the development of a shared demand and capacity model, standardisation of clinical and operational approaches, and identification of the scale of the gap between demand and available capacity. The work had focused primarily on lower limb arthroplasty services and had informed both the Regional Orthopaedic Plan and the business case for the proposed surgical hub at Llantrisant Health Park. Members heard that modelling demonstrated a recurring gap between demand and current capacity, even after productivity improvements had been factored into assumptions. The proposed plan therefore set out a phased approach to recovery and sustainability, including investment in existing services and establishment of the regional surgical hub. It was noted that the modelling assumed the continued operation of existing services alongside the additional capacity provided through LHP, with the aim of achieving a maximum 36-week waiting time position by March 2030 and moving to a sustainable long-term model thereafter. Wider opportunities to support other orthopaedic subspecialties through the additional capacity had also been identified.

	Discussion took place regarding the financial assumptions underpinning the proposal, including the recurrent revenue requirement associated with the sustainable operating model at LHP. Members received assurance regarding the affordability of the proposed model and the assumptions underpinning the business case. R. Cavill provided an update on the capital aspects of the scheme. Members noted the total capital requirement for the development and heard that costs had been benchmarked against comparable schemes. Members were advised of upcoming approval milestones and noted that delays could impact on programme delivery, timescales and costs. P. Roseblade sought assurance regarding the workforce required to staff the new facility and whether sufficient staff would be available while existing services continued to operate. In response, G. Hughes advised that extensive workforce planning had been undertaken as part of the regional programme. The intention was for the hub to be supported through a combination of transferred activity and staff, new recruitment, and transitional arrangements where required, with the new facility anticipated to support workforce attraction and retention. Workforce requirements and implementation arrangements would continue to be refined through the next phase of planning. K. Palmer queried the capital risks associated with the scheme and sought assurance regarding the extent to which these would be borne by CTMUHB should costs increase. Members noted that, while the development was a regional project, the site was owned by CTMUHB and the capital funding risk would therefore sit with the Health Board. Assurance was provided regarding the controls and oversight arrangements in place, although it was recognised that programme timing remained an important risk.
Resolution:	The Board resolved to: • Approve the OBC/FBC for submission to Welsh Government to seek the associated capital funding of £121.965M and £36M revenue recurrently (from April 2030). • Approve the Regional Orthopaedic Plan for submission to Welsh Government to request the associated revenue of £115.2m to deliver phases one and two of the plan. • Note the consequential impacts of the business case and plan for organisations; and the UHB-specific constraints and risks set out in the report.
Action:	None
	R. Cavill left the meeting. *H. Wilton joined the meeting*.
2.2	Transforming Access to Medicines (TrAMs) Full Business Case

	D. Hurford and H. Wilton presented this item, which included a Transforming Access to Medicines (TrAMs) Full Business Case and a proposal for CTMUHB to participate in the South East Wales regional medicines manufacturing hub. D. Hurford advised that the proposal had previously been considered by the Executive Management Board, the Operational Delivery Committee and partner health boards. He noted that, whilst the proposal was not without challenges, it represented the most sustainable long-term option and would avoid the need for the Health Board to make significant future investment in replacing or upgrading the existing aseptics unit at the Royal Glamorgan Hospital. The proposal was expected to improve resilience, capacity, quality assurance and regulatory compliance. Three areas of concern previously raised, namely workforce transfer arrangements, financial implications and assurance regarding the future service model, had now been satisfactorily addressed. H. Wilton highlighted that the existing aseptics unit at the Royal Glamorgan Hospital was more than 25 years old and outlined the operational benefits of moving to the regional hub model. She explained that the proposal was expected to: • Improve quality and safety for patients through modern facilities, enhanced quality assurance and industrial-scale manufacturing processes. • Provide a sustainable long-term solution for the service and avoid the need for significant future capital investment in the existing facility. • Create greater opportunities for workforce development and experience within a larger specialist service. In response to a question regarding workforce implications, Members were advised that a small number of staff were expected to transfer to the regional hub as part of the new arrangements.
Resolution:	The Board resolved to: 1. Note the financial, workforce and operational implications arising from the TrAMs Full Business Case. 2. Note the significant quality, safety and sustainability benefits associated with the proposal. Approve CTMUHB participation in the TrAMs South East Wales Hub programme to enable progression to implementation and delivery.
Action:	None
2.3	Planned Care Recovery
	G. Hughes presented this report, which outlined the development of the Health Board's Planned Care Recovery Plan. Members were advised that, following indications from Welsh Government regarding additional planned

	care funding, Health Boards had been asked to develop proposals to support recovery of long waits and diagnostic performance. An initial regional submission had already been made and further work was underway to develop a more comprehensive proposal. G. Hughes explained that the proposed approach built on extensive regional demand and capacity planning and sought to support reductions in long waits across a range of specialties through a combination of additional activity, productivity improvements, pathway redesign and regional collaboration. Members noted that the approach aimed to maximise existing capacity before using external provision and included opportunities for shared waiting list arrangements, regional insourcing initiatives and collective outsourcing schemes. Members heard that a key feature of the proposal was the continued development of a regional model across South East Wales, including the use of regional surgical hub arrangements to support recovery activity. The plan had been developed collaboratively with partner Health Boards and had received support through the Regional Joint Committee. Discussion focused on the opportunities and risks associated with the regional approach. Members welcomed the level of regional collaboration and noted the importance of strong partnership working to support successful delivery. Members recognised that the plan relied upon all participating organisations delivering their respective commitments and that robust governance and accountability arrangements would therefore be essential. In response to questions from Members, G. Hughes advised that the key risks had been identified and mitigating actions were in place. These included monitoring delivery against productivity standards, managing reliance on partner organisations and ensuring sufficient capacity from insourcing and outsourcing providers to deliver the required activity. The Board noted that delivery of the recovery plan would be supported through existing governance arrangements, with progress monitored through established performance, productivity and transformation structures and reported through regional assurance mechanisms where required.
Resolution:	The Board resolved to: 1. Note the current planned care and diagnostics position and the continued challenges in reducing long waiting times. 2. Endorse the proposed elective recovery approach and associated improvement programme, noting the plan would be subject to Welsh Government confirmation of the allocation of funding against this plan.

	3. Note the regional collaborative arrangements being progressed through the Regional Joint Committee. Receive assurance that governance, performance monitoring and risk management arrangements were in place to oversee delivery of the recovery plan and associated IMTP commitments.
Action:	None
3.	CONSENT AGENDA
3.1	CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report - 2025/26/CTMUHB Overarching Major Incident Guidance - 2026/CTMUHB Business Continuity Management Policy 2026
	C. Thompson presented the report, guidance and policy.
Resolution:	The Board resolved to: - Approve and adopt the major incident guidance, the business continuity guidance and EPRR Annual Report 2025/26.
Actions:	None
4.	CLOSE OUT BUSINESS
4.1	Any Other Business
4.1a	Community Midwifery: Temporary Suspension of Home Births and Births at Tirion Birth Centre (Oral item) The Board received a verbal update on workforce pressures within Community Midwifery Services. Members were advised that sickness absence levels within the service were currently around 20%, resulting in significant challenges in maintaining safe and sustainable staffing levels. The service was operating under Business Continuity arrangements, and there had been occasions when very limited staffing was available to support service delivery. For context, members were reminded that community midwives undertake a wider role than supporting home births, including responding to obstetric emergencies in community settings, supporting births at Tirion Birth Centre, and contributing to wider maternity services. Additional pressures had also arisen from the need to support families during the period of Health Visitor industrial action. To mitigate the risks associated with current workforce pressures, it was proposed that the Home Birth Service and births at Tirion Birth Centre be temporarily paused. Members heard that this was considered a proportionate measure to maintain the safety and resilience of core maternity services during the current period of workforce challenge. The Board noted that engagement had been undertaken with staff and stakeholders in developing the proposal and that the relevant impact assessments had been completed. Further engagement would also take place with Llais and other interested parties.

	In response to questions, members were advised that home births currently accounted for a relatively small number of births across the Health Board area. Whilst members recognised that the proposal would temporarily reduce choice for a small number of expectant parents, they acknowledged the need to balance this against the requirement to maintain safe and sustainable maternity services. Discussion also considered whether the staffing challenges reflected wider issues affecting maternity services. Members noted that the substantive workforce remained in place and that efforts were continuing to support staff wellbeing and return to work where appropriate. It was recognised that broader local and national discussions were underway regarding future maternity service models and workforce sustainability, and that a more comprehensive update on these matters would be brought to the Board at a future date. Members sought clarification regarding the anticipated duration of the temporary arrangements and were advised that an initial period of approximately six weeks was envisaged, with the intention of reinstating services as soon as staffing levels allowed. In concluding the discussion, members welcomed the proactive approach being taken to identify and manage risks at an early stage. The Board emphasised the importance of continuing to monitor workforce resilience and service sustainability, with a view to restoring the full range of maternity service options at the earliest safe opportunity.
Resolution:	The Board resolved to: - Note the update; and - Support the Health Board's proposed temporary suspension of the Home Birth Service and births at Tirion Birth Centre as a proportionate measure to maintain safe and sustainable maternity services during the current period of workforce challenge.
4.1b	Health Visitor Dispute – Proposed Offer (Oral item) Members were advised that management proposed making an offer to striking Band 6 Health Visitors, comprising a one-off payment. Prior approval from Welsh Government would be required before any offer could be made. The initial WG approval would be for the offer itself (only made at this stage to striking Health Visitors). *If an agreement was reached*, subsequent approval would be sought through:

- a COT3 (Central Office Tribunals) special payment request in respect of striking Band 6 Health Visitors; and
- a special payment request for an equivalent ex gratia payment to be made to non-striking Band 6 Health Visitors.

It was noted that any offer would be conditional upon withdrawal from the dispute and a return to work (including precedent clauses both within the Health Board and wider NHS Wales), together with UNITE's participation in the national expert partnership group established to review Health Visitor job descriptions across NHS Wales.

Members discussed the proposed value of the payment and whether a rounded figure should be considered. In response, it was noted that the amount proposed had been determined through a defined methodology and had already formed part of informal discussions with UNITE representatives. Members were advised that the rationale and underlying calculation would not be routinely shared more widely, although it was recognised that there was a possibility that details could become known through other channels. It was further noted that there was no scope to increase the value of the proposed payment above the amount presented.

Members noted that details of the emerging proposal appeared to be more widely known amongst affected staff than had been anticipated at this stage of discussions. It was acknowledged that the Health Board had sought to keep trade union representatives informed throughout the process, while making clear that any proposal remained subject to the necessary approval processes. Members discussed the challenge of managing expectations while negotiations remained ongoing and no formal agreement had yet been reached.

Members noted that the proposal would apply solely to Band 6 Health Visitors and would be agreed on a non-precedent basis. Members questioned the extent to which the latter could realistically be maintained in practice. It was acknowledged that, while the Health Board could clearly state its intention that the arrangement was specific to the circumstances of this dispute, there always remains a theoretical risk of wider industrial relations implications and unintended consequences for other staff groups, both within CTMUHB and more broadly across NHS Wales – though counsel's advice had been taken on the wording of any proposed COT3 in order to avoid this.

The Board was advised that the proposed approach had been developed with counsel's advice and would not be formally submitted to UNITE unless endorsed by the Board. Welsh Government approval would be sought in parallel, to avoid unnecessary delay. However, it was made clear that prior Welsh Government approval was required before any Board approval would be enforceable. Members noted that the Health Board's Audit Wales, external

	audit engagement team, were being kept up-to-date with the proposed approach. S. May explained that Welsh Government would require assurance that the proposed payments could be funded without adversely affecting the Health Board's overall financial position. She advised that the supporting evidence would draw on the financial provision established in the previous financial year, together with an assessment of amounts not paid during 2026/27 to date as a result of the dispute. This would be considered on a net basis, taking account of any associated loss of income from Local Authorities. The Board discussed the communication and implementation of the proposal. The Board noted the potential risk that non-striking Health Visitors could be disappointed if made aware of the proposal and it was subsequently not agreed by UNITE. H. Daniel advised that, while it would be legally possible to make an equivalent payment to non-striking staff regardless of whether the dispute was resolved, and indeed those striking Health Visitors who had accepted the offer in order to return that portion of the workforce back to work, such an approach could be perceived as divisive from an industrial relations perspective and would therefore require careful Board consideration and further discussion / decision. It was confirmed that no communication regarding a payment to non-striking Health Visitors would be issued unless agreement had first been reached with the striking Health Visitors, although it was acknowledged that details of the proposal may become known informally.
Resolution:	The Board resolved to: Approve management's request to make the offer to striking Health Visitors, subject to Welsh Government prior approval being obtained before any offer was made.
5.	DATE AND TIME OF NEXT MEETING
5.1	The next meeting takes place on Thursday 24 September 2026

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Version 2 August 2026

CTMUHB Public Board

Board Committee and Advisory Group Annual Reports

Eitem yr Agenda / Agenda Item	9.1.3
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to APPROVE the following Board Committee and Advisory Group Annual Reports for the period 2025/2026: • Audit, Risk & Assurance • Charitable Funds Committee • Mental Health Act Monitoring Committee • Operational Delivery Committee • Quality, Safety & Experience Committee • Strategic Development Committee • Stakeholder Reference Group

1. Situation /Background

1.1 In line with Standing Order requirements each Board Committee and Advisory Group is required to submit to the Board on an annual basis a report setting out its activities together with a review of its performance and any associated improvements being put into place as a result.

2. Specific Matters for Consideration

2.1 The following Board Committees and Advisory Groups received their Annual Reports during this period - April 2025 – March 2026 and are attached as follows for Board Approval.

- Audit, Risk & Assurance – Appendix 1
- Charitable Funds Committee – Appendix 2
- Mental Health Act Monitoring Committee – Appendix 3
- Operational Delivery Committee – Appendix 4
- Quality, Safety & Experience Committee – Appendix 5
- Strategic Development Committee – Appendix 6
- Stakeholder Reference Group – Appendix 7

3. Key Risks / Matters for Escalation

3.1 There are no key risks for escalation to the Board.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	All Strategic Risks Apply If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research

	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Not applicable Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable for this report	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Audit, Risk & Assurance Committee	04/08/2026	Endorsed for Board Approval
Charitable Funds Committee	29/07/2026	Endorsed for Board Approval
Mental Health Act Monitoring Committee	27/05/2026	Endorsed for Board Approval
Operational Delivery Committee	28/07/2026	Endorsed for Board Approval
Quality, Safety & Experience Committee	03/06/2026	Endorsed for Board Approval
Strategic Development Committee	19/08/2026	Endorsed for Board Approval
Stakeholder Reference Group	03/06/2026	Endorsed for Board Approval

Acronyms / Glossary of Terms	

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

ANNUAL REPORT 2025-2026
AUDIT, RISK & ASSURANCE COMMITTEE

AUDIT, RISK & ASSURANCE (ARAC) COMMITTEE

DRAFT ANNUAL REPORT 2025-2026

FOREWORD

I am pleased to be able to commend to you this annual report, which has been prepared for the attention of the Board and reviews the work of the Committee for the financial year 2025-2026.

I would like to recognise the significant commitment of all the officers of the Committee who have supported and contributed to the work carried out and for their continued dedication in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Internal Audit team at the NHS Wales Shared Services Partnership (NWSSP), by Audit Wales and Local Counter Fraud Services.

Going forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of the Health Board.

Patsy Roseblade

Chair of the Audit, Risk & Assurance Committee

Cwm Taf Morgannwg University Health Board (CTMUHB)

INTRODUCTION

The Committee's business cycle runs from the closure of the Annual Accounts in one financial year to the next. This reflects its key role in the development and monitoring of the Governance and Assurance framework for Cwm Taf Morgannwg University Health Board (CTMUHB), which culminates in the production of the Accountability Report including the Governance Statement.

The Terms of Reference for the Committee were formally approved by the Board in March 2026 following changes made to quoracy. The Terms of Reference will be reviewed by the Committee in August 2026 as part of its annual review.

Members will be aware that all papers relating to the Committee (unless closed or 'in-committee') are available on the Health Board website.

This report sets out the role and functions of the Audit, Risk & Assurance Committee and summarises the key areas of business undertaken during the year. In addition, the report sets out some of the key issues, which the Committee will be focussing on over the next few years.

ROLE, MEMBERSHIP, ATTENDEES AND COMMITTEE ATTENDANCES

ROLE

The role of the Committee is to advise and assure the Board on whether there are effective arrangements in place – through the design and operation of the Health Board system of assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

The Organisation's system of internal control has been designed to identify the potential risks that could prevent Cwm Taf Morgannwg UHB achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur, and seeks to manage them efficiently, effectively and economically. Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, the assurance framework may be strengthened and developed further.

The Committee's Terms of Reference are reviewed annually and are included within the Standing Orders for the Cwm Taf Morgannwg UHB.

MEMBERSHIP

The membership of the Audit, Risk & Assurance Committee during 2025-2026 comprised five Independent Members, enabling the Committee to provide

appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

A summary of the Independent membership during 2025-2026 is outlined in table 1 below:

Table 1 – Composition & Membership of the Audit, Risk & Assurance Committee 1 April 2025 – 31 March 2026

Name	Period
Members	
Patsy Roseblade Committee Chair/Independent Member	April 2025 – March 2026
Kath Palmer UHB Vice Chair/Independent Member	April 2025 – March 2026
Dilys Jouvenat – Independent Member	April 2025 – March 2026
Helen Lentle – Independent Member	April 2025 – March 2026
Kathy Mason – Independent Member	July 2025 – March 2026

ATTENDEES

As Executive leads for the Committee the Executive Director of Finance and the Director of Corporate Governance/Board Secretary attend every meeting as do members and are often accompanied by members of the respective teams. The Committee's work is also informed by reports provided by Audit Wales, Internal Audit, Local Counter Fraud Services and CTMUHB personnel. Although they are not members of the Committee, auditors and other key personnel are expected to attend each meeting of the Audit, Risk & Assurance Committee. Invitations to attend the Committee meeting are also extended, where appropriate and on an 'ad hoc' basis, to specific staff when reports which relate to their specific area of responsibility are being discussed by the Audit, Risk & Assurance Committee.

ATTENDANCE AT AUDIT, RISK & ASSURANCE COMMITTEE 2025-2026

During the year, the Committee met on seven occasions. *One Extra Ordinary meeting was held during this period which was devoted to the Approval of the Annual Accounts and Annual Report. All meetings were quorate and were well attended as shown in Table 2 below:

Table 2 - Meetings and Member Attendance 2025-2026

Public Meeting Attendance:

Name:	22.05.25	25.06.25*	14.08.25	13.11.25	03.02.26
Patsy Roseblade - Independent Member (Chair)	√	X	√	√	√
Kath Palmer - UHB Vice Chair/Independent Member	X	√	√	X	√
Kathy Mason – Independent Member		√	√	√	√

Helen Lentle – Independent Member	X	√	√	√	X
Dilys Jouvenat – Independent Member	√	√	√	X	√

* Extra Ordinary Meeting (to sign off Annual Report and Accounts 2024-2025

In Committee (IC)Meeting Attendance:

Name:	22.05.25	14.08.25	13.11.25	03.02.26
Patsy Roseblade - Independent Member (Chair)	√	X	√	√
Kath Palmer - UHB Vice Chair/Independent Member	X	√	X	√
Kathy Mason – Independent Member		√	√	√
Helen Lentle – Independent Member	√	√	√	X
Dilys Jouvenat – Independent Member	√	√	X	√

Hosted Bodies Meeting Attendance:

Name:	22.05.25	14.08.25	13.11.25	03.02.26
Patsy Roseblade - Independent Member (Chair)	√	√	√	√
Kath Palmer - UHB Vice Chair/Independent Member	X	√	X	√
Kathy Mason – Independent Member		√	√	X
Helen Lentle – Independent Member	X	√	√	X
Dilys Jouvenat – Independent Member	√	√	X	√

AUDIT RISK & ASSURANCE COMMITTEE BUSINESS

The Audit, Risk & Assurance Committee provides an essential element of the Health Board's overall assurance framework. It has operated within its Terms of Reference in accordance with the guidance contained within the NHS Wales Audit Committee Handbook.

A Consent agenda approach was adopted across all Board and Committee meetings during 2020 and has continued to be used since. This enabled a number of reports to be received by Members for approval/noting, with an opportunity provided to Members to raise questions against these items in advance of the meeting.

The Committee has embedded the Health Board's Strategic Goals into its work programme, ensuring alignment with the "*CTM2030: Our Health, Our Future strategy*" and the Health Board's "*Values and Behaviour*"



The Audit, Risk & Assurance Committee agenda broadly followed a standard format, comprising of specific sections, which are outlined below:

Main Areas of Audit, Risk & Assurance Committee Activity – Part 1
The agenda for each meeting followed a standard format, broken down into the following 6 main parts:

1. Preliminary Matters

This included the apologies for absence, welcome and introductions and declarations of interest.

2. Consent Agenda for Approval/Noting

The following written reports were received by the Audit, Risk & Assurance Committee and considered accordingly:

- Unconfirmed Minutes;
- Action Log;
- Committee Annual Cycle of Business;
- Forward Work Programme;
- Clinical Audit Annual Plan and Clinical Audit Annual Report 2025-2026;
- Audit Wales – Annual Audit Enquiries Letter Response;
- Audit, Risk & Assurance Committee Annual Audit Plan 2025-26;
- Audit, Risk & Assurance Committee Terms of Reference;
- Audit, Risk & Assurance Committee Effectiveness Self-Assessment;
- Annual Report Timetable 2025-2026
- Standards of Good Governance and Probity Policy
- Audit Wales Review - Tackling the Planned Care Challenges Report and Management Response

- Outcome of Committee Referral to Quality, Safety & Experience Committee - Concern in relation to increased medical negligence costs

It is important to note any member of the committee can request that an item planned for the consent agenda can be moved to the main agenda for discussion.

3. Main Agenda

4. Sustaining Our Future

The following reports were received for discussion:

- Local Counter Fraud Report;
- Counter Fraud Annual Report;
- Counter Fraud Functional Standard Return 2024-25
- National Fraud Initiative Progress and Outcomes;
- Audit Wales Briefing - National Fraud Initiative 2024-25 Update for CTMUHB
- Counter Fraud Annual Self Review;
- Counter Fraud Draft Work Plan;
- Procurement and Scheme of Delegation Report;
- Post Payment Verification Mid-Year Update;
- Post Payment Verification Annual Report and End of Year Update;
- Penalties for Late Submitted Evidence Update;
- Draft Annual Report and Draft Annual Accounts 2024-2025;
- Losses and Special Payments Report;
- Financial Control Procedure – Medical Variable Pay – Summary of Authorised Breaches;
- Amendment to the Standards of Behaviour Framework Policy – Declarations of Interest Form;
- Declarations of Interest & Gifts and Hospitality Report;
- Audit Wales Audit of the Financial Statements (ISA 260) (Including the Letter of Representation and Audit Opinion);
- Breaches to the Standing Orders;
- CTMUHB ISO14001 Certification Progress Report;

5. Improving Care

The following reports were received for discussion:

- Audit Recommendations Tracker;
- Approval of the Annual Review of the Risk Management Framework/Board Assurance Framework;
- National Clinical Audit Plan;
- Organisational Risk Register;
- Annual Review Risk Management Framework;
- Organisational Risk Register;
- Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards;
- Amendments to CTMUHB Standing Orders (Schedule 4.1 – Standing Orders for the NHS Wales Joint Commissioning Committee);

- Data Lapses/Data Loss Updates Report;
- Response to the updated HM Treasury Audit & Risk Assurance Committee Handbook.

Also received under this section were reports from:

- Internal Audit

NHS Wales Shared Services Partnership are the appointed Internal Auditors to the Health Board and provide an update on progress against the internal audit annual plan of business at each meeting together with finalised reports for each area that was subject to audit.

Each report contained an assessment on the level of assurance provided. Follow-up action was agreed for recommendations raised, which informed future audit plans.

- External Audit

The Auditor General for Wales (AGW) is the statutory external auditor for the Health Board. The AGW has a wide range of audit and related functions, including auditing the accounts of the Health Board, and reporting on the economy, efficiency and effectiveness with which the Health Board has used their resources. The AGW undertakes his work using staff and other resources provided by Audit Wales. The Engagement Lead and or the Financial Audit Manager from Audit Wales provide an Audit Position Statement at each meeting, summarising progress against its planned financial audit work. Additionally, the Performance Audit Manager will attend to update the Committee on performance audit work in relation to local audit work, national studies and the Structured Assessment

4.2. MAIN AREAS OF AUDIT, RISK & ASSURANCE COMMITTEE ACTIVITY – PART 2 HOSTED BODIES

During 2025/2026 The organisations hosted by the Health Board are the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy for Wales (NIAW).

On the 1st April 2024, the NHS Wales Joint Commissioning Committee (JCC) 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 (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative Commissioning Unit (NCCU). From April 01 2024, the JCC replaced EASC and WHSSC and NCCU and has assumed responsibility for the services previously commissioned by these Committees.

Regular, standing agenda reporting to the CTMUHB Audit, Risk & Assurance Committee for Hosted Organisations include;

- Internal and External Audit Plans

- Internal and External Audit Reports with completed management action plans
- JCC Update Report
- Progress reports against audit recommendations (Audit Tracker)
- JCC Assurance Framework Report and Risk Register
- NIAW Risk Register

To support the requirements for the JCC and the NIAW, the Health Board's Audit, Risk & Assurance Committee is separated into two parts, specifically Part 1 for Health Board business and Part 2 for the Hosted bodies. The relevant officers attend for the relevant components of the meeting.

The Director of Corporate Governance/Board Secretary for CTMUHB and the CTMUHB Executive Director of Finance also attends both parts of the meetings.

The JCC and NIAW have shared the same External and Internal Audit teams and Local Counter Fraud Services (LCFS) with CTMUHB. All these factors enable CTMUHB to take necessary assurances from the hosted bodies, particularly in relation to the Accounts and the Annual Governance Statement and vice-versa for areas carried out by CTMUHB as part of its hosting responsibilities.

4. WORK/ACTION LOG

In order to monitor progress and any necessary follow up action, in line with recognised 'house style' templates a work log is maintained to capture all agreed actions from the CTMUHB Audit, Risk & Assurance Committee and Hosted Organisations. This provides an essential element of assurance both to the Committee and from the Committee to the Board.

5. INTERNAL AUDIT - OVERALL SUMMARY

In overall terms for the year 2025/2026, the Head of Internal Audit opinion provided Reasonable Assurance to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the relevant assurance domains. The full opinion report was presented to the Audit, Risk & Assurance Committee in June 2026 and is available on the link here.

A breakdown of the Internal Audit reviews presented to the Audit,Risk & Assurance Committee in 2025-2026 is linked in Appendix 1.

6. EXTERNAL AUDIT

6.1 Audit Wales Audit Wales provide a progress report at each meeting, covering both probity and performance audits. The audit strategy, audit letters and statements of responsibilities were received and the ISA 260[1] Report was

[1] Auditors are required by International Standard on Auditing (ISA) 260 - Communication with those Charged with Governance - to communicate audit matters of governance interest to those charged with governance. It is important that

recommended for approval by the Board as part of the Accounts approval process.

A breakdown of the Audit Wales reviews presented to the Audit, Risk & Assurance Risk Committee in 2025-2026 is linked in Appendix 1.

6.2 Approval of the Annual Accounts 2024-2025

A meeting of the Audit, Risk & Assurance Committee was convened on 25 June 2025 to scrutinise the 2024-2025 Annual Accounts prior to approval by the Health Board including the letter of representation to Auditors and the Annual Governance Statement. The 2024-2025 Annual Accounts were scrutinised and approved by the Board on 26 June 2025. The meeting also scrutinised the Accounts and Statements for 2024-2025 from the Health Board's hosted organisations as appropriate. Formal presentation of the Annual Report and Accounts took place at the Annual General Meeting held on 31 July 2025.

PRIVATE MEETING WITH AUDITORS

In line with recognised good practice a private meeting between Audit, Risk & Assurance Committee members, Internal Audit, External Audit and the Local Counter Fraud Specialist can be held as and when required. This provides an opportunity for free and frank discussion. The Audit, Risk & Assurance Committee Chair also meets privately with Internal Audit and External Audit on occasions. This process will continue for 2026-2027.

LINKS WITH OTHER COMMITTEES

8.1 Other Sub Committees

The Audit, Risk & Assurance Committee has close links with the Quality, Safety & Experience Committee and other Committees of the Board. Through either specific meetings or the regular Independent Member meetings, there is an opportunity for Committee Chairs to support the work of each of the Committees they chair, share learning and avoid duplication.

During 2025-2026, a Committee Referral process continued to be adopted for all Committees where the following three questions were posed by the Committee Chair for each referral request:

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

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those charged with governance have an understanding of all significant issues that have arisen from the audit process. In the UK and Ireland this must be done in a written format. The communication is done through the issuance of an Audit Completion Report known as the ISA 260 Report. This outlines the findings of the auditors and any other issues the auditor may wish to raise with management.

During this period one Committee Referral was made to the Quality, Safety & Experience Committee - Concern in relation to increased medical negligence costs.

The Chair of the Audit, Risk & Assurance Committee provides a report to the Board after each meeting via the Committee Highlight Report.

LOCAL COUNTER FRAUD SERVICES

The work of the Local Counter Fraud Service (LCFS) is undertaken to minimise the occurrence of fraud, corruption, and other economic crime within Cwm Taf Morgannwg University Health Board (CTMUHB) and to maintain such activity at the lowest possible level. This work is delivered in accordance with the Welsh Government Directions to NHS Bodies on Counter Fraud Measures and the Government Functional Standard for Counter Fraud, ensuring compliance with the NHS Counter Fraud Requirements expected of all Health Boards.

Regular reports are presented to the Committee to provide assurance and monitor progress against the approved Counter Fraud Work Plan.

The Health Board commissions its Counter Fraud Service from Swansea Bay University Health Board through a Service Level Agreement. The Health Board maintains an accredited Counter Fraud resource equivalent to 2.6 FTE, which is consistent with the level of provision within comparable sized Health Boards across NHS Wales.

During 2025/26, the Counter Fraud Team received 42 new referrals for investigation and carried forward 14 investigations from the previous reporting period. A total of 42 investigations were concluded during the year, resulting in the 2 applications of civil sanction and 3 applications for disciplinary sanction.

Counter fraud investigative activity led to the recovery of £10,973.00 in Health Board funds and identified fraud losses totalling £10,973.00.

An annual review of compliance with the Government Functional Standard: Counter Fraud NHS Requirements was undertaken during the year. As part of this process, the Health Board completed a self-assessment against 12 key requirement areas using a Red, Amber, and Green (RAG) rating methodology.

Following review, the CTMUHB achieved an overall Green rating, with all 12 requirement areas assessed as Green. This maintains the Health Board's full Green compliance status across all areas of the Government Counter Fraud Functional Standard, demonstrating sustained compliance and a strong organisational counter fraud governance framework. The achievement provides assurance that effective arrangements are in place and that the Health Board continues to meet the standards expected in protecting public funds.

As part of its counter fraud responsibilities, the Counter Fraud Team delivers an annual programme of fraud awareness and prevention activity across the Health Board. Dedicated resources are allocated to this work, which is incorporated within the annual Counter Fraud Work Plan, and formally approved by the Executive Director of Finance.

To support the development of a strong Anti-Fraud Culture, the Counter Fraud Team produces a quarterly newsletter and Blog, which is made available to all staff via the Health Board's intranet. The newsletter provides updates on emerging fraud risks, fraud prevention advice, and examples of counter fraud activity. In addition, details of successful prosecution and sanction outcomes are publicised, where appropriate, to maximise the deterrent effect and reinforce the Health Board's commitment to protecting the public purse.

The Counter Fraud Team also delivers general awareness presentations designed for all staff, together with targeted and bespoke sessions for departments and staff groups whose roles present a higher potential exposure to fraud risk. This risk based approach helps ensure that fraud prevention messages are tailored to specific operational environments and emerging threats, thereby strengthening the Health Board's overall counter fraud resilience.

The Health Board's approach to fraud risk management is now fully integrated within the Health Board's wider Risk Management Framework, ensuring that fraud risks are identified, assessed, monitored, and mitigated in a structured manner. This approach also facilitates greater collaboration between Counter Fraud and Internal Audit risk management, strengthening the Health Board's overall governance and assurance arrangements.

Building on the progress made to date, the Cwm Taf Morgannwg University Health Board can further develop the use of fraud risk management data as a strategic key performance indicator. This will provide additional assurance regarding the effectiveness of the counter fraud arrangements and support the ongoing growth of a strong anti-fraud culture throughout the organisation.

ASSURANCE TO THE BOARD

The Audit, Risk & Assurance Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the guidance contained in the NHS Wales Audit Committee Handbook.

Internal Control & Risk Management - In addition to the audit reports received by the Committee during the reporting period, a wide range of internally generated 'governance' reports/papers were produced for consideration by the Audit, Risk & Assurance Committee.

Governance Statement - For the period 2025-2026 the Health Board produced its Governance Statement, which explains the processes and procedures in place to enable the Health Board to carry out its functions effectively. The Statement was produced following a review of CTMUHB's governance arrangements undertaken by the Board with the support of the Board Secretary/Director of Corporate Governance. The Statement brings together all disclosures relating to governance, risk and control for the organisation. The Governance Statement is captured in the CTMUHB's Annual Report which is available via this link

Tracking of Audit Recommendations
The Committee has increased the focus on tracking the implementation of agreed audit recommendations and the clarity of reporting of this, which achieved improvement during the year and laid the foundations for the further improvements now being made in 2025/2026, in particular the transition to an automated system using AmAT.

Audit Committee Effectiveness Survey - A Committee Effectiveness Survey was undertaken in 2025-2026 to obtain feedback from Committee members on potential areas for development.

The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook.

CONCLUSION AND FORWARD LOOK

The Audit, Risk & Assurance Committee in discharging its scrutiny and assurance role on behalf of the Board considers that on the basis of the risk based work completed by the Committee during 2025-2026, that there are effective measures in place and that there are no outstanding issues that the Audit, Risk & Assurance Risk Committee wishes to bring to the attention of the Board.

The Directors have been held to account and have responded positively in dealing with any concerns raised by the Auditors and the Audit, Risk & Assurance Committee.

This Annual Report will be supplemented by the annual self-assessment process, which will be undertaken via Microsoft Office Forms, which reviews the individual and collective function of the Committee against the NHS Audit Committee Handbook best practice guidance and helps to inform the work of the Committee going forward.

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2025-2026 in respect of:

- Reviewing audit outcomes and ensure actions are taken as a result of learning.
- The continued transition to an automated system for tracking audit recommendations and inspections, with the ambition to introduce trends and themes into reporting.
- Discharging effectively the Board approved Committee Terms of Reference, including the changes made in response to the Effective Management of Board Business Review.
- Increased reporting in relation to Declarations of Interest for the organisation.
- Ensuring all parties discharge their responsibilities appropriately as outlined within the Audit Charter.
- Continue to strengthen processes and resources in place to prevent and respond to fraud activity.

Appendix 1 – Audit Reviews Undertaken in 2025-2026

The Internal Audit reviews undertaken in 2025-2026 are captured in the 'Head of Internal Audit Opinion & Annual Report 2025-2026' as received at the Extra-Ordinary Audit, Risk & Assurance Committee which met on the 29 June 2026, available here.

An update on the Audit Wales reviews undertaken in 2025-2026 are captured in the 'Audit Wales Annual Audit Summary 2025' received at the Public Board Meeting on the 26 March 2026, available here.

ANNUAL REPORT 2025-2026 CHARITABLE FUNDS COMMITTEE

Sharon Edwards (Cwm Taf Morgannwg - Corporate Governance)

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

CHARITABLE FUNDS COMMITTEE

DRAFT ANNUAL REPORT 2025-2026

FOREWORD

I am delighted to present the Annual Report of the Cwm Taf Morgannwg Charitable Funds Committee for 2025–2026. This report reflects the Committee's work and achievements up to 31 March 2026, in accordance with its Terms of Reference.

Over the past year, I have been very fortunate to work alongside my fellow Independent Members, Patsy Roseblade, Rachel Rowlands and Neil Mesher. Their considerable knowledge, insight and experience have greatly enriched the work of the Committee, and I would like to extend my sincere thanks and appreciation for their invaluable contribution.

I would also like to thank all Committee officers for their continued support, professionalism and commitment. Their contribution has been key in enabling the Committee to deliver against its priorities and meet deadlines throughout the year.

The Committee will approve the Annual Cycle of Business at its July 2026 meeting, which set out a clear and structured forward plan for the work of the Committee during 2026/2027.

This year marks a change in leadership of the Charitable Funds Committee as I retire from my role as Chair, and from my position as an Independent Member of the Board representing the Third Sector. It has been a privilege to serve in this role, and I am grateful for the support I have received throughout my time on the Committee.

I am very pleased to welcome Kathy Mason, Independent Member for Digital & Data, who will take on the role of Committee Chair from April 2026, and I wish her every success for the future.

Throughout the year, the Committee has continued to promote a culture of continuous improvement. I am confident that, under new leadership, the Committee will continue to build on this strong foundation. The annual self-assessment process remains an important opportunity for reflection and learning, supporting the Committee's ongoing development and effectiveness.

Dilys Jouvenat

Chair of the Charitable Funds Committee

Cwm Taf Morgannwg University Health Board (CTMUHB)

INTRODUCTION

The Charitable Funds Committee, chaired by an Independent Member, provides assurance to the Board, in its role as Corporate Trustee, that the Health Board's charitable funds are managed in accordance with relevant legislation and regulatory requirements. The Committee oversees their effective management and strategic direction, ensuring this is delivered within the budget, priorities and spending criteria set by the Board and in line with the legislative framework.

In doing so, the Committee provides assurance to the Board on the administration of charitable funds held and managed by the Health Board and oversees the strategic direction and development of the CTMUHB Charity.

All papers relating to the Committee (unless held 'in-committee') are available on the Health Board website. The Committee aims to make decisions involving the sound investment of the charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with the:

- Trustee Act 2000
- The Charities Act 2011 (as amended, including by the Charities Act 2022)
- The terms outlined in the CTMUHB Charity's governing documents.

In line with Cwm Taf Morgannwg University Health Board's commitment to openness and transparency, the meeting papers for this Board Committee are on the Charitable Funds Committee - Cwm Taf Morgannwg University Health Board.

The Committee meets twice yearly and following each meeting, a highlight report is produced summarising key matters discussed, including significant issues, risks, and areas requiring assurance or further action. This highlight report is submitted to the next Board meeting held in public to ensure that the Board is sighted on Charitable Funds matters and can provide appropriate oversight and direction where required.

The Committee considers:

- The investment strategy and performance of charitable funds, ensuring appropriate returns and prudent financial management
- Financial performance and reporting, including oversight of investment decisions and activity
- The level of income received, including donations, legacies and charitable appeals
- The appropriate and ethical use of funds, ensuring alignment with donor intent and benefit to patients and communities
- Risks relating to charitable funds, including those reported through the organisational risk framework
- The overall effectiveness of governance, assurance and internal control arrangements supporting the charity

The Committee is also responsible for developing an annual report for presentation to the Health Board.

MEMBERSHIP

The membership of the Charitable Funds Committee comprises both Independent Members and Executive Directors, enabling the Committee to provide robust scrutiny and independent assurance to the Board, separate from day-to-day management decision-making processes.

Independent membership of the Committee during 2025-2026 was as follows:

Dilys Jouvenat	Chair of the Committee and Independent Member, CTMUHB
Patsy Roseblade	Independent Member, CTMUHB
Rachel Rowlands	Independent Member, CTMUHB
Neil Mesher	Independent Member, CTMUHB

MEETINGS

The Charitable Funds Committee met on two occasions during 2025/26. During the year, the Committee reviewed its forward work programme to ensure that key issues were appropriately prioritised and aligned with assurance requirements.

The two dates on which it met during 2025-2026 were as follows:

- 9th July 2025
- 21st January 2026

Meeting Attendance

Attendance Level 2025-2026	9th July 2025	21st January 2026	TOTAL
Dilys Jouvenat Committee Chair	✓	✓	2/2
Patsy Roseblade IM	✓	✓	2/2
Rachel Rowlands IM	✓	x	1/2
Neil Mesher IM	x	✓	1/2

All the above meetings were quorate.

MAIN AREAS OF CHARITABLE FUNDS COMMITTEE ACTIVITY

The agenda for each meeting in 2025/26 followed a standard format in seven main parts:

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda Business
- Part 3 - Main Agenda
- Part 4 - Sustaining Our Future
- Part 5 - Strategy & Performance
- Part 6 - Consent Agenda
- Part 7 – Close Out Business

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB.

Part 2 - Consent Agenda Business

This section is where the Committee Chair asks if there are any items from the Consent Agenda that Committee Members wish to bring forward to the main agenda for discussion

Part 3 – Main Agenda

This section has included reports throughout the year which included:

- The Action Log
- Matters Arising not Contained within the Action Log

Part 4 –Sustaining Our Future

This section includes reports presented to the Committee during the year, including one report, which was:

- CTM NHC Charity Annual report & Accounts 2024-2025

Part 5 – Strategy & Performance

This section has included reports throughout the year which included:

- CTM NHS Charity Communication & Engagement Report
- CTM NHS Charity Forward look
- Cwm Taf Morgannwg NHS Chairty – 2026 Strategy & Forward Plan
- General Charitable Funds Update to 31 March 2025
- Charitable Funds Update to November 2025
- Staff Lottery and Related Policies Update
- Cwm Taf Morgannwg NHS Charity – Fundraising, Communications & Engagement Activity Report
- Investment Policy Review

Part 6 – Consent Agenda

This section included reports presented to the Committee throughout the year, comprising items for approval and items for noting, including:

For approval

- The Unconfirmed Minutes of the previous meeting
- Draft Committee Annual Report 2024-2025

For items for noting, including:

- Forward Work Programme
- Committee Annual Cycle of Business
- Audit Enquiries Letter – CTM Charity 2024-2025
- CTMUHB Charity 2025 Audit Plan (Audit Wales)

Part 7 – Close Out Business

This section included reports presented to the Committee throughout the year, including:

- The Committee Highlight Report
- Any other Urgent Business
- Meeting Feedback

There were no policies approved by the Committee during 2025-2026

Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

To monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions, and this is reviewed at the beginning of each meeting under the main agenda.

7. GOVERNANCE

The Committee forms an integral part of the organisation's overall governance framework. It operates to support the Board in its role as Corporate Trustee by providing oversight and assurance on the management of charitable funds.

The Committee operates in accordance with an agreed Annual Cycle of Business, which is typically approved at the first meeting of each year and sets out the forward programme of work for the Committee.

8. ASSURANCE TO THE BOARD

The Charitable Funds Committee wishes to assure the Board that, based on the work undertaken during 2025–2026, effective arrangements are in place to ensure the proper control and management of CTMUHB's charitable funds. These arrangements operate within the budget, priorities and spending criteria determined by the Board and in accordance with the relevant legislative framework.

ANNUAL REPORT 2025-2026 MENTAL HEALTH ACT MONITORING COMMITTEE

Sharon Edwards (Cwm Taf Morgannwg - Corporate Governance)

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MENTAL HEALTH ACT (MHA) MONITORING COMMITTEE

DRAFT ANNUAL REPORT 2025-2026

FOREWORD

I am delighted to share the Annual Report for the Mental Health Act Monitoring Committee for the year 2025-2026. This report outlines the Committee's activities and achievements up to March 2026, in accordance with our Terms of Reference.

I would like to express my thanks to all the officers of the Health Board, Local Authority Partners and South Wales Police who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines.

This year marked a change in the leadership of the Mental Health Act Monitoring Committee. I assumed the role of Chair during the year, following the conclusion of Geraint Hopkin's tenure as Chair of the Committee.

I would like to take this opportunity to thank Geraint for his commitment, leadership, and service in chairing the Mental Health Act Monitoring Committee prior to my appointment. His contribution played an important role in supporting the Committee's work and the ongoing oversight of the Health Board's compliance with the statutory requirements of the Mental Health Act.

Throughout the year, the Committee has remained committed to promoting a collaborative approach to support the continuous improvement of services for the Cwm Taf Morgannwg community. In my role as Vice Chair, I have ensured that the Committee's work has remained aligned with its Terms of Reference and that there has been effective coordination with the Mental Health Act Operational Group.

Kath Palmer,
Chair of the Mental Health Act Monitoring Committee
Cwm Taf Morgannwg University Health Board (CTMUHB)

INTRODUCTION

The Mental Health Act (MHA) Monitoring Committee is chaired by an Independent Member and provides assurance and oversight of the Health Board's compliance with the statutory requirements of the Mental Health Act 1983 (as amended). The Committee's role is to ensure that the Health Board meets its legal duties under the Act and that patients' rights are safeguarded throughout the operation of mental health services.

The Committee has continued to evolve during the year, with further development of report formats and agenda content to strengthen oversight, improve assurance, and ensure that emerging risks and areas of concern are appropriately scrutinised. This has supported more focused discussion and clearer visibility of compliance, quality, and governance issues related to the application of the Mental Health Act across the organisation.

In line with Cwm Taf Morgannwg University Health Board's commitment to openness and transparency, the meeting papers for this Board Committee are routinely published on the CTMUHB website

The Committee meets on a quarterly basis. Following each meeting, a highlight report is produced summarising key matters discussed, including significant issues, risks, and areas requiring assurance or further action. This highlight report is submitted to the next public Board meeting to ensure that the Board is sighted on key Mental Health Act compliance issues and can provide appropriate oversight and direction where required.

The purpose of the Mental Health Act Monitoring Committee is to ensure that all requirements of the Mental Health Act 1983 (as amended) are met by the Health Board, and that there are effective systems in place to monitor compliance, address identified gaps and support continuous improvement in the delivery of Mental Health Act services.

The Committee considers:

- how the delegated functions under the MHA are being exercised (for example using the Annual Audit) and in line with the 'Code of Practice' requirements
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- the operation of the 1983 Act within the Cwm Taf Morgannwg area
- issues arising from the operation of the hospital managers' power of discharge
- suitable mechanisms for reviewing multi-agency protocols / policies relating to the 1983 Act
- trends and patterns of use of the MHA 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice.

The Committee is also responsible for developing an annual report for presentation to the Health Board.

MEMBERSHIP

The membership of the Mental Health Act Monitoring Committee comprises both Independent Members and Executive Directors, enabling the Committee to provide robust scrutiny and independent assurance to the Board, separate from day-to-day management decision-making processes.

Independent membership of the Committee during 2025-2026 was as follows:

Kath Palmer (Chair of the Committee from July 2025)	Vice Chair (From November 2023)
Geraint Hopkins (Chair of the Committee until July 2025)	Independent Member (From August 2023)
Helen Lentle (Vice Chair from July 2025)	Independent Member (From March 2024)
Rachel Rowlands	Independent Member (From July 2025)
Hayley Proctor	Independent Member (From February 2025)

MEETINGS

The Mental Health Act Monitoring Committee met on four occasions during 2025/26. During the year, the Committee reviewed its forward work programme to ensure that key issues were appropriately prioritised and aligned with assurance requirements.

The four dates on which it met during 2025-2026 were as follows:

- 13th May 2025
- 20th August 2025
- 4th December 2025
- 25th February 2026

Public Meeting Attendance

Attendance Level 2025-2026	13th May'25	20th Aug'25	4th Dec'25	25th Feb'26	TOTAL
Kath Palmer Chair July 2025 onwards	x	✓	✓	✓	3/4
Geraint Hopkins Chair until July 2025	✓	x	x	x	1/4
Helen Lentle Vice Chair July 2025 Onwards	✓	✓	✓	✓	4/4

Rachel Rowlands IM	X	X	X	✓	1/4
Hayley Proctor IM	✓	✓	✓	✓	4/4

In-Committee Attendance

Attendance Level 2025-2026	13th May 25	TOTAL
Kath Palmer Chair July 2025 Onwards	x	0/1
Geraint Hopkins Chair until July 2025	✓	1/1
Helen Lentle Vice Chair July 2025 Onwards	✓	1/1
Rachel Rowlands IM	N/A	N/A
Hayley Proctor IM	1/1	1/1

All of the above meetings were quorate.

MAIN AREAS OF MHAM COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in six main parts:

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda Business
- Part 3 - Main Agenda
- Part 4 - Risk Management
- Part 5 - Governance & Assurance
- Part 6 - Consent Agenda
- Part 7 – Close Out Business

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB.

Part 2 - Consent Agenda Business

This section is where the Committee Chair will ask if there are any items from the Consent Agenda that Committee Members wish to bring forward to the main agenda for discussion

Part 3 - Main Agenda

This section has included reports throughout the year which included:

- The Action Log
- Matters Arising not Contained within the Action Log
- Committee Annual report

Part 4 – Risk Management
This section has included reports throughout the year which included:

- Organisational Risk Register

Part 5 – Governance and Assurance
This section has included reports throughout the year which included:

- Deep Dive Spotlights
- MHA Operational Group Report
- MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
- Risks Relating to Monitoring of the MHA
- Highlight Report covering various subjects
- Strategic Update from South Wales Police
- Strategic Update from Local Authority Partners

Part 6 – Consent Agenda
This section included reports presented to the Committee throughout the year, comprising of items for approval and items for noting, including:

For approval

- The Unconfirmed Minutes of the previous meeting
- Committee Annual Report

For items for noting, including:

- Forward Work Programme
- Committee Annual Cycle of Business

Part 7 – Close Out Business
This section included reports presented to the Committee throughout the year, including:

- The Committee Highlight Report
- Terms of Reference
- Any other Urgent Business
- Meeting Feedback

Policies Approved by Committee;

- Policy for Section 140 Mental Health Act 1983
- MH09 Operational Procedure for HM Hearings
- Procedure for allocation of responsible clinicians and nominated deputy, mental health act 1983

Other Reports Presented to Committee;

- Progress report on Power of Discharge Committee
- Crisis Care Concordat National and Local Update

Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

To monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions, and this is reviewed at the beginning of each meeting.

7. GOVERNANCE

The Committee provides an essential element of the overall governance framework for the organisation. The Terms of Reference for the Committee provide a robust commitment to monitor the application of the MHA.

8. ASSURANCE TO THE BOARD

The Committee continued to receive updates regarding ongoing audit work and changes put into place to improve the application of the MHA and work to integrate approaches and policies in relation to the Act have again continued in year.

The MHA Monitoring Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025-2026 there are effective measures in place to scrutinise and monitor the application of the MHA.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

ANNUAL REPORT 2025-2026 OPERATIONAL DELIVERY COMMITTEE

FOREWORD

I am pleased to present this first Annual Report of the CTMUHB Operational Delivery Committee which outlines the activity between 1st April 2025 – 31st March 2026.

The purpose of the Committee is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.

The Committee ensures that evidence based, and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within CTMUHB's Integrated Medium Term Plan.

In its first year of inception, the Committee considered a broad programme of work linked to the Health Board's Strategic Goals – Improving Care, Creating Health, Sustaining our Future and Inspiring People and is detailed within this Annual Report.

During this period my fellow Independent Members – Ian Wells, Patsy Roseblade, Dilys Jouvenat, Kathy Mason, Neil Mesher and Hayley Proctor offered considerable knowledge and wide-ranging experience to the Committee. In May 2025 Ian Well's term of office ended as an Independent Member and I would like to extend my thanks to Ian for his contribution to the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members which are essential to the effectiveness of the Committee.

As we look ahead to 2026-27 the Committee will continue to strengthen its role in supporting sustainable services and improved health outcomes for our population based on our strategic goals.

I commend this Annual Report to you.

Rachel Rowlands
Chair of the Operational Delivery Committee
Independent Member

Operational Delivery Committee
Annual Report April 2025 – March 2026

1. Introduction

1.1 This report summarises the key areas of business activity undertaken by the Committee for the period April 2025 – March 2026.

1.2 The Committee's Annual 'Cycle of Business' for 2025-26 was approved by the Committee at their first inception meeting on the 30th January 2025 and then at the Board Development Session held on 26th February 2026 and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.

2. Role and Responsibilities

2.1 The key function of the Operational Delivery Committee (ODC) is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.

2.2 The Committee also provided advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

3. Operating Arrangements

3.1 The Terms of Reference for the Operational Delivery Committee were approved by the Board in March 2026 and are available on the Health Boards website via the following link:

Standing Orders - Cwm Taf Morgannwg University Health Board (nhs.wales).

3.2 The Committee will annually review its Terms of Reference as part of the effective management of Board Business and this will be undertaken at its meeting to be held in July 2026.

4. Membership, Frequency and Attendance

4.1 The current Terms of Reference of the Committee for 2025/2026 state that the Committee should consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the "In Attendance" members.

4.2 During this period the Committee met on eleven occasions on the months of April, May, July, October, November, December 2025 and January 2026.

Independent Member attendance at these seven meetings was follows:

Public Meeting Attendance:

Name:	29.04.25	19.05.25 (EO)	29.07.25	28.10.25	20.11.25 (EO)	11.12.25 (EO)	22.01.26
Rachel Rowlands (Chair)	√	√	√	√	X	X	√
Patsy Roseblade	√	√	√	√	√	X	√
Kathy Mason			√	X	√	√	√
Neil Mesher	√	√	√	X	√	√	√
Dilys Jouvenat	√	X	√	√	√	√	√
Hayley Proctor		X	√	X	√	√	√
Ian Wells	√						

In Committee Meeting Attendance:

Name:	29.04.26 (IC)	29.07.26 (IC)	28.10.25 (IC)	22.01.26 (IC)
Rachel Rowlands (Chair)	√	√	√	√
Patsy Roseblade	√	√	√	√
Kathy Mason		√	X	√
Neil Mesher	√	√	√	√
Dilys Jouvenat	√	√	√	√
Hayley Proctor		√	X	√
Ian Wells	√			

4.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.4 Mirroring other Board Committees, the Operational Delivery Committee operates a Consent Agenda system for routine business consideration.

4.5 All of the meeting papers for this Committee during this period are available publicly via the CTMUHB website. If there are circumstances where the matter cannot be legitimately considered in the public domain the Committee convenes an in-committee meeting. There were five In Committee (IC) meetings scheduled during this period and three Extraordinary (EO) Committee meetings.

5. Committee Activity April 2025 – March 2026

5.1 The Committee prioritised its work plan and the following topics were considered at its eleven meetings during this period aligned to the Health Boards Strategic Goals:



Improving Care

- Organisational Risk Register
- Organisational Risk Register Business Sensitive Risks (Closed/In Committee Session)
- Digital and Data Highlight Report
- Information Governance Toolkit
- Cyber Resilience & Assurance Update (Closed/In Committee)
- Quarterly Integrated Medium Term Plan (IMTP) Update
- Delivery Against IMTP for Primary Care and Community
- Integrated Performance Dashboard
- Workforce Metrics Report
- Civil Contingencies and Business Continuity Report 2024-25
- Ministerial Advisory Group (MAG) Update
- Update on Urgent Care Performance
- Planned Care Update
- Six Goals Highlight Report
- CTMUHB Revised Welsh Government Escalation Status
- Integrated System Escalation Policy for Urgent and Emergency Care
- Community Response Times Analysis
- Prince Charles Hospital Refurbishment Project Finalised Phase 3 Full Business Case (Closed/In Committee)
- Transforming Access to Medicines (TrAMS) South East Wales: Outline Business Case (Closed/In Committee)
- Paediatric Dental GA Service Briefing
- Outpatients Activity Update

Inspiring People

- Employee Relations Report
- Staff Survey Update
- People Plan 2025-2028 – Great Management & Leadership
- Social Partnership Duty Annual Report 2024/25
- Progress Update on Enforcement Action in relation to Welsh Language Recruitment
- Welsh Language Standards Annual Performance Report
- Annual Equality Report
- Social Partnership Duty Annual Report
- More Than Just Words 5 Year Plan Written Update for Ministerial Advisory Board
- NHS Staff Survey DTPS Therapies Engagement & Latest NHS 2024 Survey Reflections & Actions

Sustaining our Future

- Monthly Finance Report
- Monthly Finance Performance Report
- Savings Delivery Programme
- Value Based Health Care Highlight Report
- Monthly Monitoring Returns to Welsh Government
- Estates and Energy Performance Report
- Capital Delivery Programme Monitoring Report
- Invest to Save Bid – Funding Application for Decarbonisation Measures (Closed/In Committee)
- Internal Audit Report – PCH Financial and Technical - Final
- Internal Audit Report - PCH Redevelopment Programme Integrated Audit Plan 2025/26
- NHWJCC Planning, Performance & Finance Committee Highlight Report

Creating Health

- Staff Vaccination Programme Update

5.2 The following Policies were approved by the Committee during this period:

- Parental Leave Policy
- Carer's Leave Policy
- All Wales Flexible Working Policy
- NHS Wales Reserve Forces Training and Mobilisation Policy
- Using Welsh at Work Policy
- Personal Data Request Procedure
- CCTV Policy
- Policy for the Management of Asbestos Plan
- Fixed Term Contracts Policy
- All Wales Anti Sexual Harassment Policy
- Integrated System Escalation Policy for Urgent and Emergency Care
- Personal Data Request Procedure
- CCTV Policy
- Charter for Bereaved Families Bereaved by Public tragedy

5.3 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our website.

5.4 The Committee Chair is able to refer and receive items from other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

The Committee is able to receive referrals from other Committees and during this period there were no referrals made.

6. Committee Annual Self-Assessment

6.1 The Committee is required to complete an annual self-assessment and the questionnaire is undertaken via a link to Microsoft 365 Forms. This year's self-assessment outcome will be received at the July 2026 meeting.

7. Conclusion and Assurance to the Board

7.1 The Operational Delivery Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025-26 there are effective measures in place both to ensure the delivery of the key financial, planning and performance targets and to effectively scrutinise and monitor this important area. There are no outstanding issues that the Committee wish to bring to the attention of the Board.

ANNUAL REPORT 2025-2026 QUALITY, SAFETY & EXPERIENCE COMMITTEE

Sharon Edwards (Cwm Taf Morgannwg - Corporate Governance)

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

QUALITY, SAFETY & EXPERIENCE (QSEC) COMMITTEE

DRAFT ANNUAL REPORT 2025-2026

FOREWORD

I am delighted to present the Annual Report of the Quality, Safety & Experience Committee for the year 2025–2026. This report outlines the Committee's activities and achievements up to March 2026, in accordance with its Terms of Reference.

Throughout the year, I have been supported by Kath Palmer, Vice Chair (also Vice Chair of the Committee), together with Hayley Proctor, Patsy Roseblade and Dilys Jouvenat. All have brought considerable knowledge and a wide range of experience, which has made a valuable contribution to the Committee's work.

I would also like to extend my sincere thanks to all officers supporting the Committee for their commitment and the high quality of their contributions. Their strong engagement and robust reporting have enabled the Committee to discharge its responsibilities effectively.

I would like to acknowledge the support provided by colleagues within the Corporate Governance Team throughout the year, and to record my appreciation for the valuable contribution of colleagues from the Internal Audit team at NHS Wales Shared Services Partnership, Audit Wales, Llais Cymru and Healthcare Inspectorate Wales.

Looking ahead, the Committee will continue to deliver a comprehensive programme of work focused on the quality, safety and experience of care for our population, alongside matters relating to the health and safety of our workplaces.

The Committee remains committed to promoting a collaborative approach that supports learning and the continuous improvement of services for the Cwm Taf Morgannwg community, while further strengthening the Health Board's governance and assurance arrangements.

Carolyn Donoghue,

Chair of the Quality, Safety & Experience Committee

Cwm Taf Morgannwg University Health Board (CTMUHB)

INTRODUCTION

The Quality, Safety & Experience Committee (QSEC) is chaired by an Independent Member and provides assurance to the Board on the delivery of safe, high-quality and person-centred care for the population it serves.

The Committee's role is to provide oversight of quality, safety and experience matters across the organisation, ensuring that appropriate arrangements are in place to monitor performance, manage risks and support continuous improvement in care delivery. This includes providing assurance in relation to prevention through public health, as well as the delivery of primary and secondary care services.

During the year, the Committee has continued to evolve, with further development of agenda content and reporting formats to strengthen oversight and assurance. This has supported more focused discussion, enhanced scrutiny, and clearer visibility of emerging risks, quality concerns and assurance gaps, enabling the Committee to provide effective assurance to the Board.

The Committee has embedded the Health Board's Strategic Goals into its work programme, ensuring alignment with the "*CTM2030: Our Health, Our Future strategy*" and the Health Board's "*Values and Behaviour*"



The Quality, Safety & Experience Committee meets every other month and has a key role in providing scrutiny on behalf of the Board on all matters relating to quality, safety and experience. Following each meeting, a Highlight Report is produced summarising the key matters discussed, including significant issues, risks, and areas requiring assurance or further action.

This report is submitted to the next public Board meeting to ensure that the Board is sighted on key quality, safety and experience issues, and can provide appropriate oversight and direction where required.

The Committee aims:

- To improve quality, safety and patient experience.
- To protect and improve population health.
- To ensure that the services provided are accessible and sustainable into the future.
- To provide strong governance and assurance.
- To ensure good value-based care and treatment for our patients in line with the resources made available to the Health Board.

The Committee is also responsible for developing an annual report for presentation to the Health Board.

MEMBERSHIP

The membership of the Quality, Safety and Experience Committee comprises of both Independent Members and Executive Directors, enabling the Committee to provide robust scrutiny and independent assurance to the Board, separate from day-to-day management decision-making processes.

The Committee compromises of four Independent Members, including a Chair, and Vice Chair. Additional Independent Member representation is provided through the chair of the Audit, Risk & Assurance and the Chair and /or a member of the Health, Safety & Fire Sub Committee.

Independent membership of the Committee during 2025-2026 was as follows:

Carolyn Donoghue	Chair of the Committee (Chair since July 2023)
Kath Palmer	Committee Vice Chair (Vice Chair since November 2023)
Hayley Proctor	Independent Member (From November 2024)
Patsy Roseblade	Independent Member (From March 2021)

MEETINGS

The Quality, Safety and Experience Committee met bi-monthly during 2025/26. During the year, the Committee reviewed its forward work programme to ensure that key issues were appropriately prioritised and aligned with assurance requirements.

The Public Committee met on six occasions during 2025-2026, on the following dates:

- 20th May 2025
- 22nd July 2025
- 23rd September 2025
- 18th November 2025

- 20th January 2026
- 24th March 2026

A summary of the Independent Membership attendance during 2025- 2026 is outlined below:

Public Meeting Attendance

Attendance Level 2025-2026	20th May'25	22nd Jul'25	23rd Sept'25	18th Nov'25	20th Jan'26	24th Mar'26	TOTAL
Carolyn Donoghue Chair	✓	✓	✓	✓	✓	✓	6/6
Kath Palmer Vice Chair	x	✓	✓	✓	✓	✓	5/6
Patsy Roseblade	✓	✓	✓	✓	✓	✓	6/6
Hayley Proctor IM	x	✓	✓	✓	✓	✓	5/6
Dilys Jouvenat IM *	✓	x	x	x	x	x	1/1

The In-Committee met on four occasions and the attendance is detailed below

In-Committee Attendance

Attendance Level 2025-2026	20th May'25	22nd Jul'25	23rd Sept'25	18th Nov'25	TOTAL
Carolyn Donoghue Chair	✓	✓	✓	✓	4/4
Kath Palmer Vice Chair	x	✓	✓	✓	3/4
Patsy Roseblade IM	✓	✓	x	✓	3/4
Hayley Proctor IM	x	✓	✓	✓	3/4
Dilys Jouvenat IM *	✓	x	x	x	1/1

*Although not a member of the Committee, Dilys Jouvenat attended the May 2025 meeting to ensure it was quorate.

All of the above meetings were confirmed as quorate.

Attendees

The Committee's work is informed by reports provided by leads within CTMUHB, Llais Cymru (formerly Cwm Taf Community Health Council), Healthcare Inspectorate Wales, Audit Wales and Internal Audit. Although not members of the Committee, colleagues from these areas are invited to attend each meeting of the Quality, Safety & Experience Committee. Invitations to attend the Committee meeting are also extended, where appropriate and on an 'ad hoc' basis, to specific staff when reports which relate to their specific area of responsibility are being discussed.

MAIN AREAS OF QSEC COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in six main parts:

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda Business
- Part 3 - Main Agenda
- Part 4 - Staff and Service User Experience
- Part 5 - Setting the Scene – Service Delivery
- Part 6 - Delivering the plan
- Part 7 - Governance & Assurance
- Part 8 - Consent Agenda
- Part 9 – Close Out Business

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB.

Part 2 - Consent Agenda Business

This section is where the Committee Chair will ask if there are any items from the Consent Agenda that Committee Members wish to bring forward to the main agenda for discussion

Part 3 - Main Agenda

This section has included reports throughout the year which included:

- The Action Log which helps to monitor the progress and any necessary follow up actions needed.
- Matters Arising not Contained within the Action Log

- Committee Annual report

Part 4 – Staff and Service User Experience

This section has included Shared Listening & Learning Stories from Patients and Staff including:

- Maternity Services
- Unpaid Carers
- Domestic Violence
- Mental Health and Patient Experience
- Alcohol Services
- Podiatry Services

Also under this section, the Committee considered matters relating to Executive and Independent Member walkarounds framework. This included discussion on the different approaches adopted, the development of questions to support these walk rounds, and the outcomes arising from these visits.

Part 5 – Setting the Scene – Service Delivery

As part of this section, the Committee received Thematic Spotlight presentations which provided the Committee with assurance and learning in relation to:

- Service Delivery – Spotlight report update on the cluster of incidents within the maternity services at POWH
- Compassionate Care
- Quality Impact of the Health Boards new Escalation Framework
- Winter Wrap Up

The Committee's agenda incorporates structured reporting from Clinical Executive Directors to support strategic oversight of key issues within their respective service areas.

This is followed by Care Group Highlight Reports, which enable the Committee to gain assurance on performance, risks and emerging themes across the organisation's care groups. These reports allow the Care Group Leads with the opportunity to highlight areas that have been identified through the alerts / escalation section of their reports.

Reports are received from the following care groups:

- Primary Care & Communities Care Group
- Diagnostics, Therapies, Pharmacy, & Specialist Care Group
- Mental Health & Learning Disabilities Care Group
- Planned Care Group
- Children & Families Care Group
- Unscheduled Care group

Within this section, the Committee also received updates on key areas of activity and development:

- Stroke Services Reports– Progress and Bi-Annual Update
- Reducing Health Inequalities report

Part 6 – Delivering Our Plan

This Committee receives papers that provide details on:

- Patient Safety, Quality and Experience Dashboard
- Peoples Experience Activity Report
- Overview of the Development & Delivery of the Research & Development Strategy
- Status report on commissioned services (Quality focused)
- CTMUHB's NHS Research & Development Framework Assessment 2026

Links with Other Committees/Boards

A process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

During 2025–2026, the Committee received two updates relating to committee referrals. The associated detailed report was received and considered by the Audit, Risk & Assurance Committee.

The two referrals concerned medical negligence claims, as reported through the Losses and Special Payments Report.

Part 7 - Governance and Assurance

The effectiveness of the Committee is monitored through the following key governance reports, which included:

- Organisational Risk Register – Risks assigned to the Quality & Safety Committee
- Annual Assurance report on Compliance with the Nursing Staff Level (Wales) Act
- Mortality Indicators and Mortality Reviews
- Healthcare Inspectorate Wales (HIW) Improvement Plan Tracker Report
- Highlight Report from the Harm Free Care Agenda
- Annual Presentation of Nursing Staff Levels
- Coroner's Inquest – Case Activity and Lessons Learned
- Internal Audit Review – Duty of Candor
- Health, Safety and Fire Sub Committee Highlight Report
- Clinical Effectiveness Update 2025-2026

Part 8 – Consent Agenda

This section included reports presented to the Committee throughout the year, comprising of items for approval and items for noting, including:

For approval

- The Unconfirmed Minutes of the previous meeting
- The Unconfirmed Minutes of the previous In-Committee meeting
- IM and exec Walkabouts Operating Model

Terms of Reference, Annual reports and Highlight reports for approval:

- Quality, Safety & Experience Committee Terms of Reference
- Organ Donation Sub Committee Highlight report, Annual Report and Terms of Reference
- Putting Things Right Annual Report
- Health, Safety & Fire Sub Committee Highlight report

Policies for Approval:

- Ratification of Chairs Urgent action Medical Gases Management Policy
- All Wales IPFR Policy (2025)
- All Wales Prior Approval Policy (2025)
- Policy for the Development, Review and approval of CTM UHB Policies, Procedures and Other Written Control Documents

For items for noting, including:

- Forward Work Programme
- Committee Annual Cycle of Business

Additional items for noting are:

- Clinical Policies Highlight Report
- Cancer Services Annual report
- CTM Clinical Learning Academy Annual report
- Infection, Prevention & Control Annual Report
- Research & Development, Innovation and Improvement Bi-annual Update
- Terms of Reference Annual review
- Annual Unpaid Carer's Report
- Bi- Annual Report CTM Radiation Safety Committee
- Antimicrobial Stewardship report
- Outcome report – Quality, safety & Experience Committee Effectiveness Survey
- Healthcare Inspectorate Wales improvement Plan Tracker Report
- Continuing Healthcare
- Joint Commissiong Committee Quality, Safet & Outcomes Sub Committee highlight report
- CTMUHB National Clinical Audit Programme Update
- Human Tissue Act (2004) Compliance and Progress Report
- Internal Audit Review Service User Experience
- RADAR Update

Close Out Business

This section included reports presented to the Committee throughout the year, including:

- The Committee Highlight Report
- Any other Urgent Business
- Meeting Feedback

GOVERNANCE

The effectiveness of the Committee is monitored through the following key governance activity:

- Annual Review of the Terms of Reference & Operating Arrangements
- Committee Annual Report
- Highlight Reports from the Committee to the Health Board meetings
- Annual Committee Effectiveness Self-Assessment Survey
- Annual Cycle of Committee Business

The Corporate Governance Team maintain a “Committee Effectiveness Tracker” to ensure the above activity is undertaken at the appropriate times during the year.

ASSURANCE TO THE BOARD

The Quality, Safety & Experience Committee considers that on the basis of the work completed by the Committee during 2025 - 2026, there are effective measures in place that have delivered against its agreed Terms of Reference.

The forward work programme for 2026-2027 and beyond, ensures that the Committee retains scrutiny on key areas of activity.

In addition, the Committee Chair will meet with the lead officers and the Chair of the Board to discuss progress of the work of the Committee.

The Annual Cycle of Committee Business has continued to be presented to each meeting of the Committee during 2025/2026, alongside the Forward Work Programme. This supports and helps identify the key areas of focus for the Committee and is one of the key components in ensuring that the Committee is effectively carrying out its role. It also facilitates the management of agendas and Committee business.

ANNUAL REPORT 2025-2026 STRATEGIC DEVELOPMENT COMMITTEE

Tyler Lewis (CTM UHB - Corporate Governance)

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

STRATEGIC DEVELOPMENT COMMITTEE
DRAFT ANNUAL REPORT 2025-2026

FOREWORD

As Chair of the Strategic Development Committee, I am pleased to present the Committee's first Annual Report for 2025-2026. Established during the year, the Committee has supported the Board by providing scrutiny, challenge and assurance on the Health Board's strategic direction, long-term planning and sustainability.

In its first year, the Committee considered a broad programme of strategic priorities, including CTM 2030 strategy deployment, service transformation, population health, partnership working, strategic risk, digital and data priorities, financial and integrated medium-term planning, decarbonisation and wider sustainability.

I would like to thank Committee Members, Executive colleagues and officers for their contributions in establishing the Committee and supporting its work during the year. As we look ahead to 2026-2027, the Committee will continue to strengthen its role in supporting sustainable services, articulating a clear vision for the future and improved outcomes for our population.

INTRODUCTION

The Strategic Development Committee provides assurance to the Board in respect of the Health Board's strategic direction, planning and long-term sustainability. In fulfilling this role, the Committee oversees strategic risks within the Board Assurance Framework and supports robust, informed decision-making in relation to the achievement of organisational objectives. The Committee also seeks assurance that organisational plans are aligned, wherever possible, with relevant policy, legislative requirements and partnership priorities.

All Committee papers, unless held 'In-Committee', are published on the Health Board website. The Committee normally meets up to four times a year and its remit extends across the full range of the Health Board's responsibilities, with a particular focus on longer-term strategic planning and horizon scanning beyond in-year delivery. Its work includes scrutiny and assurance in relation to key strategic programmes, including models of care, population health, partnership working and the enabling plans that support the organisation's long-term sustainability.

Following each meeting of the Committee, a Board Highlight report is prepared setting out the key matters considered, issues for assurance as well as any risks or topics that need to be escalated for Board consideration. There is also the opportunity to refer key risks back to the Executive Leadership Group or through reports from Committee Chair at full Health Board meetings.

MEMBERSHIP

Committee membership comprises Independent Members and Executive Directors, enabling the Committee to provide effective scrutiny and assurance to the Board while maintaining appropriate independence from operational decision-making.

Independent Members during 2025–2026 were as follows:

Member	Role
Kath Palmer	Health Board Vice Chair and Committee Chair
Neil Mesher	Independent Member, Commercial Business
Rachel Rowlands	Independent Member, Community
Carolyn Donaghue	Independent Member, University
Kathy Mason (From July 2025)	Independent Member, Digital and Data

MEETINGS

During the period 2025-2026 the Committee met on four occasions;

Meeting date
3 April 2025
3 July 2025
1 October 2025
11 February 2026

Independent Member attendance across the four meetings was as follows:

Independent Member	3 April 2025	3 July 2025	1 October 2025	11 February 2026	Total
Kath Palmer	X	✓	✓	✓	3/4
Neil Mesher	X	✓	✓	✓	3/4
Rachel Rowlands	X	✓	X	X	1/4
Carolyn Donaghue	✓	✓	✓	✓	4/4
Kathy Mason			✓	✓	2/2
Dilys Jouvenat	✓	✓	✓	✓	4/4

MAIN AREAS OF STRATEGIC DEVELOPMENT COMMITTEE ACTIVITY

Each meeting agenda followed a standard format comprising eight main sections.

PART 1 – Preliminary Matters
PART 2 – Consent Agenda Business
PART 3 – Committee Governance Arrangements
PART 4 – Strategic Risk Management
PART 5 – Our Models of Care / Service Transformation
PART 6 – Our Population / Working with Others
PART 7 – Our Commitment to Sustaining Our Future
PART 8 – Consent Agenda

PART 1 - PRELIMINARY MATTERS

This section covers the preliminary business of the meeting, including apologies for absence and declarations of interest.

PART 2 – CONSENT AGENDA BUSINESS

The Committee Chair invites Members to identify any items within the Consent Agenda (Part 9) that they wish to be brought forward for discussion as part of the main agenda.

PART 3 – COMMITTEE GOVERNANCE ARRANGEMENTS

This section included the following reports during the year:

- Action Log

PART 4 – STRATEGIC RISK MANAGEMENT

- Board Assurance Framework

PART 5 – OUR MODELS OF CARE / SERVICE TRANSFORMATION

This section included the following reports during the year:

- Acute Clinical Services Plan update
    - South East Wales regional working for clinical services
- Spotlight on Strategy Groups
    - Starting Well and Growing Well Strategy Group
    - Building Healthier Communities
    - Living Well / Adulthood
    - Fragile Services / Acute Services Reconfiguration
    - Primary and Community Care Transformation
    - Integrated Community Care Services
    - Mental Health Services Transformation
    - Enhanced Community Care Service
- Diabetes five-year Strategic Action Plan
- Strategic Digital Transformation Programme
- Public Health activity
    - Director of Public Health Annual Report 2024–2025
    - Health Protection Strategic Update
    - Healthcare Inequalities
- Regional Partnership Agreement for services and support for older people, people living with frailty and their carers
- Maesteg Community Hospital development
- Llantrisant Health Park business case
- CTM 2030: Building Healthier Communities Together Strategy Deployment
- Digital and Data Enabling Plan

PART 6 – OUR POPULATION / WORKING WITH OTHERS

This section included the following reports during the year:

- Integrated Community Care System
- Regional Partnership Update
- Public Services Board Update
- Area Planning Board Update
- Creating Health Highlight Report
- Health Protection System Update
- Strategic Equality Plan 2024–2025
- 2026/2027 Integrated Medium Term Plan (Financial Plan Update)
- IMTP 5 Year Baseline
- CTMUHB Climate Action Plan 2025-2030

PART 7 – OUR COMMITMENT TO SUSTAINING OUR FUTURE

During the year, the following reports were presented to the Committee under this section:

- Staff Survey and People Plan
    - People Plan implementation
- Financial Update
- Integrated Medium Term Plan
    - Progress update
    - Five-year do-nothing baseline
    - Assurance on process for 2026-2027
    - Financial plan update
- Digital and Data Strategy / Strategic Digital Transformation Programmes
    - Progress plan
- Annual review of the Well-being of Future Generations Act statement and objectives
- Climate Action Update 2025-2030
- Decarbonisation & Waste Reduction

PART 8 – CONSENT AGENDA

Items included under the Consent Agenda may include minutes or reports from relevant groups, standing updates, routine monitoring reports, policies or plans presented for noting, and other papers where the primary purpose is to provide assurance or information. Any item may be moved from the Consent Agenda to the main agenda where further discussion, clarification or challenge is required.

- APPROVAL
- Meeting Minutes
    - Main Meeting, In-Committee Meeting & Extra Ordinary
- Committee Annual Cycle of Business

- NOTING
- Committee Forward Work Plan

- CTM2030 Strategy Group Update

Conclusion

In conclusion, during 2025-2026 the Strategic Development Committee provided scrutiny, challenge and assurance across a broad programme of strategic work. Key areas included oversight of CTM 2030 strategy deployment, service transformation and models of care, population health and partnership activity, strategic risk management, digital and data priorities, financial and integrated medium-term planning, estates, decarbonisation and wider sustainability. The Committee will continue to support Board oversight in 2026-2027, with a focus on strategic priorities that improve outcomes for the population served by Cwm Taf Morgannwg University Health Board.

Stakeholder Reference Group

Annual Report 2025-2026

1. FOREWORD

I am pleased to present the Annual Report of the Stakeholder Reference Group (SRG) for the year ending 31 March 2026. This Annual Report provides an overview of the Group's activities, achievements and areas of focus over the past year, and sets out how the SRG has fulfilled its advisory role by providing independent advice, insight and feedback on a range of initiatives and proposals.

As Chair, I remain committed to ensuring that the work of the SRG continues to be delivered in accordance with its Terms of Reference and that the Group maintains a strong, constructive relationship with the Health Board and its partners.

Meetings over the past 12 months have highlighted the strength and breadth of our partnerships, with presentations and contributions from partners and guest speakers across the Cwm Taf Morgannwg University Health Board (CTMUHB) region. The programme of work delivered during the 2025–2026 financial year covered a wide range of themes, supported by updates, presentations and engagement from key stakeholders. These included regular updates on the Health Board's Integrated Medium-Term Plan (IMTP) and proposed service changes, such as developments in the Llynfi Valley/Maesteg area and the Specialist Palliative Care Service. Compliance with the Welsh Language Standards has continued to be a consistent priority throughout the year.

The Group benefitted from a diverse range of high-quality presentations, including those on the CTM Baby and Toddler Voice Statements, the Infant Feeding Strategy, the Breastfeeding at Work Policy, bereavement support services, and progress against the five-year Diabetic Strategic Action Plan. Members also received informative presentations on the Health Board's Veterans' Day, organ donation processes, and the organisational response to the Mental Health and Wellbeing Strategy (2025–2035). In February 2026, further valuable presentations were delivered on cancer services, the Patient Centred Contact Transformation Programme, and the development of a 'step change to positive mental health' initiative by CTM Mind.

In addition to formal meeting presentations, members received regular briefings and updates on a range of relevant topics, including the Child Poverty Strategy, the Director of Public Health's Annual Report, Safeguarding Week, and the implementation of Minimum Unit Pricing (MUP) for alcohol.

Finally, I would like to extend my sincere thanks to the two Vice Chairs for their continued commitment and support, and to all Health Board officers, Local Authority representatives, third sector organisations and volunteers who have contributed to and supported the work of the Stakeholder Reference Group over the past year.

Councillor Paul Deenik: Chair of Stakeholder Reference Group

2. INTRODUCTION

The Stakeholder Reference Group is chaired by Councillor Paul Deenik, an elected Member of the Ynysawdre Community Council, Brynmenyn Ward, Bridgend.

The Stakeholder Reference Group (SRG) Committee convenes quarterly, with the option to hold an additional extraordinary meeting if necessary. After each meeting, a Chair's Highlight Report is prepared and submitted to the subsequent Board meeting to outline key issues and risks.

The Stakeholder Reference Group's primary purpose is to provide independent advice on any aspect of the University Health Board's (UHB) business. This may include:

- Early engagement and involvement in the determination of the LHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB's operations on the communities it serves.

The Group is also responsible for developing an Annual Report for presentation to the Health Board.

3. MEMBERSHIP

3.1 The Stakeholder Reference Group (SRG) comprises of stakeholders from across the health board area, representing a wide array of organisations and community groups.

The 2025–2026 period saw a refresh of membership to enhance inclusivity and representation. Thanks, were extended to Members who were no longer able to support the Stakeholder Reference Group, and welcomes

were extended to Members from CTM Mind, RCT Carers Support Project, RCT Care and Repair, an RCT Volunteer (Third Sector) and RCT Interlink.

3.2 The independent membership for the 2025–26 period was as follows:

- Paul Deenik: Chair and BCBC Councillor
- County Volunteer Councils Representative and Vice Chair (Merthyr Tydfil)
- County Volunteer Councils Representative and Vice Chair (Bridgend)
- County Volunteer Council Representative (RCT)
- CTM Mind representative
- Carer Representative: Bridgend
- Carer Support Representative: RCT
- Carer Forum Wales Independent Sector Representative
- Third Sector Representative: Care and Repair Bridgend
- Third Sector Representative: RCT
- Local Authority elected Member: Merthyr Tydfil
- Local Authority elected Member: RCT
- Local Authority elected Member: Merthyr
- Local Authority elected Member: Bridgend
- Local Authority member: RCT
- Older Person's Representative: Merthyr Tydfil
- Older Person's Representative: RCT
- Older Person's Representative: Bridgend
- Llais Representation
- Equality and Diversity Representative: CTMUHB
- Patient Experience Representative: CTUMHB

3.3. Following endorsement at the 26 March 2026 Board, a new Member will be joining the SRG representing the LGBT+ community.

3.4. There are several outstanding vacancies for independent members:

- Third sector representative: Merthyr Tydfil
- Care Representative: Merthyr Tydfil
- Local Authority Member Bridgend
- WAST

3.5. Despite ongoing enquires, the SRG has been unsuccessful in recruiting a Welsh Language representative.

3.6. Action is underway to seek replacement nominees and regular meetings will be held between SRG Secretariat and Chair to monitor updates on this process.

4. MEETINGS

The Stakeholder Reference Group has met on four occasions from 1st April 2025 to 31 March 2026. One meeting was held in person.

Dates of meetings and reporting to the Board are included below:

- 30 April 2025: reported to the Board on 29 May 2025
- 16 July 2025: reported to the Board on 30 July 2025
- 15 October 2025: reported to Board on 27 November 2025
- 12 February 2026: reported to Board on 26 March 2026

4.1 Stakeholder Reference Group (SRG): Agenda Overview and Engagement Highlights

The SRG agenda spans a wide range of themes, offering opportunities for meaningful engagement across the full scope of the Health Board's responsibilities.

Key presentations and discussions during the reporting period included:

I. CTM Baby and Toddler Voice Statements

Members received an update on the CTM Baby and Toddler Voice initiative and noted the importance of a secure parent infant relationship across the first 1000 days (from pregnancy to the age of two) and the launch of the CTM Baby and Toddler Voice statements across CTM on the 17 March 2025.

II. Robotic Surgery

An overview was provided by the Colorectal Surgical Lead on the introduction and use of Robotic Surgery in CTMUHB. Robotic Surgery has been identified as a key technology to deliver the greatest impact for improving outcomes for patients, allowing surgeons to perform complex procedures with more flexibility, precision and control than conventional techniques.

III. Infant Feeding Strategy and the Breast Feeding at Work Policy

Members received a presentation from the Infant Feeding Coordinator and the Neonatal Infant Feeding Coordinator on the CTM Infant Feeding Strategy and Breastfeeding Workplace Policy.

IV. Bereavement Support

A range of improvements have been introduced to support the bereaved. These include regular All Wales Bereavement Link Nurse meetings, staff support, a sensitive service with a health board burial, updated communications and leaflets (Bereavement Booklets, including paediatric

and pregnancy loss booklets) with relevant information such as funeral directors and support. A liaison contact is now available for families and regular staff training in dealing with bereavement is ongoing.

V. The 5-year Diabetic Strategic Action Plan.

Type 2 diabetes accounts for 90% of diabetes cases, with overweight and obesity being a major risk factor. CTM has a high proportion of overweight or obese residents and the second-highest rate of registered patients with diabetes. Diabetes is linked to multiple complications, but improved management can reduce both complication rates and associated costs.

VI. CTMUHB Veteran's Day

An insightful update was received on the Veterans Day event hosted by the health board last year. It was praised for its strong partnership working, inclusive design, and value for money. The event left a positive impact on veterans across CTM and is seen as a replicable model for future initiatives.

VII. Organ donation

The Organ Donation Senior Nurse provided an update on organ donation activity, including registration and transplant data and recent awareness initiatives.

VIII. Mental Health and Wellbeing Strategy (2025-2035)

The Service Director, Mental Health and Learning Disabilities raised awareness of the Strategy, discussing its future implications to ongoing transformation work shaped by leadership learning and aligned to immediate priorities.

IX. Cancer services

A comprehensive overview was given by the Improvement and Development Senior Manager for Cancer and Outpatients and the Lead Nurse for Cancer of significant progress within CTM Cancer Services, highlighting steady improvement against the national 62-day cancer target—from approximately 40% to nearly 65%.

X. Patient Centred Contact Transformation Programme

An in-depth update was received from the Assistant Director for Digital Transformation (CTMUHB) on CTM's Patient Centred Contact Programme, a major transformation initiative aimed at modernising how patients interact with Health Board services.

XI. CTM Mind: Developing a step change to positive mental health

The Head of Service and Deputy CEO at CTM Mind provided an overview of the organisation's regional footprint, services, and strategic priorities shaped by extensive 2025 engagement feedback.

XII. Service Change updates

Service change updates are a regular addition to the SRG Agenda. Speakers were invited to provide more detail in respect to:

a. Llynfi Valley/ Maesteg Hospital Development

A presentation by the Assistant Director of Transformation, Strategic and Operational Planning provided an update to Members on the Health and Wellbeing Centre in the Llynfi Valley

b. Specialist Palliative Care

An update on the proposed changes to the Specialist Palliative Care (SPC) and the public engagement was given by Clinical Service Group Manager (Community Health). The important distinction between SPC, general palliative care, and end-of-life care was clarified, noting that SPC supports only a small number of patients with the most complex needs, while most palliative and end-of-life care is delivered by generalist teams with SPC input as required.

XIII. CTMUHB Intergrated Medium Term Plan (IMTP)

Regular updates were received by Members on the drafting of the IMTP, including confirmation of the health board's commissioning intentions to enable Members to provide feedback on the proposed direction of the plan. Members were also kept appraised of the associated financial status and planning of the health board.

4.2 Stakeholder Reference Group Representation

Stakeholder Reference Group	30 April 2025	16 July 2025	15 October 2025	12 February 2026
Chair		√	UTA	√
Patient Representative (CTMUHB)				√
Third Sector representative (Bridgend) Care & Repair				√
Third sector representative (RCT)				
Third sector representative (Merthyr)- vacant				
CVCs Representative (Merthyr Tydfil)	√	√	√	√
CVCs Representative (Bridgend)	√		√	√
CVCs Representative (RCT)				√
Local Authority elected Member (Merthyr Tydfil)			√	
Local Authority elected Member (RCT)	√		√	
Local Authority elected Member (Bridgend)	√		√	
Local Authority elected Member (Bridgend)	√		√	

Local Authority Member (Merthyr Tydfil)		√	√		
Local Authority Member (RCT)					
Local Authority Member (Bridgend)- vacant					
Older Person's Representative (Merthyr Tydfil)		√		√	
Older Person's Representative (RCT)			√		
Older Person's Representative (Bridgend)					
WAST Representative- vacant					
CTM Mind				√	√
Llais Representative		√	√	√	√
Independent Sector Representative, Carer Forum Wales		√	√	√	
Carers Support Representative RCT					
Carers Representative Bridgend					
Carers Representative Merthyr (vacant)					
Equality and Diversity Representative, CTMUHB		√	√	√	
Total Members in attendance	22	10	7	11	8

For completeness, this Annual Report provides a link to the Standing Orders and Terms of Reference at Appendix 2.

1. MAIN AREAS OF SRG COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in four main parts:

Part 1 - Preliminary Matters
Part 2 - Main Agenda
Part 3 - Items for Information
Part 4 - Other Matters

Part 1: Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees and Advisory Groups within CTMUHB. This includes welcome and apologies, declarations of interest and minutes of the previous meeting which are agreed by members as a true and accurate record.

Part 2: Main Agenda

This section has featured engagement around proposed service changes, with updates and presentations delivered by a diverse range of speakers. These sessions have actively involved SRG members in discussions on both Health Board priorities and broader community issues.

Part 3: Items for Information

This section has consistently highlighted the SRG's forward work programme, ensuring members are aware of upcoming topics and areas of interest. Members have been encouraged to propose future agenda items for discussion, including details of relevant engagement activities and consultations they can participate in outside of formal meetings.

Part 4: Other Matters

This section allows members of the committee to highlight any other business they wish to discuss, and members are encouraged to raise any emerging issues from the groups that they represent at the meetings.

Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

2. ACTION LOG

To support progress monitoring and follow-up, all agreed actions are recorded in the meeting minutes. These actions are reviewed at the start of each SRG meeting to ensure accountability and track completion.

3. GOVERNANCE

The SRG plays a vital role within the organisation's overall governance framework. Its Terms of Reference demonstrate a strong commitment to overseeing and monitoring the effective operation and impact of the Stakeholder Reference Group (SRG).

4. ASSURANCE TO THE BOARD

Through the structured use of Highlight Reports and regular feedback to the Board, the Stakeholder Reference Group (SRG) provides assurance that stakeholder group members have:

Been informed of key service changes and offered opportunities to engage, on items such as the proposed redesign of the Specialist Palliative Care Services.

Received updates on major developments, including the progress of the Maesteg/ Llynfi Valley development with discussions focused on improving access to local services, strengthening community engagement,

and ensuring that proposed changes align with local health and wellbeing needs.

Engaged with regional strategic planning, such as CTMUHB's role in the development and delivery of the Integrated Medium-Term Plan (IMTP), supporting system-wide priorities around population health, service transformation and long-term sustainability.

Participated in early engagement on the UHB's strategic direction, including updates on the proposed changes to services such as those relating to the Specialist Palliative Care Service.

Provided advice and feedback from the perspective of patients and wider stakeholders on specific services and proposals prior to formal consultation.

Shared insights on the impact of the UHB's operations on the communities it serves, helping to shape more responsive and inclusive healthcare services

Appendix 2 – Please find below a link to the Standing Orders and the Stakeholder Reference Group Terms of Reference.

Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales)

CTMUHB Public Board

Pharmaceutical Needs Assessment 2026

Eitem yr Agenda / Agenda Item	9.1.4
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Jason Carroll, Principal Pharmacist Community Services
Cyflwynydd yr Adroddiad / Report Presenter:	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	Review the 2026 Pharmaceutical Needs Assessment (PNA) note the key findings and Approve.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Sustaining Our Future If more than one applies please list below: Improving Care
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:
Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Pharmaceutical Needs Assessment (PNA) for 2026-2031 assesses the pharmaceutical service needs of the Cwm Taf Morgannwg population and evaluates whether existing pharmacy provision meets current and future demand. The PNA is a statutory requirement under the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and must be published at least every five years. It considers population demographics, health needs, pharmaceutical service provision, stakeholder engagement and future demand for services Key findings within the 2026 PNA include: • CTMUHB serves a population of approximately 449,000 residents. • There are 109 community pharmacies and three dispensing GP practices operating within the Health Board area. • 95.2% of GP prescriptions generated within CTM are dispensed by pharmacies within the Health Board area. • Access to pharmaceutical services is generally good, with most residents able to reach a pharmacy within 20 minutes. • No current gaps in pharmaceutical services have been identified. • Future population growth and an ageing population are expected to increase demand for pharmaceutical services. • A future need has been identified for a pharmacy within the Llanilid development once housing development reaches specified thresholds.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*	The PNA concludes that current pharmaceutical provision is adequate across all eight clusters and supports delivery of essential, national and locally commissioned pharmacy services. The population continues to experience significant health inequalities, higher levels of deprivation than the Welsh average, higher prevalence of several long-term conditions and poorer health outcomes in some communities. Community pharmacy will

So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	continue to play an important role in prevention, medicines optimisation and provision of independent prescribing services. Failure to maintain an up-to-date PNA would present regulatory and governance risks and could affect decision-making regarding pharmacy applications and service planning. The PNA provides the statutory framework which supports these decisions.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	• Approve the 2026 PNA • Publish the PNA by 1 October 2026. • Use the PNA to support decisions on pharmacy applications, relocations, opening hours and commissioning priorities. • Continue development of clinical community pharmacy services, including pharmacist independent prescribing and clinical service delivery

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to: 1. Note the findings of the 2026 Pharmaceutical Needs Assessment. 2. Note that no current pharmaceutical service gaps have been identified. *3.* Approve the PNA for publication, completing the statutory process.

1. Background / Context

The PNA is the Health Board's statutory assessment of pharmaceutical service needs and provision across its population.

The assessment covers the period 1 October 2026 to 30 September 2031 and represents CTMUHB's second PNA, following publication of the first assessment in October 2021. It has been developed by a multi-agency steering group and informed by public, contractor and stakeholder engagement.

2. Strategic Insights

- Population expected to continue growing across the Health Board area.
- Significant ageing population projected across all local authority areas.
- Higher prevalence of chronic disease, obesity, smoking and deprivation than Welsh averages.
- Community pharmacy network demonstrates strong accessibility and capacity.
- Increasing role for community pharmacies in prevention, independent prescribing and reducing pressures on GP services.

3. Risks and Opportunities

Risks

- Increased demand arising from demographic change.
- Workforce pressures within primary care.
- Potential future loss of pharmaceutical services in individual localities.
- Reliance on maintaining adequate community pharmacy capacity.

Opportunities

- Expansion of pharmacist independent prescribing.
- Increased delivery of clinical services through community pharmacies.
- Improved prevention and early intervention.
- Enhanced access for patients through community-based care.

4. Compliance and Governance

The draft PNA has been prepared in accordance with the requirements of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. It has undergone a statutory 60-day consultation process and been updated accordingly. The final document must be published no later than 1 October 2026 and will remain valid for up to five years unless significant changes require earlier revision.

5. Benchmarks

Compared with Wales overall:

- CTM has higher prevalence of several long-term conditions.
- Deprivation levels exceed the Wales average in many communities.
- Access to community pharmacy services remains strong.
- No current access gaps have been identified.
- Community pharmacy provision compares favourably with assessed population need.

6. Conclusion

The draft PNA demonstrates that current pharmaceutical services are meeting the needs of the CTMUHB population. While future demographic and health challenges are expected to increase demand, the existing network is considered capable of meeting current needs and no significant service gaps have been identified. The

PNA provides an important statutory and strategic framework for future service planning and decision-making.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 Service Transformation & Outcomes If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE Summary of impact: The PNA specifically considers protected characteristics, deprivation, disability, geography and service accessibility. Outcome for Welsh Language (delete as appropriate): POSITIVE	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:

	Summary of impact: Assessment considers Welsh language needs and pharmacy workforce language capability. The consultation was available in Welsh and the final PNA will be published in Welsh.	
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	The report was written by an externally commissioned partners so a Quality Impact Assessment has not been undertaken	
Cyfreithiol / Legal	Yes (Include further detail below)	
	The PNA supports compliance with statutory requirements under the NHS (Pharmaceutical Services) (Wales) Regulations 2020	
Enw da / Reputational	Yes (include further detail below)	
	Demonstrates compliance with statutory duties and proactive service planning	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (include further detail below)	
	Existing staffing and service planning requirements. No immediate financial consequence from approval of the PNA. Future commissioning decisions may have resource implications.	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
QSEC	22/09/2026	For final endorsement
Executive Leadership Group	14/09/2026	For approval
QSEC	03/06/2026	Approval of PNA draft for consultation
PNA Steering Group	2025/26	Draft PNA developed

Community Pharmacy Wales	Ongoing	Stakeholder input
Local Medical Committee	Ongoing	Stakeholder input
Llais	Ongoing	Stakeholder input
Public Engagement Survey	Mar-Apr 2026	286 Responses received
Community Pharmacy Contractor Survey	Mar-Apr 2026	78 responses received

Acronyms / Glossary of Terms	
PNA	Pharmaceutical Needs Assessment

CTMUHB Public Board

CTMU HB People and Patient Strategic Plan 2026–2028

Eitem yr Agenda / Agenda Item	9.1.5
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Public
	Not applicable
Adroddiad wedi'i baratoi gan / Report Prepared by:	Jenny Oliver, Head of People's Experience
Cyflwynydd yr Adroddiad / Report Presenter:	Jenny Oliver, Head of People's Experience
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing, Midwifery & Patient Care
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to Approve the People and Patient Strategic Plan 2026–2028 and approve the proposed direction of travel for embedding people's experience as a core measure of quality across CTMUHB.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Strategic pillar alignment: delivering safe and compassionate care; reducing health inequalities; promoting diversity and inclusion; embedding value-based healthcare; digital transformation for patients and staff; supporting communities; becoming a green organisation.
	The plan supports the Integrated Medium-Term Plan / Annual Delivery Plan through its focus on

	compassionate, person-centred care; listening and learning from feedback; reducing variation in experience; improving access and inclusion; strengthening use of digital insight; and using experience data to inform quality improvement, service design and assurance.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The People and Patient Experience Strategic Plan supports delivery of the IMTP and ADP by ensuring that patient, carer, community and staff experiences inform service planning, quality improvement and decision-making across the Health Board. It contributes to key priorities including person-centred care, quality and safety, reducing health inequalities, digital transformation, staff engagement and continuous improvement, while supporting the ambitions of CTM2030, the Duty of Quality and Value Based Healthcare

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	The People and Patient Strategic Plan 2026–2028 sets out CTMUHB's commitment to listen to, learn from and act on the experiences of patients, families, carers, communities, volunteers and staff. It positions people's experience as a core component of quality alongside safety, effectiveness and equity. The plan aligns with the National People's Experience Framework, Value-Based Healthcare, STEEEP domains and the Health Board's wider strategic goals. It recognises the diversity of the CTM population, including Welsh language needs, deprivation, ageing communities, long-term conditions and the need for accessible, inclusive routes for feedback.

Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	This plan strengthens CTMUHB's commitment to a proactive "Listening to People" approach where experience is everyone's responsibility. It promotes transparency, inclusion and accountability by ensuring concerns, compliments, stories, feedback, staff insight and community voices are valued equally and used to inform service redesign and improvement. The strategic implication is that experience must become business as usual within Care Groups and corporate services, supported by digital tools, real-time insight, co-production and clear "You said, we did" feedback loops.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The next phase will implement the plan through a structured delivery model. Care Groups and corporate services will embed responsibilities for capturing, analysing and acting on feedback; report consistently through quality and experience forums; strengthen the use of PREMs, PROMs and lived experience; increase inclusion of seldom-heard voices; and demonstrate clear evidence of improvement. The Board is asked to approve the strategic plan and support delivery as an organisational priority.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to: • APPROVE the People and Patient Strategic Plan 2026–2028. • NOTE the alignment with CTMUHB strategic goals, National Experience Framework, Value-Based Healthcare, STEEEP domains and Listening to People 2026. • SUPPORT implementation through Care Group and corporate service delivery plans, with assurance reporting on progress, impact and learning.

1. Background / Context

Purpose and intent

1.1 The People and Patient Strategic Plan 2026–2028 sets out CTMUHB's approach to listening to people, learning from their experiences and acting on what is heard. It confirms that experience is a core component of quality, alongside safety, effectiveness, equity and person-centred care.

Whole-system approach

1.2 The plan applies across the life course: Starting Well, Growing Well, Living Well, Ageing Well and Dying Well. It recognises that every interaction shapes how care is experienced, including communication, environment, respect, involvement and emotional support.

1.3 The population context is important. CTMUHB serves Bridgend, Merthyr Tydfil and Rhondda Cynon Taf, including communities affected by deprivation, an ageing population, long-term conditions, frailty and different cultural, language and access needs. The plan therefore places strong emphasis on equity, inclusion and Welsh language "Active Offer".

2. Strategic Insights

2.1 A key strategic insight is that people's experience must be embedded as a core measure of quality, not treated as a separate engagement activity. This requires CTMUHB to listen earlier, act sooner and demonstrate how feedback is influencing decisions, service design and improvement.

2.2 The plan highlights the need to understand experience at individual, family/carer and community levels. This has strategic implications for shared decision-making, carer involvement, co-production and how services reflect the needs of the population they serve.

2.3 The breadth of feedback routes creates an important opportunity to move from data collection to actionable insight. Triangulating PREMs, PROMs, surveys, QR codes, feedback cards, patient stories, lived experience, PALS, compliments, concerns, incidents, staff feedback and clinician experience will strengthen assurance and provide a richer view of quality, safety, equity and outcomes.

2.4 Digital innovation is a strategic enabler for real-time listening, analysis and learning, but it must be implemented as digital choice rather than digital default. Maintaining accessible non-digital routes is essential to avoid exclusion and ensure that seldom-heard voices continue to shape improvement.

3. Risks and Opportunities

3.1 Key risks relate to inconsistent feedback capture, limited triangulation, under-representation of seldom-heard voices, digital exclusion and insufficient visibility of action taken in response to feedback.

3.2 The plan provides an opportunity to strengthen trust, transparency and accountability by embedding experience within Care Group assurance, quality improvement, real-time insight and clear “You said, we did” reporting.

3.3 Implementation should focus on a practical, measurable delivery model so the Committee can see how feedback is informing planning, improvement and outcomes.

4. Compliance and Governance

Framework alignment

4.1 The plan aligns with key national and local frameworks, including the Health and Social Care (Quality and Engagement) (Wales) Act 2020, Quality Standards, Clinical Quality Statements, the People’s Experience Framework and Toolkit, CTM 2030, Listening to People 2026, Value-Based Healthcare, Health and Care Principles, the Digital and Data Strategy for Health and Social Care in Wales, the Mental Health and Wellbeing Strategy 2025–2035 and relevant engagement frameworks.

Statutory and quality duties

4.2 It supports duties relating to equality, Welsh language, person-centred care, openness, learning and improvement. These duties should be reflected in how feedback is captured, analysed, acted upon and reported.

Governance and assurance

4.3 Governance will be strengthened through clear ownership, timescales, measures of progress, escalation routes and evidence of impact, with routine reporting through Quality, Safety, Risk and Experience structures, Care Group assurance routes and Board / Committee reporting where strategic oversight is required.

5. Benchmarks

Current benchmark position

5.1 The plan is currently benchmarked against national expectations and frameworks, rather than numerical comparative data. This confirms alignment with national direction on experience, quality, engagement, value-based healthcare and Listening to People.

Future development

5.2 The next opportunity is to develop comparative measures across Welsh Health Boards and internal Care Groups. This will support assessment of maturity, consistency, innovation and impact in how experience is captured, analysed, acted upon and reported.

6. Conclusion

6.1 In conclusion, the People and Patient Strategic Plan 2026–2028 provides a clear and timely framework for embedding people’s experience as a core measure of quality across CTMUHB. It brings together listening, learning, inclusion and

action to support safer, more equitable, compassionate and person-centred care.

6.2 The paper demonstrates strategic alignment, identifies the key risks and opportunities, and sets out the governance and delivery requirements needed to translate the plan into measurable improvement. The Committee is therefore asked to endorse the plan and support implementation as an organisational priority.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Relevant to strategic risks associated with quality, safety, experience, access, equity, reputational confidence and organisational learning. Specific Board Assurance Framework risk numbers can be inserted once confirmed. Risk no. 4

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r*	Outcome for Equality: POSITIVE Summary of impact: The plan aims to increase	EWLIA completion / sign-off to be confirmed as

rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	representation of minority and seldom-heard voices, improve accessibility of feedback routes, reduce variation in experience and strengthen inclusion in service design. Outcome for Welsh Language: POSITIVE Summary of impact: The plan recognises the Active Offer and the importance of Welsh language services being proactively offered, particularly for vulnerable groups.	part of final approval route.
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Quality Impact Assessment Outcome: POSITIVE. The plan directly supports Duty of Quality principles by embedding experience as a core measure of quality alongside safety, effectiveness, equity and person-centred care.	
Cyfreithiol / Legal:	There are no specific legal implications related to the activity outlined in this report Neutral / positive. The plan supports statutory and policy expectations relating to quality, engagement, listening, equality and Welsh language.	
Enw da / Reputational:	Yes (include further detail below) Positive. Visible action from feedback strengthens trust, transparency and public confidence. This plan outlines the strategic intent to ensure the community voice of CTMU HB footprint is a necessity across the HB.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial):	Yes (include further detail below) Moderate. Implementation will require leadership time, analytical capacity, engagement support and consistent Care Group participation. The plan also supports more efficient use of feedback by reducing duplication and improving triangulation.	

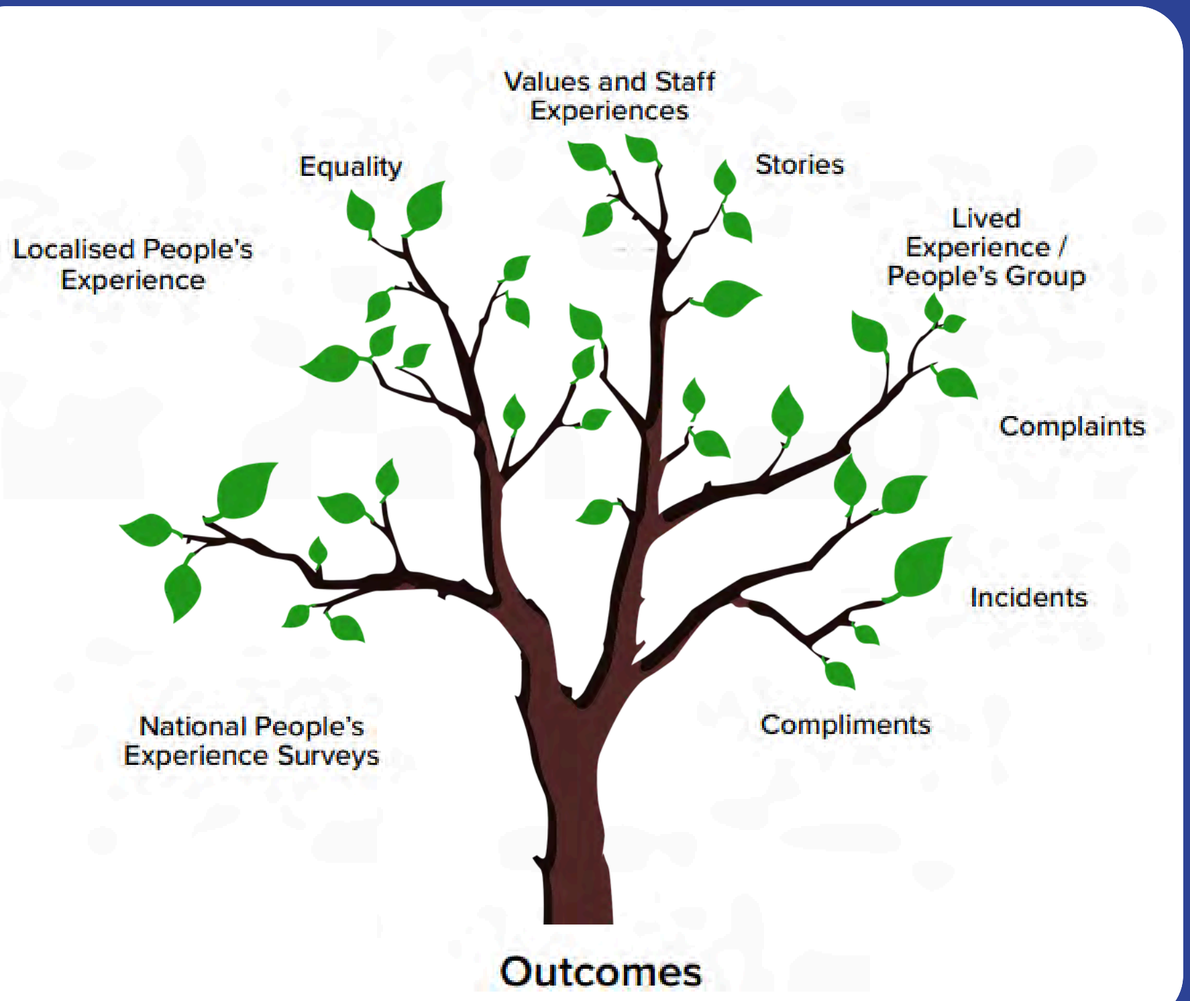
	This will require an internal working framework to support the implementation from a people's experience perspective across the Care Group footprint

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
People's Experience Forum	10/03/2026	Comments received and reflected in Plan
Richard Hughes, Executive Director of Nursing & Midwifery	April, 2026	Plan Approved
Becky Gammon, Interim Deputy Director of Nursing & Midwifery	April, 2026	Plan Approved
Professional Nursing Forum	July 2026	For noting.
Claire Thompson, Executive Director of Strategy & Transformation	28/07/2006	Comments received and reflected in Plan
Strategic Development Committee	19/08/2026	Endorsed for Board approval

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
PALS	Patient Advice & Liaison Service
PREMs	Patient Reported Experience Measures
PROMs	Patient Reported Outcome Measures
STEEEP	Safe, Timely, Effective, Efficient, Equitable and Person-centred
LTP	Listening to People 2026
PTR	Putting Things Right

Active Offer	Proactive offer of Welsh language services so people do not have to ask
VBHC	Value-Based Healthcare

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Cwm Taf Morgannwg University Health Board People and Patient Strategic Plan 2026/28

March 2026 Version 1.2.2



Foreword

At Cwm Taf Morgannwg University Health Board, we know that every interaction shapes how people feel about their care. The People's Experience Strategic Plan 2026–2028 is our commitment to paying attention to those moments by listening to what people tell us, learning from it, and doing something meaningful with it.

Experience isn't a "nice to have". It sits right alongside safety and clinical outcomes. How people are spoken to, how involved they feel, whether they feel respected and supported, all of that matters just as much as the treatment itself. This plan strengthens our focus on compassion, inclusion, and genuine partnership with the people who use and deliver our services.

We also recognise that our communities are varied, with different backgrounds, languages, and needs. Everyone deserves to feel that their voice counts. By using real-time feedback, honest conversations, and clear follow-up actions, we'll make sure people can see how what they tell us leads to change.

Above all, this plan is a promise: to be open when things go wrong, to learn from every experience, to celebrate what's going well, and to keep improving. By listening closely and acting together, we can build a health system that is safe, equitable, and centred on the people at the heart of it.

Every time, for everyone.

Richard Hughes
Executive Director of Nursing, Midwifery & Patient Care
Cwm Taf Morgannwg University Health Board

Introduction



A roadmap for compassionate, person-centred care

Our commitment to listening, learning and improving care.

- The People's Experience Strategic Plan (2026–2028) sets out how CTMUHB will listen to, learn from, and act on experiences of those who receive and deliver care.
- Aligned with the National Experience Framework and Value-Based Healthcare principles (VBHC), experience is positioned as a core component of quality alongside safety, effectiveness, and equity.
- We serve a diverse and evolving population, recognising that meaningful engagement with patients, families, carers, and staff is key to delivering compassionate and responsive care.
- Feedback will be embedded in service design, planning, and improvement, ensuring it becomes a catalyst for change.
- When care falls short, we will respond with openness, empathy, and a commitment to improvement.
- Through structured engagement and co-design, we will build a culture where every voice shapes a health system that is safe, timely, efficient, effective, equitable, and person-centred (STEEEP).

Glossary

This glossary provides definitions for the key terms, acronyms, and frameworks mentioned in the Cwm Taf Morgannwg University Health Board (CTMUHB) People and Patient Strategic Plan 2026-2028

CTMUHB	Cwm Taf Morgannwg University Health Board.	**EPMA**	Electronic Prescribing and Medicines Administration; a system used to improve safety and reduce the need for patients to repeat their stories.
PALS	Patient Advice & Liaison Service; provides information and support to resolve concerns informally and quickly.	**Active Offer**	A commitment to a fully bilingual health system where Welsh language services are proactively offered so the patient does not have to ask for them.
PREMs	Patient Reported Experience Measures; digital tools and feedback platforms used to capture how patients feel about their care.	**PROMs**	Patient Reported Outcome Measures; feedback tools used before, during, and after treatment to what matter most to the patient.
People's Experience	Defined as how care feels and is perceived by patients, families, carers, and staff. It includes communication, environment, respect, involvement, and emotional support.	**STEEEP**	A strategic alignment framework ensuring care is Safe, Timely, Effective, Efficient, Equitable, and Person-centred.
Value-Based Healthcare	An approach that positions patient outcomes and experience as a core component of quality alongside safety, effectiveness, and equity.	**Whole System Approach**	A vision for care that recognises what matters to an individual at every stage of life, from "Starting Well" to "Dying Well".
SMS	Short Message Service is a text messaging service component of most telephone, Internet and mobile device systems.	**QR**	Quick Response, a type of two-dimensional matrix barcode

Population Context

Understanding the communities we serve.

Valuing Every Person

Our population reflects both the opportunities and challenges of serving mixed urban and valley communities.



449K **Total Population**

Serving Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf.

56.5% **High Deprivation**

Residents living within the most deprived two-fifths of Wales.

54.0% **Rhondda Cynon Taf**

Represents the largest local authority share of our diverse community.



Our services must adapt to an ageing population with higher rates of long-term conditions and frailty, shaped by post-industrial geography and socioeconomic factors.

VALUING CULTURE & LANGUAGE

The "Active Offer"

We are committed to a fully bilingual health system. We proactively offer Welsh language services so the burden is never on the patient to ask.

Why it Matters?

Receiving care in a first language helps patients feel safe, respected, and understood. This is critical for vulnerable groups, particularly older people and those living with dementia.



Our Goal

To ensure access to services in the language of choice is a standard, fundamental part of equitable care.

Looking Ahead:

We are expanding bilingual digital tools, strengthening compliance monitoring, and upskilling our workforce to grow Welsh language capacity across all roles. This work will also support our 5-Year Strategy on Clinical Consultations under Welsh Language Standard 110 and the More Than Just Words Agenda.

5-Year Strategic Plan for Offering Clinical Consultations in Welsh in Cwm Taf Morgannwg University Health Board 2024-2029

Our Vision: A Whole System Approach

CTM 2030
Ein Hiechyd EinDyfodol
DATBLYGU CYMUNEDAU IACHACH GYDA'N GILYDD

CTM 2030
Our Health Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER

- Reducing health inequalities
- Equal focus on mental and physical health
- Supporting our communities
- Being a healthy organisation

CREATING HEALTH



IMPROVING CARE

- Delivering safe and compassionate care
- Developing new models of care
- Digital transformation for patients and staff
- Ensuring timely access to care

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

SUSTAINING OUR FUTURE

INSPIRING PEOPLE

- Visible and inspiring leadership
- Promoting diversity and inclusion
- Embedding our values and behaviours
- Encouraging local employment



Starting Well

Supporting the best start in life for every child.

Growing Well

Nurturing physical and mental health through childhood.

Living Well

Empowering adults to live healthy, independent lives.

Ageing Well

Supporting dignity and quality of life in later years.

Dying Well

Ensuring compassionate end-of-life care.

Care that recognises what matters at every stage of life.

Strategic Alignment (STEEEP)

Our plan aligns with the National Experience Framework and Value-Based Healthcare to deliver care that is:

S 01

Safe

Avoiding harm to patients from the care that is intended to help them.



T 02

Timely

Reducing waits and sometimes harmful delays for both those who receive and give care.



E 03

Effective

Providing services based on scientific knowledge to all who could benefit.



E 04

Efficient

Avoiding waste, including waste of equipment, supplies, ideas, and energy.



E 05

Equitable

Providing care that does not vary in quality because of personal characteristics.



P 06

Person-Centred

Providing care that is respectful of and responsive to individual



Shift from PTR to LTP

Putting Things Right (PTR)

Cwm Taf Morgannwg University Health Board is committed to adopting the principles and standards of Listening to People as the foundation of how it hears, responds to, and learns from the experiences of those who use and deliver its services.

- **From PTR**
  - Reactive, complaints-focused
  - Triggered once something has gone wrong
  - Learning often siloed within formal processes



- **What Listening to People (2026) Means**
  - Listening is everyone's responsibility, not just a process
  - Experience is treated as a core measure of quality
  - Openness, compassion and learning are central
  - People can see how feedback leads to action

Listening to People (LTP - 2026)

At every level of the organisation, the Health Board is committed to listening earlier, more openly and more inclusively, and to ensuring that what it hears drives meaningful improvement.
This commitment reflects the Health Board's core values: that listening is a shared responsibility, all feedback is treated with equal importance, and people can see how their experiences lead to action and change.

- **To LTP (2026)**
  - Proactive, experience-led and inclusive
  - Focused on listening early and acting sooner
  - Values concerns, compliments, stories and feedback equally



- **What's Changed**
  - From resolution-led to learning and improvement
  - From siloed to shared accountability
  - From reactive to proactive and early listening
  - From process-owned to everyone's responsibility

Why It Matters

- **Moves from resolution to learning and continuous improvement**
- **Strengthens trust, transparency and meaningful involvement**
- **Embeds a culture of listening, accountability and improvement across CTMUHB**

How do we achieve this?



What Strategies do we use to achieve this?

Alignment
How this links with wider national and local frameworks.

Objectives
What we aim to achieve

Goals
Practical steps that will help deliver the objectives.

01

- Quality Standards
- Clinical Quality Statements
- People's Experience Framework & Toolkit (2025)
- CTM 2030
- Health & Social Care (Quality and Engagement) (Wales) Act 2020
- Listening to People (2026)
- Value-Based Healthcare
- Health and Care principles
- Digital & Data Strategy for Health & Social Care in Wales (2023)
- Mental Health and Wellbeing Strategy (2025-2035)
- All Wales Perinatal Engagement Framework

02

- Embed experience as a core measure of quality
- Strengthen mechanisms to capture real-time feedback
- Improve consistency in how experience data is analysed and shared
- Support co-design and involvement
- Ensure transparency in actions taken
- Reduce variation in experience across services

03

- Improve accessibility of feedback routes
- Increase representation of minority and seldom-heard voices
- Strengthen links between experience data and service planning
- Ensure feedback informs quality improvement
- Promote a culture of listening and accountability
- Use digital tools to support experience collection and analysis

Digital & Learning: Enabling Our Plan

Using innovation to listen better, learn faster, and act effectively.

The Strategic Commitment

We will use digital innovation to listen to people, learn from their experiences, and demonstrably improve care, ensuring technology enhances, rather than replaces, compassionate connection.

1. Listening at Scale (Digital Insight)

Using digital PREMs, stories, and feedback platforms to hear from more people, faster.

Triangulating data to move from "collecting feedback" to "real-time insight".

People feel heard and taken seriously.

2. User-Centred & Accessible (Person-Centred)

Give people access to their digital health records on the device of their choice.

Ensure every digital service is built with inclusivity and accessibility at its core.

Engage service users and staff from the start to design solutions that truly work for them.

Joined-up services designed with people, not just for them.

3. Inclusion by Design (Access & Safety)

"Digital Choice, not Digital Default": Ensuring traditional routes remain for those who need them.

Using systems (i.e. EPMA & shared records) to improve safety and reduce the need for patients to repeat their story.

Equitable access and safer, more coordinated care.

4. A Learning Culture (Action)

Closing the feedback loop: Telling patients "You said, we did".

Empowering staff with the digital skills and confidence to use experience data for improvement.

Visible improvement driven by lived experience.

Supporting Work Across Our Sites

Our People's Experience Strategy does not stand alone. Below are the key workstreams running across the Health Board that together make it real.

Women's Health

https://ctmuhb.nhs.wales/patient-advice/ctm-womens-health-hub/

Dedicated focus on improving services and experience for women across all pathways.

Equality, Diversity & Inclusion

https://ctmuhb.nhs.wales/news/latest-news/strategic-equality-plan-sep-2024-2028/

Embedding EDI principles into every aspect of care and staff experience.

Maternity & Neonatal Voices

https://ctmuhb.nhs.wales/services/maternity/womens-and-families-experiences/

Ensuring the voices of mothers, families and neonatal patients actively shape maternity services.

People's Plan

https://ctmuhb.nhs.wales/about-us/jobs-accordion/people-plan-2025-2030-pdf/

Aligning staff experience with patient experience — how we work together shapes the care we give.

STEEP(S) & Sustainability

https://www.gov.wales/sites/default/files/consultations/2022-10/the-duty-of-quality-statutory-guidance-2023-and-quality-standards-2023.pdf

Linking person-centred care targets to social, environmental and long-term sustainability goals.

Charity Funding & Impact

https://ctmuhb.nhs.wales/about-us/our-charity/

Connecting charitable fundraising, donations and funding to tangible improvements in people's experience of care.

What is People’s Experience?

People’s Experience is how care feels and is perceived by patients, families, carers, and staff. Every interaction from administration to clinical care, contributes to that experience and shapes improvement across CTMUHB.



Individual

Shared decision-making



Familial

Supporting carers and family voices



Collective

Community involvement and co-production

Experience includes communication, environment, respect, involvement, and emotional support.

What matters at the individual level







Individual **Familial** **Collective**

Empowering people to have a voice in decisions about their own care and treatment.

Key Points

- Focuses on shared decision-making between patients and healthcare professionals.
- Encourages people to express what matters most to them at every stage of care.
- Uses feedback tools such as PROMs and PREMs to understand needs and outcomes.
- Builds confidence, trust, and transparency through open communication.
- Supports inclusion ensuring every individual, regardless of background or ability, has a voice in their care journey.

Why it Matters?

Individual engagement strengthens accountability and safety by ensuring that decisions reflect the person's values, goals, and lived experience.

The role of families and carers







Individual

Familial

Collective

Supporting carers, families and friends to advocate for those they care for, ensuring their perspectives shape care delivery.

Key Points

- Involves families, carers, and close supporters as partners in planning and reviewing care.
- Ensures carers' insights help identify early changes in a person's condition or wellbeing.
- Provides carers with clear information, emotional support, and access to resources.
- Values their lived experience as part of shared learning and improvement.
- Promotes a culture of openness, ensuring families can raise concerns or compliments safely.

Why it Matters?

When families and carers are included, care becomes more holistic, communication improves, and (clinical/emotional) outcomes are stronger.

The Collective Perspective



Individual



Familial



Collective

Enabling communities to co-produce services through active involvement in the design, planning, commissioning, and evaluation of healthcare.

Key Points

- Engages communities, third-sector partners, and representative groups in designing and evaluating services.
- Builds trust and transparency through ongoing dialogue, surveys, and listening events.
- Focuses on reducing inequalities and ensuring seldom-heard voices are represented.
- Encourages collective ownership of health improvement initiatives.
- Shares findings from engagement activity openly to show “You said, we did.”

Why it Matters?

Collective engagement ensures CTMUHB services reflect the real needs of the population, supporting fairness, sustainability, and long-term partnership between the Health Board and its communities.

People's Experience Engagement

(Who we speak to)

Minority & Priority Communities

- Ensures fair, accessible care.
- Highlights unique barriers.
- Shapes culturally respectful services.

Volunteers

- Provides a unique non-clinical perspective.
- Acts as a bridge between patients and staff.
- Enhances patient experience through direct support.

Carers & Families

- Reveals wider impacts of care.
- Shows where communication can improve.
- Highlights practical challenges and unmet needs.

Partners & Third Sector

- Strengthens joined-up working.
- Brings community expertise.
- Ensures consistent support across

Patients & Public

- Everyday experiences shape care.
- Stories highlight what works and what doesn't.
- Feedback improves safety, access, and dignity.

Staff & CTM Services

- Insights reveal system pressures.
- Identifies service improvements early.
- Strengthens internal culture and learning.

Engagement with our Community

(Methods we use)

Feedback & Surveys

- Short insights into everyday experiences.
- Highlights trends and pressure points.
- Shows where support feels strong or fragile.

Compliments & Positive Experience

- Messages highlighting what worked well.
- Shows strengths worth protecting.
- Helps teams learn from success.

Stories & Lived Experience

- Personal accounts shared by patients and families.
- Reveals the emotional journey behind care.
- Helps teams understand impact, not just process.

Concerns & Incidents

- Formal routes for reporting when things go wrong.
- Essential for identifying risks and failures.
- Guides systematic learning and improvement.

STRATEGIC ENGAGEMENT & ORGANISATIONAL VOICE

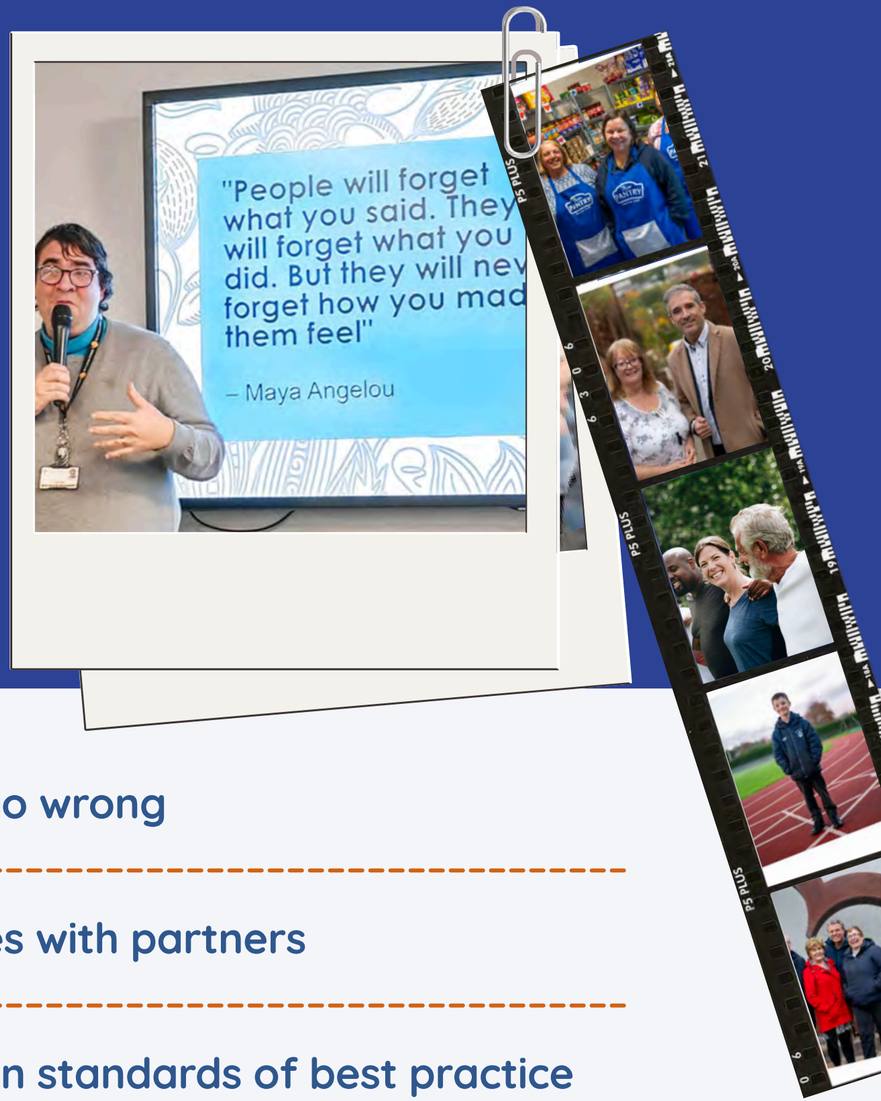
- Long-term conversations about future direction.
- Shapes big-picture decisions.
- Ensures planning reflects real needs.

PALS (Patient Advice & Liaison Service)

- Provides information, advice, and support.
- Resolves concerns informally and quickly.
- Acts as a guide through the healthcare system.

Key Principles

Empowering communities through collaboration



Provide multiple ways to collect people's experiences

Listen to patients, carers, staff, and communities

Use feedback to support shared decision-making

Identify opportunities for improvement and learning

- Act when things go wrong
- Co-design services with partners
- Meet and maintain standards of best practice

Ways You Can Share Your Experience

The routes people use to tell us what's working and what needs to improve

Patient, Family & Carer Feedback

Patient, family, unpaid carers, and the public can share feedback in multiple ways so every community can be heard.

- PROMs & PREMs used before, during and after treatment.
- Supports shared decision-making
- Can be completed via SMS, paper or with staff/family support.
- Feedback cards & QR codes available across all CTM sites ("Have Your Say").

Stories & Lived Experience

We capture experiences in the person's own words to understand what truly matters to them.

- Digital recorded stories (video or audio).
- Art-based storytelling.
- Poems, letters and other creative expressions.

Staff Feedback & Clinician Experience

Staff insights help us understand pressures, highlight risks early, and shape service improvements.

- Annual staff survey.
- Workforce Experience Measures after service changes.
- Helps identify what works in practice and where support is needed.

Compliments & Positive Experience

Positive feedback helps teams recognise strengths and maintain what works well.

- Thank-you letters.
- Compliments recorded through feedback systems.
- Posts on social media.
- Triangulated alongside learning from concerns.

Concerns, Incidents & PALS

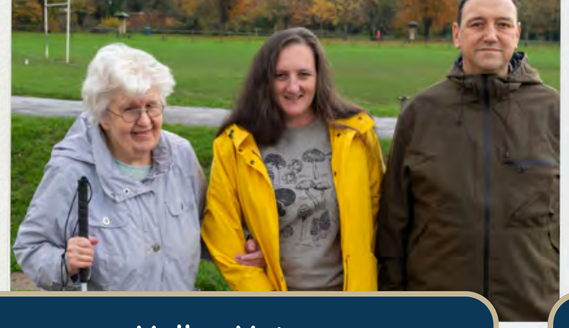
Teams across CTMUHB support patients, families and staff in raising concerns safely, respectfully, and constructively.

PALS

- Advice/support/signposting.
- Ward-based "Care to Share" clinics.
- Supports families/staff with communication.
- Identifies themes to improve services.

***Concerns**

The Health Board have a team in place to support anyone raising a concern under the 'Listening to People' 2026 process.






Valley Veterans

Connecting ex-service personnel through peer-support groups and community integration activities.

Flu Campaigns

Coordinating accessible vaccination clinics and health education to prepare for the winter season.

Hope After Loss

Facilitating safe, compassionate spaces for bereavement counseling and shared grief processing.



PEOPLE'S EXPERIENCE PROGRESS.
THE JOURNEY SO FAR



Alcohol Services

Delivering harm reduction strategies and one-on-one counseling for sustainable recovery.

Partnership and planning

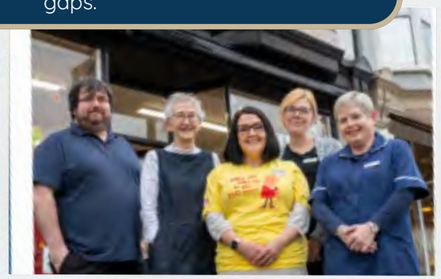
Collaborating with local agencies and stakeholders to align resources and identify service gaps.

Additional Work

Remaining agile and responsive by adapting our services to feedback and new challenges.















THANK YOU









CTMUHB Public Board

Annual Review: Risk Management Framework

Eitem yr Agenda / Agenda Item	9.1.6
Dyddiad y Cyfarfod / Date of Meeting:	24 September 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not applicable
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director Governance and Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to APPROVE this report
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol Strategic Context: This report aligns to the following Strategic Pillars*	All Strategic Pillars
	If more than one applies please list below: The Risk Management Framework underpins delivery of all strategic pillars
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The Risk Management Framework supports delivery of the Integrated Medium Term Plan and Annual Delivery Plan by identifying, monitoring and reporting the principal risks that may affect delivery of the Health Board's objectives, priorities and statutory duties.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:
Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	As good governance on an annual basis the Health Board reviews its risk management framework which comprises the following documents: 1. Risk Management Strategy, including: o Risk Appetite Statement o Risk Domain & Scoring Matrix o Board Assurance Framework 2. Risk Management Policy 3. Risk Assessment Procedure A comprehensive review of the framework was undertaken during 2025, including a dedicated Board Development Session. During 2026, a further desktop review has been undertaken by the Governance and Risk Team to determine whether any material amendments are required. No changes requiring amendment to the framework documents have been identified. The current documents can be viewed as follows:

Document	Location
Risk Management Strategy	Website: Risk Management Strategy
Risk Management Policy	Website: Risk Management Policy
Risk Assessment Procedure	Intranet: Risk Assessment Procedure.docx
Risk Appetite Statement	Appendix to Risk Management Strategy
Risk Domain & Scoring Matrix	Appendix to Risk Management Strategy
Board Assurance Framework	Routine Board reporting

Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy /*	This review confirms that the Health Board can continue to place reliance on its existing Risk Management Framework as the basis for organisational risk oversight and assurance. This position is supported by recent internal audit work, which concluded that the Health Board's risk management framework, policies and guidance remain appropriate and available to staff. Some current actions arising from both internal and external audit relate primarily to the implementation and operation of risk management arrangements and are being progressed through separate action plans. No issues have been identified by our auditors that require amendment of the framework itself.

Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)	Since the last review, some changes have been made to the format and presentation of the Organisational Risk Register and Board Assurance Framework. The review confirms that these changes do not alter the underlying framework and therefore do not require amendment of the framework documents.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Following Audit, Risk & Assurance Committee endorsement, this report is being presented to the Board for final approval. The Governance Team will continue to monitor the effectiveness of the framework through routine operation, reporting and assurance activity, and a further annual review will be undertaken during 2027.
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to • Approve the continuing use of the following documents: o Risk Management Strategy. o Risk Appetite Statement. o Risk Domain and Scoring Matrix and associated escalation arrangements. o Risk Management Policy. o Risk Assessment Procedure. • Confirm that the Board Assurance Framework remains fit for purpose and continues to appropriately support oversight of the Health Board's principal strategic risks.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	All Strategic Risks on the BAF *If more than one applies please list below:* The Risk Management Framework supports oversight of all principal risks within the Board Assurance Framework.

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	All applicable *If more than one applies please list below:* The Risk Management Framework supports consideration of the Health Board's strategic risks across all relevant Wellbeing Goals.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	All applicable *If more than one applies please list below:* The Risk Management Framework enables oversight of risks that may affect all Enablers of Quality.

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Not applicable The report itself does not propose a new service change or operational decision with a direct environmental impact.

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality: NEUTRAL Summary of impact: A separate Equality Impact Assessment has not been undertaken for this covering report, as it provides an assurance update on the Risk Management Framework rather than proposing a new policy, service change or decision. Outcome for Welsh Language: NEUTRAL Summary of impact: A separate Welsh Language Impact Assessment has not been undertaken for this covering report, as it provides an assurance update on the Risk Management Framework. If no, please select a reason below: Not required — assurance report only / no new policy, service change or decision proposed. Named Executive/Board member sign off for no EWLIA completion: Executive Sponsor: Director of Corporate Governance / Board Secretary
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Outcome for Equality: Neutral Summary of impact: A separate Quality Impact Assessment has not been undertaken for this covering report, as it provides an assurance update on the risk management process rather than proposing a new service change or operational decision.

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	Yes (include further detail below) Having a robust risk management framework is critical to maintaining the Health Board's reputation.
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report This report does not request additional resource.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Governance & Risk Team	June 2026	Desktop review of framework documents completed
Internal and External Audit Reports	2025/26	Considered as part of annual review
ELG	13 July 2026	Endorsement sought prior to ARAC and Board approval
Audit, Risk & Assurance Committee	4 August 2026	Endorsement sought prior to Board approval

Acronyms / Glossary of Terms	

CTMUHB Public Board

CTMUHB Research and Development Annual Report 2025-26

Eitem yr Agenda / Agenda Item	9.1.7
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Professor John Geen, Assistant Director for R&D Rhian Beynon, R&D Manager Catrin Vaugahn, Deputy R&D Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Rhian Beynon, R&D Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Lauren Edwards, Executive Director of AHPs and Health Sciences
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board are being asked to approve for publication.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below: Creating Health Sustaining our Future Inspiring People
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Inclusion in the Health Board's IMTP planning processes and inclusion of the R&D Strategic Action Plan (on a page) in the final IMTP.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	CTMUHB R&D Annual Report 2025-26 has been developed in accordance with Welsh Government guidance and fulfils a mandatory requirement associated with the receipt of Research Delivery Funding. The report provides a public-facing overview of the Health Board's research activity, achievements, impact, income and future priorities during 2025-26.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	Publication of CTMUHB's annual report will demonstrate compliance with Welsh Government audit requirements, supporting ongoing assurance relating to CTMUHB's receipt of Research Delivery Funding. The annual report supports the delivery of the CTMUHB R&D Strategy 2025-30 by highlighting progress against key strategic objectives, as well as raising awareness of research activity, opportunities and impact across the UHB, which supports the strategic vision to embed research as a core function across the UHB.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Subject to approval, the report will be published as CTMUHB's public-facing R&D Annual Report for 2025-26 and will be shared with Welsh Government as evidence of compliance with Research Delivery Funding requirements.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to note the contents of the report and approve for publication.

1. Background / Context

1.1 The publication of an annual public-facing Research and Development (R&D) report is a requirement of receiving Research Delivery Funding from Welsh Government.

1.2 Welsh Government guidance sets out the expected content of the report, which includes R&D leadership and governance arrangements, alignment with national and organisational strategic priorities, a summary of research activity and achievements, R&D income received and future strategic priorities.

1.3 The target audience for the annual report is NHS colleagues (including the Executive Board), researchers, industry, interested members of the public and Welsh Government policy officials.

1.4 CTMUHB's R&D Annual Report 2025-26 has been developed in line with Welsh Government guidance and provides an overview of research activity, achievements, impact and future ambitions.

2. Strategic Insights

2.1 The development and publication of the CTMUHB R&D Annual Report 2025-26 supports the delivery of the CTMUHB R&D Strategy 2025-30 and contributes to the strategic vision of embedding research as a core function of the University Health Board. The report promotes the value and impact of research on patient outcomes, service delivery and workforce development, while raising awareness of research activity and achievements among patients, the public, staff and partner organisations. The report also demonstrates progress against key strategic objectives relating to research delivery, research infrastructure, collaborative working with partners and research impact.

2.2 Key achievements highlighted in the annual report include:

- Approval and launch of CTMUHB's R&D Strategy 2025-30.
- Completion of a refreshed assessment against the Health and Care Research Wales NHS R&D Framework and favourable annual review with Welsh Government.
- Growth in participant recruitment to clinical research portfolio (CRP) studies across a broad range of specialties.
- Further development of research infrastructure notably staffing and space (Prince Charles Hospital, scheduled for occupation from October 2026).
- 100% recruitment to time and target for closed commercial and closed CRP studies.
- Continued collaboration with our academic, third sector and industry partners to include the award of external grant funding.

- Promotion of research through student nurse placements, R&D presentations to internal and external staff and signposting to national training opportunities.
- Delivery of the Health Board's 15th Annual R&D Conference, showcasing multidisciplinary research activity across CTMUHB.
- Examples of research impact through case studies demonstrating how research has contributed to cancer diagnostics, long COVID, physiotherapy following hip fracture and smoking cessation.

3. Risks and Opportunities

3.1 No Risks relating to the publication of CTMUHB's R&D Annual Report 2025-26 have been identified.

3.2 The report highlights opportunities to continue to develop and increase R&D activity across CTMUHB in line with the CTMUHB's R&D Strategy 2025-30.

4. Compliance and Governance

4.1 Publication of a public-facing R&D Annual Report is one of the Terms and Conditions outlined in the Research Delivery Funding Grant Award Letter, issued by Welsh Government for the receipt of Research Delivery Funding. Compliance with this requirement forms part of the annual review discussion and audit compliance process undertaken by Welsh Government.

5. Benchmarks

5.1 Welsh Government undertook an audit of compliance against the Research Delivery Funding Grant Award Letter 2024-25. CTMUHB was the only organisation in Wales compliant in all 4 areas (R&D Strategy, Public-facing Annual Report, Financial Management and Adherence to National Contract Value Review (NCVR).

6. Conclusion

6.1 The report fulfils Welsh Government requirements for annual reporting and provides a comprehensive overview of the research leadership, achievements, activity and income during 2025-26, as well as outlining the key strategic priorities to further develop CTMUHB's research agenda.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 Service Transformation & Outcomes If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales

Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies please list below: A Prosperous Wales A Resilient Wales More Equal Wales A Wales of Cohesive Communities A Globally Responsible Wales

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies please list below: Data to Knowledge Culture and Valuing People Leadership Whole-systems Perspective

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE Summary of impact: Working to increase participation in Research and to improve outcomes across our communities Outcome for Welsh Language (delete as appropriate): /NEUTRAL/ Summary of impact: no impact. Report will be made available in Welsh.	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable for this report.	

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	Yes (include further detail below)
	Publication of the R&D Annual Report will enhance CTMUHB's reputation as a research active NHS organisation.
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
Clinical Research Portfolio	CRP
CTMUHB	Cwm Taf Morgannwg University Health Board
IMTP	Integrated Medium Term Plan
NCVR	National Contract Value Review
R&D	Research and Development

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales



RESEARCH & DEVELOPMENT

ANNUAL REPORT 2025-2026

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

Photograph Acknowledgments

The landscape photographs included in this annual report were shortlisted as part of CTMUHB R&D's competition to commemorate the opening of the Clinical Research Centre in March 2021. The competition, in collaboration with Uprise Print, a digital printing company based in Llantrisant, invited staff and members of the public to submit images of "natural beauty" across the localities of Merthyr and Cynon, Rhondda and Taff Ely and Bridgend. Thanks go to all contributors for sharing their photography of the local landscapes across Cwm Taf Morgannwg University Health Board.

"River Cynon Autumn Colours" by Martin Agg

"Southerndown" by Tamsyn Clark

"Graig Sunrise" by Mike Richards

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.

This document / form is also available in Welsh.

Foreword

We have pleasure in sharing Cwm Taf Morgannwg University Health Board's Research and Development (R&D) Annual Report 2025–26, highlighting our performance, achievements and progress throughout the year. This has been a year of significant progress, reflecting our continued commitment to embedding research as a core function of the organisation and ensuring that our workforce, the people and communities we serve can benefit from, contribute to and participate in research.

We are particularly pleased that this year saw the approval and launch of CTMUHB's R&D Strategy 2025-30, providing a clear direction of travel and reaffirming our ambition to create a thriving research culture in which research is valued and supported throughout the organisation. We also completed a refresh of our NHS R&D Framework assessment, providing an opportunity to reflect on our progress and identify priorities for future development.

This year has seen an increase in clinical research portfolio study recruitment and we have made important strides in developing a stronger commercial research pipeline, with notable successes continuing in cardiology and dermatology**.** Investment in our research infrastructure has continued, with the expansion of dedicated research space at Prince Charles Hospital confirmed for October 2026 and discussions continuing with the senior leadership team to secure clinical and additional administrative space at Princess of Wales Hospital**.** These developments will strengthen our ability to attract high-quality research opportunities for our population.

We were delighted to host our 15th Annual R&D Conference on 26th November 2025; our best attended yet, showcasing the breadth and quality of research taking place across our organisation in collaboration with our academic, industry and third sector partners.

The achievements outlined within this report demonstrate the dedication and collaborative efforts of our staff, partners, patients and public contributors, whose support is integral to the success of our research portfolio. We would also like to express my sincere gratitude to the members of our communities who have participated in our research studies. Their willingness to take part in research is fundamental to advancing knowledge, improving healthcare services and delivering better outcomes for current and future generations.

At CTMUHB, we recognise that research is essential to the delivery high-quality healthcare. By continuing to foster a strong and inclusive research culture, we can help shape a health and care system that is preventative, person-centred, evidence-based and responsive to the needs of our population. We are proud of what we have achieved together over the past year and look forward to building on this success in the year ahead.

Professor Lauren Edwards
Executive Lead for R&D

Professor John Geen
Assistant Director for R&D

Who's Who



Professor Lauren Edwards, Executive Lead for Research & Development

Lauren is the Executive Director of Allied Health Professions and Health Science at Cwm Taf Morgannwg University Health Board, appointed in April 2022. She provides clinical leadership and strategic direction for AHP, healthcare science services and the wider organisation, driving service transformation, workforce development, and improved outcomes. Lauren is a Visiting Professor at the University of South Wales and is the Health Board's lead Executive for Research and Development. She is also a Trustee of the Royal College of Speech and Language Therapists.

Lauren is committed to advancing the impact of AHPs and healthcare science, championing research and innovation, value-based healthcare, and equitable access, and working across partnerships to ensure services meet the needs of the population.



Professor John Geen, Assistant Director for Research & Development

After obtaining his PhD in 1999 and FRCPath in 2006, John became a Consultant Clinical Biochemist in 2007. John is the Clinical Lead for CTMUHB's Clinical Biochemistry and Point of Care Testing Services.

He is a Visiting Professor of Clinical Science at the University of South Wales and Honorary Professor of Clinical Biochemistry at Cardiff Metropolitan University. John is the Clinical Lead for Workforce and Education, working with the National Performance and Improvement Pathology Programme team.

John's research interests include point of care testing, renal disease, and biomarkers. Other professional roles and interests include teaching at undergraduate and post graduate levels, exploring and progressing career development routes for Health Care Scientists in the NHS and developing and supporting research access and opportunities for all professions in the NHS.



Mrs Carolyn Donoghue, Board Champion for Research

Mrs Carolyn Donoghue is an experienced, highly skilled senior executive and Non-Executive Director with significant experience in the NHS and Higher Education in England and Wales. Originally qualifying as a Registered General Nurse, she later developed a clinical career – including a period of time in Western Australia – before moving into training and senior management. Carolyn held a number of senior roles in the NHS in Bristol before moving into Higher Education in the University of Bristol and latterly Cardiff University as College Registrar.

Carolyn has now developed a portfolio career which includes the role of Magistrate, Chair of the South East Wales Student Mental Health Project, Chair of the Welsh Wound Innovation Centre and Independent Member of the Board of Governors, University West of England. She also holds various voluntary roles in the local community.

Carolyn is a passionate advocate of the benefit of theatre and choirs, having participated in amateur dramatics and local choirs for many years. A more recent passion is Park Run, both volunteering and running.

Introduction

Research is central to improving health and care outcomes across Wales and supports the Welsh Government's ambitions to enhance the social, economic, environmental and cultural well-being of the population, as set out in the *Well-being of Future Generations (Wales) Act 2015*. Through a whole-system approach to health and social care, aligned with *A Healthier Wales* (2018), research drives innovation, supports prevention and early intervention, informs evidence-based practice, and contributes to improved outcomes for patients, service users and communities.

Within CTMUHB, research is a key enabler of the CTM2030 Strategy: Our Health, Our Future, supporting the prevention of ill-health and delivery of high-quality, evidence-based care across all stages of life. By generating new knowledge and translating evidence into practice, research can help ensure that local people can live happier and healthier lives for as long as possible.

Welsh Government is responsible for health and social care research policy, strategy and funding in Wales, and funds and oversees Health and Care Research Wales, which provides the infrastructure necessary to support the national research and development agenda. As part of this infrastructure, NHS research and development departments provide local leadership and support for the governance, management and delivery of research across NHS Wales.

Within CTMUHB, the Research and Development (R&D) Department plays a key role in enabling the delivery of high-quality research, supporting researchers and clinical teams, and ensuring that research is accessible, relevant and beneficial to the people and communities we serve. The Department also contributes to a range of national initiatives led by Health and Care Research Wales, including the Embedding Research in the NHS Programme and the PRIORITY Project, helping to strengthen research culture, capacity and capability across NHS Wales.

Health and Care Research Wales NHS R&D Framework

The NHS R&D Framework published in July 2023 outlines “what research excellence looks like within NHS Organisations in Wales where research is embraced, integrated into services, and is a core part of the organisation’s culture”. The Framework defines ten key pillars that support the development of a research active and supportive NHS organisation. Following completion of a baseline assessment in 2023, Cwm Taf Morgannwg University Health Board (CTMUHB) undertook a refreshed assessment in March 2026. The findings, which were submitted to Welsh Government and discussed as part of the annual review process, demonstrated significant progress across a number of key areas and identified opportunities for further development.



10 Pillars of a Research Supportive Organisation outlined in the NHS R&D Framework

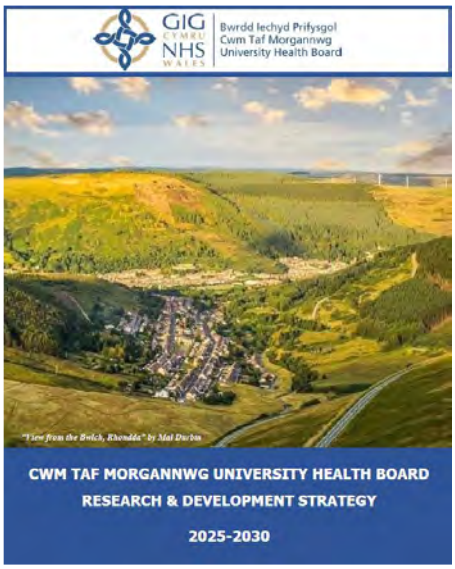
R&D Leadership and Governance

The Executive Director of Allied Health Professions and Health Science was appointed as the CTMUHB's Executive Lead for Research and Development (R&D) in November 2025. Together with the Assistant Director for R&D, they provide strategic, professional and clinical leadership for the Health Board's R&D functions, staff and financial resources. A nominated Independent Board member continues to champion R&D at the Board and across the organisation.

The R&D Group continues to meet triannually to set the strategic direction of the UHB's research agenda, oversee departmental performance, and assure the Health Board via reporting to the Quality, Safety and Experience Committee that arrangements are in place for the effective strategic management of R&D activities across the UHB. Membership includes representatives from the clinical executives, care groups, academic partners and the Rhondda Cynon Taf's Health Determinants Research Council (HDRC).

CTMUHB R&D Strategy 2025-30

Developed through extensive consultation and collaboration with Welsh Government, Health and Care Research Wales, Higher Education Institution partners, and colleagues from across CTMUHB, the Research & Development Strategy 2025–2030 was approved by the Board on 31 July 2025 and formally launched at the CTMUHB R&D Conference in November 2025.



The strategy sets out a clear vision for strengthening and expanding research across the organisation and aims to increase research activity, enhance visibility, develop infrastructure, and foster a vibrant research culture. A central ambition is to establish research as a core function of the Health Board, supporting the delivery of high-quality care and aligning with UK, Welsh national, and CTM UHB priorities and policies.

"To embed research as a core function in all that we do and harness the potential of research to address the health challenges of our population and the development of our workforce, to transform future clinical service delivery."

The strategy sets objectives that span primary, secondary, community and social care, as well as population health, and applies to all specialties and professional groups, both clinical and non-clinical. It is supported by a comprehensive action plan, enabling monitoring and reporting on the delivery of the strategy to the R&D Group, Executive Leadership Group and Quality, Safety and Experience Committee. R&D Strategy 2025-30 - Cwm Taf Morgannwg University Health Board

CTMUHB R&D Infrastructure

The role of CTMUHB's R&D team is to facilitate the set-up, delivery and quality assurance of research across CTMUHB to include primary, secondary and community care and population health. The provision of support and advice relates to all matters pertaining to the research pathway from the generation of a study idea to research findings dissemination. The R&D team assesses organisational capacity and capability for both hosted and sponsored studies and allocates Research Nurse, Research Midwife, Research Physiotherapist, Research Officer and Research Assistant time

based on study needs and available capacity. The R&D Department also funds ring-fenced time within Public Health, Pathology, Pharmacy and Radiology to ensure essential support services are available for research, as well as an R&D Finance Analyst to manage research income, study costing and excess treatment costs.

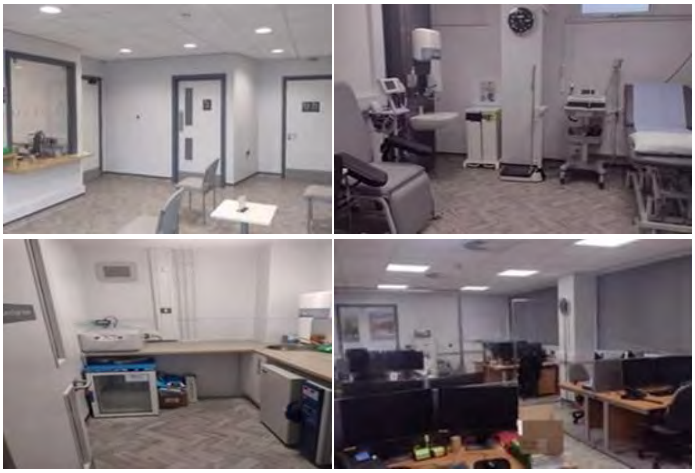


CTMUHB's R&D team at the annual CTMUHB R&D Conference 2025

The continuous review of the R&D staffing infrastructure led to the addition of a Band 6 Research Nurse to support non-commercial and commercial research. Furthermore, local investment has supported the recruitment of a Band 6 Research Nurse and a Junior Clinical Research Fellow to support the delivery of commercial research in Cardiology at Princess of Wales Hospital.

Following the establishment of the Clinical Research Centre at Royal Glamorgan Hospital, opportunities to deliver both commercial and non-commercial research have been significantly enhanced. A key strategic objective has been to expand the R&D infrastructure at Prince Charles Hospital and Princess of Wales Hospital through the provision of dedicated clinical and administrative space to further support research delivery. As part of a phased development at Prince Charles Hospital, dedicated clinical and administrative accommodation has been secured for R&D, with occupation scheduled from October 2026. At the Princess of Wales Hospital, discussions with the Health Board's Senior site leadership team continues to secure dedicated clinical and additional administrative space, to further support the expansion of research activity at this site and the provision of equitable research support and access to research across the UHB.





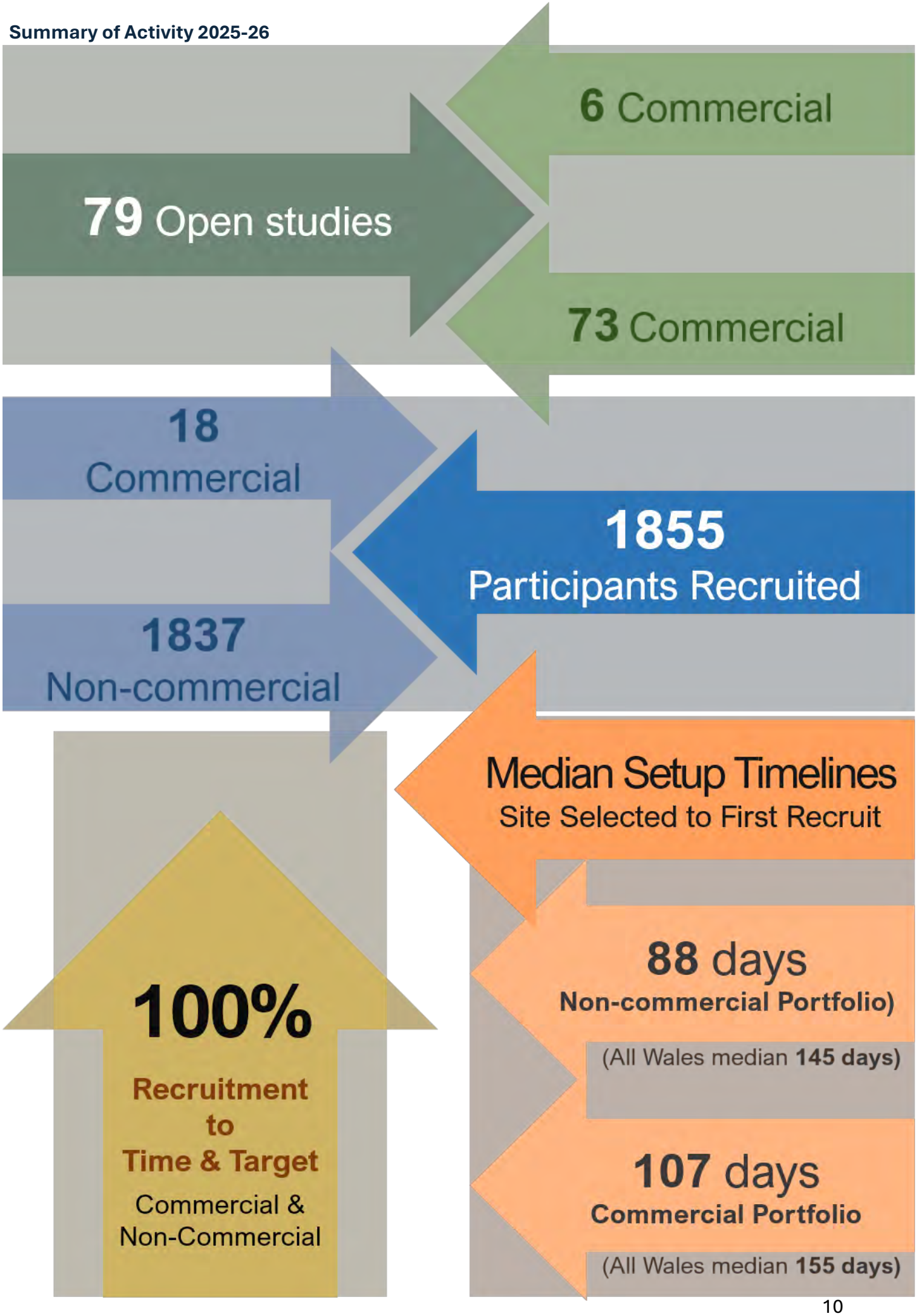
Clinical Research Centre, Royal Glamorgan Hospital

The R&D Department has enhanced its digital research infrastructure through the implementation of the Florence electronic Investigator Site File (eISF) system, supporting more efficient and streamlined study management. The R&D Department also provides CTMUHB researchers with access to software that supports both qualitative and quantitative data analysis.

R&D Activity

Clinical Research Portfolio activity during 2025–26 has remained strong, with continued expansion and sustained growth in participant recruitment across a range of specialties to include rheumatology, gastroenterology, ENT, critical care, stroke, oncology, surgery, mental health, midwifery, endocrinology, respiratory, population health, physiotherapy and diagnostics.

The delivery of commercial research remains a key strategic objective and in addition to continuing activity in cardiology, dermatology and primary care, the R&D team have supported the set-up of a commercial study in endocrinology and are supporting the delivery of a commercial study in psychiatry (dementia). Research active colleagues in rheumatology, neurology, endocrinology and ENT are working with the R&D team to seek appropriate studies and complete expressions of interest to develop their commercial research portfolios.


79 Open studies
6 Commercial
73 Commercial
18
Commercial
1837
Non-commercial
1855
Participants Recruited
100%
Recruitment
to
Time & Target
Commercial &
Non-Commercial
Median Setup Timelines
Site Selected to First Recruit
88 days
Non-commercial Portfolio)
(All Wales median 145 days)
107 days
Commercial Portfolio
(All Wales median 155 days)

Highlights







CTMUHB Highest Recruiter

TIPTOE

QuicDNA expansion

1st Recruit in Wales

Colocap

ME-HF

1st Recruit in UK

SHELLS

Collaboration with industry, academic and local authority partners

The R&D Department continues to meet and collaborate with its academic, industry and local authority partners to optimise research opportunities and promote the development of joint grant applications. The R&D team actively shares grant and personal award opportunities and supports researchers with costing, and application completion. The R&D team actively promotes patient and public involvement (PPI) throughout the research process, encouraging the appropriate inclusion of public involvement in grant applications, sufficient funding for their time, and ensuring representatives are named as co-applicants.

Collaborator	Funder	Project Title	Amount Awarded
Cardiff University	Kidney Research UK Allied Health Professional Fellowship (Clinical)	Arteriovenous Fistula Stenosis and Failure: Identifying individuals at risk and exploring their perspectives. A sequential mixed-methods study	£181,467
Cardiff Metropolitan University	Health and Care Research Wales Integrated Funding Scheme	Maximising the Impact of Speech and Language Therapy for children with Speech Sound Disorder Phase 2	£295,887
Llusern/ University of South Wales	SBRI Centre of Excellence	Reducing preterm births by improving antenatal infection screening pathways in a high-risk population	£57,500
Get U Better Ltd	SBRI Centre of Excellence	Scaling Innovative Pelvic Health Support for Women and Girls in Wales	£124,130
Imperial College, Cardiff University, Cardiff & Vale UHB	Engineering and Physical Science Research Council	Multi-platform pipeline for engineering human shoulder joint function	£2,635,227.27
N/A	Health and Care Research Wales	VPAG Workforce Fellowships 2025/26 Audiology)	£4784
N/A	Health and Care Research Wales	VPAG Workforce Fellowships 2025/26 (Pharmacy)	£1507

CTMUHB Successful Collaborative grants/personal awards 2025/26

Previously awarded research grants continue to be supported to include the delivery of the PREDICT-EV study, looking at identification of novel biomarkers to predict stroke risk after transient ischaemic attack, in collaboration with Cardiff Metropolitan University and the set-up of a trial to evaluate a treatment for hypothyroidism, in collaboration with Cardiff University. Following the award of an NIHR Programme Development Grant to Cardiff University for *"Living with ADHD: Developing a Nationwide Platform for ADHD"*, CTMUHB agreed to act as the NHS host organisation, enabling the funding to be released. The grant agreement was completed and the study has now commenced.

CTMUHB continues to support the Rhondda Cynon Taf Health Determinants Research Collaboration (HDRC), which secured £5 million National Institute for Health and Care Research (NIHR) funding from January 2024 to December 2028. The partnership, involving Rhondda Cynon Taf County Borough Council, Interlink RCT, Cardiff University and CTMUHB is developing research infrastructure and capacity within the local authority to strengthen the use of evidence and research in addressing the wider determinants of health across the county.

CTMUHB's R&D Collaborative Academic Research Funding Scheme 2025-26

CTMUHB's Department provides an annual Collaborative Academic Research Funding scheme to support staff to develop new research ideas and partnerships with an academic institution to address current healthcare challenges. 4 applications were awarded funding:

Collaborator	Project Title	Amount Awarded
Cardiff Metropolitan University	PREDICT-EV: Identification of brain biomarkers associated with Transient Ischemic Attack (TIA)	£3432
Cardiff Metropolitan University	Co-designing an ACL prehabilitation pathway to enhance surgical readiness and patient outcomes across CTMUHB	£2500
Swansea University	Understanding stakeholder requirements for an Electronic Medication Administration Records (eMAR) Platform for Domiciliary Care in Bridgend: A qualitative study to inform specification and implementation	£2360
Cardiff University	Evaluation of Phase 2 of a Specialist Parent-Infant Relationship Service in CTM	TBC

CTMUHB's R&D Collaborative Academic Research Funding Scheme 2025-26 Successful Applications

Financial Summary

Research Income	Current Year	Previous Year
Research Delivery Funding	£1,472,086	£1,364,024
Excess Treatment Costs	£51,385	£28,995
VPAG funding	£38146	£122,826
Non-commercial grant income – HCRW	£0	£54,000
Non-commercial grant income – Charities	£28,156	£131,905
Non-commercial grant income – NIHR	£49,118	£38,859
Non-commercial grant income – other	£53,538	£3,963
Commercial research income	£310,621	£78,656
TOTAL INCOME	**£2,003,050**	**£1,823,228**

R&D Training & Engagement

The R&D Department continues to work with the University of South Wales and CTMUHB's Nurse Education team to host placements for student nurses with 7 placements hosted during 2025-26 and positive feedback received.

Presentations on the CTMUHB and national strategic approach, agenda and ambitions continue to be made to staff groups both within and outside the UHB. The R&D team also continues to signpost CTMUHB staff to the NIHR and Health and Care Research Wales training programmes and Associate Principal Investigator (API) Scheme, with 29 having completed the API Scheme since its inception.

R&D Conference

CTMUHB's 15th annual R&D conference took place on 26th November 2025 at the Vale Resort, Hensol, showcasing the high quality multi-disciplinary and multi-professional research being undertaken across the UHB, as well as providing an opportunity for delegates to network and develop further research collaborations. In addition to the keynote speaker, Professor Christopher George, Chair of the National Cardiovascular Research Network, there were 10 oral and 63 posters presentations documenting the considerable range of research being undertaken by all professions. The event was the best attended to date, with 256 delegates from the NHS, academia, industry, Welsh Government and patient representatives. The event was shared through CTMUHB's and Health and Care Research Wales's social media.

R&D Conference 2025 Prize Winners:

1st Prize:
Integration of liquid biopsy into lung cancer diagnostic pathway: QUICDNA by Professor Magdalena Meissner, Medical Oncology Consultant at Velindre Cancer Centre and Clinical Senior Lecturer at Cardiff University.

2nd Prize:
UTI-Friday: A review of antibiotic prophylaxis in the management of recurrent UTI in primary care by Avril Tucker, Principal Pharmacist in Antimicrobials and Immunology, Cwm Taf Morgannwg University Health Board.

3rd Prize:
Co-producing and refining a behaviourally-informed intervention to empower nurses to address smoking and promote smoking cessation by Dr Jessica Baillie, Principal Researcher – Public Health, Cwm Taf Morgannwg University Health Board.



Professor John Geen- Assistant Director for R&D with the 1st , 2nd and 3rd place researchers for oral and poster presentations- CTMUHB R&D Conference 2025.

Case Study: Evaluating a Blood Test for Earlier Detection of Bowel Cancer

CTMUHB partnered with Welsh life sciences company CanSense to evaluate CanSense-CRC, an innovative blood test designed to support the earlier detection of bowel cancer and pre-cancerous polyps.

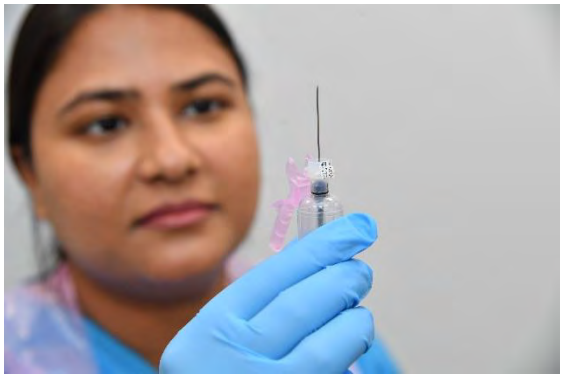
Bowel cancer is one of the most common cancers worldwide and remains a significant cause of death. Early diagnosis is critical to improving survival rates; however, symptoms are often vague and can make timely diagnosis difficult.

Patients with bowel symptoms are typically assessed using the Faecal Immunochemical Test (FIT), which analyses stool samples to determine whether further investigations are required. Patients identified as higher risk are usually referred for colonoscopy, an invasive procedure that places considerable demand on NHS diagnostic services.

Growing demand for colonoscopies has increased pressure on healthcare services, highlighting the need for innovative approaches that can support earlier diagnosis and improve patient pathways.

CanSense-CRC uses a technique called Raman Spectroscopy, where a laser light is directed at a blood sample to produce a unique spectral pattern. This pattern is then analysed by advanced artificial intelligence software to assess the likelihood of bowel cancer or early-stage growths known as polyps. It functions much like a barcode scanner, but for blood, providing a fast and accurate risk assessment.

By combining the CanSense-CRC blood test with the existing FIT pathway, researchers aim to improve cancer detection rates while



reducing unnecessary invasive investigations.

CTMUHB is the only health board in Wales participating in this research study, with patient recruitment taking place at Prince Charles Hospital and Royal Glamorgan Hospital. The study is led by Professor Dean Harris, Consultant Colorectal Surgeon at Swansea Bay UHB and Clinical Director of Cansense with Professor John Geen, Consultant Clinical Biochemist and Mr Parin Shah, Consultant Colorectal Surgeon acting as Chief Investigator and Principal Investigator respectively.

The project is funded through the Cancer Challenge Fund, a collaboration between the SBRI Centre of Excellence in Wales and the Innovation and Market Development Unit in Northern Ireland, supported by the Welsh Government and the Northern Ireland Department for the Economy.

The project demonstrates CTMUHB's commitment to supporting innovation and collaboration with Welsh industry partners. The findings are expected to inform how the technology could be integrated into future NHS diagnostic pathways, with the potential to improve patient outcomes, reduce waiting times, and ease pressure on diagnostic services. The project was detailed as a key project in the Wales Cancer Plan.

Case Study: Advancing Lung Cancer Diagnostics Through the QuicDNA Study

CTMUHB successfully participated in the QuicDNA Study, a multi-centre research project led by Cardiff and Vale University Health Board and Cardiff University's Centre for Trials Research. The study explored whether a simple blood test, known as a liquid biopsy, could be used alongside routine diagnostic pathways to help guide treatment decisions for patients with lung cancer more quickly.

Traditionally, patients attending Rapid Access Lung Clinics undergo a tissue biopsy, where a sample of tumour tissue is analysed to identify the genetic changes driving the cancer. While effective, this process can take time and may require additional procedures.

The QuicDNA study investigated whether fragments of tumour DNA circulating in the bloodstream, known as circulating tumour DNA (ctDNA), could provide the same genomic information through a blood sample. Researchers assessed whether this approach could deliver results more rapidly, enabling patients to start the most appropriate treatment sooner and potentially reducing the need for repeat biopsy procedures.

CTMUHB joined the study in May 2024 when it was expanded across Wales. By the time recruitment closed, CTMUHB had recruited 165 participants, making a significant contribution to the study.

CTMUHB's successful delivery of this project reflected the commitment of all involved and a strong collaboration between the Respiratory and R&D teams.

The research has contributed to progress in an emerging field of diagnostics that is expected to play an increasingly important role in future cancer investigation pathways, with the potential to improve patient outcomes and reduce delays in accessing targeted treatments.

The CtDNA blood test has been formally incorporated into the Optimal Lung Cancer Diagnostic Pathway for England and Wales.



Case Study: Advancing Understanding of Long COVID

Researchers from Cardiff Metropolitan University and CTMUHB (Critical care, Clinical Biochemistry) collaborated on a study investigating the biological factors linked to Long COVID, a condition that can cause ongoing symptoms such as fatigue, breathlessness, pain, and cognitive difficulties following COVID-19 infection.

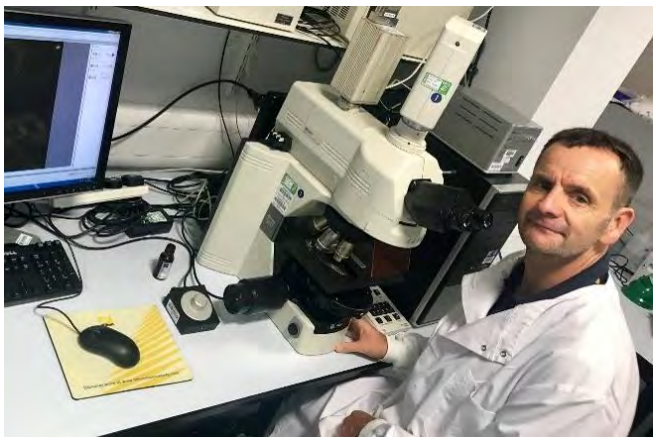
Funded through the CTMUHB Collaborative Research Fund, the study involved 175 participants who had previously contracted COVID-19. Researchers analysed blood and DNA samples to investigate the role of Interleukin-6 (IL-6) and IL-6 Receptor (IL-6R), key components of the body's immune response. Participants also completed questionnaires about their symptoms throughout the year to examine the impact of seasonal changes.

The study found that individuals experiencing Long COVID had higher levels of IL-6 than those who had fully recovered. Findings also suggested that people with a specific genetic variation of the IL-6R gene may be at increased risk of developing Long COVID.

These findings provide important insights into the biological mechanisms underlying Long COVID and highlight the potential for IL-6-related markers to be used in identifying individuals at greater risk of the condition.

The research has laid the foundation for further studies aimed at developing targeted treatments and improving long-term outcomes for patients living with Long COVID, while strengthening research collaboration between CTMUHB and Cardiff Metropolitan University.





Dr Richard Webb, Cardiff Metropolitan University



Case Study: Improving Hip Fracture Recovery Through Research

CTMUHB is participating in WHiTE 15 – Initiate, a national physiotherapy research trial sponsored by the University of Oxford and delivered at Royal Glamorgan Hospital. The study aims to determine whether enhanced physiotherapy and earlier mobilisation following hip fracture surgery could help patients recover more quickly, return home sooner, and maintain their independence for longer.

Hip fractures are among the most serious injuries affecting older adults, often leading to reduced mobility, loss of independence and significant health and social care costs. Recovery can be challenging, with many patients unable to regain their previous level of function following surgery.

As a participating site, CTMUHB has provided patients with access to an important national research study exploring new approaches to rehabilitation. The trial is investigating the impact of additional physiotherapy support during the first week after surgery, including tailored exercise programmes, walking practice, patient information and psychological support to encourage early movement and recovery.

John Rice, Advanced Practitioner and Research Physiotherapist at CTMUHB, highlighted the importance of the study, noting that how best to deliver physiotherapy-led rehabilitation after hip fracture surgery has been a longstanding unanswered question and an identified research priority for patients, families and healthcare professionals. He also emphasised CTMUHB's commitment to embedding research into clinical practice and ensuring patients have opportunities to participate in studies that can improve future care.

Through its involvement in WHiTE 15 – Initiate, CTMUHB contributed to research that has the potential to shape future rehabilitation pathways for hip fracture patients. The study reflects the Health Board's commitment to research-led improvement, helping to generate evidence that could enhance recovery, support independence, improve patient outcomes and reduce pressures on health and social care services.

Case Study: Think Quit – Empowering Nurses to Support Smoking Cessation

Smoking remains the leading cause of preventable death worldwide, CTMUHB serves a population with some of the highest smoking rates in Wales. Although the national Help Me Quit service significantly increases a person's chances of successfully quitting, referral rates from healthcare professionals remained low.

To address this, researchers from CTMUHB, the University of South Wales, and the Behavioural Science Unit at Public Health Wales secured funding from the Burdett Trust for Nursing to deliver the Think Quit study between June 2024 and August 2025.

The study explored the factors that influenced nurses' willingness to discuss smoking cessation with patients and make referrals to Help Me Quit. One of the key barriers identified was that nurses rarely received feedback about the outcomes of their referrals, making it difficult to see the impact of these conversations.

Working closely with nurses and key stakeholders, the research team co-designed the Think Quit intervention. Launched at Royal Glamorgan Hospital in November 2025, the initiative provided nurses with feedback on the outcomes of their referrals, helping them understand the value of their actions and increasing confidence in initiating conversations about smoking cessation.



Think Quit research team sharing co-designed materials

Feedback from participating nurses showed the intervention helped demonstrate that referrals were worthwhile, encouraged greater engagement with the referral process, and reinforced that supporting smoking cessation is a shared responsibility across healthcare teams.

The Think Quit project demonstrated CTMUHB's ability to lead and deliver high-quality, externally funded research focused on improving public health outcomes. By empowering nurses to play a greater role in smoking cessation, the study has the potential to increase referrals to support services and improve long-term health outcomes for patients. The project also showcased the strength of collaboration between CTMUHB, academic partners and public health organisations in developing practical, evidence-based solutions to healthcare challenges.

The Think Quit study led to the development of a feedback loop providing nurses with feedback on the results of their smoking cessation referrals, helping them feel confident and empowered to start these conversations with patients. The ThinkQuit intervention was launched at the Royal Glamorgan Hospital in November 2025.

Forward Look

The R&D Department will continue to support and work across the UHB with all stakeholders, to embed research as a core function in all that we do at CTMUHB through the inclusion of research in the organisation's service delivery, workforce development and Integrated Medium Term Plan.

The R&D Department will support the successful set-up and delivery of high-quality research aligned with organisational priorities and the population health needs of the communities we serve.

Through re-investment of research income, continue to develop the R&D infra-structure to increase the number of Commercial studies open and recruiting across CTMUHB.

Aim to develop and secure designated space for clinical and administrative functions of the research department at Princess of Wales Hospital sites, to provide equitable access to research for the local population.

R&D department to work closely with the Wales Cancer Research Network (WCRN) to increase cancer research across CTMUHB, facilitated by the identification of a CTMUHB champion for Cancer research.

The R&D department will continue to monitor study set up and delivery metrics to ensure compliance with the new and existing nationally agreed measures of performance.

Horizon scan for new technologies, diagnostics and health care infra-structure (e.g. Llantrisant Health park, Health Determinants Research Collaborations) to optimise research opportunities that will inform future NHS service delivery.

Continue to evaluate the demographic profile of participants recruited and investigate the potential of recording additional data for analysis e.g. ethnicity, health status.



Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

Your Voice Matters

A Patient Experience Survey for Research Participants in Wales

What is it?

A short (approx. 10 minutes to complete), confidential survey about your experience of taking part in research, to help improve how research is delivered across Wales.

Who can take part?

Anyone who has had a research appointment or study activity.

What will you be asked?

- How clearly the study was explained
- The information you received
- Your interactions with research staff
- How comfortable and supported you felt
- Your overall experience of taking part in research

How do I complete it?

Scan the QR code on your phone or email CTMUHB_RD@wales.nhs.uk for other ways to take part (paper or email, where available).

Why your feedback matters:

- Helps improve patient experience
- Shapes how research is delivered in Wales
- Makes research more accessible and inclusive for everyone

Also available in:

- **Cymraeg**
- **Polski**
- **Română**
- **Punjabi**
- **Urdu**
- **Português**
- **Español**
- **Bengali**
- **Gujarati**
- **Arabic**
- **Italiano**
- **Easy Read**
- **British Sign**

Taking part is voluntary and your care will not be affected.

CTMUHB Public Board

Annual Duty of Quality Report 2025/26

Eitem yr Agenda / Agenda Item	9.1.8
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Nigel Downes, Assistant Director of Quality & Safety
Cyflwynydd yr Adroddiad / Report Presenter:	Nigel Downes, Assistant Director of Quality & Safety
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board are being asked to APPROVE the report.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	All Strategic Pillars Apply If more than one applies please list below: Creating Health; Improving Care; Living Well; Sustaining our Future; Inspiring People
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The report supports the Health Board's strategic focus on improving care and provides a public account of activity, improvement, learning and assurance across the six domains of quality during 2025/26.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:
Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Annual Duty of Quality Report covers the financial year 2025/26 and is the third report produced by the Health Board under the Duty of Quality reporting arrangements. It has been developed, in line with last year's approach, as an interactive public-facing resource to help patients and communities understand the work undertaken across CTMUHB in accordance with its legislative duties. The report brings together activity from clinical services and corporate functions across the six domains of quality: Safe, Timely, Effective, Efficient, Equitable and Person-Centred.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The report captures key initiatives and work undertaken across CTMUHB during 2025/26 and provides an overview of activity across the clinical and corporate service portfolio. It also identifies future and ongoing work for 2026/27 aligned with national, regional and local priorities. The format continues to be developed to make the report inclusive and accessible to a wide range of readers, while providing a balanced account of progress, learning and continuing challenges.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Subject to approval, the report will be submitted for Welsh translation and publication. Feedback will be sought from key stakeholders to inform future approaches to Duty of Quality reporting. The Health Board will also develop its next strategic approach to the Duty of Quality for 2026-2029, aligned with the annual reporting cycle, the three-year Strategic Plan delivery framework, CTM 2030 and statutory requirements.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board are asked to formally APPROVE the Annual duty of Quality Report 2025/26

1. Background / Context

1.1 The report is the third of its kind, following the first report issued in 2024 in accordance with guidance established by NHS Performance and Improvement. The Health Board continues to build on its approach to understanding how the report can best meet the needs of patients and communities.

1.2 The 2025/26 report has been developed in line with last year's report as an interactive resource for patients and community members. It is intended to provide an accessible account of work undertaken by CTMUHB in accordance with its legislative duties.

2. Strategic Insights

2.1 The report provides an overview of key initiatives and work undertaken across CTMUHB during 2025/26, covering the clinical and corporate service portfolio. The content is organised around the six domains of quality and includes areas of future and ongoing work for 2026/27 aligned with national, regional and local priorities.

2.2 The report is intended to support public understanding of the Health Board's work and to present activity, progress, learning and areas where further work remains necessary.

3. Risks and Opportunities

3.1 The principal risk is that the report does not meet the needs of all readers if its content or presentation is not sufficiently clear and accessible. The interactive format continues to be developed with inclusivity and accessibility in mind.

3.2 There is an opportunity to seek feedback from key stakeholders following publication and use this to inform future Duty of Quality reporting. The next strategic approach to the Duty of Quality for 2026-2029 will provide a further opportunity to align annual reporting with CTM 2030 and the three-year Strategic Plan delivery framework.

4. Compliance and Governance

4.1 The report has been prepared to support the Health Board in meeting its annual reporting responsibilities under the Duty of Quality. It covers the financial year 2025/26 and reports activity across CTMUHB's clinical and corporate services.

4.2 Subject to approval, the report will be submitted for Welsh translation and publication. The published version will be made available in English and Welsh.

5. Benchmarks

5.1 No specific benchmarking assessment is presented within this cover paper. Where comparative or national information is included within the Annual Duty of Quality Report, it is presented within the relevant quality-domain narrative.

6. Conclusion

6.1 The Annual Duty of Quality Report 2025/26 brings together the Health Board's account of key activity, progress, learning and future priorities across the six domains of quality.

Approval will enable the report to proceed to Welsh translation and publication.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 Service Transformation & Outcomes
	If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	All Enablers of Quality Apply
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason*	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Summary of impact: The report includes content on equitable and person-centred care.	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:

from dropdown and Executive sign off.)	Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Summary of impact: Parts of the approved report will be made available in English and Welsh.	
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	A separate Quality Impact Assessment has not been undertaken because the paper reports existing activity, improvement, learning and assurance through the Annual Duty of Quality Report.	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
EMB	01/09/2026	Noted
Quality, Safety & Experience Committee	22/09/2026	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
STEEEP	Safe, Timely, Effective, Efficient, Equitable and Person-Centred

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

DUTY OF QUALITY

ANNUAL REPORT

2025 - 2026





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AT A GLANCE 2025/26

Safe

- 40 HIW recommendations completed
- 100% safe sleep compliance at discharge
- SafeCare expanded

Timely

- No children waiting over 104 weeks
- Improved ambulance handovers

Effective

- 72/75 Baby Friendly Standards achieved
- New clinical pathways implemented

Efficient

- Reduced glove spend by £25k+
- New digital systems introduced

Equitable

- BLOOM pilot introduced
- Welsh language offer strengthened

Person Centred

- Carers Passport launched
- Veterans Engagement Day delivered

INTRODUCTION

This Annual Quality Report outlines the work undertaken by Cwm Taf Morgannwg University Health Board to improve the quality, safety & experience of care during 2025/26.

The report brings together evidence from across the Care Groups & corporate services, highlighting improvements, learning & quality assurance activity that have contributed to better outcomes & experiences for patients, families & communities throughout the year.

The Health & Social Care (Quality & Engagement) (Wales) Act 2020 places a Duty of Quality on NHS organisations to continuously improve services & outcomes. This responsibility is shared by all members of staff & is reflected in the delivery of care, the application of learning from experience & the pursuit of continuous improvement.

The report is structured around the six recognised domains of quality: Safe, Timely, Effective, Efficient, Equitable & Person-Centred.

Together, these domains provide a framework for assessing the quality of healthcare & demonstrating how services continue to evolve in response to the needs of the population served.

While the report highlights areas of progress, it also recognises continuing challenges & opportunities for further improvement. Quality improvement remains an ongoing process, supported by continued learning, listening & collaboration with patients, carers, staff & partners to improve care & outcomes across Health Board services.

QUALITY STANDARDS



The following sections present the evidence of progress under each of the STEEEP domains.
A framework developed to define the core dimensions of high-quality healthcare. It helps healthcare organisations structure their improvement work & monitor progress. Each letter stands for a key domain:

S **Safe:** Care should avoid causing harm to patients.
This means reducing infections, falls, medication errors, & improving learning from incidents.

T **Timely:** Care should be delivered without unnecessary delay.
Focuses on quick access to treatment, avoiding waiting list backlogs, & supporting prompt discharge.

E **Effective:** Care should be based on scientific knowledge & evidence-based practice.
Ensures patients get the right treatment, audits are used to monitor quality, & outcomes improve.

E **Efficient:** Resources should be used wisely to avoid waste.
Prioritises value workforce planning, & streamlined care delivery using technology & automation.

E **Equitable:** Everyone should have fair access to care regardless of background.
Addresses health inequalities, supports marginalised groups, & ensures accessibility & inclusion.

P **Person-Centred:** Care should respect & respond to individual preferences, needs, & values.
Involves patients & carers in decisions, builds relationships, & delivers compassionate care.

FOREWORD

I am pleased to present Cwm Taf Morgannwg University Health Board's Annual Quality Report for 2025/26.

Quality is at the heart of everything we do. Every day, our staff work alongside patients, families, carers & partners to provide safe, compassionate & effective care across a wide range of services & settings. The Duty of Quality challenges us not only to deliver good care, but to continuously seek opportunities to learn, improve & provide the best possible outcomes for our communities.

This report brings together evidence from across our services to demonstrate where improvements have been achieved, where learning has been embedded & where further work remains necessary.

Importantly, this report is not simply a reflection on what has been achieved. It is also an opportunity to consider what we have learned. Throughout the year, we have continued to listen to patients, families, carers & staff, using their experiences to inform service development & support ongoing improvement.

Whilst there have been many positive developments during 2025/26, we recognise that challenges remain. Continuous improvement requires openness, honesty & a willingness to learn from both success & adversity. The Health Board remains committed to strengthening quality, safety & experience across all services, while ensuring that the voices of the people we serve continue to shape our priorities for the future.

I would like to thank our staff for their commitment, professionalism & compassion, & to thank our patients, families, carers, volunteers & partners for their continued support & contribution throughout the year.
Together, we will continue to build on the progress described in this report & work towards our shared ambition of delivering high-quality, person-centred care for all.

Richard Hughes
Executive Director
of Nursing



WELSH LANGUAGE

CTMUHB is fully committed to the Welsh Government's vision for a truly bilingual health & social care system, ensuring that individuals can receive services in their language of choice, without having to ask.

As part of our obligations under the Welsh Language Standards (Health Sector), we have taken significant steps to embed the "Active Offer" principle across our services, proactively offering Welsh language services without placing the burden on the individual to request them.

Progress in 2025–2026:

Continued implementation of the Welsh Language Action Plan across care groups & corporate functions.

Increased availability of bilingual documentation & signage across all hospital sites.

Integration of Welsh language awareness into staff induction & mandatory training programmes.

Strengthened links with the Welsh Language Officer to support frontline services in delivering Active Offers confidently & consistently.

Patient Experience:

Welsh-speaking patients report feeling more understood, respected, & at ease when receiving care in their first language. This is particularly important in services supporting vulnerable groups such as older people, children, mental health service users, & individuals with dementia.

Looking Ahead:

Expanding bilingual digital communications & patient feedback mechanisms.

Strengthening monitoring & reporting of compliance with the Welsh Language Standards.

Ongoing workforce development to grow Welsh language capacity across clinical & non-clinical roles.

This work forms a vital part of delivering equitable, person-centred care that reflects & respects the cultural identity of our communities.



DUTY OF CANDOUR

CTMUHB remains committed to openness, transparency, & learning through the statutory Duty of Candour, introduced in Wales from 1st April 2023 under the Health & Social Care (Quality & Engagement) (Wales) Act 2020.
The Duty of Candour requires that when a service provided by the Health Board has, or may have, caused unintended or unexpected harm that is more than minimal, we must:
Notify the person affected;
Apologise to them;
Offer an appropriate level of support;
Undertake a review to learn & improve.



Implementation Progress:
Governance arrangements & processes have been aligned with national guidance;
Training has been rolled out to clinical teams & senior leaders;
A reporting & monitoring framework is in development to support compliance & transparency.

Looking Ahead:
Ongoing review of systems to ensure early identification of harm;
Embedding the principles of candour within all levels of service delivery & staff culture;
Sharing learning through incident reviews, quality reports, & improvement networks.



Creating safe environments for patients, carers, & staff is fundamental to high-quality care. CTMUHB's efforts focus on reducing harm, enhancing infection control, & using audit-driven learning to identify & address risks early.

SAFE OVERVIEW

Cwm Taf Morgannwg University Health Board has prioritised safety across patient care, safeguarding, & staffing throughout 2024–2025. Key initiatives included strengthening safeguarding education, enhancing workforce responses to harm, & embedding SafeCare to support staffing levels. Ongoing statutory compliance & improvement plans have reinforced CTMUHB's commitment to safety.

Key Areas of Focus:

- Safeguarding policy development & awareness campaigns
- Establishment of a dedicated Safeguarding Practice Educator
- Safe sleep & domestic abuse prevention initiatives
- Embedding SafeCare in section 25B wards & beyond
- Statutory compliance with Nurse Staffing Levels (Wales) Act

CHILDREN & FAMILIES IMPROVING SAFETY FOR WOMEN, BABIES & CHILDREN

Children & Families continued to strengthen patient safety through implementation of recognised safety standards, enhanced assurance arrangements & targeted improvement programmes across maternity, neonatal & children's services. During 2025/26, new early warning score systems were introduced, maternity safety training remained a key focus, safeguarding training compliance improved, supported by positive audit findings relating to safe sleep advice. Learning from incidents was reviewed through internal & external assurance processes to support safer care for women, babies, children & young people.

WHAT IMPROVED

Early Warning Score systems were implemented across the Care Group to support the early identification & management of patient deterioration.

PROMPT Wales maternity safety training remained a key focus throughout the year, supported by ongoing improvement activity to maintain compliance & strengthen maternity safety.

Midwifery safeguarding performance improved, with audit evidence demonstrating 100% compliance with safe sleep advice on discharge from hospital & 88% compliance at first postnatal visit.

External reviews of nationally reportable maternity incidents identified no additional issues beyond those already recognised through internal governance & learning processes.

Multi-professional baby abduction exercises led to plans to standardise infant security arrangements across maternity services, including approval to introduce security systems at Princess of Wales Hospital.

CHILDREN & FAMILIES IMPROVING SAFETY FOR WOMEN, BABIES & CHILDREN

IMPACT

Early Warning Score systems were implemented to support the identification & management of patient deterioration.
The safe sleep audit demonstrated 100% compliance on discharge from hospital & 88% compliance at the first postnatal visit.
External reviews of nationally reportable maternity incidents identified no additional issues beyond those already recognised internally.

LOOKING AHEAD

- Continue PROMPT Wales improvement activity.
- Progress plans to standardise infant security arrangements across maternity services, including introduction of the approved XTAG security system, already used in Prince Charles Hospital, rolled out to Princess of Wales Hospital.

PROMPT
PRactical Obstetric Multi-Professional Training ™



Xtag Medical Customer Stories: Cwm Taf Morgannwg University Health Board

Cwm Taf Morgannwg University Health Board selected Xtag Medical to design and install Baby Tagging in the Prince Charles Hospital.

xtag.co.uk



DIAGNOSTICS, THERAPIES, PHARMACY & SCIENCES STRENGTHENING SAFETY & ASSURANCE

DTPS strengthened safety & assurance during 2025/26 through external inspection, accreditation activity, improved medicines governance & service developments designed to reduce risk & support safe care. Significant risks continued to be monitored through established governance arrangements.

WHAT IMPROVED

A new urine analyser was implemented in Microbiology in June 2025, replacing ageing equipment associated with a high-rated service risk.

The unannounced Human Tissue Authority (HTA) inspection found no significant findings across CTM mortuary services.

All findings from the July 2025 UKAS inspection were cleared.

Controlled drug governance arrangements were strengthened following incidents, including revised storage arrangements, registers & auditable processes.

IMPACT

- The new Microbiology analyser significantly reduced the number of urine specimens requiring culture & supported appropriate antibiotic prescribing.
- The HTA inspection identified no significant findings & no concerns with the operation of CTM mortuary services.
- All UKAS inspection findings were cleared, providing assurance regarding compliance with required standards.

LOOKING AHEAD

Continue delivery of the Blood Transfusion Safety Standards action plan & ongoing management of significant risks including Laboratory Information Management System (LIMS) 2.0, Blood Transfusion & Microbiology infrastructure.



MENTAL HEALTH & LEARNING DISABILITY

EMBEDDING SAFER CARE ACROSS MHLD SERVICES

Mental Health & Learning Disabilities completed a major programme of improvement in response to Healthcare Inspectorate Wales (HIW) recommendations relating to adult inpatient mental health services. Improvement activity focused on leadership, safe & effective care, & patient experience. All actions were completed during 2025/26, with ongoing oversight transferred into routine Quality, Safety, Risk & Experience governance arrangements.

WHAT IMPROVED

The Adult Mental Health Inpatient Improvement Programme completed all 40 actions arising from the HIW review of inpatient discharge arrangements. with the final two outstanding actions were completed during October 2025.
The completed action plan was agreed by Healthcare Inspectorate Wales.
Improvement work was incorporated into ongoing Quality, Safety, Risk & Experience governance arrangements.
Mental Health services continued participation in national patient safety improvement programmes, including Safewards.

MENTAL HEALTH & LEARNING DISABILITY

EMBEDDING SAFER CARE ACROSS MHLD SERVICES

IMPACT

Completion of the HIW action plan provided external assurance that all 40 identified actions had been delivered.
Ongoing improvement actions are reviewed monthly, with progress reported through the MHLD Quality, Safety & Experience Committee.
The first two Safewards interventions on Ward 14 were positively received by staff & patients, with positive feedback also provided by the NHS Wales Improvement Team.



LOOKING AHEAD

Continue aligning inpatient improvement work with the National Patient Safety Programme, including Safewards, patient-centred safety planning, risk formulation, relational & procedural safety, & outcome measures.

PLANNED CARE

STRENGTHENING PATIENT SAFETY THROUGH LEARNING & IMPROVEMENT

Planned Care strengthened its patient safety systems during 2025/26 through scrutiny panels, multidisciplinary learning, targeted improvement work, governance review & shared learning. Improvement activity focused on falls prevention, pressure damage, incident management & the use of Professional Focus Groups to share learning across clinical teams.

WHAT IMPROVED

Falls, pressure damage & medication assurance panels feed into newly established steering groups to drive service-wide learning & identify recurring/ emerging themes.

Targeted pressure ulcer improvement work was introduced, including revised documentation, specialist teaching & enhanced audits.

Strengthened governance arrangements within Anaesthetics, Critical Care, Theatres, Trauma & Orthopaedics (ACCTTO).

Directorate governance reporting was strengthened through a revised QSRE reporting structure & quality KPI oversight.

Enhanced support from patient safety teams provided to services for Learning From Events Reports.

Strengthened monitoring of patient safety improvement action plans.

IMPACT

- Ward audit activity identified improved compliance with fluid balance recording following focused education, audit & feedback.
- The final COVID deaths review panel identified no harm for patients receiving care within Planned Care services.
- No avoidable falls were reported across Planned Care between January & March 2026.

LOOKING AHEAD

Continue the focus on falls prevention, pressure damage reduction, staff education & monitoring of patient safety improvement actions across Planned Care

PRIMARY CARE & COMMUNITY STRENGTHENING SAFETY THROUGH GOVERNANCE, ASSURANCE & CLINICAL PRACTICE

Primary Care & Community services strengthened safety through professional development, safeguarding training, practice assurance arrangements & service improvement activity. Workforce development programmes, multidisciplinary GP practice assurance visits & targeted quality improvement initiatives were progressed across primary care & community services during 2025/26.

WHAT IMPROVED

Professional Nurse Advocacy & Practice Development arrangements were introduced, supporting workforce development & clinical practice improvement.

Best practice guidance was developed & implemented for pressure ulcer incident reporting using the SBAR methodology.

District Nursing services implemented bespoke safeguarding training, with further safeguarding training development across GP practices.

GP practice assurance visits commenced under the Unified Contract Assurance Framework, reviewing compliance against all 12 quality standards.

IMPACT

District Nursing manual handling compliance improved to 91%, allowing the associated risk to be removed from the risk register.

GP practice assurance visits commenced, with multidisciplinary reviews undertaken against all 12 Quality Standards.

Professional Nurse Advocacy & Practice Development arrangements supported delivery of workforce development & clinical practice initiatives across community services.

LOOKING AHEAD

Continue GP practice assurance visits & follow-up action plans through the Unified Contract Assurance Framework.

Continue workforce development & safeguarding programmes across Primary Care & Community services.

UNSCHEDULED CARE

STRENGTHENING OVERSIGHT OF AVOIDABLE HARM

Unscheduled Care continued to strengthen its approach to patient safety through enhanced monitoring, assurance & learning processes. Pressure damage, falls, medication incidents & sepsis compliance remained key areas of focus. Weekly assurance panels, multidisciplinary reviews & targeted improvement actions were used to monitor themes, identify learning & support safer care across acute hospital services.

WHAT IMPROVED

Pressure damage, falls & medication incidents were reviewed through regular assurance & governance processes, with themes & actions identified.

Weekly assurance panels were used to review incidents, identify themes & support learning across services.

Medication incidents were reviewed through Medicines Management Committee arrangements, with recurring themes identified across medicines documentation, prescribing & administration.

Sepsis compliance was identified as an area requiring refocus, with targeted support for Emergency Department teams.

IMPACT

Recurring themes relating to pressure damage, falls & medication incidents were identified through assurance & governance processes, enabling targeted actions & learning to be implemented.

Weekly assurance panels provided structured review of incidents, trends & areas requiring improvement across services.

Medicines Management Committee oversight enabled wider learning from medication incidents relating to documentation, prescribing & administration.

LOOKING AHEAD

Continue targeted improvement work on pressure damage, falls, medication safety & sepsis compliance.

CONCERNS

LEARNING FROM CONCERNS TO IMPROVE CARE

Concerns & patient feedback were used alongside Datix information & quality governance processes to support learning, identify recurring themes & strengthen assurance. The extract shows that learning from concerns is being more systematically captured & shared, but it does not provide specific patient safety themes, examples of service change or harm reduction data.

WHAT IMPROVED

- Concerns & patient feedback were increasingly used alongside Datix & governance information to identify themes & risks.
- Learning identified through concerns was reviewed & shared with services.
- Stronger links were developed between concerns management, patient experience & quality governance processes.
- Learning from concerns was more systematically captured & shared across the Health Board.
- Head of Concerns attends Care Group Quality, Safety, Risk & Experience monthly meetings to ensure more joined up working between the Care Group & Central Concerns Team.



IMPACT

Learning identified through concerns was captured & shared with services more systematically.
The Head of Concerns' attendance at monthly Care Group Quality, Safety, Risk & Experience meetings supported more joined-up working between Care Groups & the Central Concerns Team.

LOOKING AHEAD

Strengthen the evidence showing how learning from concerns results in service changes, improved care & reduced risk, including identifiable examples & measurable outcomes.



LEGAL SERVICES

LEARNING FROM CLAIMS, INQUESTS & LITIGATION

During 2025/26, Legal Services strengthened arrangements to identify, capture & disseminate learning arising from claims, redress, inquests, Ombudsman scrutiny & litigation themes. Legal learning was more clearly connected to corrective action & assurance, with structured review & escalation strengthening oversight of legal & patient safety risk.

WHAT IMPROVED

- Worked collaboratively with the Welsh Risk Pool to review & strengthen Learning from Events systems & processes.
- Established the Learning from Events Report Panel.
- Delivered Learning from Events training across the Health Board.
- Strengthened Learning from Event Reports & Case Management Reports to separate factual findings, causal learning, remedial action & evidence of implementation.
- Reviewed & escalated open inquests & risks relating to Prevention of Future Deaths.
- Identified recurring themes to inform audits, training & wider improvement activity.

IMPACT

- First-time approval of Learning from Events Reports by the National Learning Advisory Panel increased from 16% in 2024/25 to 31% in 2025/26.
- Legal findings were linked more explicitly to identified owners, actions, supporting evidence & governance routes.
- Coronial learning informed improvement activity.

LOOKING AHEAD

- Continue to strengthen collaborative working with the Welsh Risk Pool, Legal Services & the Coroner's Office to support learning, assurance & continuous improvement.

INFECTION PREVENTION & CONTROL STRENGTHENING SAFETY & ASSURANCE

IPC supports safer care by reducing avoidable infection, limiting transmission & ensuring infection risks are visible from ward to Board. In 2025/26 the service strengthened surveillance, outbreak response, decontamination oversight & specialist advice while identifying areas requiring further improvement.

Healthcare-associated infections can cause avoidable harm, prolong stays & increase pressure on patient flow. CTMUHB compared favourably with Wales for C. difficile, Pseudomonas aeruginosa, MSSA & MRSA, while E. coli & Klebsiella bacteraemia remained above the Wales benchmark.

WHAT WE DID

- Surveillance & infection review: The IPC team used ICNet, HARP data, microbiology advice & post-infection review to monitor infection risks & support learning.
- Outbreak response: IPC worked with clinical teams, site management, microbiology, facilities, estates, occupational health & Public Health Wales to manage outbreaks & periods of increased incidence & is currently developing a new outbreak response framework to give faster, more effective response with improved governance.
- Specialist risk controls: Isolation, decontamination, water, ventilation & high consequence infectious disease preparedness risks remained visible through governance & risk routes.

IMPACT

- 86 outbreaks or periods of increased incidence were recorded, affecting 729 patients & 140 staff, with 652 bed days lost.
- Hospital-onset E. coli & hospital-onset Pseudomonas aeruginosa reduced, showing that focused prevention can support improvement.
- Key residual risks were identified & transferred into the 2026/27 improvement programme.

LOOKING AHEAD

- Reduce C. difficile by at least 25% against the 2024/25 count, subject to final baseline confirmation.
- Deliver Gram-negative bloodstream infection reduction work focused on catheter-associated urinary tract infection prevention, urinary catheter passports, hydration & device care.
- Progress funded negative-pressure rooms at Royal Glamorgan Hospital & Princess of Wales Hospital.

NURSE STAFFING LEVELS

CTMUHB has continued to strengthen nurse staffing governance through implementation of the Nurse Staffing Levels (Wales) Act 2016. Supported by SafeCare, patient acuity data & professional judgement, this approach provides assurance that nursing resource is deployed safely, effectively & in response to patient need.

WHAT IMPROVED

Maintained biannual acuity audits & reviews following service changes.
Delivered monthly SafeCare & Welsh Levels of Care training.
Enhanced visibility of patient acuity, professional judgement & escalation indicators.
Improved use of staffing intelligence within operational decision making.

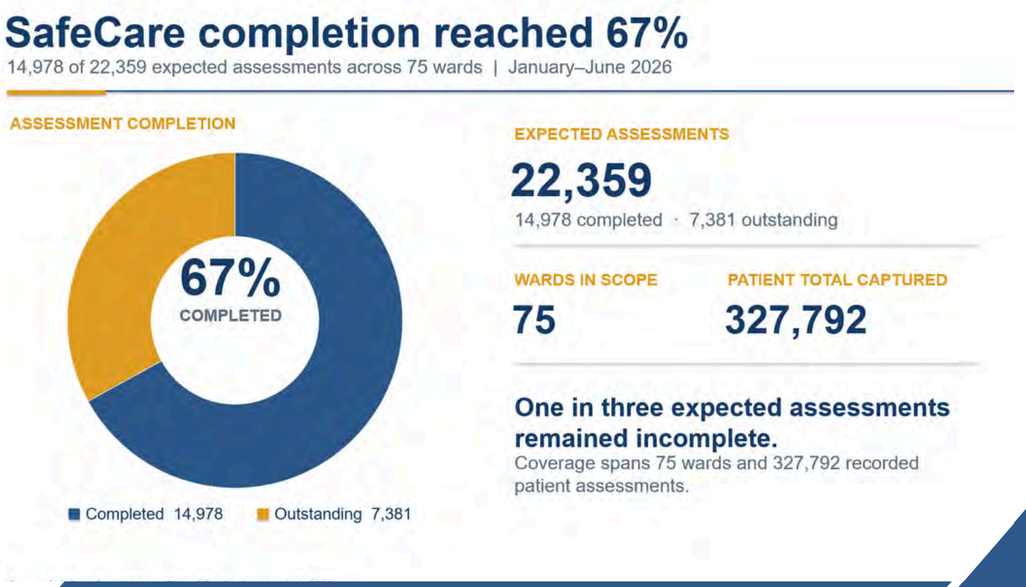
Looking Ahead

- Support implementation of All-Wales Section 25A guidance.
- Continue SafeCare expansion across community & mental health services.
- Strengthen local ownership of staffing governance & assurance processes.
- Enhance use of workforce intelligence to inform workforce planning & quality outcomes.



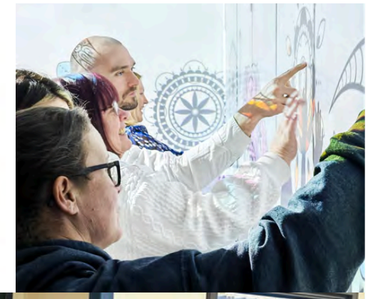
IMPACT

- Strengthened organisational oversight of nurse staffing.
- Enabled more consistent review & response to staffing variation.
- Improved assurance regarding safe deployment of nursing resource.
- Supported responsive staffing decisions aligned to patient acuity & service demand.



HARM FREE CARE

Harm Free Care brings together CTMUHB's approach to preventing avoidable harm through falls & deconditioning, pressure damage, nutrition & hydration, & shared learning. During 2025/26, governance, prevention & improvement activity were strengthened to support safer, more consistent care for patients.





WHAT WE DELIVERED

Strengthened governance & reporting across Harm Free Care workstreams.
Improved consistency of risk assessment & preventative care processes.
Established the Harm Free Care Collaborative to drive improvement & share learning.
Expanded the Falls programme to include deconditioning, supporting mobility & independence.
Developed co-produced falls & pressure damage resources for patients, families & staff.
Embedded Harm Free Care principles within clinical education programmes.

WHAT DIFFERENCE DID THIS MAKE

- Falls audit findings provided reasonable assurance across all quality domains.
- Improved organisational oversight of avoidable harm risks.
- Stronger alignment between frontline improvement, committee scrutiny & Board assurance.
- Increased sharing of learning & reduction of unwarranted variation across services.
- More systematic monitoring of improvement activity & harm prevention initiatives.

2026/27 PRIORITIES

- Standardise Harm Free Care practices across services.
- Develop a Harm Free Care dataset to support a single source of quality intelligence.
- Further embed prevention, education & local ownership of improvement.

AMaT

WARD ASSURANCE & ACCREDITATION

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Strengthening quality oversight, continuous improvement & accountability across inpatient wards
Ward Assurance & Accreditation remains a key component of CTMUHB's approach to delivering safe, high-quality care. During 2025/26, work focused on strengthening the use of quality intelligence, improving assurance processes & preparing for alignment with national quality frameworks to support sustainable improvement across ward services.

WHAT IMPROVED

Strengthened the use of quality & safety intelligence to identify risks & improvement opportunities.
Expanded the use of assurance information to support ward-level quality monitoring & prioritisation.
Began redesign of Bronze Accreditation to reduce duplication & strengthen local ownership.
Aligned local developments with the emerging NHS Wales National Clinical Excellence Framework.
Enhanced organisational oversight through more structured assurance & improvement planning.

WARD ASSURANCE VISIT REPORT



WHAT DIFFERNCE DID THIS MAKE

- Improved strategic clarity regarding the purpose & role of Ward Assurance & Accreditation.
- Increased understanding of assurance requirements in wards not yet accredited.
- Clearer expectations for Care Group ownership of quality improvement.
- Stronger foundations for escalation, reporting & organisational learning.
- More consistent, intelligence-led oversight of Quality & Safety across wards.

2026/27 PRIORITIES

- Complete implementation of the revised Ward Assurance & Accreditation approach.
- Further strengthen the use of quality intelligence to identify risk earlier.
- Align accreditation arrangements with national quality & clinical excellence frameworks.
- Support wards to achieve sustained improvement through local ownership & improvement planning.
- Strengthen measurement of quality outcomes & assurance across all ward areas.

SAFEGUARDING

WHAT IMPROVED

Strengthened safeguarding governance through enhanced reporting to Quality, Safety & Patient Experience structures across Care Groups, with escalation of training-compliance risks and referral themes & trends.

Continued development & implementation of the Once for Wales Safeguarding Module, improving recording, oversight & audit, including Section 5 persons in a position of trust concerns.

Strengthened processes for complex safeguarding concerns, including cross-boundary & multi-agency escalation.

Enhanced safeguarding supervision & reflective practice, with mechanisms to assess supervision quality and extend supervision across health services.

Developed & implemented safeguarding policies & Standard Operating Procedures (SOPs), including the safeguarding supervision policy & Multi Agency Risk Assessment Conference (MARAC).

Established a health Independent Domestic Violence Advocate (IDVA) team, dual trained as Independent Sexual Violence Advocates (ISVA), to provide advice & support to patients & staff within CTMUHB.

IMPACT

- Improved consistency, quality & timeliness of safeguarding referrals & documentation.
- Strengthened assurance to the Board regarding statutory compliance & risk management.
- Increased practitioner confidence in managing complex safeguarding cases.
- Positive staff feedback on access to safeguarding advice & supervision.
- The IDAV service will strengthen the health boards application of VAWDASV legislation, strategy & training framework. The service will also support sexual safety priorities.

LOOKING AHEAD

- Further embed digital systems for real-time safeguarding data & performance dashboards.
- Strengthen quality assurance processes through thematic audits & deep dives.
- Continue to develop organisational learning from incidents & reviews (including Single Unified safeguarding reviews.



Ensuring timely interventions improves patient outcomes, optimises flow, & reduces avoidable delays in care & discharge planning.

TIMELY OVERVIEW

The Health Board has made demonstrable progress in reducing delays & promoting access to care. Enhanced safeguarding pathways, targeted education, & de-escalation of CAMHS services reflect ongoing improvement in timely response & intervention.

Key Areas of Focus:

- CAMHS de-escalation to routine monitoring
- Creation of bespoke safeguarding training programmes
- Multidisciplinary partnership training days
- Policy revision for management of concerns & neglect
- 'Was Not Brought' policy review underway

CHILDREN & FAMILIES REDUCING WAITS & IMPROVING ACCESS FOR CHILDREN & FAMILIES

Children & Families progressed work during 2025/26 to reduce long waits & develop pathways for assessment, diagnosis & treatment. Evidence from the Care Group demonstrates sustained improvement in Neurodevelopment waiting times, achievement of Gynaecology RTT targets, development of a diagnosis-at-triage pathway for selected autism referrals, commencement of the Women's Health Hub Pathfinder Service & transfer of the School Entry Hearing Screening Service to Audiology.

WHAT IMPROVED

- Sustained improvement in neurodevelopment waiting times resulted in no children waiting more than 104 weeks by May 2025, with further progress maintained throughout the year.
- A diagnosis-at-triage pathway was piloted for selected autism referrals, enabling assessment decisions to be reached earlier where sufficient information was available from families & schools.
- Gynaecology pathways achieved the target of no patients waiting more than 104 weeks, supported by ongoing pathway improvement work.
- The Women's Health Hub Pathfinder Service was developed & commenced in February 2026, supported by additional medical sessions & joint working with Primary Care colleagues.
- Responsibility for the School Entry Hearing Screening Service transferred to Audiology, supporting delivery of a new service model.

IMPACT

- By May 2025, no children were waiting more than 104 weeks for a neurodevelopment assessment.
- Gynaecology achieved the target of no patients waiting more than 104 weeks.
- The Women's Health Hub Pathfinder Service commenced in February 2026.

LOOKING AHEAD

- Maintain the progress reported in neurodevelopment waiting times.
- Continue the phased development of the Women's Health Hub Pathfinder Service with Primary Care colleagues.
- Continue delivery of the new School Entry Hearing Screening Service model following its transfer to Audiology.

DIAGNOSTICS, THERAPIES, PHARMACY & SCIENCES

IMPROVING TIMELY ACCESS

DTPS introduced targeted measures during 2025/26 to address delays in Echocardiography, Neurophysiology & death certification. Additional clinical sessions & a new Medical Examiner Service QR code increased capacity & supported better monitoring. The papers report progress in Echocardiography & death-certification turnaround, while continuing to identify demand & capacity pressures across several services.

WHAT IMPROVED

- Additional weekend Echocardiography appointments were funded to reduce the waiting list.
- Planned Care Recovery funding supported additional weekday Neurophysiology sessions.
- Procurement progressed for additional Neurophysiology weekend sessions during quarter four.
- The CTM Medical Examiner Service QR code was launched in October 2025 to support the death-certification process & improve data capture. This has improved the timeliness of certification & helped improve flow by releasing bed time.

IMPACT

- Additional weekend Echocardiography clinics helped reduce the demand-capacity gap during 2025/26, & by March 2026 the recovery programme remained on target to bring waiting times below the eight-week diagnostic target.
- The Medical Examiner Service QR code was reported to have had a positive impact in some areas & improved data capture to identify where delays occurred.

LOOKING AHEAD

Continue work to address the demand-capacity gaps and waiting-list pressures identified in Neurophysiology, Audiology, Radiology reporting and Echocardiography through 2026/27. Proposals have been submitted to Performance and Improvement teams in Welsh Government.

MENTAL HEALTH & LEARNING DISABILITY IMPROVING ACCESS & CONTINUITY OF CARE

Mental Health & Learning Disabilities implemented changes to the adult inpatient model at Royal Glamorgan Hospital during October 2025. The changes were designed to improve continuity of care, reduce unnecessary transfers between wards & enhance patient flow, while maintaining overall bed capacity. The Care Group continues to monitor the impact of these changes through its governance arrangements.

WHAT IMPROVED

- The adult inpatient model at Royal Glamorgan Hospital was redesigned, moving from one admissions ward to two admissions wards & one pre-discharge ward to support continuity of care, reduce unnecessary transfers & enhance patient flow.
- Patients with learning disabilities assessed as ready for discharge continued to be supported by the MHLD Commissioning Team & local authority partners to secure appropriate community placements & ongoing support.
- The Preparing for Discharge (P4D) programme was introduced to support patients preparing for discharge from inpatient services.
- Additional support was introduced for young people waiting for specialist substance misuse services, including the appointment of an additional registered nurse, weekly waiting list reviews & regular communication with young people & families.

IMPACT

- The revised inpatient model maintained existing bed capacity, with initial feedback reported as positive & ongoing monitoring through Adult Directorate governance arrangements.
- The Preparing for Discharge programme comprised five consecutive sessions & three community drop-in sessions to support transition from hospital to home.
- Young people waiting for specialist substance misuse services received additional oversight through an appointed Registered Nurse, weekly multidisciplinary discussions & updates to young people & families every four weeks.

LOOKING AHEAD

- Continue monitoring the revised inpatient model & the support provided to young people waiting for specialist substance misuse services through the relevant directorate governance arrangements.

PLANNED CARE IMPROVING ACCESS & REDUCING DELAYS

Throughout 2025/26, Planned Care redesigned pathways & introduced additional assessment & review capacity. Developments included weekend outpatient activity, one-stop pre-assessment clinics, trauma pathway redesign & new models to support assessment, discharge & patient flow.

WHAT IMPROVED

- Weekend outpatient clinics were delivered across multiple specialties to support assessment & treatment activity.
- A new Trauma Assessment Unit was opened at RGH to support rapid assessment & treatment.
- One-stop pre-assessment clinics were introduced at RGH alongside a standardised pan-CTM pre-assessment pathway.
- The Optimal Trauma Reset Fortnight reviewed delays within the trauma pathway & introduced targeted improvement actions.
- Work commenced to develop Trauma Same Day Emergency Care pathways to support assessment & treatment outside an inpatient ward setting for selected patients.



IMPACT

- 4,149 patients had been discharged from further outpatient clinics following weekend appointments.
- During the Optimal Trauma Fortnight, the time to first Occupational Therapy review on the Trauma Unit reduced from 12 days to one day
- The Health Board was de-escalated to Level 1 for cancer performance, with Single Cancer Pathway compliance of 65% in November & 64.1% in December.



LOOKING AHEAD

Complete the clinical pathways & standard operating procedures required to support Trauma Same Day Emergency Care, initially through the Royal Glamorgan Hospital Fracture Clinic & subsequently through the Prince Charles Hospital Fracture Clinic

PRIMARY CARE & COMMUNITY IMPROVING ACCESS & COORDINATION OF SERVICES

Primary Care & Community services progressed a number of service developments during 2025/26, including the introduction of the Enhanced Community Care team, development of a District Nursing Single Point of Access model, expansion of the Respiratory Virtual Ward & implementation of WGOS 4 filtering services within primary care.

WHAT IMPROVED

- The Enhanced Community Care (ECC) team was introduced to enable more patients to be cared for at home rather than in hospital, with services reconfigured to increase the range of support available.
- A new District Nursing Single Point of Access model was progressed in Bridgend to provide a single contact number for District Nursing services, supporting implementation of the Community Nursing Specification.
- The Respiratory Virtual Ward supports 20 patients across Rhondda Taf Ely & Merthyr, with referrals from the Bridgend COPD team commencing during 2025.
- Primary Care implemented “Welsh General Ophthlalmic Services (WGOS) 4 filtering services” to reduce referrals into hospital eye care services.

IMPACT

- The District Nursing Single Point of Access was implemented across the Health Board, providing a single contact number for patients & referrers.
- The Respiratory Virtual Ward increased from 20 to 35 patients across Rhondda Cynon Taf & Merthyr.
- Diabetes 8 Care Process compliance improved from 32% to 46.61% through targeted work with GP practices.

LOOKING AHEAD

- Continue development of Respiratory Virtual Ward capacity & supporting pathways.

UNSCHEDULED CARE

STRONG AMBULANCE HANDOVER PERFORMANCE WITH CONTINUED FOCUS ON PATIENT FLOW

Strong ambulance handover performance, with ambulance handover performance & lost ambulance hours compared with other Welsh Health Boards.
Challenges continue in patient flow within hospitals, reflected in increasing numbers of patients waiting over 12 hours in Emergency Departments.

WHAT IMPROVED

- The 45-minute ambulance handover model was implemented from October 2025 as part of wider urgent & emergency care improvement work.
- Relatively low lost ambulance hours compared with many other Welsh Health Boards.

IMPACT

- CTMUHB reported relatively low lost ambulance hours compared with other Welsh Health Boards during the year.
- Ambulance handover performance compared favourably with other Welsh Health Boards.
- Reports identified increasing numbers of patients waiting over 12 hours in Emergency Departments, highlighting continuing internal flow pressures.



LOOKING AHEAD

Continue to improve patient flow, discharge processes & operational performance across urgent & emergency care pathways.



CONCERNS

ADDRESSING HISTORIC CONCERNS & IMPROVING EARLY RESOLUTION

During 2025/26, the service focused on improving the timeliness of concerns management by addressing historic Putting Things Right responses & Early Resolution cases, while strengthening opportunities for earlier engagement through Listening Discussions. The available evidence shows improvement activity, but further data is needed to quantify the scale & impact of the reduction.

WHAT IMPROVED

- Significant progress was made in reducing historical Putting Things Right (PTR) responses. With plan to close all PTR responses by 30 June 2026.
- Historic Early Resolution backlogs were reduced. Again with planned target to close all Early Resolution cases by 30 June 2026.
- As part of the Quality & Safety team Organisational Change Process, part of the PALS team were transferred to the Concerns Team to undertake more active Listening Discussions supported earlier engagement with patients & families.
- Closer working with clinicians, particularly through Early Resolution processes, has enabled concerns to be addressed earlier, supporting more timely feedback, earlier communication with patients & families, & opportunities to resolve issues in real-time & closer to the point of care.

IMPACT

- Progress was made in addressing historic Putting Things Right responses & Early Resolution cases, although the available slide does not quantify the reduction.
- The transfer of part of the PALS team into the Concerns Team increased capacity for active Listening Discussions & earlier engagement with patients & families.
- Closer working with clinicians through Early Resolution supported earlier communication, more timely feedback & opportunities to resolve concerns closer to the point of care.

LOOKING AHEAD

- Complete the planned closure of outstanding historic Putting Things Right responses & Early Resolution cases by 30 June 2026.
- Monitoring whether earlier engagement improves the timeliness of concerns management.

LEGAL SERVICES
IMPROVING OVERSIGHT OF LEGAL & REDRESS DEADLINES

Structured review & escalation improved visibility of court, coroner, limitation, disclosure, statement & reimbursement deadlines. Review meetings, trackers & risk-based prioritisation supported earlier identification of delays, dependencies & matters requiring escalation.

WHAT IMPROVED

- Strengthened deadline oversight through review meetings & trackers.
- Prioritised high-risk cases according to risk.
- Reviewed older cases to support progression & identify blockages.
- Used weekly reviews & enhanced monitoring to support Redress recovery.
- Escalated overdue statements, incomplete disclosure & missing learning.
- Submitted learning statements to the Coroner.

IMPACT

- Historic Redress cases awaiting the outcome of investigation reduced from 55 to 21.
- Learning statements were submitted to the Coroner, avoiding the issuing of Prevention of Future Deaths Reports.

LOOKING AHEAD

- Implement the Organisational Change Programme to strengthen capacity & resilience across the Claims, Redress & Inquest teams.







INFECTION PREVENTION & CONTROL

TIMELY ADVICE IS ESSENTIAL

Timely IPC advice is essential when infection risk affects isolation, patient placement, outbreak control, staff safety or service continuity. CTMUHB strengthened access to IPC support through 12-hour acute-site cover, weekend & bank holiday on-call arrangements & the IPC Hub model.
Delays in isolation, testing, escalation, cleaning, outbreak control or specialist advice can increase transmission risk & disrupt services. Winter viral activity, high occupancy & limited side-room availability made timely decision-making particularly important.

WHAT IMPROVED

- 12-hour acute-site IPC support: Support was strengthened across Prince Charles, Royal Glamorgan & Princess of Wales Hospitals during key operational hours.
- Weekend & bank holiday on-call: Urgent IPC issues could be reviewed outside standard working patterns.
- IPC Hub coordination: The Hub helped triage requests, allocate IPC resource according to risk & support consistent advice across sites.



IMPACT

- Clinical areas had improved access to IPC advice for patient placement, outbreak management, environmental concerns & urgent infection risks.
- The service became more resilient, with stronger continuity of advice at weekends & bank holidays.
- Hub working improved situational awareness & supported consistent prioritisation during pressure.

LOOKING AHEAD

- Evaluate the 12-hour acute-site model & weekend/bank holiday on-call service through quarterly reporting.
- Map IPC workflows to improve standardisation, documentation, efficiency & resilience.
- Aim for post-infection reviews to be completed within three weeks of the positive result, except where typing or cluster investigation requires longer.

SAFEGUARDING

WHAT IMPROVED

- Improved access to safeguarding advice through clear referral pathways & escalation processes. The implementation of the safeguarding duty desk has increased accessibility to timely advice.
- Strengthened engagement within MASH to support timely multi-agency decision-making. The use of a shared information sharing platform & regular operational meetings allows for any issues or concerns to be resolved timely.
- Ongoing monitoring of referral quality & prioritisation of high-risk cases, through screening within MASH & the duty desk.
- Improved processes for timely statutory health assessment for care experienced children.
- Reduction in historical backlogs for Deprivation of Liberty Safeguards, through targeted interventions.
- Increased compliance with Mental capacity act training, ensuring care is provided in line with legislative practice.

IMPACT

- Reduction in delays in safeguarding decision-making & improved responsiveness to risk.
- Enhanced coordination with partner agencies to support information sharing & early intervention.
- Improved compliance with statutory timescales.

LOOKING AHEAD

- Further streamline referral processes through digital integration.
- Improve performance reporting on response times & outcomes.
- Continue to align with national safeguarding metrics.



Effective care is underpinned by evidence-based practice, robust clinical audit, & workforce development.

EFFECTIVE OVERVIEW

CTMUHB has promoted effectiveness through data-driven improvement, feedback integration, & cross-sector partnerships. Clinical teams have embedded audit learning & service user voice to inform decision-making & service development.

Key Areas of Focus:

- Use of outcome measures in Occupational Therapy
- Inclusion of child voice in safeguarding processes
- Improved sharing of review learning through new intranet & link sessions
- Animal-assisted therapy & palliative interventions
- Collaborative audit & review action planning

CHILDREN & FAMILIES

STRENGTHENING CARE THROUGH EVIDENCE-BASED SERVICES & PATHWAYS

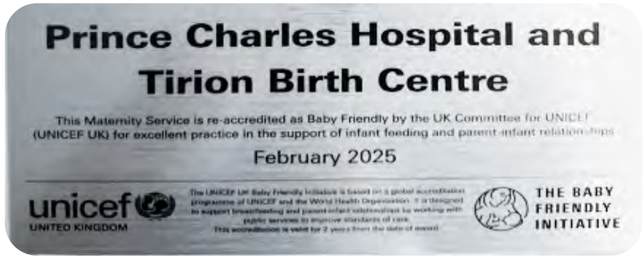
Children & Families continued to strengthen care during 2025/26 through delivery of national programmes, development of specialist services & implementation of recognised clinical approaches for children, young people & families. Work during the year included improvements in Healthy Child Wales Programme delivery, implementation of Hybrid Closed Loop technology for children with Type 1 diabetes, Baby Friendly Initiative assessment activity & development of services to support vulnerable families.

WHAT IMPROVED

- Improvements in delivery of the Healthy Child Wales Programme & Health Visiting services were reported through Care Group oversight arrangements following recovery from previous industrial action.
- Phased implementation of Hybrid Closed Loop insulin pump technology commenced for children with Type 1 diabetes in line with NICE recommendations.
- A positive Baby Friendly Initiative assessment was achieved across community midwifery, Princess of Wales Maternity Unit & Tirion Birth Centre, with 72 of 75 standards passed.
- A review of the Midwifery Sonography Service identified the need for additional sonography capacity & included plans for electronic referrals, specialist clinics & strengthened governance arrangements.
- The BLOOM pilot service was established to provide continuity-based midwifery care for families experiencing complex challenges, including mental health issues, domestic abuse, substance misuse & late engagement with maternity services.

IMPACT

- The Baby Friendly Initiative assessment passed 72 of 75 standards across community midwifery, Princess of Wales Maternity Unit & Tirion Birth Centre.
- Phased implementation of Hybrid Closed Loop insulin pump technology commenced for children with Type 1 diabetes.
- The BLOOM pilot established a continuity-based midwifery service for families experiencing complex challenges.



LOOKING AHEAD

- Continue the phased implementation of Hybrid Closed Loop insulin pump technology.
- Progress the plans identified through the Midwifery Sonography Service review, including additional capacity, electronic referrals, specialist clinics & strengthened governance arrangements.



DIAGNOSTICS, THERAPIES, PHARMACY & SCIENCES

DELIVERING HIGH QUALITY CARE

During 2025/26, DTPS demonstrated high levels of compliance with professional standards, external quality assurance requirements & evidence-based practice. Positive audit outcomes, quality assessments & implementation of new clinical processes provided assurance regarding the effectiveness of services across Audiology, Pathology & Allied Health Professional services.

WHAT IMPROVED

- Newborn Hearing Screening Wales met its overall compliance target & all individual quality standards.
- Adult Audiology achieved an overall quality standard compliance score of 91.8%, exceeding the required target of 85%.
- Three Speech & Language Therapy procedures were approved covering Mouth Care, Acute Dysphagia Referrals, & Eating & Drinking at Acknowledged Risk, with awareness training rolled out to staff.
- A two-year Point of Care CRP Testing pilot was implemented in Primary Care, with all 27 participating sites live by February 2026.

IMPACT

- The Newborn Hearing Screening Wales Quality Assurance Audit confirmed CTMUHB achieved 95% overall compliance across targets 1-8 & 90% compliance for each individual standard.
- The audit identified areas of good practice including flexible appointment arrangements, comprehensive hearing assessments & timely reporting to families & healthcare professionals.
- Adult Audiology achieved an overall compliance score of 91.8%, exceeding the required standard of 85%.
- All 27 primary care sites that expressed an interest in the Point of Care CRP Testing pilot were live by February 2026.



LOOKING AHEAD

- Continue the two-year Point of Care CRP testing pilot, which aims to support access to healthcare closer to home & more targeted antibiotic prescribing.

MENTAL HEALTH & LEARNING DISABILITY

STRENGTHENING EFFECTIVENESS THROUGH QUALITY IMPROVEMENT

Mental Health & Learning Disabilities continued to strengthen the effectiveness of services through delivery of a major improvement programme, development of outcome measurement approaches, participation in national improvement initiatives & ongoing quality assurance activity. Inspection findings & internal quality assurance reviews identified positive findings across inpatient & community services.

WHAT IMPROVED

- The Adult Mental Health Inpatient Improvement Programme completed all 40 actions arising from Healthcare Inspectorate Wales recommendations.
- The Older People's Mental Health Services Falls Collaborative had its improvement work published in the British Medical Journal.
- Internal quality assurance reviews continued across community & inpatient services, supporting teams to identify improvement opportunities & prepare for inspection activity.
- Healthcare Inspectorate Wales feedback was positive following reviews of Taf Ely Community Mental Health Team & Ty Llidiard.
- ReQoL outcome measures were introduced to support consistent measurement of patient outcomes across mental health services.

IMPACT

- HIW's unannounced inspection of Ty Llidiard reported excellent overall feedback, positive & sustained improvements, & no requirement for immediate assurance.
- HIW's review of Taf Ely Community Mental Health Team reported largely positive feedback on care planning, governance & leadership, while also identifying medication management & prescribing actions requiring attention.
- Staff at Taf Ely Community Mental Health Team reported that the Care Group's internal quality assurance review provided valuable preparation for the subsequent HIW review.

LOOKING AHEAD

- Continue the programme of internal quality assurance reviews & progress the remaining actions arising from the Taf Ely Community Mental Health Team inspection.

PLANNED CARE

DEVELOPING CONSISTENT CLINICAL PATHWAYS

During 2025/26, Planned Care introduced a range of service & pathway developments aimed at improving the delivery of care. This included implementation of a GIRFT-aligned arthroplasty pathway, development of virtual review services through Surgical Assessment Unit & Surgical Same Day Emergency Care, & multidisciplinary approaches to support patients across planned care services.

WHAT IMPROVED

- An inpatient arthroplasty pathway aligned to GIRFT principles was introduced as part of orthopaedic service transformation.
- Orthogeriatric in-reach was introduced to support trauma patients within the Royal Glamorgan Hospital.
- A standardised pan-CTM pre-assessment pathway was developed across acute sites.
- Virtual ward & follow-up pathways were developed through the Surgical Assessment Unit & Surgical Same Day Emergency Care services.

IMPACT

- Between 13/12/2025 & 16/02/2026: 1,000 patients had received arthroplasty surgery since the seven-day working model.
- Reported average length of stay for hip & knee arthroplasty patients was 2.5 days.

LOOKING AHEAD

- Progress the planned enhanced care bay for elective arthroplasty patients at Princess of Wales Hospital & continue the use of virtual review & follow-up through surgical assessment services.

PRIMARY CARE & COMMUNITY
STRENGTHENING CLINICAL PRACTICE & PROFESSIONAL DEVELOPMENT

Primary Care & Community services progressed a range of clinical practice, education & professional development initiatives during 2025/26. This included implementation of clinical guidance, delivery of training programmes & development of professional support resources for nursing staff, assistant practitioners & community services.

IMPACT

Ten staff were identified to undertake the District Nursing Specialist Practitioner Qualification.
Training programmes were implemented for registered nurses, assistant practitioners & Band 6/7 staff.



WHAT IMPROVED

- Best practice guidance for the completion & submission of pressure ulcer incident reports was developed & implemented using the SBAR format.
- Training programmes were developed & implemented for registered nursing staff, including interview skills, CPR, manual handling, venepuncture & TRAC training.
- Training events were delivered for Level 4 Assistant Practitioners in relation to the core skills training framework.
- A Band 6/7 development programme was developed & implemented through the Professional Nurse Advocacy & Practice Development Service.

LOOKING AHEAD

- Continue delivery of professional development & specialist training programmes.

UNSCHEDULED CARE

STRENGTHENING CLINICAL EFFECTIVENESS THROUGH SERVICE IMPROVEMENT

Focus on strengthening clinical effectiveness through service redesign, workforce investment, strengthened governance arrangements & targeted quality improvement activity.
Improvement programmes were established to support clinical quality, patient safety & sustainable service delivery.

WHAT IMPROVED

- Stroke services implemented a structured improvement programme supported by enhanced governance, performance monitoring & multidisciplinary review.
- Quality dashboards & performance reporting mechanisms were developed to support monitoring of incidents, patient experience, mortality, safeguarding & service performance.
- Clinical teams introduced new approaches to multidisciplinary working, including daily huddles, operational review processes & standardised improvement programmes.
- Stroke Services reported an increase in IPC Level 2 compliance from 73% to 89%.

IMPACT

- Stroke quality dashboards enabled monitoring of incidents, mortality, safeguarding & patient experience following service redesign.
- Daily multidisciplinary huddles & governance arrangements supported ongoing review of performance & improvement actions.

LOOKING AHEAD

- Continue focused improvement work on stroke performance, including access to CT scanning & Acute Stroke Unit admission.



CONCERNS

TURNING PATIENT EXPERIENCES INTO LEARNING

During 2025/26, CTM UHB strengthened the way concerns are managed & used for learning through implementation of the Listening to People framework & closer integration of PALS, Early Resolution & Concerns functions. More consistent concerns processes were introduced, governance arrangements were strengthened, & patient feedback was increasingly used alongside quality information to support organisational learning & service improvement.

WHAT IMPROVED

- During the final quarter of 2025/26, Listening to People (LTP) was implemented across CTM UHB, supported by new processes, guidance & staff engagement.
- Learning identified through concerns is now more systematically captured & shared with services.
- Governance arrangements were strengthened to support learning, quality assurance & organisational oversight.
- Engagement & learning sessions supported implementation of LTP across CTM UHB.
- Future work will further strengthen how concerns, patient feedback, Datix information & other quality indicators are reviewed together to support organisational learning & improvement.

IMPACT

- Listening to People was implemented across CTM UHB during the final quarter of 2025/26, supported by new processes, guidance & staff engagement.
- Learning from concerns was captured & shared with services more systematically.
- Strengthened governance arrangements provided greater support for learning, quality assurance & organisational oversight.

LOOKING AHEAD

- Further strengthen the combined review of concerns, patient feedback, Datix information & other quality indicators to support organisational learning & improvement.

LEGAL SERVICES

USING LEGAL LEARNING TO SUPPORT IMPROVEMENT

Legal insight was shared more systematically to support proportionate decisions, organisational learning & quality improvement. Reports & governance discussions increasingly focused on the relevance of case findings to service development & practice change. Governance reporting increasingly tested whether learning actions could be evidenced & sustained.

WHAT IMPROVED

- Reported inquest learning to the Quality, Safety & Experience Committee.
- Shared learning through Care Group Quality, Safety & Experience Committees.
- Presented legal learning at audit meetings.
- Used recurring causal themes to inform audits, training priorities & improvement activity.
- Used legal advice & investigation findings to inform service development.
- Strengthened reporting & escalation to increase visibility of completed & sustained actions.

IMPACT

- Learning identified through legal scrutiny informed work relating to:
- Capacity assessment & the application of the Deprivation of Liberty Safeguards.
- Follow-up of investigation results where delays in diagnosis had occurred.
- Standardisation of resuscitation trolleys across Wales.
- Implementation of Enhanced Supervision.
- Governance reporting also strengthened the connection between legal scrutiny, service responses & organisational assurance.

LOOKING AHEAD

- Further develop the Claims, Redress & Inquest teams through the Organisational Change Programme to strengthen learning, assurance & service improvement.

INFECTION PREVENTION & CONTROL

EFFECTIVE IPC DEPENDS ON RELIABLE PRACTICE

Effective IPC depends on reliable practice, evidence-based guidance & learning from data. CTMUHB used surveillance, point prevalence surveys, audit, training, policy review & governance reporting to improve assurance & identify where practice needs to be strengthened.

Policies alone do not prove that safe practice is happening. Effective infection prevention requires direct observation, education, audit, feedback, leadership accountability & review of infection outcomes.

WHAT WE DID

- Point Prevalence Surveys (PPS): IPC used direct observation to assess Bare Below the Elbows, hand hygiene, personal protective equipment & device-related practice.
- Training & competence: The IPC team delivered 81 formal sessions to 509 staff & provided targeted education linked to risk, outbreaks, audits & practice findings.
- Governance & assurance: Quarterly reporting, annual reporting, risk-register review & Code of Practice assessment were used to provide assurance & identify gaps.

IMPACT

- Point Prevalence Surveys (PPS) work showed that repeated measurement & feedback can improve practice in several areas.
- The work clarified that high Bare Below the Elbows compliance does not automatically mean reliable hand hygiene or appropriate PPE use.
- Overall IPC training compliance remained 78.09%, with Medical & Dental compliance at 38.22%, making this an organisational priority.

LOOKING AHEAD

- Increase IPC Level 1 & Level 2 compliance to at least 85% overall by Quarter 4.
- Repeat PPS across acute sites covering Bare Below the Elbows, hand hygiene, Personal Protective Equipment (PPE), device care & aseptic practice.
- Develop an electronic learning/action tracker for infection reviews, outbreaks, audits, PPS & decontamination learning.

SAFEGUARDING

Cwm Taf Morgannwg Bwrdd Diogelu Safeguarding Board

WHAT IMPROVED

- Reviewed the current safeguarding training programme aligned with the Wales National Safeguarding Training Framework & Intercollegiate Documents.
- Strengthened professional advice & support to frontline staff to ensure evidence-based safeguarding practice.
- Embedded learning from Single Unified safeguarding Reviews, national reports, & internal reviews into training & practice guidance.
- Development of structured safeguarding audit programme aligned to safeguarding priorities.

IMPACT

- Improved staff knowledge, skills, & confidence in safeguarding practice.
- Demonstrable learning from reviews influencing service improvement.
- Increased alignment of practice with policy & national standards.

LOOKING AHEAD

- Continue to align training to emerging national priorities (e.g., VAWDASV, exploitation, neglect).
- Enhance evaluation of training impact on practice & outcomes.
- Continue to embed SUSR learning into training & policy.



Efficient services deliver care in ways that maximise value & reduce duplication.

EFFICIENT OVERVIEW

- Efficient service delivery has been enhanced by expanding digital tools, strengthening recruitment, & supporting retention. The Ward Accreditation Programme & Senior Nurse Development programme highlight CTMUHB's drive to improve practice through structured frameworks.

Key Areas of Focus:

- Ward Accreditation Programme implementation across three phases
- Recruitment of Band 5 nurses & internal lateral move retention
- Rollout of PROMs/PREMs through value-based projects
- Senior Nurse Development Programme pilot & revision
- Implementation of SafeCare & audit tracking systems

CHILDREN & FAMILIES
DIGITAL SOLUTIONS & SERVICE REDESIGN TO SUPPORT CARE DELIVERY

Children & Families progressed a number of service redesign & digital initiatives during 2025/26. This included implementation of digital systems, redesign of screening services, digital consent processes & developments to support data collection & service management.

WHAT IMPROVED

Implementation of the Badgernet Maternity Information System progressed during 2025/26, with community booking going live in March 2026 & full maternity record implementation planned as part of a phased rollout.

The School Entry Hearing Screening Service transferred to Audiology as part of the development of a new service model.

The School Nursing e-consent pilot achieved 86% uptake in Merthyr, with plans for implementation across CTMUHB.

Digital developments supporting the Fluenz programme included investment in digital & data support, development of a vaccination data capture tool & expansion of e-consent arrangements.

IMPACT

- Community booking through the Badgernet Maternity Information System went live in March 2026.
- The School Nursing e-consent pilot achieved 86% uptake in Merthyr.
- A vaccination data capture tool & expanded e-consent arrangements were developed to support the Fluenz programme.

LOOKING AHEAD

- Continue the phased rollout of Badgernet towards implementation of the full maternity record.
- Progress wider implementation of School Nursing e-consent across CTMUHB.



DIAGNOSTICS, THERAPIES, PHARMACY & SCIENCES

DELIVERING HIGH-QUALITY CARE

During 2025/26, DTPS progressed digital, technological & workforce developments designed to support more efficient service delivery. This included implementation of new laboratory systems, preparation for Radiology system changes, workforce redesign initiatives & investment in technology to reduce reliance on manual processes.

WHAT IMPROVED

Cellular Pathology successfully implemented the TCLe Laboratory Information Management System (LIMS) during the week commencing 26 January 2026.

A cross-section of Radiology staff completed Super User training in preparation for implementation of the Radiology Information System Programme (RISP) in March 2026.

An Anaesthetics & Ventilation Technologist was appointed & began training to re-establish support at RGH & PCH.

Pathology launched a SimplyDo improvement challenge focused on specimen reception processes, workflow, communication & error reduction.

IMPACT

- TCLe Laboratory Information Management System (LIMS) was successfully implemented within Cellular Pathology, providing the new laboratory information management platform for the service.
- The Anaesthetics & Ventilation Technologist role was established to reintroduce local technical support at RGH & PCH & remove reliance on an external service contract.
- Ideas generated through the Pathology SimplyDo initiative were being progressed, with incident data planned to be used to assess impact on specimen reception errors. Outcome data were not reported during 2025/26.

LOOKING AHEAD

- Continue implementation of solutions to reduce manual transcription within Cellular Pathology & progress digital developments supporting more efficient workflows across Pathology & Radiology services.

MENTAL HEALTH & LEARNING DISABILITY USING DATA & AUDIT TO STRENGTHEN QUALITY OVERSIGHT

Mental Health & Learning Disabilities strengthened quality oversight through improved use of data, audit & governance systems. During 2025/26, the Care Group implemented a Quality Dashboard, embedded the Audit Management & Tracking (AMAT) system across all wards, & continued to use quality assurance reviews & governance arrangements to identify themes, trends & improvement priorities.

WHAT IMPROVED

A fully functional Quality Dashboard was developed to support identification of themes & trends across services.

The Care Group introduced thematic analysis of complaints using dashboard reporting to support service improvement.

Audit Management & Tracking (AMAT) was embedded across all MHLD wards, supporting monitoring of compliance & improvement actions.

Performance against ward audit actions continued to be monitored through directorate Quality, Safety & Experience meetings.

Plans developed to further enhance reporting capability through operationalisation of the Quality Dashboard & implementation of Power BI.

IMPACT

- The Quality Dashboard made it easier for the Care Group to identify themes & trends across its quality information.
- Datix dashboard access enabled team & service leads to view formal & Early Resolution complaints & supported a focused approach to closing Early Resolution complaints.
- AMAT provided a consistent framework for monitoring ward audit compliance & outstanding actions through directorate Quality, Safety & Experience meetings.

LOOKING AHEAD

- Operationalise the Quality Dashboard for individual teams & services & then implement Power BI.



AMaT

PLANNED CARE

MAKING BETTER USE OF CAPACITY ACROSS PLANNED CARE

During 2025/26, Planned Care redesigned services, pathways & clinical capacity to make better use of available resources. Developments included dedicated elective orthopaedic capacity, Vanguard theatres, outpatient transformation, centralised ophthalmology services & standardised pre-assessment pathways to support patient flow & more structured use of available capacity.

What Improved

Endoscopy & surgical Vanguard theatres were introduced to increase planned care capacity.
A dedicated arthroplasty service was established at Princess of Wales Hospital, supported by dedicated theatre, ward & therapy capacity.
Cataract surgery was centralised within the Princess of Wales Ophthalmology Centre to increase treatment capacity.
Weekend outpatient activity supported additional review & assessment capacity across multiple specialties.



IMPACT

- Between 1 September & 22 October 2025, 239 elective arthroplasty proce undertaken at Princess of Wales Hospital.
- Over the same period, average length of stay was reported as 1.9 days, c with 5 days at the equivalent point in the previous year.
- The finalised theatre timetable from 1 April 2026 was reported as matchin capacity & demand of each service.

LOOKING AHEAD

- Embed the new theatre timetable following completion of the Royal Glamorgan Hospital theatre works & return of activity from the Vanguard unit to the main theatre suite.

PRIMARY CARE & COMMUNITY IMPROVING SERVICE COORDINATION & USE OF RESOURCES

Primary Care & Community services progressed service redesign, workforce development & new models of care during 2025/26. This included the introduction of Enhanced Community Care, development of new operating arrangements within the Community Navigation Hub & implementation of service changes designed to support delivery of care across community settings.

What Improved

The Enhanced Community Care (ECC) team was introduced, reconfiguring existing services & providing new services for patients whilst maintaining existing clinical provision.

A new operating model for Advanced Paramedic Practitioners within the Community Navigation Hub was introduced, with staff co-located within the hub & directing the work of WAST resources.

The Respiratory Virtual Ward had 20 patients across Rhondda Taf Ely & Merthyr, with referrals from the Bridgend COPD team commencing during 2025.

WPrimary Care have implemented the WGOS 4 filtering services for glaucoma, wet age-related macular degeneration & diabetic retinopathy pathways.

IMPACT

- The District Nursing Single Point of Access was implemented across the Health Board.
- Enhanced Community Care reconfigured existing services whilst maintaining current clinical provision & increasing services available to patients.
- Unified Contract Assurance Framework desktop reviews were completed for GP practices for a second consecutive year.

LOOKING AHEAD

- Continue development of the CTM Single Point of Access model.
- Further develop Hospital at Home & Enhanced Community Care arrangements.

UNSCHEDULED CARE

IMPROVING PATIENT FLOW THROUGH SERVICE REDESIGN & DIGITAL INNOVATION

Unscheduled Care introduced service redesign & digital approaches to support patient flow, operational decision-making & coordination across urgent & emergency care pathways. These included Optimise, UNITE, electronic ED huddles & digital task management. The available evidence supports these as improvement enablers, but does not yet demonstrate sustained efficiency outcomes.

What Improved

The Optimise programme was launched at Princess of Wales Hospital in October 2025, focusing on SAFER board round compliance & the Optimal Hospital Flow Framework.
The UNITE programme brought together multiple Unscheduled Care workstreams under one coordinated structure, including Acute Medicine/SDEC, frailty, ED, discharge & flow, UTC, Doccla & enabling projects.
Electronic ED Huddles were launched in December 2025 to support real-time visibility of patient flow, operational decision-making & data quality.
MyPorter was launched pan-CTMUHB in November 2025 to support real-time task allocation, patient transfers & operational flow.

IMPACT

- Optimise introduced a structured approach to patient flow, multidisc
- UNITE brought multiple Unscheduled Care improvement workstrean
- Electronic ED Huddles & MyPorter introduced digital tools to suppor making.

LOOKING AHEAD

- Continue embedding Optimise, UNITE & digital flow initiatives to support patient flow & service transformation.

CONCERNS
MAKING BETTER USE OF FEEDBACK, LEARNING & RESOURCES

During 2025/26, the Concerns & Patient Experience Service improved the way concerns, patient feedback & quality intelligence are used to support improvement. Closure of legacy workloads enabled resources to be redirected towards current activity, while closer integration between concerns, patient experience & quality intelligence functions reduced duplication & improved organisational awareness of key themes.

What Improved

Closure of legacy workloads enabled resources to be redirected towards current concerns & service improvement.
Improved integration between concerns, patient experience & quality intelligence functions reduced duplication across systems & processes.
Organisational awareness of recurring themes & learning was strengthened through more connected use of concerns & feedback information.
Closure of historic concerns enabled greater focus on supporting implementation of Listening to People arrangements.
Future work will continue to enhance the use of patient feedback, complaints & quality intelligence to identify themes & drive service improvement.

IMPACT

- Addressing legacy workloads enabled greater focus on current concerns & implementation of Listening to People arrangements.
- Closer integration of concerns, patient experience & quality intelligence functions reduced duplication across systems & processes.
- More connected use of concerns & feedback information strengthened organisational awareness of recurring themes & learning.

LOOKING AHEAD

- Continue enhancing the combined use of patient feedback, complaints & quality intelligence to identify recurring themes & support service improvement.

LEGAL SERVICES
STRENGTHENING CASE MANAGEMENT & REDRESS RECOVERY

Case management became more structured through standardised review, improved audit trails, clearer ownership & targeted work on older matters. Redress recovery activity focused on improving visibility of priorities, ownership, next steps & blockages through strengthened review, governance & monitoring arrangements.

WHAT WE DID/IMPROVED

Full review of open Redress cases undertaken.

Redress Tracker implemented.

Reintroduced weekly Legal Services review meetings.

Developed a revised end-to-end Redress process & governance framework.

Reconciled & cleansed case information to improve data consistency.

Developed shared resources, guidance & quality checks for formal submissions.



IMPACT

- 58 final response letters were issued, providing the outcomes of Redress investigations.
- 75 cases were closed, bringing those matters to a final conclusion.
- Case information was reconciled & cleansed to improve data consistency.

LOOKING AHEAD

- Embed regular file reviews & audit arrangements to support quality, consistency & effective case management.

INFECTION PREVENTION & CONTROL

EFFICIENCY THROUGH PREVENTING AVOIDABLE HARM

IPC supports efficienEfcy by preventing avoidable harm, reducing outbreak disruption & promoting appropriate use of resources. The service used risk-based audit, Hub working & PPE improvement work to support safety, sustainability & value.
Avoidable infection & outbreaks use resources through isolation, treatment, cleaning, staffing pressure & lost bed capacity. Efficient IPC means using evidence & risk assessment to focus action where it has greatest safety & quality impact.

WHAT WE DID

Risk-based audit: IPC continued to move from a static annual audit model to an areas-of-concern approach using AMaT, outbreak intelligence, incidents, infection reviews & local escalation.

Appropriate glove use: Point Prevalence Surveys (PPS) & Personal Protective Equipment (PPE) improvement work reinforced when gloves are needed & when hand hygiene is safer & more appropriate.

Resource coordination: The Hub model supported triage, prioritisation & cross-site deployment of IPC staff according to risk, demand & capacity.

IMPACT

- Non-sterile examination glove use reduced by approximately 605,800 indiv
- Non-sterile glove spend reduced by approximately £20,658, with overall ex when sterile & non-sterile categories were combined.
- Risk-based audit helped focus IPC support on areas with the weakest assu

LOOKING AHEAD

- Continue appropriate glove-use work as a safety, sustainability & value pr
- Use Audit Management & Tracking tool (AMaT) & action tracking to focus not only audit scores.
- Evaluate Hub workflows & use demand data to improve standardisation &

DEVELOPING CLINICAL LEADERS

During 2025/26, CTMUHB launched ASCEND (Advancing Senior Clinical Excellence in Nursing Development), a senior clinical leadership programme for Band 8a registered nurses. Building on learning from the original pilot, ASCEND provides a structured development pathway focused on workforce leadership, quality, safety, patient experience, governance & service improvement. Delivered through a blended learning model, the programme supports senior nurses to translate leadership into measurable improvement & assurance outcomes.

WHAT IMPROVED

Refined & strengthened the original leadership pilot.
Introduced a structured curriculum built around four clinical leadership domains.
Increased focus on governance, assurance & data-informed decision making.
Expanded learning in workforce leadership, systems leadership & service transformation.
Enhanced workplace application through blended learning & peer support.

Programme element	Indicative timeframe	Delivery method	Delivery format
Launch: Establishing Clinical Leadership Foundations	Week 1 **16th Oct**	Full-day facilitated session	Face to face / in person
Session 1: Leading a Skilled and Sustainable Clinical Workforce	Weeks 2–3 **21st Oct**	Virtual taught session with tailored breakout learning	Virtual
Session 2: Leading Quality, Safety and Patient Experience through Clinical Governance	Weeks 5–6 **17th Nov**	Full-day facilitated session	Face to face / in person

IMPACT

- ASCEND aims to support senior nurses to:
- Demonstrate enhanced clinical leadership capability.
- Lead effective & sustainable clinical teams.
- Strengthen assurance within governance frameworks.
- Deliver measurable improvements in quality, safety & patient experience
- Use data & insight to inform clinical & strategic decision making.

LOOKING AHEAD

- Implementation & evaluation of ASCEND will assess its contribution to leadership capability, workforce development, patient experience & service improvement across CTMUHB.

SAFEGUARDING

WHAT IMPROVED

- Ensured safeguarding processes are consistently applied across all populations & service areas.
- Strengthened consideration of vulnerability, protected characteristics, & inequalities within safeguarding assessments.
- Continued partnership working to support equitable access to safeguarding services.



IMPACT

- Improved identification & response to individuals at increased risk due to inequality or vulnerability.
- Greater consistency in safeguarding decision-making

LOOKING AHEAD

- Further develop data to better understand disparities in safeguarding access & outcomes.
- Strengthen inclusion of equity considerations within audits & reviews.

SAMARITANS

SANE

Cwm Taf Morgannwg Bwrdd Diogelu Safeguarding Board





We are committed to removing barriers to access & ensuring that all individuals receive fair & inclusive care.

EQUITABLE OVERVIEW

CTMUHB has strengthened its commitment to inclusion & fairness. From staff wellbeing & bereavement care to data-informed safeguarding, the Health Board is taking steps to ensure equity in opportunity, access & support.

Key Areas of Focus:

- Support for Armed Forces & ERS Silver award status
- Launch of Armed Forces Café & Medical Stretch programme
- Pastoral care offers for international & BAME staff
- Safeguarding data reporting into national systems
- Bereavement Lead influence on national policy



CHILDREN & FAMILIES

IMPROVING ACCESS & SUPPORT FOR DIVERSE & VULNERABLE COMMUNITIES

Children & Families progressed a number of initiatives during 2025/26 aimed at supporting children, young people, women & families with differing needs & circumstances. This included development of targeted services for vulnerable families, work to address digital exclusion, cultural competency certification activity & review of services where variation across sites had been identified.

WHAT IMPROVED

The BLOOM (Building Lives & Optimising Outcomes in Midwifery) pilot was launched in Bridgend, providing continuity-based midwifery care for families experiencing challenges including mental health issues, domestic abuse, substance misuse & late engagement with maternity services.

Work continued to support families experiencing digital exclusion, with the Digital Informatics Midwife recognised nationally for work with families experiencing digital exclusion & poverty.

Cultural competency certification progressed across the Care Group during 2025/26.

A review of allergy services commenced in response to increased referrals & inequity across sites.

A health visitor produced mini-webinars focused on equity in breastfeeding for Gypsy & Traveller communities.

IMPACT

- The BLOOM pilot provided a continuity-based model of midwifery c experiencing specified complex challenges.
- Cultural competency certification progressed across the Care Group
- Resources were produced focusing on equity in breastfeeding for G communities.

LOOKING AHEAD

- Continue the review of allergy services in response to increased referrals & inequity identified across sites.
- Continue work relating to digital exclusion, cultural competency & support for families with differing needs & circumstances.

DIAGNOSTICS, THERAPIES, PHARMACY & SCIENCES

SUPPORTING EQUITABLE ACCESS

During 2025/26, DTPS undertook a number of initiatives designed to support equitable access to services. These included flexible approaches to service delivery, analysis of access patterns & service reviews intended to promote consistent access across CTM. The QSRE papers provide evidence of activity supporting equitable access but limited evidence demonstrating changes in equity outcomes.

WHAT IMPROVED

The Newborn Hearing Screening Wales Quality Assurance Audit identified flexible service provision to meet the needs of families in terms of appointment day & timing.

Audiology submitted data to the CIRCA-2 Audit, which includes referral analysis by postcode & deprivation index.

Initial engagement commenced for a review of Echocardiography resources across CTM, with the stated objective of ensuring equitable access & consistent service provision.

The Point of Care CRP Testing pilot was implemented in Primary Care, with all 27 participating sites live by February 2026.

IMPACT

- The Newborn Hearing Screening Wales audit highlighted flexible appointment arrangements as an area of good practice for families accessing the service.
- CTMUHB contributed data to the CIRCA-2 national audit, supporting analysis of access to cochlear implant referrals by postcode & deprivation index.
- The Echocardiography demand & capacity review was established with the stated aim of ensuring equitable access & consistent service provision across CTM.
- All 27 Primary Care sites that expressed an interest in the Point of Care CRP Testing pilot were operational by February 2026.

LOOKING AHEAD

- Continue participation in the CIRCA-2 audit programme & further work to understand access to cochlear implant services through referral analysis by postcode & deprivation index.

MENTAL HEALTH & LEARNING DISABILITY
SUPPORTING EQUITABLE ACCESS & PERSONALISED CARE

Mental Health & Learning Disabilities continued to support equitable care for people with learning disabilities through community-focused service development, annual health check improvement work & specialist liaison support within acute hospitals. During 2025/26, the Care Group contributed to Welsh Government learning disability priorities, supported specialist learning disability services through regional partnerships & continued initiatives aimed at improving health outcomes & reducing inequalities.

WHAT IMPROVED

The Care Group supported Welsh Government priorities to increase access to & uptake of Annual Health Checks for people with learning disabilities.

Additional support was introduced for young people waiting for specialist substance misuse services.

Work with Public Health colleagues explored additional approaches to support smoking cessation for people admitted to mental health inpatient services.

Specialist Learning Disability services continued to work towards reducing reliance on inpatient care & strengthening community provision.

Acute Learning Disability Liaison Nurses continued to support patients & staff across CTMUHB acute hospitals through training, advice & champion development.

A dedicated Quality Lead Nurse role continued to support improvement in health outcomes for people with learning disabilities.

IMPACT

- Three whole-time-equivalent Acute Learning Disability Liaison Nurses supported the three CTMUHB acute hospitals & delivered induction, deteriorating-patient & learning disability champion training.
- Additional nursing capacity, weekly waiting-list discussions & four-weekly communication with young people & families provided additional support while young people waited for specialist substance misuse services.
- The number of people requiring specialist learning disability inpatient care reduced from a high of 26 in 2020 to 20 reported in 2025.

LOOKING AHEAD

- Continue reporting progress on learning disability annual health checks & progressing work aligned to Welsh Government priorities for annual health checks, specialist services, data quality & reducing restrictive practices.

PLANNED CARE

IMPROVING ACCESS TO SERVICES ACROSS CTM

Planned Care continued to develop services across CTM through specialist hubs, outpatient activity & alternative clinical pathways. These developments included the creation of new diagnostic & treatment services, expansion of weekend outpatient activity & development of virtual & same-day care pathways.

WHAT IMPROVED

A cataract treatment hub was developed within the Princess of Wales Hopital, Eye Unit.
A glaucoma diagnostics hub was established at Ysbyty Cwm Cynon Hospital.
Weekend outpatient activity was delivered across multiple specialties.
Virtual review pathways were developed through Surgical Assessment Services.
Trauma Same Day Emergency Care pathways were developed to support assessment & treatment as an alternative to ward admission for selected patients.

IMPACT

- Weekend outpatient appointments were delivered across nine reported sp including Ear, Nose & Throat, Orthopaedics, Ophthalmology, Urology, Gyn Dermatology, Gastroenterology, General Surgery & Cardiology.
- The Surgical Assessment Unit & Surgical Same Day Emergency Care watc virtual monitoring & review of GP referrals & follow-up patients.
- Patient & staff feedback following centralisation of cataract services was as positive.

LOOKING AHEAD

- Continue developing Trauma Same Day Emergency Care & virtual review pathways as alternatives to ward-based assessment for selected patients.

PRIMARY CARE & COMMUNITY

IMPROVING ACCESS & CONSISTENCY ACROSS COMMUNITY SERVICES

Primary Care & Community services progressed a range of service developments during 2025/26, including prison healthcare improvement work, implementation of WGOS 4 services, development of District Nursing services & safeguarding support for primary care teams.

WHAT IMPROVED

At HMP Parc, the percentage of the prison population offered DBST increased from 78% to 97%, while the percentage screened increased from 34% to 89%.

District Nursing teams continued work towards the Community Nursing Specification, with CTM reporting the highest percentage of weekend capacity across Wales.

District Nursing safeguarding training was implemented & the general medical services team worked with safeguarding colleagues to develop a training programme for GP practices & wider primary care teams.

GP practice assurance visits commenced under the Unified Contract Assurance Framework, with multidisciplinary visits covering all 12 Quality Standards.

IMPACT

- At HMP Parc, the proportion offered Dry Blood Spot Testing (DBST) increased from 78% to 97%, with screening increasing from 34% to 89%.
- The Spring COVID-19 vaccination programme achieved uptake of 54.4%, above the Welsh average of 52.27%.

LOOKING AHEAD

- Deploy the Mobile Vaccination Unit to support vaccine access across communities.
- Continue work towards Hepatitis B & C elimination targets within HMP Parc.

UNSCHEDULED CARE

IMPROVING CONSISTENCY & ACCESS ACROSS UNSCHEDULED CARE SERVICES

Unscheduled Care focused on improving consistency of care, supporting reduced variation between sites & enhancing access to support for vulnerable patients. Initiatives included extending support services & standardising clinical processes across hospital sites.

WHAT IMPROVED

Funding was allocated for three Health Independent Domestic Violence Advisors (IDVAs), with plans to extend the Emergency Department pilot model across all three acute hospital sites.

A Task & Finish Group was established to standardise enhanced supervision documentation, risk assessment processes & levels of observation across sites.

Marie Curie Companion Volunteers were introduced across inpatient wards & departments at PCH to provide emotional & social support, advance care planning support & bereavement support.

IMPACT

- Funding for Health IDVAs supported access to domestic abuse support within acute services.
- Standardisation work strengthened consistency of enhanced supervision processes across hospital sites.
- Marie Curie Companion Volunteers increased the support available to patients, families & carers at Prince Charles Hospital.

LOOKING AHEAD

- Continue extending support services & implementing standardised approaches to care across hospital sites.



CONCERNS

ENSURING EVERYONE'S VOICE CAN BE HEARD

The Concerns Service continued to support equitable access to the concerns process by recognising individual communication, language & accessibility needs. Through Listening to People, individuals are offered communication & advocacy support, reasonable adjustments where required, & opportunities to raise concerns in ways that best meet their needs. Welsh language provision & accessible communication remain important components of delivering person-centred & equitable services.

WHAT IMPROVED

Communication is tailored to meet individual communication & accessibility needs.
Advocacy & support are available to individuals raising concerns.
Reasonable adjustments are considered to support people with disabilities & protected characteristics.
Support is available for people with language needs, disabilities & digital exclusion.
Welsh-speaking individuals can raise & discuss concerns through Welsh language provision, including access to Welsh-speaking staff.

IMPACT

- People are supported to raise concerns in ways that meet their communication, language & accessibility needs, helping ensure that everyone has equitable access to the concerns process.

LOOKING AHEAD

- The service will continue to strengthen accessible communication, Welsh language provision, advocacy support & reasonable adjustments to ensure concerns processes remain inclusive & equitable for all communities.

LEGAL SERVICES
FAIR & CONSISTENT LEGAL PROCESSES

Greater standardisation supported fairer & more consistent management of claims, redress & inquests. Attention was given to communication needs, advocacy & reasonable adjustments to support meaningful participation in legal processes.

WHAT WE DID/IMPROVED

Introduced standard review arrangements & guidance to support consistency.
Considered advocacy & communication support needs.
Adapted communication & process arrangements where individual needs were identified.
Clarified escalation routes for delays & access issues.

IMPACT

- Introduced standard review arrangements & guidance to support consistency.
- Considered advocacy & communication support needs.
- Adapted communication & process arrangements where individual needs were identified.
- Clarified escalation routes for delays & access issues.

LOOKING AHEAD

- Continue to strengthen support, guidance & reasonable adjustments for patients, families & staff involved in claims, Redress & inquest processes.

INFECTION PREVENTION & CONTROL

PROMOTING CONSISTENT INFECTION PREVENTION STANDARDS

IPC supports equity by promoting consistent infection prevention standards across acute, community & partner settings. CTMUHB strengthened Health Board-wide acute support & developed the Community IPC Team so prevention reaches patients & providers beyond hospital walls.

Community-onset infection represents a substantial part of the infection burden for C. difficile, E. coli, Klebsiella & Staphylococcus aureus. Equity requires IPC support across the whole pathway, including hospitals, community services, care homes, primary care & other providers.

WHAT WE DID

- Consistent acute-site support: The 12-hour model improved equity of access to IPC advice across Prince Charles, Royal Glamorgan & Princess of Wales Hospitals.·
- Community IPC development: The Community IPC Team strengthened relationships with Public Health Wales, local authorities & care providers, including support linked to COVID-19 & scabies outbreaks.
- Care home audit & support: The community programme supported risk-based visits to nursing homes & residential homes.

IMPACT

- 25 of 27 nursing homes were audited, with 15 rated green, 8 amber & 2 red.
- Residential-home audit coverage began, with 15 of 37 homes audited during the reporting period.
- Community partnerships are creating a stronger foundation for work on community-onset infection & outbreak support.

LOOKING AHEAD

- Deliver risk-based audit/support visits to 100% of nursing homes & an agreed proportion of residential homes.
- Extend the IPC community offer to community clinics, GP surgeries & domiciliary care pathways.
- Identify IPC link/champions in nursing homes & at least 25% of GP practices by Quarter 4, subject to capacity.

SAFEGUARDING



WHAT IMPROVED

Strengthened focus on the voice of the child & adults within safeguarding processes. Utilising feedback questionnaires from within the child protection medical hub, looked after childrens service & health IDVAs.
Utilisation of feedback mechanisms (e.g., CIVICA) to capture patient & family experience.
Promoted person-centred safeguarding practice through applying professional curiosity, training & supervision.

IMPACT

- Increased evidence of individual perspectives informing safeguarding decisions.
- Improved quality of care planning & intervention

LOOKING AHEAD

- Further embed mechanisms for capturing & evidencing the voice of the individual.
- Strengthen co-production approaches where appropriate.

PROMOTING INCLUSION & EQUITY OF EXPERIENCE

Work continued to improve inclusion & equity of experience by strengthening support pathways for groups whose voices may be less visible in traditional feedback routes.

WHAT IMPROVED

Engaged with carers & people with learning disabilities to better understand experience & access needs.
Continued Armed Forces Covenant work & support for the veteran community.
Promoted reasonable adjustments & accessibility.
Strengthened volunteer services as part of patient & community support.
Supported review of chaplaincy & spiritual care provision.

IMPACT

Seldom-heard voices were made more visible in-service improvement conve
accessibility & strengthen equity of experience for patients, families, carers &

LOOKING AHEAD

Build stronger evidence of outcomes for seldom-heard groups & use insi
services.
Strengthen mechanisms for capturing experience from communities who ma
Use learning from inclusion & equity work to inform service planning, staff a



Putting patients, carers, & staff at the centre of care decisions builds trust & improves outcomes.

PATIENT-CENTRED OVERVIEW

CTMUHB continues to promote person-centred care by embedding compassion, preference, & holistic support into practice. Chaplaincy, trauma support, & safeguarding conversations reflect how services are aligned to individual needs & values.

Key Areas of Focus:

- Chaplaincy response in trauma & bereavement settings
- Spiritual care embedded into staff & patient support
- Safeguarding staff trained to ask patients about feeling safe
- Care2Share & other service user feedback routes introduced
- Contribution to national nursing & midwifery curriculum

CHILDREN & FAMILIES
LISTENING TO CHILDREN, YOUNG PEOPLE & FAMILIES

Children & Families reported a range of activity during 2025/26 relating to the involvement of children, young people, women & families. This included increased patient responses (through CIVICA), involvement of a young person in a senior recruitment process, appointment of a Maternity & Neonatal Voices Partnership (MNVP) Chair & listening events undertaken across maternity services.

WHAT IMPROVED

An increase in patient feedback responses (CIVICA) was reported across Children & Young People's services.
A young person aged 12 was included as a member of the appointment panel for the Head of Nursing for Children & Young People.
A remunerated Maternity & Neonatal Voices Partnership (MNVP) Chair was appointed in accordance with the Welsh Government Quality Statement for Maternity & Neonatal Services.
Director of Midwifery listening events were undertaken across sites, with feedback shared with individual staff & teams.
Positive feedback was received from a family regarding the dignified & compassionate care provided by the Community Children's Nursing Team to a child receiving end-of-life care.

IMPACT

- An increase in CIVICA responses was reported across Children & Young People's services.
- A young person aged 12 participated in the appointment panel for the Head of Nursing for Children & Young People.
- A remunerated MNVP Chair was appointed.
- Director of Midwifery listening events took place across sites, with feedback shared with staff & teams.
- A family provided positive feedback about the dignified & compassionate end-of-life care delivered by the Community Children's Nursing Team.

LOOKING AHEAD

- Care Group Listening to People systems to be in place.
- Learning events to be held across the Care Group.
- Listening to People training to be delivered to the Care Group.

DIAGNOSTICS, THERAPIES, PHARMACY & SCIENCES

SUPPORTING PATIENT-CENTRED CARE

During 2025/26, DTPS continued to focus on providing services that reflected the needs of patients & families. Evidence from the QSRE papers highlighted flexible access arrangements, communication with bereaved families, positive patient feedback & work to support the death certification process.

WHAT IMPROVED

- The Newborn Hearing Screening Wales Quality Assurance Audit identified flexible service provision to meet the needs of families in terms of appointment day & timing.
- The CTM bereavement support webpage was updated to provide information regarding potential delays in receiving death certificates.
- A CTM Medical Examiner Service QR code was developed & launched in October 2025 to support the death certification process.
- Positive patient feedback continued to be reported within Ultrasound services across CTM, particularly regarding communication, professionalism & reassurance during examinations

IMPACT

- The Newborn Hearing Screening Wales audit highlighted flexible appointment arrangements as an area of good practice supporting families accessing the service.
- Bereaved families were provided with updated information regarding potential delays in the death certification process through the CTM website.
- The Medical Examiner Service QR code was reported to have had a positive impact in some areas & improved data capture to help understand where delays occurred.
- Patient feedback received by Radiology consistently highlighted communication, professionalism & reassurance provided during ultrasound examinations

LOOKING AHEAD

- Work will continue to address delays in the death certification process & support the Medical Examiner Service arrangements across CTM.

MENTAL HEALTH & LEARNING DISABILITY
IMPROVING PATIENT EXPERIENCE & INVOLVEMENT

Carers Cafe

Mental Health & Learning Disabilities continued to strengthen person-centred care by involving patients, young people & carers in service improvement, support initiatives & staff learning. During 2025/26, the Care Group introduced a Carers Café pilot, incorporated lived experience into staff training, involved young people in shaping service environments & developed initiatives to support patients preparing to leave hospital.

WHAT IMPROVED

- A Carers Café launched at the Royal Glamorgan Hospital, providing support, compassion & information for families & carers, with plans for phased rollout across inpatient sites.
- Personality Disorder training was developed & delivered by an individual with lived experience, helping staff gain insight from a patient perspective. Fifteen staff attended the session.
- Preparing for Discharge programme was introduced to support patients transitioning from hospital to home through structured sessions & community drop-in support.
- Executive & external review visits highlighted positive engagement with young people & recognised sustained improvement work at Ty Llidiard.
- Young people at Ty Llidiard contributed ideas & designs for future facilities, including a tuck shop & beauty salon.

IMPACT

- The Ward 22 Carers Café pilot provided a dedicated opportunity to offer support, compassion & clear information to families & carers.
- Fifteen staff attended personality disorder training delivered by a person with lived experience, with participants reporting the value of gaining insight from the patient perspective.
- Young people at Ty Llidiard directly contributed sketches & digital designs for proposed facilities, with their ideas passed to a local design company.

LOOKING AHEAD

- Progress the planned phased rollout of the Carers Café across inpatient sites & wider implementation of the Preparing for Discharge programme once embedded at Royal Glamorgan Hospital.

PLANNED CARE
LISTENING TO PATIENTS & RESPONDING TO FEEDBACK

Throughout 2025/26, Planned Care continued to develop ways of capturing patient feedback & using patient experience within governance & service improvement discussions. This included expanding patient feedback mechanisms, incorporating patient stories into governance discussions & introducing new approaches designed to support patients.

WHAT IMPROVED

- Patient & staff feedback was gathered through bespoke QR-code feedback systems across identified Planned Care clinical services.
- The feedback initiative expanded from Prince Charles Hospital to Princess of Wales Hospital, Bridgend Clinic & planned rollout to Royal Glamorgan Hospital.
- Patient stories were presented through Board & committee structures to support learning & improvement.
- A Call for Concern pilot was introduced for critical care discharges at Princess of Wales Hospital.
- Positive patient & staff feedback was reported following centralisation of cataract services.

IMPACT

- The bespoke feedback approach was expanded from Prince Charles Hospital to Ward 21 at Princess of Wales Hospital & Bridgend Clinic.
- A Planned Care patient story was presented to a Health Board committee to demonstrate the reported patient impact of Surgical Same Day Emergency Care.
- Feedback about care provided through the Vanguard theatres included: “All the staff were lovely”, “Everyone made me feel at ease”, “Nothing was too much trouble” & “I experienced 5 star treatment.”

LOOKING AHEAD

- Complete the planned rollout of the bespoke QR-code feedback system to Royal Glamorgan Hospital & continue using patient stories within governance & improvement discussions.

PRIMARY CARE & COMMUNITY
IMPROVING PATIENT EXPERIENCE & INVOLVEMENT

Primary Care & Community services introduced a range of initiatives to support patient experience, feedback & wellbeing during 2025/26. This included development of patient information resources, opportunities for feedback & activities to support patients receiving care in community settings.

WHAT IMPROVED

- A patient information leaflet for District Nursing was developed, including a QR code for patients & families to provide feedback about their experience.
- Music therapy was introduced at Ysbyty Cwm Cynon & patient feedback was reported as very positive.
- A hairdresser service was introduced at Ysbyty Cwm Cynon & was reported as being well received by patients & relatives.
- Feedback from patients & families at Ysbyty George Thomas Hospital was reported as overwhelmingly positive, with comments highlighting the environment & visiting experience.

IMPACT

- A new District Nursing patient leaflet & QR-code feedback mechanism was developed for patients & families.
- Music therapy at Ysbyty Cwm Cynon received very positive patient feedback.
- Feedback from patients & families at Ysbyty George Thomas Hospital was reported as overwhelmingly positive.

LOOKING AHEAD

- Continue rollout & use of patient feedback tools across community services.

UNSCHEDULED CARE
ENHANCING PATIENT EXPERIENCE, WELLBEING & ENGAGEMENT

Unscheduled Care continued to strengthen patient experience through patient engagement, wellbeing initiatives & additional support services.

WHAT IMPROVED

- The Emergency Department PREM programme continued to achieve high levels of patient engagement, enabling teams to identify themes, respond to feedback & share “You Said, We Did” updates.
- The Dare to Dream charity programme continued to support patients within older persons' services through music, wellbeing & therapeutic activities, receiving positive feedback from patients, visitors & staff.
- Marie Curie Companion Volunteers were introduced across inpatient wards & departments at Prince Charles Hospital to provide emotional support, advance care planning support & bereavement support for patients & families.
- Environmental improvements included refurbishment of patient & family areas, development of day-room facilities & implementation of an immersive room within Paediatric Emergency Care.

IMPACT

- High levels of PREM engagement enabled patient feedback themes to be identified & “You Said, We Did” updates to be shared with service users.
- Dare to Dream activities received positive feedback from patients, families, visitors & staff.
- Environmental improvements & additional support services enhanced patient & family experience across a number of care settings.

LOOKING AHEAD

- Continue using patient feedback & wellbeing initiatives to inform service improvement & patient experience priorities.

CONCERNS

LISTENING EARLIER, RESPONDING TOGETHER

During 2025/26, CTM UHB strengthened how it listens & responds to patients, families & carers through implementation of the Listening to People framework & closer integration of PALS & Concerns services. Earlier engagement, Listening Discussions & improved access to support have increased opportunities for people to share their experiences, shape the resolution of concerns & influence learning & improvement.

WHAT IMPROVED

- Listening to People was implemented across CTM UHB, introducing a more person-centred approach to concerns management.
- Listening Discussions became a core part of the concerns process, helping people feel heard at an earlier stage.
- PALS Officers joined the Concerns Team to support enquiries, Early Resolution & Listening Discussions.
- Patients & families have greater opportunities to share their experiences directly with services & participate in identifying desired outcomes.
- Advocacy, support & accessible communication are available to help people engage with the concerns process in a way that meets their individual needs.

IMPACT

- Patients & families had greater opportunities to share their experiences dir & other engagement approaches.
- Earlier engagement supported clearer communication, earlier explanation in resolving concerns.
- Advocacy, communication support & reasonable adjustments helped ensu individual communication, language & accessibility needs.

LOOKING FORWARD

- The Health Board will continue to embed Listening to People, strengthe remain central to learning & improvement.

LEGAL SERVICES



SUPPORTING PATIENTS, FAMILIES & STAFF THROUGH LEGAL PROCESSES

Legal processes were supported through clearer coordination, sensitive communication & better preparation for patients, families & staff. Learning from concerns, complaints, claims & legal cases was considered together to support a more coherent approach to organisational learning.

WHAT WE DID/IMPROVED

- Coordinated support for staff involved in inquests.
- Approved & disseminated an inquest guidance document.
- Delivered inquest training sessions.
- Provided legal & governance input alongside Duty of Candour processes.
- Reviewed learning across concerns, complaints & claims collectively.
- Strengthened communication with complainants & legal representatives through Redress recovery activity.



IMPACT

- Staff involved in inquests had access to approved guidance, training & coordinated Legal Services support.
- Learning across concerns, complaints & claims was brought together to support a more coherent approach to organisational learning.
- Sensitive, timely & coordinated communication was emphasised throughout legal processes

LOOKING AHEAD

- Build on existing partnerships with patients, families & staff to support open communication, learning & person-centred legal services.

INFECTION PREVENTION & CONTROL

PROTECTING PATIENTS, STAFF, FAMILIES & COMMUNITIES

IPC protects patients, staff, families & communities from avoidable infection while supporting safe, dignified care. The service focused on reducing infection harm, improving outbreak control, supporting staff practice & extending prevention into community pathways.
Patients & families experience IPC through safe environments, timely isolation, clear communication, reduced outbreak disruption & reliable staff practice. Person-centred IPC decisions must balance safety, dignity, patient flow, visitors, staff wellbeing & the wider community impact of infection.

WHAT WE DID

- Protecting people during outbreaks: IPC supported clinical teams to manage outbreaks, reduce transmission & enable safe recovery of affected areas.
- Improving everyday care: PPS & training focused on visible behaviours that matter to patients, including hand hygiene, Bare Below the Elbows, PPE & safe device care.
- Supporting care after discharge: Community IPC strengthened attention to infection outside the hospital.

IMPACT

- Outbreak data gave a clearer picture of the impact on patients, staff & bed
- The strengthened IPC model improved access to advice for staff, supportin community settings.

LOOKING AHEAD

- Strengthen learning from infection reviews, outbreaks & surgical-site infection surveillance so improvement is visible to patients & staff.·
- Develop link worker/champion models to support local ownership & consistent messaging.
- Use the 2026/27 Annual Programme of Work to demonstrate measurable improvement in infection outcomes, training compliance, practice reliability & community prevention.

CARERS AS PARTNERS IN CARE

Recognising unpaid carers as key partners in delivering person-centred care

During 2025/26, CTMUHB introduced the Carers Passport to support a more consistent approach to recognising & involving unpaid carers during hospital admission & inpatient care. Developed through co-production, testing & phased implementation, the Passport helps strengthen partnership working with carers while maintaining clear clinical accountability for care delivery.

WHAT WE DID

- Introduced the Carers Passport through a phased implementation approach across inpatient services.
- Used co-production, quality improvement methods & stakeholder feedback to refine the model.
- Secured support through the NHS Wales Spread & Scale Academy.
- Aligned implementation with Duty of Quality requirements & John's Campaign principles.
- Established clear governance arrangements & staff accountability.

IMPACT

- Improved recognition of carers as partners in care.
- Positive early feedback from staff & carers regarding involvement in care planning & support.
- Increased awareness of the important role carers play in maintaining wellbeing & continuity of care.
- Strengthened organisational understanding of how carers can contribute safely within inpatient settings.
- Learning from implementation is informing wider adoption across CTMUHB.

LOOKING AHEAD

- Extend the Carers Passport into community hospital & palliative care settings.
- Continue organisation-wide implementation across inpatient services.
- Strengthen evaluation of carer & staff experience.
- Increase awareness & uptake through staff education & engagement.
- Use learning from implementation to inform future patient & carer involvement initiatives.

SUPPORTING & ENGAGING UNPAID CARERS

Improving recognition, support & engagement for unpaid carers across CTMUHB.
Alongside the implementation of the Carers Passport, CTMUHB continued to strengthen support for unpaid carers through staff education, partnership working, community engagement & digital innovation. This work has helped improve awareness of carers' needs, strengthen identification processes & inform future service development.

WHAT WE DID

- Delivered awareness & training sessions for staff across CTMUHB.
- Established a Staff Carers Café to support colleagues with caring responsibilities.
- Supported Carers Week activities across hospital & community settings.
- Strengthened processes to identify & record unpaid carers.
- Developed a carers' questionnaire to gather experience & feedback.
- Supported the development of digital information, advice & assistance resources, including an AI-enabled chatbot pilot.

IMPACT

- Increased awareness of the needs & experiences of unpaid carers.
- Improved early identification of carers within health services.
- Extended opportunities for carers to share feedback & inform service improvement.
- Strengthened support available to staff with caring responsibilities.
- Improved understanding of how digital solutions can enhance access to information & support.

LOOKING AHEAD

- Continue improving identification & recording of unpaid carers.
- Expand accessible information, advice & support for carers.
- Evaluate & develop digital solutions, including chatbot support.
- Use carer feedback to inform service improvement & co-production.
- Strengthen partnership working with local carers' organisations & community groups.

COMPASSIONATE BEREAVEMENT SUPPORT

Strengthening compassionate, inclusive & consistent support for bereaved families.
During 2025/26, CTMUHB strengthened bereavement support through improved information, enhanced pregnancy & baby loss services, workforce development & partnership working. This has helped improve the consistency, accessibility & quality of support available to bereaved families across the Health Board.

WHAT WE DID

- Strengthened bereavement information & support resources for patients & families.
- Enhanced support pathways following pregnancy & baby loss.
- Delivered bereavement & baby loss training to staff across services.
- Strengthened partnership working with third-sector organisations & specialist support services.
- Embedded bereavement education within paediatric nurse training.

IMPACT

- Improved consistency of bereavement support across services.
- Increased staff confidence & capability in responding to bereaved families.
- Enhanced access to information, advice & support following bereavement.
- Strengthened coordination between services & external partners.
- Improved foundations for delivering compassionate & inclusive care during difficult & sensitive circumstances.

LOOKING AHEAD

- Further improve consistency of bereavement support across all care groups.
- Strengthen trauma-informed & culturally sensitive approaches to care.
- Continue workforce development & specialist bereavement training.
- Improve evaluation of patient & family experience.
- Use feedback & learning to continuously improve bereavement services.

LISTENING, REMEMBERING & LEARNING

Using the experiences of bereaved families to inform learning, improvement & service development.
During 2025/26, CTMUHB strengthened opportunities for remembrance, engagement & feedback, ensuring the experiences of bereaved families continue to inform service development & improvement. Through partnership working & listening to lived experience, the Health Board has enhanced understanding of bereavement needs & strengthened the quality of support available across services.

WHAT WE DID

Supported Pregnancy Loss Awareness Week & remembrance activities across CTMUHB.
Delivered annual remembrance events for families.
Used family feedback & lived experience to inform service development.
Worked with partner organisations to improve awareness & accessibility of bereavement support.
Increased visibility of available bereavement services & support pathways.

IMPACT

- Strengthened opportunities for bereaved families to influence service improvement.
- Improved understanding of the experiences & needs of bereaved families.
- Increased awareness of bereavement services & sources of support.
- Strengthened partnership working across services & external organisations.
- Ensured learning from feedback continues to inform local priorities & developments.

LOOKING AHEAD

- Further strengthen the collection & use of family feedback.
- Continue aligning local developments with the National Bereavement Care Pathway & National Bereavement Framework.
- Expand opportunities for co-production & family involvement.
- Improve evaluation of bereavement services & support.
- Share learning across services to support continuous improvement.

SAFEGUARDING

WHAT IMPROVED

Strengthened focus on the voice of the child & adults within safeguarding processes. Utilising feedback questionnaires from within the child protection medical hub, looked after childrens service & health IDVAs.
Utilisation of feedback mechanisms (e.g., CIVICA) to capture patient & family experience.
Promoted person-centred safeguarding practice through applying professional curiosity, training & supervision.



IMPACT

- Increased evidence of individual perspectives informing safeguarding decisions.
- Improved quality of care planning & intervention.

LOOKING AHEAD

- Further embed mechanisms for capturing & evidencing the voice of the individual.
- Strengthen co-production approaches where appropriate.

PATIENT EXPERIENCE

The People's Experience Service provides a strategic bridge between lived experience & service improvement across CTMUHB. During 2025 to 2026, the service strengthened how patient, family, carer & community voices are heard, understood & translated into learning, assurance & improvement.

WHAT WE DID

- Strengthened the use of patient stories, complaints, concerns & PALS insight to identify learning themes & improvement opportunities.
- Continued to develop volunteer services, chaplaincy, spiritual care & bereavement-related experience as key contributors to compassionate care.
- Improved focus on carer awareness, reasonable adjustments, Armed Forces & veterans support, & engagement with seldom-heard groups.
- Established the People's Experience Forum to bring together insight, learning & improvement across services.

IMPACT

- This strengthened the visibility of lived experience within quality, safety, planning & service redesign, helping services better understand what matters to patients, families, carers & communities

LOOKING AHEAD

- The People's Experience Service will continue to strengthen how lived experience informs quality, safety & service improvement across CTMUHB, with clearer evidence of action & outcomes. This will include a more ambitious & innovative approach to capturing patient experience, using a broader range of methods to hear from people in real time & in ways that are accessible, inclusive & meaningful.
- Embed experience intelligence more consistently into quality assurance, planning & service improvement.
- Strengthen evidence of actions taken & outcomes achieved in response to lived experience.
- Expand inclusive engagement so diverse voices continue to shape care, experience & outcomes.

PATIENT STORIES

Patient stories are being used more consistently to bring lived experience into governance, assurance & improvement discussions across CTMUHB, helping services understand the human impact of care & identify opportunities for change.

WHAT WE DID

- Strengthened pathways for patients, families & carers to share their stories safely, respectfully & meaningfully.
- Embedded patient stories within governance & assurance forums to support learning & improvement discussions.
- Used stories alongside feedback, concerns & complaints intelligence to identify recurring themes & opportunities for service change.
- Developed public-facing materials to raise awareness & increase opportunities for people to share their experience.
- Supported staff & services to use patient stories as a source of reflection, learning & quality improvement.

IMPACT

- Patient stories helped bring the human impact of care into decision-making, strengthening organisational learning & supporting services to identify practical improvement opportunities informed by lived experience.

LOOKING AHEAD

- Develop a more consistent approach to evidencing actions & improvements made in response to patient stories.
- Strengthen the feedback loop so patients, families & carers can see how their stories have informed learning & change.
- Continue to embed patient stories as a routine source of assurance, learning & improvement across CTMUHB, increasing opportunities for inclusive & accessible participation.

PATIENT EXPERIENCE, FEEDBACK & LIVED EXPERIENCE

Work focused on strengthening real-time patient experience intelligence through PROMPTLY, PALS & the developing Patient Experience & Engagement Officer role, recognising the move towards a broader approach to capturing, understanding & acting on lived experience. During 2025–26, PALS supported 3,306 people with advice, signposting & early resolution.

WHAT WE DID

- Expanded the use of PROMPTLY, patient feedback system, to capture timely patient feedback & experience insights.
- Strengthened Patient Advice & Liasion Service (PALS) pathways alongside the development of the Patient Experience & Engagement Officer role, supporting advice, signposting, early resolution & wider engagement with lived experience.
- Established the People's Experience Forum to review themes, share learning & drive improvement.
- Developed the People's Experience Strategic Plan to embed lived experience in decision-making.

IMPACT

- PROMPTLY, PALS & the Patient Experience & Engagement Officer approach provided more immediate & varied insight into patient experience, enabling services to identify themes, respond earlier to concerns & support continuous improvement informed by lived experience.

LOOKING AHEAD

- Increase PROMPTLY uptake & strengthen outcome measurement.
- Embed the Patient Experience & Engagement Officer role as part of a wider approach to capturing patient experience, strengthening evidence of service changes made in response to feedback.

SUPPORTING THE ARMED FORCES COMMUNITY

CTMUHB strengthened support for veterans, their families & the wider Armed Forces community through partnership working, direct engagement & improved access to health & wellbeing advice.

WHAT WE DID

- Hosted the first CTM Veterans' Health & Wellbeing Day on Thursday 26 June 2025, during Armed Forces Week.
- Worked in partnership with Valley Veterans Group, Rhondda Cynon Taf County Borough Council, Community Voluntary Councils & third sector partners.
- Brought together more than 30 organisations to provide access to physical health, mental health, trauma, bereavement, housing, community & wellbeing support.
- Engaged more than 150 attendees, including veterans, families, healthcare professionals & community organisations.
- Used keynote speakers, lived experience, personal testimony & an interactive marketplace to better understand the health & care needs of the Armed Forces community.

IMPACT

- The event strengthened understanding of veterans' health & wellbeing needs, improved awareness of available support, & created stronger links between NHS services, local authority, voluntary sector partners & the Armed Forces community, supporting more equitable access to advice & support.



- Feedback & learning from the event informed positive actions including GP training, improved veteran signposting & work to support veteran identification in primary care.

LOOKING AHEAD

- Build on event learning to strengthen veteran identification, improve signposting & support staff awareness.
- Develop a more joined-up approach to Armed Forces community health & wellbeing across CTMUHB.
- Strengthen evidence of the impact on access, experience & outcomes.

VOLUNTEER SERVICES

Volunteer Services helped strengthen person-centred care by supporting staff capacity, developing roles aligned to service need & improving integration with clinical teams & People's Experience programmes. The service also strengthened recruitment, governance, training & community engagement to support safe, effective & confident volunteering.

WHAT WE DID

- Volunteers supported non-clinical tasks, helping clinical teams focus on direct patient care.
- Recruitment approaches were strengthened to attract a more diverse volunteer base.
- Governance, training & support frameworks were enhanced.
- Volunteer roles were developed around priority areas including end-of-life care, patient feedback & experience initiatives.
- Community engagement & partnerships were strengthened

IMPACT

Volunteer Services contributed to dignity, compassion & person-centred care by helping patients feel seen, heard & valued beyond their clinical needs.

LOOKING AHEAD

Next steps include expanding volunteer roles, widening participation, improving inclusivity & strengthening alignment with CTM2030 & the People's Experience Strategy.









CHAPLAINCY & SPIRITUAL CARE

Chaplaincy & Spiritual Care services have contributed significantly to the Health Board's Duty of Quality by providing compassionate, person-centred support to patients, families, carers & staff at critical points of care. Through accessible, inclusive & responsive provision, the service has strengthened emotional, spiritual & bereavement support, improving experience & promoting dignity, wellbeing & equity across CTMUHB.

Patients, families & staff may experience emotional, spiritual & existential distress during illness, crisis, end of life & bereavement. Ensuring equitable access to timely & inclusive spiritual care is essential to delivering holistic, compassionate & person-centred care, while also supporting staff wellbeing & resilience.

Number of People Supported by the service	
Patients	4264
Relatives/Carer's	1415
Staff	1794



CHAPLAINCY & SPIRITUAL CARE

WHAT WE DID

Delivered a visible & responsive chaplaincy service across hospital & community settings, supporting patients, families & carers at times of vulnerability.
Provided pastoral & emotional support to staff, particularly in high-pressure clinical areas, supporting wellbeing & resilience.
Worked alongside clinical teams to enhance end of life & bereavement experiences for patients & families.
Strengthened an inclusive, multi-faith model of care to improve equitable access, including targeted action to address representation gaps through additional support for Muslim patients & families.
Provided peace lights across the HB footprint at Christmas for all our patients as a visible symbol of comfort & hope.
Built understanding of spiritual care among nursing & midwifery students, helping embed a more holistic & compassionate approach within the future workforce.

LOOKING AHEAD

- Improve data collection & strengthen how the impact of spiritual care is measured.
- Expand staff wellbeing & support offer
- Enhance community & multi-faith partnerships
- Advance service redesign to future-proof provision & align with emerging Spiritual Care Standards across Wales.
- Leading on work to collate a resource to support medical students across Wales ‘Living out Faith in the NHS’.

IMPACT

This work has enhanced the compassion, quality & holistic nature of care across CTMUHB, ensuring patients & families feel supported & respected. It has strengthened staff wellbeing, improved consistency & visibility of spiritual care, & contributed to more equitable & person-centred service delivery.

BEYOND STEEEP: CTMUHB'S BROADER DOMAINS OF QUALITY

While the STEEEP framework remains central to how we assess & improve quality, CTMUHB recognises that there are other essential domains that support high-quality care & a positive staff experience.

These broader domains are not standalone, they are embedded into our everyday practice & can be seen woven throughout the sections of this report.

Additional Domain	What It Means
Workforce	Supporting and developing a capable, sustainable workforce.
Culture	Fostering a just, inclusive, and values-based culture.
Information	Using robust data and digital tools to inform decisions and improve care.
Learning, Improvement & Research	Promoting innovation, continuous improvement, and evidence-led practice.
Whole Systems Approach	Collaborating across sectors to deliver integrated, person-centred care.
Leadership	Demonstrating visible, compassionate leadership at every level.

GLOSSARY

Term	Suggested Definition
CTMUHB	Cwm Taf Morgannwg University Health Board
iCTM	Improvement Cwm Taf Morgannwg
AMaT	Audit Management and Tracking system
CAMHS	Child and Adolescent Mental Health Services
IPC	Infection Prevention and Control
HCAI	Healthcare-Associated Infection
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MRSA	Methicillin-Resistant Staphylococcus Aureus
E. coli	Escherichia coli
IDVA	Independent Domestic Violence Advocate
NSA	Nurse Staffing Act (Wales) 2016
WTE	Whole Time Equivalent
PALS	Patient Advice and Liaison Service
PROMs	Patient-Reported Outcome Measures
PREMs	Patient-Reported Experience Measures
SDEC	Same Day Emergency Care
AMU	Acute Medical Unit
RSU	Respiratory Support Unit
STAMP	Standardised Acute Medical Pathway
VBHC	Value-Based Healthcare
DoLS	Deprivation of Liberty Safeguards
BAME	Black, Asian, and Minority Ethnic
EPICC	Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care

Term	Definition
Duty of Quality	A statutory obligation under the Health and Social Care (Quality and Engagement) (Wales) Act 2020 to continuously improve healthcare quality
Duty of Candour	Legal requirement to be open and honest with patients when care causes unexpected or unintended harm
SafeCare	A staffing and acuity tool used for real-time workforce monitoring and planning
Active Offer	Providing Welsh language services without requiring the service user to request them
Carers Passport	A document outlining a carer's preferred level of involvement during a hospital stay
Patient Experience Week	An annual campaign to gather and act on patient and carer feedback
STEEEP	Framework for quality healthcare: Safe, Timely, Effective, Efficient, Equitable, Person-Centred
John's Campaign	A movement supporting carer involvement in hospital care for people with dementia and others
Red/White/Bronze/Silver/Gold Accreditation	Tiered ward accreditation system within CTMUHB for quality assurance
Link and Learn	A training and learning delivery model via Microsoft Teams

Health Board Meeting – Non Routine Board Business Forward Plan

(1st January 2026 to the 31st December 2026)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
3 January 2024	Request received from the Assistant Director of Governance & Risk for this item to be added to the forward work programme for Board	Assistant Director of Governance & Risk	Agency Reduction Plan and Decision Making Framework for CTM	To be added to Board Forward work programme following receipt of Welsh Health Circular in January 2024 which identified specific actions for Board/Committees	Deputy Director of People	Executive Director for People	Proposed for Closure	Proposed for Closure The Executive Director for People has confirmed this item can now be removed from the forward work programme.
	Request received from the Director of Digital asking for this to be added to the Board agenda	Director of Digital	Business Case for Connecting care	To be presented to Board for approval	Director of Digital	Director of Digital	28 November 2024	In progress Awaiting revised date for presentation
27/11/2025	Reference made to this item at the November 2025 Public Board by the Executive Director for People	Executive Director for People	Focussed report on Behaviours	Report to include evidence-based behaviour change techniques	Executive Director for People	Executive Director for People	Was 26 March 2026 Date now to be confirmed	In progress Date for presentation to be confirmed.
11/05/2026	Captured as an action on the Board action log	Executive Director for People	Shift Patterns Update	To be presented to Board for approval	Executive Director for People	Executive Director for People	30 July 2026 26 November 2026	On agenda This item was received and approved the July 2026 Board. A further update on next steps will be presented to the November 2026 Board
27/05/2026	Email request received from the Director of Corporate Governance	Director of Corporate Governance	Pharmaceutical Needs Assessment	To be presented to Board for approval	Executive Medical Director	Executive Medical Director	24 September 2026	On agenda This item is on the agenda for the September 2026 meeting
10/07/2026	Email request received from the Patient Care & Safety Business Manager	Executive Director of Nursing	People & Patient Strategic Plan 2026-2028	To be presented to Board for approval	Executive Director of Nursing	Executive Director of Nursing	24 September 2026	In progress This item is on the agenda for the September 2026 meeting
20/07/2026	Email request received from the Director of Corporate Governance	Director of Corporate Governance	Health Visitors Industrial Action	To be presented to Board for discussion	Executive Director of Nursing	Executive Director of Nursing	30 July 2026 24 September 2026	In progress This item was received and discussed at the July 2026 Board meeting.

								The Board will receive a substantive update on Health Visiting industrial action and mitigations at the September 2026 Board, reflecting on the summer period and new academic term.
30/07/2026	Action captured at the July 2026 Board meeting	Chief Operating Officer	Primary & Community Care Performance Metrics	To be presented to Board for discussion	Chief Operating Officer	Chief Operating Officer	24 September 2026	On agenda This item is on the agenda for the September 2026 meeting
30/07/2026	Action captured at the July 2026 Board meeting	Executive Director of Strategy & Transformation/Chief Operating Officer	Community Beds Provision	Further detail on community bed configuration to be brought to the board in the autumn, with ongoing communication to Bridgend Council.	Executive Director of Strategy & Transformation/Chief Operating Officer	Executive Director of Strategy & Transformation/Chief Operating Officer	26 November 2026	In progress This item will be presented to the November 2026 meeting
18/08/2026	Request received from the Director of Corporate Governance	Chief Operating Officer	National Clinical Plan for Mental Health Services	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	28 January 2027	In progress This item will be presented to the January 2027 meeting
04/09/2026	Request received from the Interim Assistant Director of Governance & Risk	Interim Assistant Director of Governance & Risk	South East Wales Regional Pathology	To be presented to Board for discussion	Deputy Director of Allied Health Professions and Health Science	Executive Director of Allied Health Professionals and Health Science	26 November 2026	In progress This item will be presented to the November 2026 meeting
Completed Items								
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Healthy Weight Strategic Plan	To be presented to the Board for approval	Executive Director of Public Health	Executive Director of Public Health	31 July 2025 Was 27 November 2025 26 March 2026 21 May 2026 Now 30 July 2026	Completed Item was received for discussion at the July 2026 Board meeting
2/12/2025	Email request received from the Chief Pharmacist Medicines governance	Chief Pharmacist Medicines governance	TRAMS Project – Final Business Case	To be presented to Board for approval	Chief Pharmacist Medicines governance	Executive Medical Director	30 July 2026	Completed This item was received and approved at the In Committee Board meeting held on 30 July 2026
28/04/2026	Email request received from the Director of Corporate Governance	Executive Director of Strategy & Transformation	Llantrisant Health Park/Orthopaedics Business Case	To be presented to Board for approval	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	30 July 2026	Completed This item was received and approved at the In Committee Board meeting held on 30 July 2026

18/05/2026	Email request received from the Chief Executives Business Manager	Chief Of Staff	Application made by GP practice to open a branch surgery at 128 High Street	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	30 July 2026	Completed An update on this item was included in Chief Executives Report presented to the July 2026 Board
21/05/2026	Request made at the May 2026 Public Board meeting	Board Members	Engagement plan for the next phase of the Llynfi Valley Health and Wellbeing Centre	To be presented to Board for discussion	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	30 July 2026	Completed This item was received and discussed at the July 2026 Board.
03/06/2026	Email request received from the Medical Director Business Manager	Medical Director Business Manager	Clinical Advisory Group Terms of Reference	To be presented to Board for approval	Executive Medical Director	Executive Medical Director	30 July 2026	Completed This item was received and approved at the July 2026 Board meeting
24/06/2026	Request received from the Chair and Chief Executive at the agenda planning session held on 24 June	Chair & Chief Executive	Primary & Community Care Development	To be presented to Board for discussion	Chief Operating Officer	Chief Operating Officer	30 July 2026	Completed This item was received and discussed at the July 2026 Board meeting
08/07/2026	Request received from the Director of Corporate Governance	Director of Corporate Governance	Planned Care Recovery Plan	Board ownership required over our plan to improve performance with the additional resources being allocated.	Chief Operating Officer	Chief Operating Officer	30 July 2026	Completed This item was received and approved at the July 2026 In Committee Board meeting

CTMUHB Board – Annual Cycle of Board Business

(1st January 2026 to the 31st December 2026)

The Annual Cycle of Committee Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business. The Annual Cycle of Board Business will be complemented by a "Non-Routine Board Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Board is set out in CTMUHB's standing orders which is available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales), however, the Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

The membership of CTMUHB Board is available here: Board Members - Cwm Taf Morgannwg University Health Board. The Board meets at least 6 times per annum. Its anticipated that an Extra-ordinary Board Meeting will be required in June 2026.

Board Chair:	Board Vice Chair	Executive Leads for Agenda Planning
• Jonathan Morgan, UHB Chair	• Kath Palmer, Vice Chair	• Gareth Watts, Director of Corporate Governance & Board Business

Link to: Board Assurance Framework Dashboard

CTMUHB Board Business:

Improving Care Strategic Goal aligned to Committee Business
- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Shared Listening & Learning Story	Executive Director of Nursing	All Regular Meetings	✓		✓		✓ Not reqd		✓ Not reqd		✓		✓		X	✓	Some stories may have already been received at the Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Shared Listening & Learning Stories Annual Reflection	Executive Director of Nursing	Annually											✓		X	✓	The annual reflection may have already been received at the Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Putting Things Right Annual Report	Executive Director of Nursing	Annually									✓ Defer to Nov		✓		X	✓	Quality, Safety & Experience Committee	Yes	Learning will support and inform mitigation for Strategic Risk 2
Ombudsman Annual Letter and Annual Report	Executive Director of Nursing	Annually											✓		✓	X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2

Improving Care Strategic Goal aligned to Committee Business CONTD.

- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Safeguarding Annual Report	Executive Director of Nursing	Annually													X		Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Carers Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Clinical Education Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Infection, Prevention & Control Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing	Every Six Months														X	Quality, Safety & Experience Committee	TBC	Strategic Risk 3
Board Assurance Framework Report	Director of Corporate Governance / Board Secretary	All Regular Meetings													X		Executive Management Board	No	Not applicable
Annual Review of the Risk Management Strategy & Framework	Director of Corporate Governance / Board Secretary	Annually							Def to Sep26						X		Audit, Risk & Assurance Committee	No	Not applicable - Setting of the risk management framework.
Audit Wales Structured Assessment and Audit Letter	Audit Wales Performance Lead	Annually													X		Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF
Ministerial Advisory Group Updates	Chief Executive	Quarterly													X		Operational Delivery Committee	Yes	Responsive action will support the mitigations for risks within the BAF.

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Welsh Language Standards Annual Report	Executive Director for People	Annually											⚑		⚑	X	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 7
Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 1 Strategic Risk 2 Strategic Risk 3 Strategic Risk 8 Strategic Risk 11
Our Models of Care/Service Transformation: • Integrated Care Model • Llantrisant Health Park • Primary Care & Community • Mental Health Transformation	Chief Operating Officer	As and when required													X	⚑	Operational Delivery Committee Strategic Development Committee	No	Strategic Risk 1 Strategic Risk 2 Strategic Risk 3 Strategic Risk 8 Strategic Risk 11
Audit Wales Annual Audit Report	Audit Wales – Finance & Performance Lead	Annually			⚑										X	⚑	Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					⚑								⚑	X	Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF
NWSSP Internal Audit Services – Head of Internal Audit Opinion	Head of Internal Audit	Annually						⚑ Extra-Ordinary Board Meeting							X	⚑	Audit, Risk & Assurance Committee	Yes	

Business Continuity Planning *(EPPR Annual Compliance Statement – Outlining Strategic Responsibility)*	Executive Director of Strategy & Transformation	Annually														X	Strategic Development Committee	No	Strategic Risk 1
Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually														X	Operational Delivery Committee	Yes	Activity outlined in the plan will have been considered with alignment to the BAF in the prioritisation process.
Strategy Deployment: • Digital • People Plan • Health Protection	Executive Director of Strategy & Transformation Director of Digital Executive Director for People Executive Director of Public Health	As and when required				Strategy Deployment Framework			~~People Plan~~ NHS Wales Staff Survey 2025							X		Strategic Development Committee	No	All Strategic Risks
Joint Commissioning Committee (JCC) Annual Update	JCC Lead	Annually						Defer to July 2026		Defer to Sep 2026						X		No	No	Strategic Risk 1 Strategic Risk 2

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Capital Plans & Business Cases (in accordance with Scheme of Delegation)	Executive Director of Finance	All Regular Meetings as and when required													X		Operational Delivery Committee	Case dependent	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7
Strategic Business Cases for Approval	Executive Lead assigned to topic area	All Regular Meetings as and when required													X		Strategic Development Committee	Case dependent	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7

Creating Health Strategic Goal aligned to Committee Business

- Reducing Health Inequalities
- Equal focus on Mental Health and Physical Health
- Supporting our communities
- Being a Healthy Organisation

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually													X		Strategic Development Committee	No	Strategic Risk 2 Strategic Risk 8
Seasonal Planning Update	Chief Operating Officer	Annually													X		Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 8
CTM2030: Building Healthier Communities Together – Strategy Deployment Update	Executive Director of Strategy & Transformation	Annually													X		Strategic Development Committee	No	All Strategic Risks
Annual Review of the WBFGA Statement and Objectives	Executive Director of Public Health	Annually					Defer to Sept								X		Strategic Development Committee	No	Strategic Risk 7 Strategic Risk 8 Strategic Risk 11
SEW RJC Annual Review of Effectiveness & Activity	Director of Corporate Governance	Annually													X		No	No	
SEW RJC Terms of Reference	Director of Corporate Governance	Annually													X		No	No	
SEW RJC Highlight Report	Director of Corporate Governance	As and when required													X		No	No	

Inspiring People Strategic Goal aligned to Committee Business

- Visible and inspiring leadership
- Promoting diversity and inclusion
- Embedding our values and behaviours
- Encouraging local employment

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Chief Executives Report	Chief Executive	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	No	No	Topic dependent alignment to the BAF.
Chairs Report *(Inc. Affixing of the Common Seal /and Chairs Urgent Action)*	Chair	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	No	No	Topic dependent alignment to the BAF.
Annual Review and any Amendments of Standing Orders and Standing Financial Instructions	Director of Corporate Governance/Board Secretary	Annually and as and when amendments required.			⚑										⚑	X	Audit, Risk and Assurance Committee	No	Not applicable
Annual Report *(including Performance Report. Accountability Report and Remuneration Report)*	Director of Corporate Governance / Board Secretary	Annually						⚑ Extra-Ordinary Board Meeting							X	⚑	Audit, Risk and Assurance Committee	Yes	The Annual Report will reference the Strategic Risks facing the Health Board.
Annual Equality Report	Executive Director for People	Annually											⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 2
Strategic Equality Plan	Executive Director for People	Annually									⚑				X	⚑	Strategic Development Committee	No	Strategic Risk 2
NHS Staff Survey	Executive Director for People	Annually											⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7
Speaking Up Safely Annual Update	Director of Corporate Governance	Annually							⚑						X	⚑	Audit, Risk & Assurance Committee	No	Strategic Risk 3

Sustaining our Future Strategic Goal aligned to Committee Business

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

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Annual Statutory Accounts	Executive Director of Finance	Annually						Extra-Ordinary Board Meeting							X	⚑	Audit, Risk and Assurance Committee	Yes	Strategic Risk 9
Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually	⚑												X	⚑	Charitable Funds Committee	No – Charity Commission.	Strategic Risk 2 Strategic Risk 9
Financial Performance Report	Executive Director of Finance	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 9
Capital Update	Executive Director of Finance	Quarterly	⚑				⚑		⚑				⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 9
Climate Action Plan *(Endorse Annual Plan Submission and Carbon Emissions Submission to WG)*	Executive Director of Strategy & Transformation	Twice Per Annum			⚑ Annual Plan								⚑ Carbon Emissions		X	⚑	Strategic Development Committee	Yes	Strategic Risk 7
Healthy Travel Plan *(Deployment Update -Output Measures and Success)*	Executive Director of Public Health	Annually							⚑ Defer to Nov				⚑		X	⚑	Strategic Development Committee	No	Strategic Risk 7 Strategic Risk 8
~~Annual Review of the Wellbeing of Future Generations Act Statement & Objectives~~	~~Executive Director of Public Health~~	~~Annually~~							~~⚑ Defer to Sept~~		~~⚑~~				~~X~~	~~⚑~~	~~Strategic Development Committee~~	~~Yes~~	~~Strategic Risk 7 Strategic Risk 8 Strategic Risk 10 Strategic Risk 11~~
Annual allocation of budget setting	Executive Director of Finance	Annually					⚑								X	⚑	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 9

Governance / Board Business Governance Activity • To support a strong governance framework to support effective and efficient Board Business. • Creating a culture of integrity, transparency, and accountability																	
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB
Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meeting	✓		✓		✓		✓		✓		✓		✓ (where there are no matters to escalate)	✓ (where there are matters to escalate)	No
Board Committee Annual Reports	Director of Corporate Governance/Board Secretary	Annually							✓ Defer to Sept		✓				✓	X	No
Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓		✓		✓		✓		✓		✓		✓ If all actions are complete	✓ If there are actions in progress / overdue actions	No
Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓		✓		✓		✓		✓		✓		✓	X	No
Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓		✓		✓		✓		✓		✓		✓	X	No
Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓		✓		✓		✓		✓		✓ Annual Review		✓ Except for the annual review in November	✓ Annual Review in November only	No
Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓		✓		✓ Formal Assmt defer to July		✓ Formal Assmt defer to Sept		✓		✓		X	✓	No

CTMUHB Board Assurance Framework Dashboard

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future  Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand b) Enough capacity to meet emergency demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future  Click Here for Risk 2	Ability to deliver improvements which transform care and enhance outcomes	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future  Click Here for Risk 4	Effective Community and Partner Engagement in service changes and developments	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future  Click Here for Risk 5	Delivery of a digital and information infrastructure to support organisational transformation	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future  Click Here for Risk 6	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  Click Here for Risk 7	Fulfilling our Environmental and Social Duties and ambitions	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  Click Here for Risk 8	Prevention and early Intervention to support Healthy Life Expectancy	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  Click Here for Risk 9	Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  Click Here for Risk 10	Ability to develop a fit for the future estate to reflect our future clinical service model	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care  Click Here for Risk 11	Delivery of an Integrated Care Model	Chief Operating Officer	Strategic Development Committee

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Version 1 June 2026

CTMUHB Public Board

Board Committee and Advisory Group Highlight Reports

Eitem yr Agenda / Agenda Item	9.2.3
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is being asked to NOTE the following Highlight Reports: • Quality, Safety & Experience Committee 21 July 2026 (On main agenda) • Operational Delivery Committee 28 July 2026 (on main agenda) • Charitable Funds Committee 29 July 2026 (Appendix 1) • Extra Ordinary Audit, Risk & Assurance Committee 29 June 2026 (Appendix 2) • Strategic Development Committee 19 August 2026 (Appendix 3) • Stakeholder Reference Group 17 September 2026 (On main agenda) • CTMUHB Audit, Risk & Assurance Committee 4 August 2026 (On main agenda) • Hosted Bodies Audit, Risk & Assurance Committee 4 August 2026 (Appendix 4)

1. Situation /Background

1.1 In line with the Standing Order requirements each Board Committee and Advisory Group is required to submit a Highlight Report setting out its activities at each meeting. This also provides a mechanism for escalating issues to the Board as required.

2. Specific Matters for Consideration

A number of Committee/Advisory Groups have been held since the Board last met in July 2026.

3. Key Risks / Matters for Escalation

3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable

Environmental Sustainability Impact (5Rs)	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CTMUHB Public Board

Charitable Funds Committee Highlight Report

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 1
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Sharon Edwards, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Kathy Mason, Independent Member / Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required. Report is for noting only
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care
	If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Charitable Funds Committee at its meeting on 29th July 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Committee is to provide an update on the arrangements for the control and management of the CTMUHB's Charitable Funds.

2.2 The Charitable Funds Committee will:

- Make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.
- Provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.
- Oversee the strategic direction and development of the CTMUHB Charity.

3. Highlight Report

Alert / Ecalate	There were no items requiring escalation to Board on this occasion.
Advise	Committee Annual Self Effectiveness Survey Outcome 2025-2026 & Improvement Plan The Committee considered the outcomes of the Committee Annual Self-Effectiveness Survey and identified opportunities for further development in relation to: • member induction, • Welsh language use, • in-person meetings and • trustee training. Members noted that responsibility for the Charity rests with the full Board, emphasising the importance of ensuring all Board and Independent Members understand their roles and responsibilities as charity trustees. Proposal to review and rationalise charity funds The Committee endorsed a phased review and rationalisation of Charity Funds to reduce duplication, address inactive funds and ensure alignment with current service delivery models whilst maintaining donor intent and compliance with Charity Commission requirements.

	Charitable Funds Update 2025-2026 and 2026-2027 (to date) The Committee approved a revised methodology for the apportionment of support costs and investment gains/losses across unrestricted funds. Assurance was provided that both gains and losses would be apportioned equitably to ensure a fair distribution of benefits and costs across the Charity's unrestricted fund portfolio, rather than being borne solely by the General-Purpose Fund Charity Strategic Plan and Forward look – July 2026 The Committee approved the updated CTM NHS Charity Strategic Plan and long-term ambition, together with six strategic delivery workstreams for 2026/27 which will focus activity on visibility and recognition, income growth and diversification, targeted charitable spend, fundraising, ambassadorship and demonstrating impact.
Assure	Charitable Funds Investment Performance Review The Committee received assurance from the Investment Manager at CCLA, regarding the performance of the Charity's investment portfolio. Members were advised that recent underperformance reflected wider market conditions, including the concentration of investment returns within a small number of AI-related stocks, rather than weaknesses in the underlying investment approach. Assurance was provided that CCLA continues to pursue a diversified, quality-focused investment strategy, whilst implementing portfolio changes aimed at improving future performance. Members also noted early signs of recovery, although continued market volatility was acknowledged. Charitable Funds Financial Position The Committee received assurance that the Charity remains in a strong financial position despite recent fluctuations in investment returns and noted that increased expenditure reflected greater utilisation of charitable funds in support of charitable objectives
Inform	Cwm Taf Morgannwg NHS Charity – Fundraising and Activity Report July 2026 The Committee received an update on the implementation of the Charity Lottery. Members were advised that changes to the supplier's cloud-based system had resulted in additional assurance activity and a delay to implementation. Whilst no direct financial costs had been incurred by the Charity, the Committee discussed whether there may be scope to recover organisational costs associated with the additional work required.

	The Committee approved the following items on the Consent Agenda: • Unconfirmed Minutes of the meeting held on 21st January 2026 The Committee noted the following items on the Consent Agenda: • Annual Cycle of Business 2026 • Committee Forward Work Plan
Appendices	NIL

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 Service Transformation & Outcomes
	If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please select a reason below.

(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Not applicable for this report Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not applicable for this report Summary of impact:	Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable for this report	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
CCLA	Churches, Charities and Local Authorities (Investment Management Limited)

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CTMUHB Public Board

Highlight Report from the Extraordinary Audit, Risk & Assurance Committee

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 2
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Patsy Roseblade, Independent Member, (Chair of Audit, Risk & Assurance Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	As above
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Extraordinary Audit, Risk & Assurance Committee at its meeting on 29 June 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The role of the Committee is to advise and assure the Board on whether there are effective arrangements in place – through the design and operation of the Health Board system of assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

2.2 The organisation's system of internal control has been designed to identify the potential risks that could prevent Cwm Taf Morgannwg University Health Board achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur, and looks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how the assurance framework may be strengthened and developed further.

3. Highlight Report

Alert / Escalate	The Committee wanted to raise the following alert for the Board's attention: The Committee noted that Audit Wales intends to issue an unqualified "true and fair" audit opinion on the accounts but a qualified regularity opinion in relation to remuneration paid to two acting Executive Directors above the relevant approved pay bands. Further details are contained in the Assure Section below.
Advise	There are no matters to advise on this occasion.
Assure	• Members received the following reports at the 'Extra Ordinary' session of the Committee: CTMUHB Annual Report & Accounts for 2025-2026. Members ENDORSED FOR BOARD APPROVAL. The Committee received and considered the Annual Report and

	Accounts for 2025-26, noting that Audit Wales intends to issue an unqualified "true and fair" audit opinion on the accounts but a qualified regularity opinion in relation to additional remuneration paid to two acting Executive Directors above the relevant approved pay bands. The additional remuneration was reported as £9,083 with associated on-costs bringing the total excess cost to £11,929. The matter was described as limited in scope and value, transparently disclosed, and not impacting the "true and fair" opinion on the Accounts. The Committee was advised that there were no uncorrected misstatements in the accounts and that the corrections identified through the audit process had been made and were set out in Appendix 2 of the ISA 260 report. Audit Wales confirmed that the financial figures were materially accurate and that the audit of the financial statements had progressed smoothly, with good records and response rates The Committee noted the Health Board's positive financial position, including achievement of the three-year revenue resource limit, three-year capital resource limit, and the existence of a Welsh Government-approved three-year financial plan to 31 March 2028. Audit Wales indicated this was a positive position for CTM. Members welcomed the achievement of a three-year balanced financial position and recognised the significant work undertaken to prepare the Annual Report and Accounts. A query was raised regarding the Welsh Government approval process for acting Executive Director remuneration, and assurance was sought on steps being taken to prevent recurrence The Committee also received assurance from the Joint Commissioning Committee that it had met its financial duties, delivered a net nil position in line with risk-sharing arrangements, and completed the audit amendments and corrections required, except for those already referenced in the ISA 260 report. Audit of the Financial Statements (ISA 260) Report (including the Letter of Representation and Audit Opinion). The Committee ENDORSED FOR BOARD APPROVAL. The Committee received and NOTED the Head of Internal Audit Opinion.

	Accountability Report and Annual Governance Compliance Statements and Accounts received from Hosted Organisations (JCC and NIAW) was NOTED.
Inform	
Appendices	Not applicable.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Not Applicable If more than one applies please list below:
Asesiad Effaith Impact Assessment	

Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Does not impact people Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not Applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Extraordinary Audit, Risk & Assurance Committee	29/06/2026	The Committee considered the matters summarised in this highlight report and agreed its submission to the Board for noting.

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
JCC	Joint Commissioning Committee
NIAW	National Imaging Academy Wales

Version 2 August 2026

CTMUHB Public Board

Strategic Development Committee Highlight Report

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 3
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public.
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter:	Kath Palmer, Vice Chair and Chair of the Strategic Development Committee
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action required, report is for noting only
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Sustaining Our Future
	If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Strategic Development Committee at its meeting on 19 August 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 In summary, the purpose of the Strategic Development Committee is to:

- Provide evidence based and timely strategic assurance to the Board to assist it in discharging its functions and responsibilities with regard to the:
  - Strategic direction;
  - Strategic planning and associated investments;
  - Long term financial sustainability
  - Setting our Culture;
  - People retention and succession planning.

- Scrutinise strategic risks on the Board Assurance Framework and their impact upon CTMUHB's ability to deliver its strategic ambitions.
- Provide assurance to the Board in relation to strategic decision-making, ensuring it is supported with a robust understanding of risks in relation to the achievement of organisational goals and strategic objectives.
- Provide assurance to the Board that, wherever possible, CTMUHB plans are aligned with partnership plans developed with Regional Partners, Local Authorities, Universities, Collaboratives, Alliances and other key partners.

Highlight Report

Alert / Escalate	• There were no matters requiring escalation to the Board on this occasion
• Advise	• A report on the geographic distribution of Health Board expenditure was received. Members welcomed the analysis as a valuable tool to support strategic planning and resource allocation, discussed variations in expenditure across localities and care settings, acknowledged current data limitations, and supported further analysis to strengthen understanding of population need, health inequalities and future service transformation. • An update on the Community by Design expenditure analysis was received. Members noted the challenges in measuring investment across primary, community and secondary care settings, welcomed the emerging work and supported further development of the methodology to strengthen

	understanding of resource allocation and progress towards delivering care closer to home. • An update on the Long-Term Savings and Transformation Pipeline was received. Members recognised its importance in supporting the Health Board's long-term financial sustainability and strategic transformation ambitions, welcomed the development of a pipeline of potential opportunities and supported its continued refinement to inform future planning. • An update on the implementation of the Well-being of Future Generations Act was received. Members noted ongoing work to align wellbeing objectives with partner organisations and strengthen the focus on prevention, welcomed the proposed work to improve understanding of prevention-related expenditure and supported its use in informing future strategic planning and population health improvement. • An update on the Living Well Programme was received. Members welcomed the positive progress being made in supporting prevention, early intervention and care closer to home and noted the programme's contribution to improving outcomes, reducing inequalities and supporting the delivery of the Health Board's strategic priorities. • Updates on Regional Partnership Board and Public Services Board activity was received. Members noted ongoing collaboration with partners to support strategic planning, population health improvement and the reduction of inequalities, welcomed progress and recognised the importance of partnership working. • An update on the work of the Area Planning Board was received. Members noted ongoing challenges relating to service demand, resource pressures and commissioning arrangements and welcomed the progress being made to strengthen governance, oversight and intelligence to support service delivery. The Committee also recognised the importance of effective partnership working in responding to population need and supported continued monitoring of the Area Planning Board's performance, noting that a more detailed review would be presented at a future meeting. • An update on fragile services and clinical reconfiguration was received. Members noted progress in developing sustainable service models through the Strategic Clinical Services Plan and recognised the importance of this work in addressing service fragility.

	• An update on Mental Health Services Transformation was received. Members noted progress in developing future models of care aligned to national strategy and local transformation priorities and welcomed the work underway to strengthen community-based support, improve access to services and inform future service redesign. • An update on regional clinical services was received. Members noted the positive progress made in collaborative working across South-East Wales to support service sustainability and regional service delivery.
Assure	• The Committee Annual Report, Annual Self-Assessment Outcome and Terms of Reference Review were received as part of its annual governance cycle. Members noted that no significant issues had arisen from the Annual Report and endorsed it for Board approval and also endorsed the Terms of Reference for Board approval. The self-assessment identified themes relating to committee boundaries, member development, governance understanding and Welsh language provision, with actions already underway to address the feedback. The Committee approved the proposed actions and received assurance that progress would be reported back at a future meeting. • An update on the Board Assurance Framework was received. Members welcomed ongoing improvements to strengthen risk oversight and assurance, noted progress in enhancing the visibility of key risks, assurance gaps and mitigation plans, and supported the continued development of the framework to support effective governance and Board assurance. • The Strategic Equality Plan Annual Delivery Update was received. Members noted progress in embedding equality across the organisation, recognised the importance of strengthening the focus on measurable outcomes and impact, and supported continued work to address inequalities through evidence-based priorities, robust performance monitoring and organisational learning. • The People Plan Year One Annual Report was received. Members noted positive progress against the Plan's priorities, welcomed the achievements delivered to date and recognised the importance of continuing to develop the Plan in support of workforce sustainability and organisational change. • An update on the deployment of the CTM 2030 Strategy was received. Members noted progress in embedding the framework across organisational planning and performance arrangements, welcomed the progress made and supported

	the continued development of the approach to drive delivery of strategic priorities. • The Digital and Data Enabling Plan was received. Members welcomed progress in supporting digital transformation across the Health Board, recognised the importance of digital and data capabilities in enabling service improvement, organisational efficiency, and supported the continued development of the programme, including a useful discussion on AI. • An update on Strategic Workforce Planning was received. Members noted progress in developing a workforce planning approach aligned to future service delivery and organisational priorities and welcomed the work underway to strengthen workforce planning and forecasting arrangements which would come back to committee in due course. • The Committee received the People and Patient Strategic Plan 2026–2028 and welcomed its focus on strengthening patient, public and staff engagement in service planning and improvement. Members recognised the Plan as an important enabler of person-centred care. The Committee endorsed the Plan for Board approval.
Inform	The following items were received via the consent agenda for approval: • Unconfirmed Minutes of the meeting held on 12th May 2026 • Unconfirmed Minutes of the In-Committee meeting held on 12th May 2026 The following items were received via the consent agenda for noting: • Audit Wales Transformation Report • Primary & Community Care Transformation • Committee Annual Cycle of Business 2026 • Forward Work Plan (Non-Routine Committee Business) • Long Term Strategy Internal Audit Report
Appendices	• Not applicable

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd	Strategic Risk 2 Service Transformation & Outcomes

(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg) Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not Applicable due to the nature / purpose of this Highlight Report. Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not Applicable due to the nature / purpose of this Highlight Report. Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:

Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not Applicable due to the nature / purpose of this Highlight Report.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

CTMUHB Public Board

Hosted Bodies Audit, Risk & Assurance Committee Highlight Report

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 4
Dyddiad y Cyfarfod / Date of Meeting:	24/09/2026
Statws Cyhoeddi / Publication Status:	Open/Public
	Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Kath Palmer, Vice Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary /Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action or decision required.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care
	If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit, Risk & Assurance Committee at its meeting on 4 August 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The Committee operates in accordance with the NHS Audit Committee Handbook, as appropriate.

2.2 The Committee also considers matters relating to the roles and responsibilities of committees hosted by CTMUHB on behalf of NHS Wales, as appropriate. Since 1 April 2024, this has included the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). Meetings are therefore divided into two parts, with CTMUHB business and hosted committee business considered and recorded separately.

2.3 The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place, through the design and operation of the Health Board's risk and assurance framework, to support decision-making and the discharge of its accountabilities for securing the achievement of Health Board objectives in line with the standards of good governance for NHS Wales.

2.4 Where appropriate, the Committee also advises the Board and the Accountable Officer on where the assurance framework may require strengthening or further development.

3. Highlight Report

Alert / Escalate	No matters of concern for escalation or alert on this occasion.
Advise	The Committee received the Joint Commissioning Committee Strategic Update. Progress was reported against the JCC's strategic priorities, with several annual plan products due to be considered by the Joint Committee in September. The financial position was described as stable at that point, although workforce capacity, capability, financial sustainability and delivery of the savings programme remained areas of focus. Lessons from the concluded arbitration with Cardiff and Vale UHB were being considered to strengthen future planning processes.

	NWJCC Risk Management and Assurance - The Committee welcomed the new suite of risk management documentation, comprising the Risk Management Procedure, Joint Committee Assurance Framework, Risk Appetite Statement, matrix and strategic risks. Members were advised that the documents had been subject to engagement and scrutiny across the JCC's governance structure, with a further internal audit review planned. The Committee took assurance that the JCC's risk management arrangements were maturing. Action Log – The Committee reviewed progress against the Action Log, noted the position on outstanding actions and overall delivery. NWSSP Internal Audit Progress Report – The Committee noted the good progress with the current programme. The JCC progress report had been separated from the CTM report to provide clearer organisational accountability and visibility. Internal Audit Review – High Cost Drugs – The Committee noted that the review received Reasonable Assurance. Areas for improvement included formalising and approving procedures, providing health boards with more granular information on expenditure and activity, and making greater use of Blueteq data to inform decision-making, including consideration of biosimilar medicines where clinically appropriate. All recommendations were accepted by management. Internal Audit Review - Budget Management – Final - The Committee noted that the review had received a Reasonable Assurance. The principal issue was reliance on the knowledge and experience of individual staff where key budget-setting, monitoring and risk-sharing processes had not been formally documented. Further findings concerned the consistent application of controls, including reconciliations, monitoring forms and budget set-up. Management accepted the recommendations and provided implementation timescales.
Assure	JCC Organisational Risk Register – The Risk Register was received noting 13 risks, including 11 commissioning risks and two corporate services risks. Ambulance capacity Risk 77 had been de-escalated following a review of its likelihood, consequences, controls and actions. A new Risk 96 had replaced a previous ambulance-related risk and would be further refined to ensure that its wording was concise and appropriately reflected patient impact. Joint Commissioning Committee Audit Tracker – The Committee received an update on the Joint Commissioning Committee Audit Tracker, noting progress against outstanding

	internal audit recommendations. Members were advised that implementation of the Traumatic Stress Wales audit recommendations had been delayed by the ongoing transfer of the service to Public Health Wales. An update was provided on the revised transfer timetable, with completion now expected on 1 November following an extended staff consultation period. Assurance was provided that, although the transfer process had created uncertainty for staff and affected planning arrangements, the Traumatic Stress Wales service remained operational and continued to provide support to patients without interruption. The Committee noted the report and took assurance on progress against the audit programme.
Inform	• The Committee Approved the following items: - Unconfirmed Minutes of the 19th May 2026 • The Committee Noted the following items: - National Imaging Academy Wales Risk Register - was deferred for submission to the November meeting following the responsible officer's return from leave. ▪ The NHS 111 and Ambulance Service update was deferred to the November meeting so that the lead commissioner could support a more comprehensive and assurance-focused discussion.
Appendices	None identified.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 2 If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: Not applicable	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact	There is no direct impact on resources as a result of the activity outlined in this report.	

(People / Financial)	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Audit, Risk & Assurance Committee	04/08/2026	Received and considered by the Committee.

Acronyms / Glossary of Terms	

CTMUHB Public Board

CTM Carers Programme – End of Year Progress Report 2025/26

Eitem yr Agenda / Agenda Item	9.2.4
Dyddiad y Cyfarfod / Date of Meeting:	24.09.26
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	David Watkins – Corporate Carers Lead
Cyflwynydd yr Adroddiad / Report Presenter:	Jenny Oliver, Head of Peoples Experience
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to: • NOTE the progress made during 2025/26 in strengthening the recognition, involvement and support of unpaid carers across CTMUHB. • RECEIVE LIMITED ASSURANCE that the programme is informed by lived experience, partnership working and organisational learning, while recognising that implementation remains variable and programme-wide outcome measures are still being developed. • NOTE the remaining challenges identified within the report, including variation in practice, workforce capacity, accessibility of support and the need to strengthen outcome measurement.

	• SUPPORT the continued embedding of unpaid carer-inclusive practice into routine Health Board activity.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	The CTM Carers Programme supports delivery of CTMUHB priorities relating to person-centred care, quality, prevention, safe discharge and integrated community support. Through strengthening unpaid carer identification, involvement and access to information and support, the programme is intended to contribute to improved patient and carer experience, reduced variation in care and a more coordinated whole-system approach. The programme also supports the implementation of CTM 2030, the All-Wales People Experience Framework and the Health Board's strategic commitment to embedding lived experience within service improvement, quality assurance and organisational learning.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* What *(summary of current position / issue & why it matters and*	The CTM Carers Programme has continued to strengthen the recognition, involvement and support of unpaid carers across CTMUHB during 2025/26. The year has seen the programme move beyond awareness raising towards the development of a broader and more coordinated approach to unpaid carer support, informed by lived experience,

evidence to support that position etc)	partnership working and engagement across hospital, community and professional settings. Key achievements during 2025/26 have included: • development of the CTM Carers Passport and associated work to strengthen the identification and recognition of unpaid carers; • development of an AI-supported chatbot to improve access to Information, Advice and Assistance, progressed in partnership with the University of South Wales and third sector colleagues; • increased community engagement and unpaid carer voice, including Carers Week activity, carers cafés, community groups, Veterans engagement and direct conversations with patients, families and unpaid carers; • strengthening of workforce awareness and education, including engagement with newly qualified nurses, district and community nursing teams, clinical services and professional groups; • greater integration of unpaid carer perspectives into wider service improvement, including Stroke, dementia, Palliative and End of Life Care, Learning Disabilities, Falls and Pressure Ulcer prevention and other clinical pathways; • continued development of partnership working with local authorities, County Voluntary Councils, third-sector organisations and regional partners; • development of the Staff Carers Café, providing support, information and peer connection for CTMUHB employees with unpaid caring responsibilities; and • increased visibility of lived experience within organisational governance and decision-making, helping ensure that the views of unpaid carers and families inform wider improvement activity. Together, these developments indicate that unpaid carer support is beginning to be incorporated across a wider range of services and settings rather than being progressed solely through a standalone initiative. However, implementation is not yet consistent, and further evidence is required to demonstrate sustained change and impact.
Felly, beth *(darparu dadansoddiad ystyrlon gan*	The work undertaken during 2025/26 has moved the CTM Carers Programme towards a more coordinated

dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain) So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	Health Board approach to recognising and supporting unpaid carers. Progress remains uneven, however: identification and recording are not yet consistent across services, workforce capacity may affect implementation, digital and non-digital access must be maintained, and programme-wide outcome measures are still being developed. The evidence therefore supports assurance on programme direction, engagement and planned controls, but not yet on consistent implementation or sustained impact. Importantly, engagement has increasingly led to action. Lived experience from unpaid carers and families has informed practical developments, service improvement and workforce activity. For example, learning from a stroke patient and family story was subsequently used to support recruitment within stroke services, providing a clear example of how unpaid carer and family experience can influence practice beyond the original engagement. The programme has widened consideration of unpaid carers across community, clinical, workforce and governance settings. This provides evidence of increased reach and organisational attention; however, evidence is not yet sufficient to confirm consistent changes in practice or improved outcomes for unpaid carers across all services. While programme-wide outcome measures are still being developed, the progress made during 2025/26 provides a strong foundation for evaluating whether these developments lead to more consistent identification, involvement, experience and access to support over time.
Beth Nesaf (crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud) *What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The next phase will focus on consolidating progress while addressing the remaining challenges of variation in practice, workforce capacity, accessibility and incomplete outcome evidence. Priorities will include implementing and evaluating the Carers Passport, testing the AI-supported information platform within the Bridgend pilot, progressing the Carer Identifier/Icon, maintaining non-digital routes to support, strengthening partnership and workforce engagement, and establishing proportionate measures and governance arrangements to assess impact and escalate implementation risks. This will include continuing implementation of key developments, progressing the Carer Identifier/Icon, maintaining community and

	workforce engagement, strengthening links with partner organisations, and ensuring that unpaid carer voice continues to inform service improvement and organisational decision-making. A further priority will be to develop and agree a proportionate outcome framework. Measures will distinguish implementation from impact and will include, where feasible, reach and uptake; consistency of unpaid carer identification and recording; staff and carer experience; appropriate involvement in care and discharge planning; access to information and support; accessibility and equity; and evidence of service improvement arising from lived experience. Baselines, reporting frequency, ownership and escalation arrangements will be established as implementation progresses so that future assurance is based on trend and outcome evidence rather than activity alone.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* Recommendation (Linked to the "What Next" section above).	The Board is asked to: • NOTE the achievements made during 2025/26 and the increasing integration of unpaid carer considerations across clinical, workforce, community and governance activity. • RECEIVE LIMITED ASSURANCE that engagement with unpaid carers and families is informing programme development, service improvement and organisational learning, while noting that the consistency and impact of resulting changes have not yet been fully evaluated. • ENDORSE the continued development of a coordinated Health Board approach to recognising and supporting unpaid carers. • SUPPORT the development of proportionate outcome measures to strengthen future assurance on impact.

1. Background / Context

1.1.

The CTM Carers Programme has developed in response to the need for a more consistent approach to recognising, involving and supporting unpaid carers across Cwm Taf Morgannwg University Health Board.

Unpaid carers can play a significant role throughout a person's health and care journey, including before admission, during periods of illness, throughout hospital care and following discharge. Their knowledge of the person they support can be valuable to clinical teams, while their own circumstances, confidence and access to appropriate support can influence both their experience and the sustainability of ongoing care.

Lived experience has consistently highlighted that people may not immediately recognise themselves as an unpaid carer and can move into significant caring responsibilities with little preparation. Recurring themes include the importance of early recognition, clear and compassionate communication, meaningful involvement in care and discharge planning, appropriate preparation and timely access to information, advice and support. Importantly, involvement should always reflect the individual unpaid carer's circumstances and choices and should not be assumed.

The programme has therefore sought to connect lived experience, service improvement, workforce development and partnership working, ensuring that unpaid carer support is considered across hospital, community and wider organisational activity rather than through isolated initiatives.

The following sections describe the key areas of work progressed during 2025/26 and, importantly, the learning and changes arising from that activity.

2. Strategic Insights

2.1. Carers Passport

During 2025/26, the CTM Carers Passport was developed as a practical approach to improving the recognition and involvement of unpaid carers during a patient's hospital stay.

The Passport was designed to support earlier conversations between staff and unpaid carers, clarify how an unpaid carer may wish to remain involved in the person's care, and provide a more consistent way of recognising their knowledge, circumstances and support needs. Importantly, involvement is based on individual choice and should not be assumed simply because someone has a caring role.

Development of the Passport was informed by lived experience and engagement with clinical teams, unpaid carers and families. Feedback reinforced the need for

the approach to be simple, practical and flexible enough to reflect different caring situations, including circumstances where hospital admission may provide important respite for the unpaid carer.

The work undertaken during 2025/26 established the foundations for a more structured and consistent approach to recognising unpaid carers as partners in care, while also highlighting the importance of clear staff communication and appropriate safeguards around choice and expectations.

Learning from phased implementation will inform further rollout during 2026/27. Brief ward-based training will support implementation, reflecting ward manager feedback. Post-launch monitoring and a three-month evaluation will assess reach and uptake, staff and unpaid carer experience, implementation barriers, consistency of identification and recording, and whether the Passport supports earlier recognition and more appropriate involvement in care. Findings will be reviewed through programme governance and used to refine the approach, target additional support and inform decisions on further rollout. As outcome measures are still being developed, early findings will be treated as indicative rather than conclusive evidence of impact.

2.2 AI Chatbot – Information, Advice and Assistance

During 2025/26, significant progress was made in developing an AI-supported chatbot to improve access to Information, Advice and Assistance for unpaid carers.

The project was developed in partnership with the University of South Wales and third-sector colleagues, with a total project value of £50,000. This included £25,000 secured through third-sector organisations, of which £10,000 was provided through the CTM Regional Partnership, alongside £25,000 match funding from the University of South Wales.

The funding supported a dedicated researcher role to develop and programme the chatbot and populate it with relevant service information. The initial pilot is focused on the Bridgend locality, allowing the approach to be tested on a limited basis before any consideration of wider rollout.

By the end of March 2026, the project had established the funding, researcher capacity and technical foundations required to develop and populate the chatbot. The chatbot is now in the final stages of development and will be trialled with unpaid carers groups in Bridgend during 2026/27, allowing feedback on usability, accessibility and usefulness to inform the approach before wider use within the pilot locality.

The AI Chatbot Implementation Group will engage with unpaid carers groups in Bridgend prior to launch, allowing carers to trial the chatbot and provide feedback on its usability, accessibility and usefulness. Following launch, the Regional Partnership will undertake outreach and engagement with unpaid carers and voluntary organisations, both to support people to make effective use of the chatbot and to gather qualitative feedback on their experience.

Evaluation will also draw on anonymised usage data collected by the University of South Wales, including information such as site visits, levels of use and broad themes in the information being sought. No personally identifiable data will be collected for this purpose. The same carers groups engaged before launch will be revisited approximately three months after launch, and findings from the different sources will be brought together to evaluate the usability, accessibility, relevance and overall value of the chatbot before any wider rollout is considered.

This phased approach is intended to reduce implementation risk, ensure that the chatbot is informed by unpaid carer experience, and provide a stronger evidence base for decisions about any future expansion.

2.3 Community Engagement and Unpaid Carer Voice

During 2025/26, the CTM Carers Programme significantly expanded opportunities to engage with unpaid carers, families and community partners across a range of settings.

Engagement activity included Carers Week events, carers cafés, community groups, Veterans engagement, ward-based conversations, primary care engagement and participation in wider health, social care and wellbeing forums. These opportunities provided different routes for unpaid carers to share their experiences and highlighted recurring themes around identification, communication, involvement in care and discharge planning, access to information and the need for timely support.

A key development has been the increasing use of this feedback to inform practical change rather than engagement being undertaken in isolation. Learning from unpaid carers has helped shape programme development, service improvement activity and workforce awareness, while also strengthening links with community and third sector support.

This work has also helped broaden the reach of the programme beyond hospital settings, recognising that many unpaid carers require support within their local communities and may not identify themselves through traditional health service routes.

The breadth of engagement undertaken during 2025/26 is set out in Appendix 1, which summarises the activity, who was involved, what was heard and how the learning informed subsequent action.

2.4 Workforce Awareness and Training

During 2025/26, work continued to strengthen workforce awareness of unpaid carers across a range of clinical and professional groups.

Engagement and training activity included newly qualified nurses, district and community nursing teams, Band 7 community managers and wider clinical and professional staff. The aim was to improve understanding of how unpaid carers can be identified, appropriately involved and connected to information and support as part of routine care.

A consistent theme throughout this work has been that unpaid carer recognition should not sit solely with specialist services. Staff across hospital and community settings have opportunities to identify caring roles, understand the impact that caring may have on an individual, and ensure that involvement in care is offered appropriately rather than assumed.

This activity has helped broaden unpaid carer awareness across the workforce and has supported the longer-term aim of embedding unpaid carer recognition within everyday practice rather than relying on individual champions or isolated initiatives.

The work undertaken during 2025/26 also provided a foundation for continued integration of unpaid carer awareness within staff education, professional development and service-specific learning.

2.5 Service Integration and Wider Clinical Work

During 2025/26, unpaid carer considerations were increasingly incorporated into wider clinical and service improvement activity across CTMUHB.

Work with Stroke services provided a particularly strong example of lived experience influencing wider improvement. Patient and family feedback highlighted the importance of communication, involvement, dignity and compassionate care. This learning was subsequently used within the Stroke service, including to support recruitment activity, demonstrating how patient and family experience can influence both service development and workforce activity.

Unpaid carer perspectives were also incorporated into Palliative and End of Life Care, recognising the significant role that family members and unpaid carers can play throughout serious illness, end-of-life care and bereavement. This helped ensure that unpaid carer needs were considered as part of wider service development rather than as a separate issue.

Engagement also extended into areas including Learning Disabilities, Dementia, Falls and Pressure Ulcer prevention, Mouthcare Improvement and other clinical and professional forums. These opportunities helped raise awareness of the contribution unpaid carers can make to prevention, continuity of care and recognising deterioration, while reinforcing that any involvement must remain appropriate, agreed and responsive to individual circumstances.

Taken together, this work demonstrates a broader shift towards embedding unpaid carer awareness within existing clinical pathways and improvement activity, helping to ensure that learning from unpaid carers and families influences services beyond the core Carers Programme.

2.6 Partnership Working and Governance

During 2025/26, partnership working continued to strengthen across the CTM region, helping to connect Health Board activity with wider statutory, voluntary and community support for unpaid carers.

The programme has worked closely with the Regional Partnership, Local Authority unpaid carers leads, County Voluntary Councils, Third sector organisations and other regional partners. These relationships have supported shared learning, improved awareness of available community-based support and helped create clearer links between Health Board services and wider information, advice and assistance.

Partnership activity has also provided opportunities to hear from unpaid carers in a range of settings and to ensure that local experience informs programme development. This has been particularly important in recognising that many of the challenges faced by unpaid carers extend beyond the hospital environment and require coordinated responses across health, social care and the voluntary sector.

Within CTMUHB, unpaid carer experience has increasingly been incorporated into wider People Experience and governance arrangements, helping to ensure that lived experience contributes to organisational learning, service improvement and senior oversight.

The work undertaken during 2025/26 has therefore helped strengthen the infrastructure around the programme, creating a more connected approach in which unpaid carer voice, service learning and partnership intelligence can be brought together to inform improvement across organisational boundaries.

The planned re-establishment of the regional Carers Steering Group will provide a further opportunity to build on this foundation by bringing together unpaid carers, statutory partners and third sector organisations within a dedicated forum for shared priorities and coordinated improvement.

2.7 Staff Carers Café

During 2025/26, the Staff Carers Café was developed to provide a dedicated space for CTMUHB employees who also have unpaid caring responsibilities.

Initial attendance was encouraging, and staff who attended valued the opportunity to connect with colleagues in similar circumstances, share experiences and access information and signposting to relevant support. The Café also helped raise awareness of the additional pressures that can arise when individuals are balancing employment alongside an unpaid caring role.

However, attendance reduced over time and some sessions had to be cancelled due to low numbers. This highlighted that, while the offer was valued by those who attended, the timing and accessibility of sessions may not have suited the wider staff carer population.

This learning has informed a review of the current approach, including consideration of different days and times to determine whether this improves accessibility and participation.

The Staff Carers Café therefore remains a useful mechanism for peer support and staff engagement, but the experience during 2025/26 has also demonstrated the importance of adapting the model in response to attendance and feedback to ensure it is sustainable and meets the needs of staff carers.

2.8 Unpaid Carer Identification and Recording

During 2025/26, work continued to strengthen the identification and recording of unpaid carers across CTMUHB.

Consistent identification is important because unpaid carers may not always recognise themselves as having a caring role, and staff may not routinely identify or record this information unless there is a clear process for doing so. Earlier recognition creates an opportunity for meaningful conversation, appropriate involvement in care and discharge planning, and access to relevant information and support.

The work undertaken during the year has helped reinforce that identification should not be viewed simply as an administrative exercise. Its value lies in what follows: recognising the knowledge and circumstances of the unpaid carer, understanding whether and how they wish to be involved, and connecting them with appropriate support where required.

Progress during 2025/26 has therefore focused on strengthening the visibility of unpaid carers within existing systems and promoting more consistent approaches to recognition across clinical settings.

Further work will be required to improve consistency of recording and to develop proportionate measures that demonstrate whether unpaid carers are being identified earlier and supported more effectively as a result.

3. Risks and Opportunities

3.1 Key Risks and Mitigations

The principal strategic risk is that inconsistent identification, involvement and support of unpaid carers may contribute to avoidable variation in experience, discharge planning and access to timely support, limiting progress against Strategic Risk 8: Prevention and Early Intervention and the Health Board's person-centred care priorities. Current mitigations include phased implementation, practical ward-based training, partnership working, continued non-digital access routes, monitoring and time-limited evaluation. These controls reduce implementation risk but do not yet provide assurance of consistent practice or improved outcomes across CTMUHB. Although significant progress was made during 2025/26, several risks remain as the programme continues to develop. These are being addressed through phased implementation, engagement, monitoring and evaluation.

- Variation in identification and involvement of unpaid carers. Practice is not yet consistent across all services and settings, creating a risk that unpaid carers may experience different levels of recognition, involvement and access to support. This is being mitigated through phased implementation, learning from earlier testing, and workforce engagement. For the Carers Passport, ward managers have informed the training approach, with short face-to-face ward-based sessions identified as the preferred method for supporting staff implementation.

- Demonstrating impact

  Current information does not yet provide a complete picture of programme outcomes. Outcome measures are therefore being developed alongside implementation, with evaluation focused on whether key initiatives improve identification, involvement, experience and access to support. This will enable future assurance to move increasingly from reporting activity and engagement towards demonstrating outcomes and impact.

- Workforce capacity and sustainability.

  Competing operational pressures may limit the ability of teams to adopt and sustain new approaches, creating a risk that implementation remains dependent on local capacity and individual leadership. Mitigation includes brief ward-based training, integration with existing education and governance arrangements, and a practical implementation model. Uptake and barriers should be monitored so that areas requiring additional support can be identified and escalated.

- Accessibility, digital inclusion and information quality.

  The AI-supported information platform may not meet the needs of all unpaid carers, and inaccurate, outdated or inaccessible information could reduce trust or delay access to appropriate support. Mitigation includes a limited Bridgend pilot, pre- and post-launch testing with unpaid carers, outreach through the Regional Partnership and voluntary organisations, anonymised usage monitoring, continued non-digital routes, and review of content quality and accessibility before any wider rollout is considered.

3.2 Evaluation and Learning

Evaluation will form an important part of the next phase of the programme.

For the Carers Passport, implementation will be supported by post-launch monitoring and a three-month evaluation, drawing on learning from the phased approach and feedback from staff and unpaid carers. This will help assess uptake, implementation experience, barriers and whether the Passport is supporting earlier identification and more appropriate involvement of unpaid carers.

Evaluation will combine anonymised usage data collected by the University of South Wales with qualitative engagement undertaken by the Regional Partnership and feedback from unpaid carers in Bridgend. Carers groups will trial the platform before launch and will be revisited approximately three months afterwards. Findings will assess reach, repeat use, accessibility, usability, relevance and accuracy of information, broad themes in enquiries, user confidence and any unintended barriers or inequalities. The Implementation Group will review the combined evidence, identify required changes and make a documented recommendation on whether the pilot should continue, be refined or be considered

for wider rollout. Early findings will inform decision-making but will not, in isolation, demonstrate longer-term impact.

3.3 Opportunities

The work undertaken during 2025/26 provides an opportunity to embed unpaid carer recognition more consistently across clinical and community services, strengthen the use of lived experience within service improvement, and improve connections between Health Board and community-based support.

The combination of phased implementation, engagement and planned evaluation also provides a stronger foundation for developing proportionate outcome measures and demonstrating more clearly, over time, the difference that unpaid carer involvement and support makes.

4. Compliance and Governance

4.1

The CTM Carers Programme is supported through Corporate Nursing and People Experience leadership and existing Health Board governance arrangements.

The programme aligns with CTMUHB's wider approach to person-centred care, quality and lived experience, including the principles reflected within the All-Wales People Experience Framework and CTM 2030. Unpaid carer experience is increasingly considered alongside patient experience and wider service improvement rather than as a separate area of activity.

Oversight through the Quality, Safety & Experience Committee provides a route for progress, learning and emerging risks to be considered at organisational level and for unpaid carer experience to inform wider decision making.

Programme development also takes account of relevant equality, Welsh language and quality requirements, with accessibility, inclusion and language needs considered as part of ongoing improvement.

As the programme matures, assurance will progressively incorporate agreed process and outcome measures alongside qualitative evidence. Until baselines and trend data are available, reporting will distinguish activity, implementation learning and early indications of benefit from demonstrated impact, and will continue to highlight variation, barriers and residual risk.

6. Conclusion

6.1.

The CTM Carers Programme made significant progress during 2025/26 in strengthening the recognition, involvement and support of unpaid carers across CTMUHB.

The year saw a broader range of work become established across hospital, community, workforce, partnership and governance settings. Importantly, lived

experience has increasingly been used to inform practical change, service improvement and organisational learning rather than being gathered in isolation.

The progress made during 2025/26 indicates movement towards a more coordinated and integrated approach, with unpaid carer considerations becoming more visible across wider Health Board activity. However, variation in implementation remains, and further evaluation is required before consistent organisational impact can be demonstrated.

The next phase will focus on consolidating this progress, embedding established work into routine practice, progressing outstanding developments such as the Carer Identifier/Icon, and developing proportionate outcome measures so that future assurance can demonstrate more clearly the impact of the programme on unpaid carers and the people they support.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 8 Prevention & Early Intervention
	If more than one applies please list below: Community & Partner Engagement

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below: A more equal Wales

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective
	If more than one applies please list below: Culture & Valuing People

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg	Outcome for Equality (delete as appropriate): POSITIVE	If no, please select a reason below.

(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Summary of impact: The CTM Carers Programme is anticipated to deliver a positive equality impact by strengthening the recognition, involvement and support of unpaid carers. The programme is expected to be of particular benefit to older people, disabled people, individuals experiencing socio-economic disadvantage, and those with caring responsibilities, through improved communication, more person-centred care and enhanced access to appropriate support. Outcome for Welsh Language (delete as appropriate): POSITIVE Summary of impact: The CTM Carers Programme is expected to have a positive quality impact by strengthening the recognition, involvement and support of unpaid carers across hospital, community and wider service settings. During 2025/26, lived experience and engagement increasingly informed practical service improvement, workforce learning and organisational decision-making.	Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*	The CTM Carers Programme has the potential to deliver a positive quality impact by strengthening the recognition, involvement and support of unpaid carers across hospital, community and wider service settings. During 2025/26, lived experience and	

Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	engagement increasingly informed practical service improvement, workforce learning and organisational decision-making. The programme is intended to support person-centred care, communication, appropriate involvement in care and discharge planning, and access to information and community-based support. However, implementation remains variable and programme-wide outcome measures are still being developed. Planned monitoring and evaluation of the Carers Passport and AI-supported information platform will provide evidence on uptake, accessibility, experience and early outcomes, inform mitigation of identified risks and support future assessment of quality impact. The programme supports person-centred care, improved communication, appropriate involvement in care and discharge planning, and stronger connections to information and community-based support. The breadth of work across clinical services, workforce development and partner organisations also supports a more consistent and coordinated approach to unpaid carer-inclusive practice. Ongoing learning and the development of proportionate outcome measures will support future evaluation of impact and help ensure that improvements remain safe, accessible and responsive to the needs of patients and unpaid carers.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (include further detail below) No additional resource decision is requested from the Committee as part of this report. The AI Chatbot project has a total project value of £50,000, comprising £25,000 secured through third-sector/Regional Partnership funding and £25,000 match funding from the University of South Wales, which has supported a dedicated researcher role. Wider programme activity is being

	progressed through existing organisational and partnership arrangements.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Unpaid carers, patients and families; clinical teams; community and third sector organisations; Regional Partnership and local authority partners; NHS Wales Spread & Scale Academy. See Appendix 1 for detailed engagement activity.	Throughout 2025/26	Engagement activity during 2025/26 has directly informed the development of the CTM Carers Programme, with lived experience highlighting key themes around identification, communication, involvement in care and access to support. Engagement with carers, staff, clinical services and partner organisations has shaped practical improvements, including the Carers Passport and wider carer-inclusive approaches. Partnership working has strengthened links to community-based support, while learning from lived experience has increasingly informed service improvement, workforce development and organisational learning across CTMUHB. A summary of engagement and

		programme activity undertaken during 2025/26 is provided at Appendix 1.

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
QSEC	Quality, Safety & Experience Committee
AI	Artificial Intelligence
IAA	Information, Advice and Assistance
RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital
PCH	Prince Charles Hospital
YCR	Ysbyty Cwm Rhondda
NHS	National Health Service
EWLIA	Equality and Welsh Language Impact Assessment
Glossary of Terms	
Unpaid carer	A person who provides unpaid care or support to a family member, friend or other person because of illness, disability, mental health needs, frailty or other care and support needs.

Appendix 1 – Summary of Unpaid Carer Engagement and Programme Activity 2025/26			
Engagement / Activity	**Who was involved**	**What was heard / learnt**	**What this informed or changed**
CTMUHB Carers Week activity – June 2025	Unpaid carers, patients, CTMUHB staff, third sector organisations and partners across PCH, RGH and POW	Highlighted the wide range of unpaid caring roles and the importance of visible, accessible information and support in hospital settings.	Increased visibility of unpaid carers across acute sites and strengthened links with third sector support organisations.
Stroke Carers Café	Stroke patients, unpaid carers, Stroke services, Therapies and partner organisations	Demonstrated the value of providing an informal and accessible space where unpaid carers and patients could ask questions, share experiences and connect with relevant information and support.	Learning from the event supported the establishment of the Stroke Carers Café as a quarterly event, providing an ongoing opportunity for engagement, information and support.
Stroke patient and family story	Patient/family, Stroke service and wider CTMUHB colleagues	Highlighted the importance of communication, dignity, compassionate care and family involvement.	Informed service learning and was later used to support stroke nurse recruitment.
Veterans engagement event	Veterans, unpaid carers, Armed Forces/Veterans organisations and partners	Highlighted the overlap between veteran communities and unpaid caring responsibilities.	Strengthened links with Veterans networks and widened opportunities for unpaid carer awareness and support.
Regional Learning Disability Navigators Network	Learning Disability Navigators and regional partners	Highlighted the importance of recognising family and unpaid carer roles in supporting people with learning disabilities.	Strengthened consideration of unpaid carers within regional learning disability support pathways.
Creating Spaces for Meaningful Engagement – people with learning disabilities and unpaid carers	People with learning disabilities, unpaid carers and professionals	Reinforced the need to ensure both individuals and unpaid carers have meaningful opportunities to contribute.	Supported inclusion of unpaid carer views in wider engagement work.
Bridgend Carers Group engagement	Unpaid carers and local support organisations	Provided lived experience insight into the challenges faced by	Helped inform the wider CTM Carers Programme and ensured

		unpaid carers and their contact with health and care services.	local unpaid carer voice shaped development.
Regional Partnership Board engagement event	Unpaid carers, RPB partners, local authorities, third sector and CTMUHB	Highlighted the need for stronger mechanisms for unpaid carers and partners to influence priorities.	Supported discussion on the re-establishment of the regional Carers Steering Group.
Ward visits with PALS	Patients, families, unpaid carers and PALS staff	Provided direct feedback on patient and family experience and helped identify people who may not see themselves as unpaid carers.	Strengthened links between Patient Experience and unpaid carers work and informed programme development.
GP surgery engagement	Primary care staff and GP practices	Focused on recognising unpaid carers in primary care and the importance of identification, information and signposting.	Raised awareness in primary care and promoted earlier identification and support.
Falls and Pressure Ulcer event	Clinical staff and improvement teams	Explored how unpaid carers can support prevention and recognise deterioration, while avoiding inappropriate transfer of responsibility.	Introduced unpaid carer involvement into wider prevention and improvement discussions.
Cultural Competence training	CTMUHB staff and training participants	Highlighted how culture, language and family context can affect identification of unpaid carers.	Strengthened consideration of diversity and inclusion in unpaid carer identification and engagement.
Care and Nursing Home event	Care-home and nursing-home staff and partner organisations	Focused on how family members and unpaid carers can remain appropriately involved in care and decision-making.	Raised awareness of unpaid carers as partners in care in residential settings.

District and Community Nurse training	District nurses and community nursing teams	Highlighted the opportunity to identify unpaid carers in the home and recognise support needs that may not be visible in hospital settings.	Strengthened workforce awareness of identification, support and signposting in community settings.
Newly Qualified Nurse training	Newly qualified nurses	Focused on recognising unpaid carers in everyday practice and understanding the importance of communication and involvement.	Helped embed unpaid carer awareness early in professional practice and supported culture change.
Band 7 Community Managers – Bridgend	Band 7 community managers	Considered how managers can support staff to identify, support and signpost unpaid carers.	Strengthened leadership awareness and promoted unpaid carer support as part of routine community practice.
Volunteer engagement – questionnaires and Carers Passport	CTMUHB volunteers, patients, unpaid carers and families	Volunteers provided an additional route for gathering feedback and reaching people in clinical settings.	Supported questionnaire distribution, feedback gathering and wider Carers Passport engagement.
Merthyr Tydfil Health, Social Care and Wellbeing Forum	Health, social care, voluntary-sector and community organisations	Highlighted that unpaid carer identification and support is a shared responsibility across organisations.	Increased awareness across partner organisations and supported coordinated signposting and support.
Mouthcare Improvement meeting	Clinical teams and improvement leads	Explored how unpaid carers may support oral hygiene and the need for suitable information and guidance.	Introduced the unpaid carer perspective into mouthcare improvement work.
Turning Ponty Blue dementia activity group	People living with dementia, unpaid carers, community organisations and CTMUHB representatives	Highlighted the importance of accessible community based support for people living with dementia and unpaid carers.	Increased awareness of support and provided another route for hearing unpaid carer voices.

Welsh Government Health and Social Care Committee evidence	Welsh Government Committee and stakeholders	Provided evidence on CTMUHB activity and wider challenges affecting unpaid carers.	Enabled local learning to contribute to national discussion on support for unpaid carers.
NHS Wales Spread & Scale Academy	CTMUHB multidisciplinary team and NHS Wales improvement colleagues	Supported structured thinking on how the Carers Passport could be tested, refined and scaled.	Strengthened the implementation and evaluation approach for the Carers Passport.
Staff Carers Café	CTMUHB employees with unpaid caring responsibilities	Highlighted the value of peer support, information and signposting for staff who are also unpaid carers.	Established an ongoing mechanism for peer support and recognition of staff with caring responsibilities.
Palliative and End of Life Care engagement	PEoLC services, multidisciplinary colleagues and partners	Highlighted the importance of recognising and supporting unpaid carers through serious illness, end-of-life care and bereavement.	Helped incorporate unpaid carer considerations into wider PEoLC service development.

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Mitchell, Corporate Governance Manager, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Juliet Brown, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
		Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered at its public meeting on 21 July 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted July 2026 - NHS Wales Joint Commissioning Committee).

Status	Update
Alert / Escalate	The Committee Secretary highlighted the need for adequate executive attendance at Sub-Committee meetings, this was noted as a particular issue for the Quality, Safety and Outcomes (QSO) Sub-Committee, it was agreed that the use of deputies would be further discussed.
Advise	The Chief Commissioner's Report incorporated Director of Commissioning Reports to highlight performance and quality issues that had arisen since updates shared at Sub-Committee meetings in June 2026. These updates included: • JACIE Certification A response is expected imminently in relation to the certification. The Chief Commissioner has received a request to support the required capital investment. • Rural Response Options Members noted that a formal update on rural response options would be received at November's JC Meeting. In the meantime, it was agreed that there is a need to develop an information pack and an engagement plan for external stakeholders and the public. This would be a collaborative effort between the HBs, the Welsh Ambulance Services University NHS Trust and the NWJCC with consideration given by Llais. • St Andrew's Healthcare There are currently 5 remaining patients remaining within St Andrew's Healthcare. Plans have been put in place for admissions to alternative providers for 2 patients with arrangements continuing for the remaining 3. • Gender Service Review Confirmation of the initiation of an independent gender service review to be conducted by the end of December 2026 and recommendations to be produced by March 2027, with providers fully engaged in the process. A Manchester Arena Inquiry Update Report was received. Members noted the ongoing risks in relation to some recommendations due to funding constraints, the need for continued monitoring and for communication with Welsh Government. Members approved the following recommendations: • Correspondence to WG outlining the due diligence that has been undertaken in response to the WAST report, and recommendations on appropriate roles and responsibilities to respond to this, including the role of WG. • Correspondence to WAST on formal response to reports received, along with actions that will be required from the organisation following commissioner consideration, specifically including details of mutual aid explored and contributed to across the UK. A new Risk Management and Assurance Framework including a Risk Management Procedure, Joint Committee Assurance Framework (JAF), Template Report and Proposed Strategic Risks, Risk Appetite

Status	Update
	Statement and Matrix, were presented and approved by the JC. The documentation aims to support the management and review of the NWJCC's risks. All supporting appendices (documents 4.3.2.1-4.3.2.6) can be accessed here.
Assure	The Committee received the following Sub-Committee assurance reports: - Quality, Safety and Outcomes Sub-Committee - Planning, Performance and Finance Sub-Committee The NWJCC Organisational Risk Register as of 31 May 2026 was received and approved. There were 13 risks with a score of 15 or above as of 31st May 2026. The NWJCC Annual Plan 2026-27 – Progress Against Delivery at Quarter 1 Report was received. All strategic priority areas had made progress in Quarter 1 with the core foundations for delivery now in place and all Quarter 1 deliverables either on track or completed. The main risk for delivery pertains to the access to data/data analysis and the capability within the NWJCC to deliver the data analytics required for larger projects, emphasising the need to consider additional resources or expert support.
Inform	The Chair's Report summarised the cancellation of the JC Strategy Session scheduled on 16 June 2026, and the subsequent Risk Management Workshop that took place in its stead between Lay Members and the Corporate Governance Team; Lay Member Appraisals having taken place; and the scheduling of NWJCC Updates at HB Development Sessions. The Committee received the Month 03 Finance Report 26/27 and the Operational Performance Report including: • Conversation around the need for a review of the escalation process and clarification of pathways out of escalation. • Detailed conversation around modernisation and transformation with further conversation to take place at the next Collaborative Commissioning Leadership Group (CCLG) meeting. The Corporate Governance Report included updates on Welsh Health Circulars, the NWJCC Internal Audit Programme and the ongoing review of hosting arrangements between the NWJCC and CTMUHB. Further updates were provided on the sign off of the NWJCC Accountability Report, Annual NWJCC Update to HBs and the NWJCC Governance Framework. The Annual Committee Effectiveness Self-Assessment Results Report 25/26 update was received which detailed key themes across the JC and Sub-Committee meetings. Concurrent themes include, but are not limited to:

Status	Update
	• Reporting improvements (focussed on size, relevancy of content and strategic focus). • Lack of HB participation in relation to QSOC. • Focus from a commissioning perspective.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Have you undertaken a Quality Impact Assessment Screening?		This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* Equality *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	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: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- Note the highlights outlined in Section 2 of this report.

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee (SSPC)
Chaired by	Dr Susan Barnes, Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager
Date of Meeting	16 July 2026

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Managing Director's Update Report – The Managing Director presented an update on key NWSSP developments since the previous meeting to complement the overarching report, with particular focus on two strategic programmes: Transforming Access to Medicines Service (TrAMS) and the Future Workforce Solution (FWS).

The TrAMS South East Hub Full Business Case has been completed and was progressing through the formal approval routes within individual organisations. Construction of the South East Radiopharmacy facility had been completed, with commissioning, validation and operational readiness activities continuing. Programme momentum remained positive across all hub developments, with continued oversight required in relation to commissioning timelines, workforce capacity, funding dependencies and service continuity during transition.

In relation to FWS, the Committee noted that the Managing Director had written to the NHS Business Services Authority (NHSBSA) in June raising concerns regarding programme clarity, scope, timelines and implementation expectations. Members were advised that the go-live date remained under review by NHSBSA and Infosys through the contract review process, with further formal communication anticipated and assurances received on improved communication and benefits realisation. Members discussed the implications of a revised timeline for early adopters, later implementation waves and funding arrangements, noting that year zero and year one funding had been approved under the previous administration, with further remapping required once the revised plan was agreed. Given the scale, complexity and multi-organisational impact of FWS, Members emphasised the need for appropriate programme assurance, including Internal Audit involvement at key staging and readiness points, subject to receipt of the revised plan. A further update would be brought to the September 2026 meeting.

The Committee NOTED and DISCUSSED the Managing Director's Update Report.

Deep Dive Presentation

Foundational Economy - The Committee received a detailed presentation on the Foundational Economy programme and its contribution to wider procurement priorities, including decarbonisation, value for money, supply chain resilience, waiting list support and compliance with an increasingly complex legislative framework. Procurement activity

continued to be underpinned by a focus on patient outcomes and value.

Enhanced analytical capabilities, including new Power BI and contract pipeline reporting tools, were highlighted, providing improved visibility of supplier spend, location and future procurement opportunities. Welsh-headquartered suppliers continued to account for 42.93% of NHS Wales expenditure, with spend increasing from just over £1bn in 2019/20 to more than £2.3bn in the latest year. Members noted that around £1.1bn of contracts were due for renewal during the year, presenting opportunities to further support foundational economy objectives where market conditions allowed.

Members welcomed the improved intelligence and discussed NWSSP's role in supporting delivery of the Social Partnership and Public Procurement (Wales) Act 2023 through a collaborative all-Wales approach. Discussion focused on the need to refine measures of economic impact beyond supplier headquarters location, alongside continued supplier engagement, support for SMEs and micro-businesses, and consideration of wider economic and employment benefits. The Committee recognised NWSSP's strategic procurement role and potential to further contribute to economic growth through innovative commercial approaches and partnership models.

The Committee NOTED the update provided in relation to Foundational Economy.

Items for Approval

Scan for Safety Wales Programme – The Committee considered the three-year extension of the Scan for Safety Programme, noting forthcoming regulatory requirements for enhanced traceability of implantable medical devices and Wales' comparatively advanced position. The programme will support compliance requirements and further development of inventory management capabilities, including exploration of artificial intelligence to optimise stock management across NHS Wales. The Committee APPROVED the extension of the Scan for Safety Programme and its supporting Inventory Management Contract with Omnicell by utilising the 36 months available as per the original Full Business Case and current contract terms.

Student Awards Bursary System – The Committee considered the proposed three-year contract extension for the Student Awards Bursary System, recognising the need to maintain continuity of support for students whilst Welsh Government continues to review bursary arrangements. The Committee APPROVED the Student Bursary Award System contract extension for three (3) years with effect from 1 April 2027 to 31 March 2030 with a total cost of £382,515.

Material Handling Equipment Lease, Hire and Maintenance – The Committee considered proposals to award a five-year contract for material handling equipment and received assurance regarding procurement, supplier due diligence and risk mitigations, including consideration of the single tender response received. The Committee APPROVED the award of the contract to Toyota Material Handling UK Limited, up to a maximum estimated value of £1.04m excluding VAT over the full five-year term, and NOTED the demand-led nature of the agreement, the associated risks and mitigations, and that progression remained subject to all required approvals and procurement requirements being completed.

NWSSP Annual Review 2025-26 – The Committee received the Annual Review 2025-26, which reflected NWSSP's 15-year anniversary on 1 April 2026 and provided an overview of organisational achievements, governance arrangements, performance and future priorities. The Committee APPROVED the Annual Review.

Digital Strategy – The Committee considered the refreshed Digital Strategy, designed to support organisational priorities through strengthened digital foundations, workforce capability, data maturity, cyber resilience and innovation. Discussion highlighted alignment with national digital priorities, workforce readiness and future investment requirements. The Committee APPROVED the refreshed Digital Strategy.

Opportunities Pipeline – The Committee received an update on the Opportunities Pipeline, setting out existing, emerging and longer-term opportunities through which NWSSP could further support NHS Wales in response to financial and service challenges. Members endorsed the strategic direction, emphasising the importance of partnership working, governance and stakeholder sponsorship. Some members of the Committee were keen to explore NWSSP's ability to take forward initiatives on a local and regional basis and not be constrained by consensus on all-Wales approaches every time. The Committee NOTED the update on the NWSSP Opportunities Pipeline, including initiatives already in hand for 2026/27, and APPROVED the proposed approach to undertaking discovery work on medium to longer-term opportunities before any final decision on development and implementation.

NHS Wales Preparedness, Resilience and Response Annual Report 2025-26 – The Committee received assurance regarding the maturity of NWSSP's emergency preparedness, resilience and response arrangements and the organisation's contribution to wider NHS Wales planning and collaboration. AR commented that NWSSP would be working with the Welsh Government in response to the recently published COVID Inquiry Module 5 report on PPE Procurement. The Committee APPROVED the Annual Report for submission to NHS Performance and Improvement.

Items for Noting

Welsh Risk Pool Assurance Programme – The Committee received an update on the Welsh Risk Pool Assurance Programme, including work to strengthen forecasting, financial mitigation and learning from clinical negligence claims. Members noted ongoing engagement with NHS Wales organisations and external partners to support continuous improvement and future risk reduction. The Committee NOTED the update.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee received the Finance Report as at 31 May 2026, noting a year-to-date surplus of £813k, delivery of Cost Improvement Programme savings, continued vacancy controls and no agency expenditure reported in the year to date. Key risks related to digital programme funding, Future Workforce Solution implementation, Radiopharmacy transition costs and energy price volatility. The Committee also noted capital programme progress, Welsh Risk Pool expenditure monitoring and the ongoing grip and control improvement programme.

People and Organisational Development Report – The Committee received an update on workforce performance, noting improved staff turnover, stable sickness absence and continued targeted interventions in areas of higher absence. Strong mandatory training compliance, ongoing workforce planning activity and a positive Internal Audit review of attraction and retention were highlighted. Members also noted NWSSP's achievement of silver status under the Armed Forces Employer Recognition Scheme.

Performance Information Report – The Committee received the latest performance report, noting continued delivery of professional influence benefits of £57m and generally

positive organisational performance. A small number of targets remained below target relating to procurement savings delivery and timely responses to audit recommendations, with corrective actions underway. Improvements in recruitment performance were also noted.

Outcome Measures Report – The Committee received an update on performance against NWSSP's strategic outcomes, noting positive performance across key measures including employee satisfaction, customer satisfaction, professional influence benefits, decarbonisation and foundational economy objectives.

Transformation Management Office (TMO) Update Report – The Committee received an update on the transformation portfolio, comprising 21 programmes, projects and initiatives across NHS Wales and NWSSP. Progress was reported across a number of schemes, including projects reaching completion and continued strengthening of reporting, assurance and benefits realisation arrangements.

Integrated Medium-Term Plan (IMTP) Quarter 4 Report 2025-26 – The Committee received the year-end IMTP performance report, prior to its submission to Welsh Government, noting that the majority of objectives had either been completed or remained on track. Areas of slippage and external dependency were being managed through the 2026-27 planning cycle.

NWSSP Annual Governance Statement (AGS) 2025-26 – The Committee received the final Annual Governance Statement, noting its prior consideration and approval through the Audit Committee and inclusion within the annual accounts process.

NWSSP Corporate Risk Register – The Committee received the Corporate Risk Register, noting the current risk profile, of which there were eight red and ten amber risks for action. No new risks had been escalated, although key programme risks had been refined to improve oversight. Ongoing review of risk targets and organisational risk appetite was also noted.

The Committee DISCUSSED and NOTED the above Reports.

Items for Information

The Committee received several items for information, covering items 7.1 to 7.4 of Part A and items 1.1 to 1.9 of Part A2. These comprised the Finance Monitoring Returns for Months 1 and 2 of 2026-27, the Personal Protective Equipment (PPE) Report, the NWSSP Audit Committee Assurance Report from 28 April 2026, and the SSPC Forward Plan 2026-27, together with a suite of annual reports covering Audit Committee, Local Counter Fraud Services, Concerns and Complaints, Declarations of Interest and Gifts, Hospitality and Sponsorship, Health and Safety, Welsh Language, Duty of Quality, Medical Examiners Service and Surgical Materials Testing Laboratory.

Part B – Private

Transforming Access to Medicines Service (TrAMS) South East Hub Full Business Case – The Committee considered the Full Business Case for the South East TrAMS Hub, which forms part of the national programme to modernise aseptic medicines manufacturing services across Wales. Members noted the case for change, including infrastructure, regulatory and workforce challenges, and that the proposal sought £21.7m capital investment to develop a regional hub at Imperial Park (IP5). The Committee acknowledged extensive stakeholder engagement and the strategic importance of the

programme in delivering a sustainable all-Wales service model. The Committee APPROVED the Full Business Case, subject to remaining organisational approvals and submission to Welsh Government. Transforming Access to Medicines Service (TrAMS) Clean Room Design and Build Contract Change Approval – The Committee considered proposed contract changes associated with the South East TrAMS Hub development, noting that progression remained contingent upon approval of the Full Business Case, Welsh Government approval and confirmation of capital funding. Assurance was provided regarding cost validation, governance oversight, risk management and lessons learned arrangements. The Committee APPROVED the clean room design and build contract changes. Trust Board approval consideration to follow on 30 July 2026. Aseptic Isolators for the South East Transforming Access to Medicines Service (TrAMS) Project – The Committee considered the procurement of 15 aseptic isolators required to support operations within the proposed South East Hub. Members noted that the purchase formed an essential component of the overall TrAMS infrastructure programme and remained subject to Full Business Case approval, Welsh Government approval and confirmation of capital funding. The Committee APPROVED the purchase of the isolators. Trust Board approval consideration to follow on 30 July 2026.
Matters requiring Board/Committee level consideration and/or approval
The Board is asked to NOTE the work of the Shared Services Partnership Committee.

Date of Next Meeting	Tuesday 15 September 2026, 10.00am to 12.00pm