

CTMUHB Public Board

Thu 26 March 2026, 09:00 - 13:00

In Person, The Hub, Royal Glamorgan Hospital

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 - 09:30
20 min

3. IMPROVING CARE - SHARED LISTENING AND LEARNING

3.1. Shared Listening & Learning Story - Care Received via the Stroke Service

Discussion

Joanne Thomas, Lead Nurse Unscheduled Care & Laura Fowler, Physiotherapist

09:30 - 10:10
40 min

4. GOVERNANCE/BOARD BUSINESS GOVERNANCE ACTIVITY

4.1. Action Log

Discussion

Jonathan Morgan, Health Board Chair

 4.1 Board Action Log UHB 26 March 2026.pdf (4 pages)

4.2. Matters Arising not Contained within the Action Log

Discussion

Jonathan Morgan, Health Board Chair

4.3. Board Committee and Advisory Group Highlight Reports

Discussion

Committee Chairs

Where there are matters for escalation

4.3.1. Quality, Safety & Experience Committee Highlight Report 20 January 2026

Discussion

Carolyn Donoghue, Committee Chair/Independent Member

 4.3.1 QSEC Highlight Report to Board January 2026 UHB 26 March 2026.pdf (6 pages)

4.3.2. Strategic Development Committee Highlight Report 11 February 2026

Discussion *Kath Palmer, Vice Chair*

 4.3.2 Highlight Report SDC 11.02.26 UHB 26 March 2026.pdf (8 pages)

4.3.3. Stakeholder Reference Group Highlight Report 12 February 2026

Discussion *Paul Deenik, SRG Chair*

 4.3.3 SRG Highlight Report 12 February 2026 UHB 26 March 2026.pdf (8 pages)

4.3.4. Mental Health Act Monitoring Committee Highlight Report 25 February 2026

Discussion *Kath Palmer, Vice Chair*

 4.3.4 MHAMC Highlight Report 25 February 2026 UHB 26 March 2026.pdf (4 pages)

4.4. Audit Wales Structured Assessment 2025

Discussion *Gareth Watts, Director of Corporate Governance & Darren Griffiths, Audit Wales*

 4.4a CTMUHB 2025 SA Final Report UHB 26 March 2026.pdf (42 pages)

 4.4b CTM SA 2025 - Management Response Form Final UHB 26 March 2026.pdf (4 pages)

4.5. Audit Wales Annual Audit Report

Discussion *Darren Griffiths, Audit Wales*

 4.5 CTMUHB Annual Audit Summary 2025 UHB 26 March 2026.pdf (16 pages)

10:10 - 10:30
20 min

5. INSPIRING PEOPLE

5.1. Chair's Report

Decision *Jonathan Morgan, Health Board Chair*

 5.1 Chairs Report to Board UHB 26 March 2026.pdf (6 pages)

5.2. Chief Executive's Report

Discussion *Paul Mears, Chief Executive*

 5.2a CEO Board Update Report UHB 26 March 2026.pdf (7 pages)

 5.2b Appendix SH Test and Post Final UHB 26 March 2026.pdf (8 pages)

10:30 - 12:30
120 min

6. IMPROVING CARE

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

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

 6.1 HB Integrated Performance Dashboard UHB 26 March 2026.pdf (27 pages)

6.2. Integrated Medium Term Plan 2026/2029 Approval

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

 6.2a CTMUHB IMTP 26-29 Board report UHB 26 March 2026.pdf (8 pages)

 6.2b 2026- 2029 CTMUHB Plan - updated 23.3.26 UHB 26 March 2026.pdf (144 pages)

 6.2c CTM - Enabling Actions - 26-27 baseline UHB 26 March 2026.xlsx 2.pdf (7 pages)

6.3. Strategy Deployment Framework for 2026/2027

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

To include the following appendices in relation to the Strategic Clinical Services Plan:

- Primary Care & Community Transformation & Integrated Community Care Services
- Mental Health Transformation
- Fragile Services
- Integrated Community Care System

- 📄 6.3a SDF for Board UHB 26 March 2026.pdf (7 pages)
- 📄 6.3b SCSP fragile services update UHB 26 March 2026.pdf (8 pages)
- 📄 6.3c SCSP PCCT Update UHB 26 March 2026.pdf (1 pages)
- 📄 6.3d SCSP Integrated Community Care Services UHB 26 March 2026.pdf (1 pages)
- 📄 6.3e SCSP Mental Health Transformation UHB 26 March 2026.pdf (11 pages)

6.4. Board Assurance Framework Report

Decision Gareth Watts, Director of Corporate Governance

- 📄 6.4a Board Assurance Framework - Cover Paper UHB 26 March 2026.pdf (3 pages)
- 📄 6.4b Board Assurance Framework UHB 26 March 2026.pdf (67 pages)

6.5. Highlight Report from the South East Wales Regional Joint Committee

Discussion Gareth Watts, Director of Corporate Governance

- 📄 6.5 SEWRJC HR of SEWRJC 24.02.26 UHB 26.03.2026.pdf (4 pages)

12:30 - 12:45 7. SUSTAINING OUR FUTURE

15 min

7.1. Financial Performance Report

Discussion Sally May, Executive Director of Finance

- 📄 7.1 M11 Finance Report Final UHB 26 March 2026.pdf (25 pages)

7.2. CTM UHB Climate Action Plan 2026-2030

Decision Claire Thompson, Executive Director of Strategy & Transformation

- 📄 7.2a Climate Action Plan 2026-30 -March 2026 UHB 26 March 2026.pdf (5 pages)
- 📄 7.2b Climate action plan - 2026-30 v 6 UHB 26 March 2026.pdf (26 pages)

7.3. CTM NHS Charity Branding

Decision Simon Blackburn, Director of Communications, Engagement & Fundraising & Abe Sampson, Head of Charity & Income Generation

- 📄 7.3a CTM NHS Charity Branding UHB 26 March 2026.pdf (10 pages)
- 📄 7.3b CTM NHS Charity Branding UHB 26 March 2026.pdf (18 pages)

12:45 - 12:50 8. CONSENT AGENDA

5 min

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the Public Meeting held on 29 January 2026

Decision Jonathan Morgan, Health Board Chair

- 📄 8.1.1 Unconfirmed Minutes Public Board 29 January 2026 UHB 26 March 2026.pdf (19 pages)

8.1.2. Unconfirmed Minutes of the In Committee held on 29 January 2026

Decision Jonathan Morgan, Health Board Chair

- 📄 8.1.2 Unconfirmed Minutes In Committee Board 29 January 2026 UHB 26 March 2026.pdf (3 pages)

8.1.3. Annual Review and any Amendments of Standing Orders and Standing Financial Instructions

Decision Gareth Watts, Director of Corporate Governance

 8.1.3 Standing Orders Amendment UHB 26 March 2026.pdf (4 pages)

8.1.4. Annual Cycle of Business 2026

Decision Gareth Watts, Director of Corporate Governance

 8.1.4 CTMUHB Board Cycle of Business 2026 UHB 26 March 2026.pdf (9 pages)

8.2. FOR NOTING

8.2.1. Non-Routine Committee Business (Forward Plan)

Information Gareth Watts, Director of Corporate Governance

 8.2.1 Non Routine Board Business Forward Plan 2026 UHB 26 March 2026.pdf (3 pages)

8.2.2. Board Committee and Advisory Group Highlight Reports

Information Committee Chairs

 8.2.2a Board Committee and Advisory Group Highlight Reports UHB 26 March 2026.pdf (4 pages)

 8.2.2b App 1 RTSC Committee Highlight Report UHB 26 March 2026.pdf (5 pages)

 8.2.2c App 2 ODC Highlight Report 22.01.26 HB March 2026.pdf (6 pages)

 8.2.2d App 3 ARAC Highlight Report 03.02.26 UHB 26 March 2026.pdf (7 pages)

 8.2.2e App 4 ARAC HB Highlight Report 03.02.26 UHB 26.03.2026.pdf (5 pages)

8.2.3. Joint Commissioning Committee Highlight Report

Information Gareth Watts, Director of Corporate Governance

 8.2.3 JC Highlight Report - 27 Jan 2026 UHB 26 March 2026.pdf (5 pages)

12:50 - 12:55 9. CLOSE OUT BUSINESS 5 min

9.1. Any Other Business

Discussion Jonathan Morgan, Health Board Chair

9.2. 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 - 13:00 10. Private/Closed Session Business 5 min

The following items will be received in Closed Session:

- Microsoft 365 Enterprise Agreement Renewal

13:00 - 13:00 11. Date and Time of the Next meeting 0 min

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
30.05.2024	3,1		Listening & Learning Story	Report to be presented to a future meeting outlining the key actions required that needed to be taken forward	Care Group Nurse Director, Mental Health & Learning Disabilities	Executive Director of Nursing/Deputy CEO	28/11/2024 Was September 2025 Was November 2025	Open	In progress Report to be presented to the November 2024 Board meeting. As a result of capacity constraints within the Team, a revised date for presentation to Board is yet to be identified
29.05.2025	3,2	Page 7	Shift Patterns	Updates on progress in regards to the consultation exercise with staff and trade union colleagues to be presented to the Board at the July and September 2025 meetings.	Executive Director for People	Executive Director for People	31/07/2025 27 November 2025 26 March 2026 Now May 2026 TBC	Open	Ongoing Update provided to Board on progress being made at Board Briefing session held on 10 July 2025. Updates on progress will continue to be included in the CEO report, with an update included in the report for November 2025 Board. A further report will be presented to a future Board meeting outlining the outcome of the consultation undertaken with staff
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	Open	In progress This will be scheduled for discussion at the July 2026 Board. An update was also included in the Patient Stories overview report which was on the agenda for the November 2025 meeting
25.09.2025	7,1	Page 15	Strategic Clinical Services Plan	Consideration to be given be given as to how the Board could be updated on progress over the next 12 months.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	01/01/2026 Now 26 February 2026	Proposed for Closure	Completed Reporting requirements have been considered as part of the Annual Cycle of Business reviews undertaken. Annual Cycles of Business were shared at the February 2026 Board Development session. Updates on the Strategic Clinical Services Plan will be received at each meeting of the Strategic Development Committee and reported to Board via the Committee Highlight Reports.
25.09.2025	7,3	Page 18	Integrated Performance Dashboard	Update on timelines for further improvement in relation to Ophthalmology Follow-Up Not Booked metrics to be shared with Members outside the meeting	Chief Operating Officer	Chief Operating Officer	27.11.2025	Proposed for Closure	Completed Metrics shared with Board Members by email on 17 March 2026

27.11.2025	4,2	Page 5	Chief Executives Report	Report on Ambulance Handover Times to be presented to the January 2026 Board to include the impact of the new one-hour maximum handover directive and the upcoming Welsh Government two-week sprint for a whole system reset prior to Christmas.	Chief Operating Officer	Chief Operating Officer	29.01.2026	Proposed for Closure	Completed A Report on Ambulance Handover Times was received at the January 2026 Board meeting
27.11.2025	5,3	Page 6	Board Assurance Framework	Proposal to be presented to the February Board Development Session regarding the intention to use the BAF as a planning tool to inform agendas for both Board and Committees, ensuring clear alignment between strategic risks and meeting discussions	Director of Corporate Governance	Director of Corporate Governance	26.02.2026	Open	In progress This was shared at the February 2026 Board Development Session. Following feedback received at the session further discussion will take place between the Corporate Governance Team, the Chair, Vice Chair and CEO on next steps.
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	Open	In progress This is still being flagged as a risk within the Quality, Safety & Experience Committee Highlight report from the November 2025 meeting and was flagged as an area of risk within the Children & Young People Care Group Highlight Report at the January Quality, Safety & Experience Committee.
29.01.2026	3,4	Page 7	Chief Executives Report	Briefing to be provided to the Board in relation to Specialist Palliative Care services and pathways.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	05.02.2026	Proposed for Closure	Completed Briefing provided to the Board on 5 February 2026
29.01.2026	6,1	Page 10	Integrated Performance Dashboard	WAST graphs be reinstated in the performance report	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	26.03.2026	Proposed for Closure	Completed WAST graphs have now been reinstated
29.01.2026	6,1	Page 10	Integrated Performance Dashboard	Further analysis to be presented to a future meeting of the Operational Delivery Committee in relation to correlation between improved response times in the community and reduced handover delays	Chief Operating Officer	Chief Operating Officer	26.03.2026	Proposed for Closure	Completed This has been added to the forward work programme for the Operational Delivery Committee taking place on 28 July 2026.
29.01.2026	6,1	Page 10	Integrated Performance Dashboard	Discussion to be held outside the meeting in relation to whether healthy weight management, specifically the children's weight management service, could be included under the population health metrics in the performance report. Discussion to also focus on how population health metrics could be presented in a meaningful way, taking into consideration the frequency and relevance of reporting.	Executive Director of Public Health & Vice Chair	Executive Director of Public Health & Vice Chair	26.03.2026	Open	In progress Vice Chair has met with the Executive Director of Public Health regarding this action. Executive Director of Strategy & Transformation has advised that the following delivery target is proposed for 26/27 in our KPIs: Decrease levels of overweight and obese children in our most deprived areas measured through the NCMP

29.01.2026	6,1	Page 10	Integrated Performance Dashboard	Further clarification to be sought outside the meeting as to whether access to the discharge app for "other partners" included third sector partners involved in discharge for older people, not just local authorities	Chief Operating Officer	Chief Operating Officer	26.03.2026	Proposed for Closure	Completed A response was sent to Board Members by email on 17 February 2026
29.01.2026	8.2.3	Page 18	Highlight Report from the Joint Commissioning Committee	As part of the Board Development discussion in relation to the IMTP, strategic conversation to be held about significant risks in specialist commissioning noting the complexity and high cost of service areas involved	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	26.02.2026	Closed	Proposed for Closure - Completed A discussion was held at the February Board Development session in relation to specialist commissioning intentions and Welsh Risk Pool. A number of strategic conversations have also been held as an Executive Team regarding this matter

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
25.09.2025	7,4	Page 20	Month 5 Financial Performance Report	Future reports to include information on discretionary spend and progress against the original plan to provide the board with confidence that resources were being released for key priorities.	Executive Director of Finance	Executive Director of Finance	27.11.2025	Closed	Completed This information is now included in the report
27.11.2025	3,1	Page 5	Listening & Learning Stories	Annual Review of Listening and Learning Stories to be added to the Cycle of Business.	Director of Corporate Governance	Director of Corporate Governance	29.01.2026	Closed	Completed Annual Review has been added to the Annual Cycle of Business for 2026
27.11.2025	5,5	Page 8	Executive Director of Public Health Annual Report	Report to be shared with local authority councillors and leaders to champion the agenda and raise awareness	Executive Director of Public Health	Executive Director of Public Health	29.01.2026	Closed	Completed Executive Director of Public Health has confirmed this has been shared
27.11.2025	5,5	Page 9	Executive Director of Public Health Annual Report	Update to be presented to the Board on the outcomes and next steps following the report being shared with the Regional Partnerships Board	Executive Director of Public Health	Executive Director of Public Health	29.01.2026	Closed	Completed Executive Director of Public Health has advised that this is a long term strategy and that the Director of Public Health Annual Report informed the regional strategy to improve outcomes for babies, children, young people and their families living in Cwm Taf Morgannwg.
27.11.2025	6,1	Page 10	Integrated Performance Dashboard	Future reports to reflect updates made to the performance dashboard in a different colour to make it easier for Members to identify new information	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	29.01.2026	Closed	Completed A rationalised Integrated Performance Report is being presented to the January 2026 Board
27.11.2025	6,2	Page 11	Month 7 Financial Report	Discussion to be held at the January meeting of the Operational Delivery Committee in relation to the range of different savings schemes, examining where success and variation exist, and learning from which initial schemes have or have not been deliverable.	Executive Director of Finance	Executive Director of Finance	22.01.2026	Closed	Completed A discussion was held at the January Operational Delivery Committee regarding this

Agenda Item

4.3.1

CTM Health Board

Highlight Report from the Quality, Safety & Experience Committee

Dyddiad y Cyfarfod / Date of Meeting	26 March 2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	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

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Individuals	Date	Outcome

Endorsed by the Committee Chair and Executive Lead.

Acronyms / Glossary of Terms

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 20 January 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	Area of Concern: • The Children & Families Care Group Highlight Report was received. In relation to the Industrial Action by Health Visiting staff and the potential outcome of the ballot, it was noted that the Health Board had raised concerns regarding the accuracy and legitimacy of the ballot information recognising that this was not solely a local issue, but a national issue. The Committee noted that partnership working with trade union representatives would continue. Positive Escalation: • The Stroke Services Report – Bi-Annual Update was received. Members were assured that FAST positive patients were always conveyed to Royal Glamorgan Hospital and noted that whilst the service had faced significant challenge during the transition, the current performance reflected genuine system improvement rather than short-term measures.

	In relation to the Primary Care & Communities Care Group Highlight Report, Members welcomed the reduction in risk score in relation to the Paediatrics General Anaesthetic Risk which had reduced from a 20 to 12 as a result of the additional theatres now being up and running which was having a positive impact on the waiting list.
Advise	- Members received a Thematic Spotlight Presentation on Compassionate Care. Members noted the programme focussed on improving compassionate, and respectful behaviours, with work being undertaken on staff training, reflective practice, "thank you" messaging, and links to speaking-up culture. Members also noted that a discussion would be held with the Executive Team and the Board in relation to the types of behaviours that were making themselves evident. - The Clinical Executives Directors Update Report was received. Members noted that a comprehensive winter wrap up report would be presented to the March meeting of the Committee, focusing on patient flow, timeliness of care, and the quality and safety impact associated with prolonged waits and high demand across urgent and emergency care services. A discussion was held in relation to Substance Misuse services where it was noted that a breakdown of the roles and responsibilities of the Health Board and other agencies in relation to these services would be submitted to the Executive Board. Member raised concerns about public understanding of Physician Associates (PA) roles and national media coverage, and whether patients were aware of when they were being treated by a Physicians Associate and requested an update report to a future meeting outlining training, governance and patient communication. - The Primary Care & Communities Care Group Highlight Report was received. Members welcomed the update provided in relation to the 8 care processes and noted that the Dental Contract impact assessment would focus on managing affected patients with mitigations including redistribution to other NHS dental practices. Member also noted the ongoing challenges in filling GP out of hours shifts due to national contract issues and that recruitment was on hold pending resolution of a financial contractual position from Welsh Government and NHS Employers. Members also requested an update at the next meeting on the demand and capacity activities of the Cellulitis service workload. - The Diagnostics, Therapies, Pharmacy & Specialities Care Group Highlight Report was received. Members noted that refurbishment work was underway to address the safety concerns in relation to the absence of cardiac arrest and affray alarms for lone workers in MRI at RGH.

	• The Mental Health & Learning Disabilities Care Group Highlight report was received. Members noted that Healthcare Inspectorate Wales had recently undertaken a planned visit to the Community Mental Health Team and an unannounced inspection at Ty Llidiard. Both visits were largely positive with some learning identified. • The Planned Care Care Group Highlight Report was received. Members noted that in relation to Hospital at Home focus remained on ensuring patients were placed on the most appropriate pathway and that escalation occurred promptly where barriers to discharge were identified. Members were provided with assurance that no cancer or urgent cancer cases had been cancelled during the winter period and during business continuity pressures. Members also noted that between September and December, approximately 11,000 patients had attended additional outpatient appointments delivered through weekend clinics and insourcing arrangements. • The Children & Families Care Group Highlight Report was received. Members noted that a briefing would be provided to the Board ahead of the go live date for the Women's Health Hub. • The Unscheduled Care Group Highlight Report was received. Members noted that the quality improvement work undertaken at Ysbyty George Thomas was being overseen through Care Group governance arrangements, with close involvement from therapy services and patient safety colleagues to ensure learning was identified and acted upon. • Members received the Patient Safety, Quality & Experience Dashboard. Members discussed the detail being reported in relation to Public Services Ombudsman for Wales cases relating to CTM and requested further consideration be given to how actions could be monitored by the Committee and how learning and improvement was being presented. • The People's Experience Activity Report October - November 2025 was received and noted. • The Organisational Risk Register – Risks Assigned to Quality & Safety Committee was received. Members noted that in relation to the emerging risk around discharge and care homes, work was underway with local authority partners to stabilise the sector and noted that further work would need to be undertaken by the Regional Partnerships Board on the longer-term plan for the Care Home market. • The Clinical Effectiveness Update 2025-2026 report was received. Members noted that the current reporting structure in relation to clinical audit would be reviewed.
Assure	• The Committee received a Shared Listening & Learning Story which related to Alcohol Services. Members noted the strong improvements in outcomes and praised the service for its person-

	centred approach, measurable impact and national recognition through recent awards. Members also noted that learning was already being applied in other settings, including prison health services and value-based healthcare initiatives
Inform	The following items were received and approved via the consent agenda: • Unconfirmed Minutes of the Meeting held on 18 November 2025 • Unconfirmed Minutes of the In Committee meeting held on 18 November 2025 • Organ Donation Sub Committee report January – December 2025 • Policy for the Development, Review and Approval of CTMUHB Policies, Procedures and Other Written Control Documents • IM and Exec Walkabouts Operating Model The following items were received and noted via the consent agenda: • Non-Routine Committee Business (Forward Plan) • Health Inspectorate Wales (HIW) Improvement Plan tracker Report • Human Tissue Act Compliance Progress Report • RADAR Update

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Living Well
	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	Safe
	If more than one applies please list below:

<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable for this report
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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: 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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

4.3.2

CTM Health Board

Highlight Report from the Strategic Development Committee

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sharon Edwards, Corporate Governance Officer/Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kath Palmer, Vice Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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		
CTM	Cwm Taf Morgannwg	
EPMA	Electronic Prescribing and Medicines Administration	
CAMHS	Child & Adolescent Mental Health Services	

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 11 February 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 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.

3. Highlight Report

Alert / Escalate

The Committee would like to **alert** the Board to the following:

A presentation was received on **Population Health Management (PHM) in CTM – Progress to Date and Use of a CTM Shared Care Record to enable future PHM approaches** - The Committee discussed the limitations of the current Secure Anonymised Information Linkage (SAIL) data model and the significant information governance barriers to using data for direct care. These constraints were recognised as a strategic risk requiring escalation and oversight.

Members expressed concern about progressing local PHM and shared care record solutions in the context of slow or unclear national delivery, and the associated risk of CTM moving ahead of

	national frameworks alone and expressed the need for this risk to be visible at Board level. The Committee would like to highlight the following as positive escalation to the Board: Regional Partnership Board Update – The Whole System: Whole Heart Strategy for Babies, Children and Young People (2025–2030) – The Committee welcomed the presentation and a short video on the Strategy for Babies, Children and Young People for 2025-30. The Committee commended the strategy in that it provided a strong co-produced, whole-system framework with a clear focus on improving outcomes through early intervention, prevention and partnership working and is underpinned by appropriate governance arrangements to support effective delivery and ongoing oversight.
Advise	Work Plans of the Strategy & Transformation Work Groups to support Building Healthier Communities Together - The Committee received two presentations on the following: • Palliative and End of Life Care (PEoLC) - It was confirmed that a dedicated PEoLC Programme Board has been established, led by the Interim Executive Director of Nursing and supported by a wide multidisciplinary membership, reflecting the fact that palliative and end of life care spans all clinical specialties and care settings across the organisation. The Committee noted the programme's alignment with a new National Service Specification introduced in October 2025 which will provide a primary framework for development, focussing on three key areas – A national service specification, a competency framework and hospice services including how hospice provision and funding operates across health boards in Wales. • Health & Housing Partnership – The presentation highlighted that learning from this work is now being scaled up by housing association partners, moving from small scale pilots to larger estate based initiatives. The Committee welcomed the progress and noted the importance of strong partnerships between health, housing and communities in addressing wider determinants of health. The value of this work in contributing to population health improvement and prevention was recognised, alongside the need to keep the Committee sighted on how this activity continues to develop and link with broader strategic programmes.

	The Strategic Clinical Services Plan (SCSP) Update was received with presentations provided to the Committee in the following areas: • Fragile Priority Services – The Committee supported the approach to managing fragile services through the SCSP, noting that service fragility is often a symptom of wider system pressures. The Committee endorsed the use of a single, structured governance route for evaluating temporary service changes and for progressing any move from temporary to permanent models. The importance of Board-level oversight of these changes was emphasised • Primary Care Transformation Programme - Updates were provided on the Primary and Community Care Transformation Programme, including work to develop a clear vision, outcomes and measures of success. The Committee noted strong alignment with national and regional initiatives, including Community by Design, integrated community care, and work with local authority partners. The Committee recognised that national direction is still evolving and agreed that further clarity would be brought back to Committee once national priorities and deliverables are more firmly established • Integrated Community Care Programme - The Committee received an update on the Integrated Community Care programme, noting its transition from design into implementation. Strong regional governance arrangements were highlighted, alongside the importance of close alignment with primary and community care transformation. Members emphasised the need for shared performance measures and digital interoperability to support integrated delivery. • Mental Health Transformation Programme - A detailed overview was provided on mental health transformation, including alignment with the national mental health strategy. Particular focus was given to Open Access and “One-at-a-Time” approaches, with two specific tests of change outlined: - A CAMHS pilot offering single-session interventions for children and families. - A pilot enabling direct transfer from 111 Press # to third-sector support (Mind), rather than signposting. The Committee welcomed the ambition and noted the importance of learning from these pilots to inform wider service redesign. The Committee requested future visibility of longer-term mental health redesign proposals as they mature through the Integrated Medium Term Plan (IMTP) process. The Digital and Data Transformation Programme Update was received which outlined the transformation progress with the

support of CTM's Strategic Partner to deliver the Health Board's Strategy. The Committee strongly emphasised the need for:

- Clear digital and data principles, including clarity on local versus national responsibilities.
- Stronger digital capability and understanding across leadership, not solely within digital teams.

The Committee noted the ongoing uncertainty about national roles and consistency across Wales, with Members expressing frustration about duplication of effort across health boards.

South East Wales Regional Working for Clinical Services – the Committee were provided with an overview of the work being undertaken to deliver regional clinical services and an overview of the 2026/27 work programme for the clinical programmes under the Regional Joint Committee (RJC). The following key programme was highlighted:

- **Llantrisant Health Park Phase 1** – The Committee noted the following:
 - Full Business Case approval for Phase 1
 - Imminent commencement of site works
 - Progress on the procurement of an Independent Service Provider for the Community Diagnostic Hub.
 - Further work was required to progress Phase 2 through the Business Case process.

Members commended the scale and pace of progress achieved.

Update on Maesteg Community Hospital Development – A verbal update was provided to the Committee on the Maesteg scheme, acknowledging significant community and political interest. The Committee noted the decision to defer bringing a preferred option to Board until after the pre-election period, to allow further engagement and ensure decisions are robust and defensible. Implications for capital spend profiles were also noted.

A report was received on the **Area Planning Board Update – Drug Related Deaths and the Regional Strategic Approach to reducing Harms from Substance Use** noting the focus on substance misuse and harm reduction. Members were advised of the high and ongoing level of drug related deaths in CTM alongside challenges created by the absence of a current national substance misuse strategy. The discussion highlighted the need for stronger, more consistent reporting and a more integrated, system-wide approach across partners to address substance misuse effectively.

	CTM UHB Climate Action Plan 2025-2030 – The Committee received and Endorsed for Board Approval the Climate Action Plan for 2025-30, noting that for the first time it addresses both decarbonisation and climate adaptation. Members discussed the growing impact of climate change on services, estates and population health, emphasising the need to build system resilience, strengthen links with public health and emergency preparedness, and ensure appropriate governance and reporting arrangements to oversee delivery of the Plan.
Assure	Integrated Medium Term Plan (IMTP) Financial Plan Update the Committee noted the significant financial challenges facing the organisation, the impact of external pressures, including the Welsh Risk Pool, and acknowledged that the scale of the challenge will require difficult decisions to be made, a strong grip on delivery and continued Board-level oversight, including the requirement for an 'Accountable Officer' letter. A presentation was received on the IMTP 5 Year do Nothing Baseline - The Committee noted the update on the development of a five-year "do nothing" baseline to support the case for change within the IMTP, setting out the projected impact on population demand, workforce and finances of current models of care which remain unchanged. Members discussed the importance of robust data and information quality, noting challenges around data availability and confidence, and recognised the baseline as a critical tool for informing future service reconfiguration and strategic decision-making.
Inform	Regional Partnership Board Annual Report 2024-25 – the Committee noted the Annual Report for 2024-25, acknowledging the work that had been undertaken for this period. The Committee supported the actions for closure on the Action Log and noted that the remaining open actions were either being dealt with on the agenda or are on track for completion. The following items were Approved on the Consent Agenda: • Unconfirmed minutes of the Strategic Development Committee held on the 1 October 2025. The following items were Noted on the Consent Agenda: • Board Assurance Framework – The Committee noted that it had recently been presented to the January 2026 Board meeting.

	- Committee Annual Cycle of Business – The Committee noted that this item had been deferred pending discussions at the forthcoming Board Development Session. - Committee Forward Work Plan
Appendices	Not applicable.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable due to the nature / purpose of this Highlight Report.

Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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: 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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There are areas of the updates within the Highlight Report which refer to financial / resource challenges.	

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

4.3.3

CTM Health Board

Highlight Report from the Stakeholder Reference Group

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Julie Powell-Jones Planning Business Support Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation Choose an item.
Pwrpas yr Adroddiad / Report Purpose	For Approval

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	
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
SPC	Specialist Palliative Care
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning or Ace
SOP	Standard Operating Procedures

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Stakeholder Reference Group at its meeting on 12th February 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 CTUHB 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 Following approval by the Board on 26th November 2025, two new members were welcomed to the SRG meeting on 12th February 2026 representing: • Interlink Community Voluntary Council • RCT Carers Support Project. One new expression of interest was received from the Chair of Ffrindiau/the CTMUHB LGBTQ+ Staff Network. This was endorsed by SRG members (including an additional three via email) for escalation to the Board for approval on 26 March 2026. Thanks were extended to the RCTCBC representative for agreeing to continue their tenure until a replacement is appointed. An update was provided confirming that the Health Board's Project Search and Apprenticeship Academy Leads who oversee apprenticeship opportunities for young people in the CTM area, are no longer able to support a children or young person's representative. Members suggested approaching Youth Academy members, and contact details will be shared. This will be explored further, with outreach planned ahead of the next SRG meeting. No suggestions have been received from Members for a Welsh Language representative.
Advise	In relation to the Welsh Language Standards, members were asked to inform the SRG if anyone wishes to access future meetings through the medium of Welsh. All SRG documents will continue to be circulated bilingually.
Assure	<u>Developing a Step Change to Positive Mental Health</u> 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. Key needs identified included: • Same-day support; • Increased trauma care, and;

- More provision for children and young people.

Current services span GP-based support in Rhondda, the Valley Veterans Hub, a school-based Children and Young Person's (CYP) project, and primary care counselling, though a lack of simple walk-in access was highlighted. CTM Mind is now piloting an Open Access model across CTM, offering immediate in-person, online, or phone support alongside short interventions and structured counselling. Partners discussed opportunities for improved signposting, network connections, and collaboration in response to rising community need.

Cancer Service Update

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 around 40% to nearly 65%.

Key gains include:

- Reduced waiting times for first appointments;
- Faster "no cancer" diagnoses, and;
- More patients beginning treatment each month.

CTM is currently the highest-performing Welsh health board for the cancer target. Strong progress was reported across multiple pathways including breast, dermatology, colorectal, lung, and urology, supported by initiatives such as the *capsule sponge* service, expanded radiotherapy access, improved patient experience tools, and new information hubs.

Ongoing priorities focus on endoscopy recovery, compliance with optimal pathways, improving tertiary pathways and triage processes, reducing pathology delays, and strengthening workforce and diagnostic capacity. Cancer work continues to be embedded across specialty plans, with a commitment to further enhancing the speed and quality of cancer care.

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.

The programme focuses on improving patient experience at every contact point by combining digital innovation with cultural and system-wide change. While traditional channels such as

phone and letters remain essential, the programme aims to increase digital options-such as expanded use of the NHS Wales App and enhanced online platforms to reduce simple, high-volume queries and allow staff to focus on more complex needs.

Over its first six months, significant discovery work has taken place, mapping current patient contact routes, identifying variation across services, reviewing internal processes, and gathering substantial patient feedback, which shows support for more digital access alongside reassurance that human contact will still be available. Expected outcomes include more informed and digitally enabled patients, better internal processes supported by real-time data, and a modern, efficient approach to communication across the Health Board.

Public engagement: 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.

Members were informed that the seven-week engagement period is now running to gather views on proposed changes, driven by rising demand, widening case mix, significant workforce challenges, and the need for a sustainable model delivered within existing resources. The aims remain aligned with national priorities: delivering safe, compassionate care, supporting dignified end-of-life experiences, reducing unnecessary hospital admissions, and enabling more people to die in their preferred place. Engagement runs until 1 April, with a public drop-in session scheduled and a post-engagement report to follow.

It is envisioned that the redesigned model would strengthen community-based support, expand liaison working across district nursing and domiciliary care, and introduce new roles to improve discharge and reduce crisis escalation.

Inform	<u>IMTP Update</u> The Assistant Director of Transformation outlined CTM UHB's statutory three-year IMTP, which must align with national priorities and be financially balanced by March 2026- despite a very challenging financial outlook. The plan is built around six Welsh Government priorities: • Timely Access to Care, • Population Health; • Community by Design • Mental Health Access; • Quality and Safety • Women's Health. The IMTP also incorporates major programmes in digital transformation, workforce, and clinical service development, though 2026-27 will be a non-investment year. Once the plan is finalised, it will return to the Stakeholder Reference Group for further input. <u>Service Change Updates</u> The Assistant Director of Transformation also provided an overview of upcoming engagement activity and potential service changes relevant to the Stakeholder Reference Group. It was confirmed that recent temporary service changes, including stroke services, are being closely monitored and will follow full governance and engagement requirements before any further decisions are made. Work is underway to develop Standard Operating Procedures for service change and engagement, to ensure CTMUHB continues to meet national guidance and best practice. SRG members were encouraged to review the forthcoming three-year IMTP carefully and to raise any questions or concerns about potential service changes early so they can be addressed openly and transparently. <u>Work Programme</u> The Work Programme was circulated prior to the meeting of the SRG on 12th February 2026 <u>Any Other Business</u> None received.
Appendices	•

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	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 <i>150623-guide-to-the-fg-act-en.pdf</i> <i>(futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe
	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:

Impact Assessment

Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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:
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.	

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report and **APPROVE** the Member nomination.



Agenda Item

4.3.4

CTM Health Board

**CHAIRS HIGHLIGHT REPORT FROM THE MENTAL
HEALTH ACT MONITORING COMMITTEE**

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Kath Palmer, Vice Chair (Chair of the Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer/Julie Denley, Deputy Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
AMHPs	Approved Mental Health Professionals
CTM	Cwm Taf Morgannwg
HIW	Health Inspectorate Wales
MHA	Mental Health Act
YCC	Ysbyty Cwm Cynon

1. INTRODUCTION

- 1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Mental Health Act (MHA) Monitoring Committee at its meeting on the 25 February 2026.
- 1.2 Key highlights from the meeting are reported in section 3.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE MENTAL HEALTH ACT MONITORING COMMITTEE

- 2.1 The purpose of the Committee is to advise and assure the Board that the arrangements to monitor and review the way functions under the Mental Health Act are exercised on its behalf are operating appropriately and effectively and in accordance with legislation.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	Positive Escalation – Power of Discharge Sub Committee The Committee noted that the Sub-Committee was becoming more established with well-functioning meetings, improved confidence, consistency in the approach being taken, with a new committed and passionate group of hospital managers now in place who were currently undertaking training and ongoing development. Positive Escalation – Deep Dive in Adult Detentions The Committee welcomed the Deep Dive that had been undertaken into Adult Detentions and noted that detention activity was stable across all localities and remained within expected statistical variation and that CTMUHB sits around the Welsh average and was not an outlier in this area.
ADVISE	The Organisational Risk Register was received and considered by the Committee. The MHA Operational Group Update Report was received and discussed. Members requested a discussion at a future meeting on the risk relating to the prolonged use of emergency departments and paediatric wards as places of safety for young people, with particular focus on eating disorders and transition-age young people. The Risks Relating to Monitoring of MHA update was received. Members noted that a preferred provider had been identified for

	the single mental health clinical record and noted that Welsh Government approval is awaited. Members also noted that at present there was no national update regarding the national transport solution under Right Care, Right Person and noted that South Wales Police continued to provide transport whilst collecting data to support future national decisions. No updates were provided from South Wales Police or Local Authority Partners on this occasion. Members encouraged increased attendance from Local Authority Partners and South Wales Police at future meetings.
ASSURE	The MHA Quarterly Activity Report / Analysis of Unlawful Detentions update was received. Members welcomed the positive progress made alongside the sustained compliance.
INFORM	- The Unconfirmed Minutes of the meeting held on 4 December 2025 were approved. - The Forward Work Plan was noted.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:



**Environmental
/Sustainability Impact (5Rs)**

Impact Assessment

Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include rationale below:
Not Required

Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome for Equality (delete as appropriate):

If no, please include rationale below:

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.

5. Recommendation

5.1 The Board is asked to **NOTE** the report.

Structured Assessment 2025

Cwm Taf Morgannwg University Health Board

December 2025

About us

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.

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Audit snapshot

What we looked at

- 1 We looked at how well Cwm Taf Morgannwg University Health Board (the Health Board) is governed and whether it makes the best use of its resources. We looked at four areas in particular:
 - how well its board works;
 - how it keeps track of risks, performance, service quality, and recommendations;
 - how it produces key plans and strategies; and
 - how it manages its finances.
- 2 We also looked at the Health Board's progress in implementing recommendations from:
 - previous structured assessment reports; and
 - our 2024 report on cost savings.

Why this is important

- 3 NHS bodies continue to face a wide range of challenges associated with the need to modernise and transform services to deal with constrained finances, growing demand, treatment backlogs, workforce shortages, and an ageing estate. It is therefore more important than ever for the boards of NHS bodies to have strong corporate and financial governance arrangements in place. This helps provide assurance to themselves, the public, and key stakeholders that they are taking the right steps to deliver safe, high-quality services and to use public money wisely.

What we have found

- 4 The Board operates well, supported by good governance arrangements. The new committee structure is embedding well. The Board engages with staff, patients, and service users but must improve how it monitors and tracks actions arising from listening and learning stories. While risk management is generally effective, there is a need to strengthen performance management to address persistent challenges in meeting key targets, particularly in urgent and planned care, cancer, and diagnostics. The Health Board needs to focus on maintaining improvements to service quality. It also needs to respond to some longstanding overdue audit recommendations.
- 5 The Health Board has a clear long-term strategy, and a financially balanced Integrated Medium-Term Plan that has been approved by Welsh Government. Work is also underway to develop the Strategic Clinical Services Plan, supported by the appropriate financial modelling. However, the Health Board is slow in progressing this work, impacting the Board's ability to drive forward service transformation at pace. Financial planning is strong, and the Health Board has a good track record of delivering against its financial plan. But gaps in savings plans, along with other financial risks, will still make achievement of financial targets challenging.

What we recommend

- 6 We have made six recommendations to the Health Board which focus on:
 - clearly reporting the impact of actions taken to mitigate organisational risks within its organisational risk register.
 - taking urgent and sustained action to reduce risks identified by the Welsh Risk Pool.
 - ensuring that implementation of audit recommendations is a key part of its new accountability framework.
 - developing and implementing a strategy deployment framework to coordinate all strategic programs and ensure successful delivery of its long-term strategy.
 - standardising the IMTP 'Plans on a Page' to ensure consistency, clarity, and enable easier comparison of priorities and progress.

- strengthening quarterly IMTP reporting by clearly demonstrating the impact of plan delivery across all required domains.

Key facts and figures

Within the Welsh Government's Escalation and Intervention framework, the Health Board is currently at level 4 (targeted intervention) for Urgent and Emergency Care, and level 3 (enhanced monitoring) for Planned Care.

The Health Board has an approved three year Integrated Medium-Term plan (IMTP) for 2025-28.

In 2024-25, the Health Board met its financial targets by breaking even on both revenue and capital spending. However, it did not meet its duty to break even over the last three years because of a £24.2 million deficit reported in 2022-23.

In 2024-25, the Health Board aimed to achieve £26.3 million in savings but achieved £13.1 million.

The Health Board is forecasting a break-even position for 2025–26 but faces £1.3 million in risks. Of its £31.3 million planned savings, £26.5 million (85%) are recurrent.

The Health Board has fully implemented 11 outstanding recommendations from previous structured assessment reviews. 12 remain in progress, 2 are overdue and one has been replaced by a new recommendation made this year.

Our findings

Board effectiveness and openness

The Board conducts its business effectively, with an ongoing commitment to continuous improvement.

Public openness of board business

- 7 The Health Board continues to demonstrate that it is being open and transparent about Board and committee activities:
 - it continues to publish recordings of all public Board meetings;
 - the public can observe any public Board meeting;
 - usually publishes Board and committee papers on its website a week before each meeting¹;
 - live Welsh translation and British Sign Language (BSL) are available for Board meetings on request;
 - private sessions are used only for sensitive or confidential matters, with clear agenda references; and
 - discussions in Board and committee meetings remain open and transparent, especially when discussing challenges.
- 8 The Health Board does not advertise or issue public notices for committee meetings, but it considers any attendance requests with the Chair when they arise.

¹ The Health Board does not publish papers for its Clinical Advisory Groups, Local Partnership Forum and Remuneration and Terms of Service Committee due to their confidential nature.

- 9 The Health Board publishes Board and committee minutes on its website after confirming them at the next meeting. As part of the Health Board's assurance process, they include committee reports in the papers for all routine public Board meetings which clearly articulate any areas requiring escalation.

Supporting effective board conduct

- 10 The Health Board has clear and up-to-date governance arrangements that help the Board and its committees run effectively. It maintains a formal Reservation and Delegation of Powers and a Scheme of Delegation which sets out accountabilities, with dedicated webpages for Standing Orders and Standing Financial Instructions.
- 11 The Audit, Risk and Assurance Committee oversees compliance with Standing Orders, Standing Financial Instructions, and the Scheme of Delegation, and monitors breaches through regular reports.
- 12 The Health Board has good arrangements to promote probity and propriety. It maintains comprehensive policies and procedures. It reviewed the Standards of Good Governance and Probity policy in May 2025 and routinely reports declarations of interest and gifts to the Audit, Risk and Assurance Committee. It is improving policy tracking through the Policy Review which commenced in January 2025, all identified policies on its public facing policy page on the external website are now up to date.

Assurance on Joint Commissioning Committee effectiveness

- 13 The Joint Commissioning Committee (JCC) was set up in April 2024 as a joint committee of the seven health boards in Wales. The JCC plans and commissions a range of specialised services and other healthcare services, including emergency medical services, on behalf of the seven health boards.
- 14 As part of this year's structured assessment, we reviewed whether the Board is receiving the right level of assurance on JCC business, as well as the Health Board's involvement in JCC meetings and activities.

- 15** As the host body for the JCC, the Health Board applies its own governance arrangements to support and oversee the committees that form part of the hosting model. The hosted body Audit, Risk and Assurance Committee is not a standalone entity but forms part of the CTM governance structure. It operates using the Health Board's resources, including the same Committee Chair, Independent Members and governance support, and one JCC lay member is invited to attend. In addition, the JCC utilises the Health Board's Remuneration and Terms of Service Committee and has adopted the Health Board's risk management processes. The Chief Commissioner has quarterly meetings with the Chief Executive of the Health Board. These arrangements enable the Health Board in its role as the host body to seek necessary assurance from the JCC, where required.
- 16** Separately, in its commissioning role, the Chief Executive of the Health Board is a member of the JCC and participates in its decision-making process. The Board receives appropriate assurance and information on the work of the JCC. Board papers include JCC-related items such as approval of the updated Scheme of Delegation, highlight reports with RAG ratings, and updates from the Chief Commissioner. These provide the Board with visibility of JCC activity that is distinct from the additional governance responsibilities it undertakes as the host body.

Board and committee meeting effectiveness

- 17** In January 2025, the Health Board introduced a new committee structure to provide more efficient and effective management of Board and committee business and provide greater strategic and operational oversight of the organisation. It reduced the number of previous Board committees from nine to seven and has created a new Strategic Development and Operational Delivery Committees. The revised arrangements are embedding and maturing, though there were some initial challenges. At times large agendas for the newly created committees have caused some items to be rushed, potentially limiting scrutiny and oversight. Each committee effectively maintains an annual business cycle and forward work plan.

- 18** In October 2025, the Board reviewed the new arrangements, identifying strengths and areas for improvement in agenda setting, scheduling, and business flow. The Corporate Governance Team is now implementing a range of agreed actions to address the issues identified.
- 19** Board and committee meetings are in general operating well. There are clear work plans and committee chairs help set the agenda using the Board Assurance Framework. Routine business is effectively managed through a consent agenda. Meetings are well chaired, with all members able to contribute to key issues, and there is a good balance of challenge and support. Issues are effectively shared and escalated between committees and the Board, with clear actions identified in response.

Quality and timeliness of Board information

- 20** Board and committee papers are generally timely, well-structured, and highlight key risks and decisions. Cover reports follow a standard format, and impact assessments are routinely completed. We previously recommended that the Health Board updates its presentation cover sheets to show key points and risks. It has now addressed this issue, and the Corporate Governance team provides training to staff on report writing upon request and reviews all papers before meetings to ensure quality and compliance. Members value the quality, but some reports could be better summarised to focus on key issues and reduce overall length of papers. While most reports are issued on time, late papers occasionally limit members' ability to review them fully, prior to the meeting².

² The papers for the Extra Ordinary Operational Delivery Committee meeting that took place on 19th May 2025 were published three calendar days in advance of the meeting.

Hearing from staff and service users

- 21** The Health Board engages staff, patients, and service users through listening and learning stories, spotlight presentations, staff surveys, roadshows, and Board walkarounds. With consent, it publishes patient story videos on its website. These stories inform service improvements which were reported to the Board at its meeting in November 2025 showing learning and improvement arising from patient and service user feedback. However, the Health Board must strengthen how it monitors and tracks the impact of improvement actions.

Board cohesion and continuous improvement

- 22** The Health Board has a stable, cohesive Board. Over the last year, it appointed a new Executive Director of Strategy and Transformation, an Executive Director of Nursing, Midwifery and Patient Care, and split Deputy Chief Executive responsibilities between the Chief Operating Officer and Executive Director for People.
- 23** The Health Board effectively inducts and supports its new Board members. During the year it has appointed two Independent Members representing Digital and Local Government. It has also appointed an associate Board Member for Primary Care. Further changes will follow in 2026 when one further Independent Member completes her term.
- 24** The Board and its committees conduct annual self-assessments to review how well they are working. The results from these were generally positive, requiring no major changes. However, some committee's self-assessment response rates were low so there is an opportunity to understand and address the reasons for this.
- 25** The Health Board has a comprehensive Board development programme. This year's sessions covered strategic risk, board assurance, board business, and team building. These sessions strengthen relationships, strategic insight, and networking. Member feedback and Board priorities effectively shape the forward board development programme.

Providing board assurance

The Health Board manages risk well but must show clearer impact from mitigating actions and deliver measurable improvements in performance and quality, especially in high-risk areas.

Managing strategic risks

- 26 The Health Board maintains a comprehensive Board Assurance Framework (BAF) that the Board reviews at every meeting. It captures and monitors key strategic risks aligned to the Health Board's long-term strategy. Each risk clearly identifies a lead director, an assurance committee, a score, a trajectory, and a defined treatment approach.
- 27 The BAF sets out controls, assurance sources, gaps, and mitigating actions. It is updated regularly, escalating or closing risks in response to emerging issues and Board decisions. However, while actions specify intended impacts, the BAF should also track actual impacts to demonstrate effectiveness and support learning.

Managing corporate risks

- 28 The Health Board operates a clear risk management system, updating and reviewing policies and procedures annually. The Corporate Governance Team delivers risk training across the organisation. Committees regularly review the organisational risk register in both public and private meetings, where members routinely examine and discuss risks. The Audit, Risk & Assurance Committee reviews the full register, including new, closed, and emerging risks, and uses a heat map to highlight the highest risks. While the register is detailed and up to date, the Health Board can do more to clearly show and explain how its actions are actually reducing risks.

Managing performance

- 29 The Health Board has reasonable arrangements for managing performance. It is currently developing its accountability framework and will shortly be running a Board development session aimed at improving performance reporting.
- 30 The Integrated Performance Report aligns to national priorities and includes dashboards with trend data, benchmarking, and quality measures. It highlights key risks such as emergency care pressures, delays in elective recovery, workforce shortages, and financial challenges. The Board reviews the report closely asking for extra assurance when needed. Although actions for underperforming areas are in place, the Integrated Performance Report still does not clearly demonstrate whether these actions are achieving their intended impact.
- 31 During the year, the Health Board made progress by improving performance in Child and Adolescent Services, aspects of Planned Care, and Cancer Services. However, major challenges remain. Long waits for planned care and diagnostics continue, and outpatient backlogs still need addressing. Cancer performance at the Health Board remains mixed. While some services are achieving the Single Cancer Pathway target, significant challenges persist in Urology, Breast, and Colorectal cancer services. Urgent and emergency care remains a significant challenge because ambulance handover delays, long waits in emergency departments, and patient flow problems persist. Staff shortages and high demand add to these issues.

Monitoring quality and safety

- 32 The Health Board has built a strong foundation for quality although there is a need for further action in a number of areas. The Quality Strategy and Framework set clear goals for safe, compassionate care, and the Board and the Quality, Safety and Experience (QSE) Committee oversee progress. They use dashboards and reports to track key quality measures, incidents, and improvements, including maternity services and annual quality reports.

- 33** The Health Board has made improvements to help reduce quality risks. These include better complaint handling and new quality improvement projects, but risks remain. However, staff shortages, infection control, and service pressures all present ongoing challenges. End-of-life care services remain a serious concern. Internal audit found major gaps in leadership, staff training, public information, and oversight. A recent Board story also showed that this area needs urgent improvement.
- 34** The Health Board is not always meeting the requirements of the national Welsh Risk Pool service when they identify quality issues that need addressing. Even though the Board has quality policies and frameworks, the Welsh Risk Pool Concerns Assessment report found that they are not consistently applied across the organisation. Delays in submitting Learning from Events Reports have led to financial penalties and the Health Board is slow to demonstrate that it has learnt from mistakes. The Health Board needs to clear the overdue reports, learn from incidents, and make sure all staff understand and follow quality processes.
- 35** The Board is putting the Duties of Quality and Candour into practice and has redesigned the Duty of Quality report as an interactive digital resource. This new report brings together dashboards, patient stories, and feedback from stakeholders. As previously recommended, the Health Board needs to highlight the challenges it is facing in meeting the requirements of the duties and set clear milestones and targets to track improvement.

Tracking and monitoring recommendations

- 36** The Health Board has reasonable arrangements for tracking and acting on audit recommendations, although there are instances where progress is slow. It uses the AMaT³ system to monitor actions from Internal Audit, Audit Wales, and Healthcare Inspectorate Wales. The system provides live updates, clear ownership, and executive sign-off. Regular reminders and escalation help keep progress on track, and overdue actions have reduced, especially for Internal Audit. Reports to Audit Risk and Assurance and Quality, Safety and Experience Committees give structured updates, and further improvements are planned to enhance the system.
- 37** An Internal Audit review of the Audit Recommendations Tracker gave a reasonable assurance rating but did identify that some actions are still late or have very long deadlines, and the process for closing actions is not fully consistent.
- 38** The Health Board is making slow progress in addressing our previous recommendations:
- 11 out of 26 recommendations from past structured assessment reports are now complete. Of the 15 remaining recommendations currently 12 are in progress, two are past their planned completion date, and one has been replaced by a new recommendation made this year.
 - Four out of eight of our 2024 Review of Cost Savings recommendations have been completed. We discuss this more in paragraph **62**.
- 39** The Health Board recognises it needs to strengthen ownership and accountability for actions arising from audit work. To strengthen accountability for improvement, progress on audit recommendations should feature within in the new Accountability Framework.

³ AMaT is an audit management and tracking tool, which utilises dashboards to give intelligence, and enables staff to update progress in real time reducing the burden on governance teams as it automates many of the processes, such as asking for progress updates.

- 40** The Executive Team must take stronger collective ownership and support for audit activity. Throughout the year, the Audit Risk and Assurance Committee received repeated notifications from internal and external auditors about delays in management providing information and responding to some audit reports, particularly about the intended action in response to recommendations. These delays have significantly slowed audit delivery. These issues did not relate to the statutory audit of the financial accounts, where no delays were reported. While recognising senior management face significant service pressures, the Health Board should take all reasonable steps to support timely delivery of audit work and responses to recommendations arising from that work.

Preparing strategies and plans

The Health Board has a clear strategic vision and an approved medium-term plan, although it needs to strengthen some aspects of the way it monitors delivery of its plans.

Producing key strategies and plans

- 41** The Health Board is progressing its long-term strategy, CTM2030: Building Healthier Communities Together, which sets out an ambitious vision to transform health and care. Its four goals, Creating Health, Improving Care, Sustaining Our Future, and Inspiring People, focus on prevention, equity, and sustainability. The strategy aligns with national priorities and supported by key programmes such as the Strategic Clinical Services Plan, Primary and Community Care transformation, and digital programme.

- 42** While the Health Board is demonstrating progress on key strategic projects including Llantrisant Health Park⁴ and Maesteg Community Hospital⁵, progress on developing its Strategic Clinical Services Plan is slow. It is now developing a refreshed plan for 2026–2036 to integrate acute, community, and primary care, supported by digital, workforce, and finance. Engagement has started, but the plan must set out a clear case for change, define milestones, and detail resource requirements. The Health Board is currently creating a strategy deployment framework. The aim of this framework is to coordinate all strategic programmes and deliver service change with greater pace and manage any capacity and sustainability risks.
- 43** The Health Board operates a robust process to develop, approve, and submit a financially balanced Integrated Medium-Term Plan (IMTP). This includes using population health data, needs assessments, and engagement with staff, partners, and the public to inform development. Board members actively contribute to plan development through Board development sessions.
- 44** The 2025–28 IMTP sets out how the Health Board will deliver its strategic goals and aligns with national priorities. The Board approved the IMTP in March 2025, meeting the timeframe for submission to the Welsh Government. The Welsh Government subsequently approved the plan, indicating that for a second year, there continues to be confidence in the Health Board's ability to deliver improvements. We note that the Health Board was the only health board in Wales to submit a balanced IMTP for 2025-28 that was subsequently approved by the Welsh Government.

⁴ The Llantrisant Health Park Programme aims to deliver a cutting-edge diagnostics and treatment centre.

⁵ The Health Board is progressing a case for the development of a health and wellbeing centre for Maesteg.

Board assurance on partnership working

- 45 The Board has good arrangements for receiving assurance on partnership working at local, regional, and partnership levels. Board agendas include a standing item on 'Population / Working with Others', covering topics such as the Well-being of Future Generations Act, regional partnership agreements, and joint committee updates.
- 46 At its July 2025 meeting, the Board approved a Regional Partnership Agreement with the three local authorities within the Cwm Taf Morgannwg footprint. The agreement aims to bring health and social care services together under shared governance and joint accountability. It focuses on prevention, early help, and better outcomes for people across the region. Partners will work jointly to plan services, share resources, and reduce duplication to make care more efficient and easier to access.
- 47 In April 2025, Welsh Government instructed the Chairs of Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards to establish a South-East Wales Regional Joint Committee. In September 2025, the Board approved the establishment of the Committee and approved its terms of reference. The committee's purpose is to drive regional planning and service transformation, improve health outcomes and equity, foster collaboration between organisations, and provide coordinated support to health boards in priority areas. The first meeting took place in November 2025 meaning that it is too early to judge its impact.
- 48 Our recent eye care review across each of the health boards in the south east Wales region shows that whilst some progress is being made, the intended benefits of regional working are yet to be fully achieved and complex governance structures can make decision-making slow and cumbersome. The South-East Wales Regional Joint Committee presents an opportunity to consider how delegated authority and decision-making processes are streamlined.

Monitoring delivery of strategies/plans

- 49** The Health Board has adequate arrangements for overseeing its IMTP. The IMTP 2025–28 aligns with CTM2030 and is delivered through five ‘life-course strategy groups’⁶. Each group produces a “plan on a page” that sets out vision, priorities, actions, outcomes, timelines, and performance indicators. However, the level of detail and structure in these plans varies across groups. For example, the Starting and Growing Well ‘plan on a page’ shows priorities, enablers, success measures, and outcomes. In contrast, the Adulthood / Living Well version only lists priorities and actions.
- 50** Quarterly IMTP updates go to the Operational Delivery Committee and Board. They show last quarter’s progress and delivery against IMTP actions. Cover reports set out key points and challenges and include detailed appendices. While progress against acute services targets is clear and reported through the Integrated Performance Dashboard, further work is required to show impact of plan delivery in other areas, such as primary and community services. Population health outcome measures are still in development.
- 51** While the Health Board has adequate arrangements for overseeing its IMTP, its oversight of wider corporate strategies and plans⁷ needs strengthening. Although these plans set out clear priorities they need clearer milestones, outcomes, and accountability for delivery. Reports on these plans also fail to clearly show delivery progress, risks, actions to reduce risks, and updated timelines.

⁶ The ‘life course’ strategy groups are: starting well, growing well, living well, ageing well, and dying well.

⁷ Integrated Community Services – Primary Care Strategy, Creating Health Delivery Plan, People Plan 2025-28, and Safeguarding Strategy.

Managing finances

The Health Board's financial planning and oversight are robust, but significant risks and savings shortfalls continue to present challenges to the financial position.

Meeting financial objectives and duties

- 52 The Health Board met its financial targets for 2024-25, achieving a break even position for revenue and capital. However, it did not meet its duty to break even over the last three years because of a £24.2 million deficit reported in 2022-23. If the Health Board can achieve break even in 2025-26, it would achieve the three year financial duty for the period 2023-26.
- 53 The Health Board is reporting a £1.4 million deficit in February 2026 and is forecasting a break-even position by the end of the 2025–26 financial year. However, it is managing some financial risks which may impact on its forecast position. This is caused by a £5.6 million gap in meeting savings targets, along with £1.3 million in additional financial risks.

Financial planning arrangements

- 54 The Health Board has strong financial planning approaches that align to its wider priorities. The Board approved its 2025–26 financial plan as part of the IMTP approval process in March. The plan outlines the underlying deficit faced at the beginning of the year, inflationary pressures, and a £31.3 million savings target. As it has done over the last two years, the 2025–28 plan aims to continue to break even over the next three years. This demonstrates good financial planning, prioritisation and control.
- 55 The Health Board understands what drives its costs. Its IMTP sets out risks and opportunities. Main risks include workforce, service delivery and transformation, and capital and estates. Opportunities include saving money through energy and decarbonisation projects, better medicines management, and digital transformation

- 56** The Health Board continues to maintain a strong focus on achieving financial balance. While this approach can limit spending and additional investment in services, it has still identified discretionary service investments within its IMTP, supported by a strengthened quality impact assessment process. The Health Board has committed £2.9 million investments⁸, with an additional £3.4 million⁹ dependent on an improved financial position.
- 57** CTM2030 aims to secure financially sustainable services. The Board is currently developing its Strategic Clinical Services Plan and appropriate financial modelling to support this priority.
- 58** The Health Board has increased the scale of its savings programme for 2025–26, aiming to save 3% of its total expenditure. This equates to £31.3 million, which is £8.1 million more than last year. The plan focuses on Care Groups achieving a savings target of £21.7 million through a range of locally driven initiatives.
- 59** In addition, the Health Board has also introduced a centrally driven savings programme focussing on improving medical and nursing workforce productivity, service changes, and patient-centred contact¹⁰ Each savings area has an Executive Team lead, with the Executive Director for People leading the coordination and assurance processes for the programme. This shared leadership ensures that it is not only finance teams driving savings, and there is a broader focus on value and improvement. Regular meetings, fortnightly progress checks, and monthly reviews by the Executive Management Board keep the programme on track, manage risks, and align financial, workforce, and service goals.

⁸ The Health Board has committed £2.9 million investments into Health Protection, Prince Charles Hospital Intensive Care Unit, Fracture Liaison Service, Consultant Recruitment, Speak Out Guardians, Digital Investment, Velindre Business Cases and Strategies Support.

⁹ The additional £3.4 million investments relate to NICE Diabetes (CLPS), PMVA Training, Children's Weight Management, and Digital Investment.

¹⁰ Patient-centred contact savings are cost reductions achieved by re-designing how patients interact with health services, making contact more efficient, digital and focussed on patient needs.

- 60** Progress against savings plan delivery is slower than anticipated. By Month 7, the Health Board has saved £10.8 million, which is £7.5 million less than the £18.3 million target for that point in the year. As a result, the Health Board is now expecting to save £25.3 million by the end of this year - £6 million below the original £31.3 million target.
- 61** Internal Audit followed up their review of cost savings arrangements in May 2025 gave a reasonable assurance rating. It confirmed the Health Board is making good progress on their previous audit recommendations but also audit found gaps in savings project plans and risk assessment documentation. In 2024, Audit Wales reviewed the Health Board's approach to cost savings. Of the eight recommendations, the Health Board has made some progress with three completed and five in progress. Areas which require further work are set out in **Appendix 2**.

Financial management arrangements

- 62** The Health Board has strong financial management arrangements. The Board and the Audit, Risk and Assurance Committee regularly review reports on changes and breaches of Standing Orders and Financial Instructions. The Committee monitors losses, special payments, post payment verification, scheme of delegation, single tender actions, and high-value purchases. The latest updates in November 2025 do not identify any significant issues.
- 63** We previously recommended that the Health Board update its financial control procedures. Recent reports to the Audit, Risk and Assurance Committee demonstrate that procedures have been updated in response to our recommendation. Counter Fraud plans include both proactive and reactive work. Recent counter fraud updates confirm progress in key risk areas and report no major risks. A recent internal audit of petty cash and special payments gave substantial assurance, finding only minor compliance issues.

- 64** The Health Board submitted its draft unaudited 2024-25 Annual Report and Accounts by the Welsh Government's deadline. The Auditor General issued an unqualified true and fair audit opinion, and a qualified regularity opinion based on the Health Board's inability to achieve financial balance over the last 3 years.

Monitoring financial performance

- 65** Officers give clear financial reports to the Operational Delivery Committee and Board. These reports show key risks to financial targets and explain funding and delivery challenges. This openness helps inform Board decision making, particularly in relation to prioritising investment and understanding the consequences of decisions.
- 66** Board members continue to provide a strong focus on the Health Board's financial performance. Finance officers give clear and detailed answers to Board member questions. Their reports along with active involvement from both officers and Board members, help support good decisions and financial accountability.

Recommendations

The following table details the recommendations arising from our work.

Recommendations

R1	The Health Board should clearly report the impact of actions taken to mitigate organisational risks within its organisational risk register. (see paragraph 28)
R2	The Health Board should take urgent and sustained action to reduce risks linked to the Welsh Risk Pool by: 1.1 Completing outstanding actions identified in the Welsh Risk Pool Concerns Assessment report; 1.2 Rectifying weaknesses highlighted by internal audit in its review of the Welsh Risk Pool; and 1.3 Improving timeliness in submitting Learning from Events Reports (LFERs). (see paragraphs 34)
R3	The Health Board should ensure that accountability for progressing audit recommendations is a key part of its new Accountability Framework. (see paragraph 39)

R4 By April 2026, the Health Board should develop and implement a strategy deployment framework to coordinate all strategic programmes and ensure successful delivery of its long-term strategy. **(see paragraph 42)**

R5 The Health Board should standardise the content of its IMTP 'Plans on a Page' to ensure consistency, clarity, and enable easier comparison of priorities and progress. **(see paragraph 49)**

R6 The Health Board should strengthen quarterly IMTP reporting by clearly demonstrating the impact of plan delivery across all required domains so that progress and challenges are visible. **(see paragraph 50)**

Appendices

1 About our work

Scope of the audit

We looked at the following areas for the period September 2025 to November 2025

- How well the board works.
- How well the board oversees risks, performance, and the quality and safety of services and tracks recommendations.
- How well the body prepares key strategies and plans.
- How well the body manages its finances.

We did not look at the body's operational arrangements.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Board conduct its business appropriately, effectively, and transparently?
- Is there a sound corporate approach to managing risks, performance, and the quality and safety of services?
- Is there a sound corporate approach to producing strategic plans and overseeing their delivery?
- Is there a sound corporate approach to financial planning, management, and performance?

Criteria

Our audit questions were shaped by:

- Model Standing Orders, Reservation and Delegation of Powers.
- Model Standing Financial Instructions.

- Relevant Welsh Government health circulars and guidance.
- The Good Governance Guide for NHS Wales Boards (Second Edition).

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Standing Orders and Standing Financial Instructions.
- Key strategies and plans, including the IMTP.
- Key risk management documents, including the Board Assurance Framework.
- Annual Report, including the Annual Governance Statement.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chair of the Board
- Chair of the Strategic Development Committee
- Chair of the Operational Delivery Committee
- Chair of the Audit, Risk and Assurance Committee
- Chair of the Quality, Safety and Experience Committee
- Chief Executive
- Executive Director of Finance
- Chief Operating Officer
- Executive Director of Nursing, Midwifery and Patient Care
- Executive Director of Allied Health Professions and Health Science
- Executive Director of Strategy and Transformation
- Director of Governance / Board Secretary
- Assistant Director of Governance and Risk

We observed Board meetings as well as meetings of the following committees:

- Public Board
- Audit, Risk and Assurance Committee
- Strategic Development Committee
- Operational Delivery Committee
- Quality, Safety and Experience Committee

2 Previous audit recommendations

Outstanding recommendations from previous structured assessment reports

The table below sets out the progress made by the Health Board in implementing outstanding recommendations from previous structured assessment reports.

2022 Recommendations	
R1	We found opportunities for the Health Board to improve its administrative governance arrangements to enhance public transparency and support Board and committee effectiveness. The Health Board, therefore, should: b) publish the papers for all public Board, committee, and advisory meetings on its website in a timely manner; (Complete, paragraph 7) d) update presentation cover sheets to enable authors to summarise the information sufficiently and capture the relevant risks and issues. (Complete, paragraphs 20)
R4	Whilst the Health Board has made positive progress in developing a long-term vision, strategic goals, and strategic priorities for the organisation, the new strategy (CTM 2030) lacks clear and measurable outcomes. The Health Board, therefore, should seek to articulate outcomes for each strategic priority, what success would look like, and how it will measure and report progress. In doing so, it should consider the relationship between the goals of the Population Health Strategy and the wider strategic goals and public health 'life course' approach set out in CTM 2030. (Complete, paragraph 49)

2022 Recommendations

- R5** We found opportunities for the Health Board to enhance its arrangements for monitoring the delivery of corporate plans and strategies, and reporting progress to the Board. The Health Board, therefore, should enhance its arrangements by ensuring:
- a) plans and strategies contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting; **(Overdue, paragraph 51)**
 - b) plans and strategies provide greater detail on which Executive Directors are responsible for the delivery of key actions / deliverables to enable appropriate accountability; **(Overdue, paragraph 51)**
 - c) reports are aligned to performance reports to enable the Board to assess the extent to which the implementation of key actions / deliverables is having a positive impact on Health Board performance. **(Superseded, 2025 Recommendation 6)**
- R7** Whilst the Health Board's financial control procedures are generally effective, we identified opportunities to strengthen some controls and update the information available on the Health Board's website. The Health Board should:
- c) ensure out-of-date financial control procedures are removed from its website and replaced with the current versions. **(Complete, paragraph 63)**
- R9** There is limited capacity within the Health Board to fully deliver its digital transformation agenda. The Health Board, therefore, should seek to set out in its refreshed Digital Strategy how it intends to overcome staffing and funding challenges to fully exploit the benefits offered by digital technologies and solutions. **(Complete, assessed as part of our digital transformation review)**

2023 Recommendations

- R2** The Health Board makes good use of videos in committee meetings to present patient and staff stories. However, they are not subsequently made available on the Health Board's website. The Health Board, therefore, should ensure that any videos shown during committee meetings are made available on its website for completeness with agreement of the contributors. **(Complete, paragraph 21)**
- R3** Draft committee meeting minutes are produced quickly and reviewed by the relevant chair; however, they are not made publicly available until the papers of the subsequent meeting are published. Furthermore, committee meetings are not livestreamed or recorded for public use. The Health Board, therefore, should consider putting appropriate arrangements in place to ensure the public have timelier access to records of committee meetings as part of its wider efforts to enhance transparency of Board business. **(Complete, paragraph 9)**
- R4** Whilst the Board and committees review and confirm the minutes of previous meetings, they are not always uploaded to the Health Board's website in a timely manner. The Health Board, therefore, should ensure that all confirmed minutes are uploaded to the relevant section of its website in a timely manner to ensure the public have full access to the approved records of meetings. **(Complete, paragraph 9)**
- R5** Whilst the Health Board has a dedicated area on its website for policies and procedures, some of them are out of date. The Health Board, therefore, should ensure that all policies and procedures on its website are up-to-date and, if not, put a clear plan in place to revise and approve them. **(Complete, paragraph 12)**
- R6** The Health Board has appropriate arrangements in place to manage operational performance; however, it lacks a documented performance management framework. In order to enhance its arrangements further, the Health Board should prepare a written framework that clearly sets out roles, responsibilities, and frequency for reviewing performance at service, management, committee, and Board levels. **(In progress, paragraph 29)**

2024 Recommendations	
R1	The Health Board should strengthen arrangements for monitoring, reviewing and updating Health Board policies and routinely report progress to the relevant Committee of the Board. (In progress, paragraph 12)
R2	The Health Board should introduce arrangements for identifying and monitoring actions arising from its listening and learning stories. (In progress, paragraph 21)
R3	The Health Board should strengthen the Board Assurance Framework (BAF) by clearly reporting the impact of actions that the Health Board is taking to mitigate its strategic risks. (In progress, paragraph 27)
R4	The Health Board should strengthen its Integrated Performance Dashboard by clearly articulating whether actions to improve underperformance are achieving their intended impact. (In progress, paragraph 30)
R5	The Health Board should strengthen its reporting on the Duty of Quality and Candour by: - R5.1 ensuring that future annual reports are clearer around the challenges it is experiencing in embedding the requirements; (In progress, paragraph 35) - R5.2 including appropriate milestones and targets to help the reader understand when it is aiming to achieve priorities. (In progress, paragraph 35)

2024 Recommendations

R6 The Health Board should:

- R6.1 ensure that it rapidly completes its work to strengthen the audit recommendations tracker; **(Complete, paragraphs 36)**
- R6.2 strengthen ownership and accountability for delivery of audit recommendations. **(In progress, paragraphs 39)**

R7 The Health Board should set out how each individual well-being objective aligns to the national well-being objectives and well-being objectives of its partners. **(In progress)**

R8 The Health Board should develop and report on population outcome measures to demonstrate the impact of its strategy delivery. **(In progress, paragraph 50)**

R9 The Health Board should strengthen Board and committee corporate strategy and plan reporting by clearly articulating where delivery is off-track, mitigating actions, and revised delivery timescales. **(In progress, paragraph 51)**

R10 The Health Board should:

- R10.1 monitor and manage any immediate quality and performance risks that may arise as a result of limited or no investment in services as it seeks to achieve financial balance in the short-term. **(Complete, paragraph 56)**
- R10.2 develop a long-term financial plan, beyond its 2024-27 Integrated Medium-Term Plan, aligned to its organisational strategy in order to achieve financial sustainability. **(In progress, paragraph 57)**

Recommendations from our 2024 Review of Cost Savings Arrangements

The table below sets out the progress made by the Health Board in implementing recommendations from our 2024 Review of Cost Savings Arrangements.

Recommendation
R1 The Health Board should assess operational savings delivery potential and risks within each Care Group and Clinical Service Group on an ongoing basis. (Complete)
R2 The Health Board should ensure that its service transformation plans more explicitly set out how they will help the organisation achieve financial sustainability in terms of the savings that will be generated and the timescale for achieving them. (In progress)
R3 The Health Board should make improvements to how it uses data and intelligence to inform its savings identifications and selections arrangements by: R3.1 Extending its use of data and intelligence across a wider range of services. (In progress) R3.2 Rapidly progressing work on its local data repository to facilitate the systematic capture of benchmarking data. (In progress)

Recommendation

R4 Where 'invest to save' opportunities are identified and taken forward through the Value and Sustainability Programme the Health Board should confirm that it is able to provide sufficient upfront funding to support them and able to demonstrate a clear return on investment. **(Complete)**

R5 Plans for service transformation (five years plus) need to be developed as the Care Groups continue to mature and increasingly focus on public health, prevention, community-based care and regional working. **(In progress)**

R6 The Health Board should ensure stronger operational accountability for savings delivery and manage risks to its underlying position more effectively. **(Complete)**

R7 The Health Board should ensure that there are sufficient skills, capacity and capability across its corporate and operational teams to effectively deliver its longer-term service transformation. **(In progress)**

R8 The Health Board should identify the key lessons from its approach to identifying and delivering savings during 2023-24 and apply the learning to its future approach. **(In progress)**

3 Key terms in this report

Term	Description
Board Assurance Framework	A Board Assurance Framework sets out the risks linked to the organisation’s strategic objectives, and the controls and assurances in place to manage those risks.
Strategic Clinical Services Plan	The Strategic Clinical Services plan is a long-term plan that helps shape how healthcare services are designed and delivered to meet the needs of patients and communities.
Corporate Risk Register	A Corporate Risk Register sets out the organisation’s significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Counter Fraud	Counter fraud refers to the activity undertaken by the organisation to prevent, detect, and investigate fraud, bribery, and corruption. This work is led by the NHS Counter Fraud Service (CFS) Wales, which operates under the NHS Wales Shared Services Partnership.

Term	Description
Integrated Medium Term Plan	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Losses	Losses include things like theft, fraud, overpayments, or damage to property.
Quality Governance	Quality governance is the combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.
Register of Interests	The Register of Interests helps ensure transparency by recording any personal or business interests of Board members and staff that could influence decisions.
Scheme of Reservation and Delegation	The Scheme of Reservation and Delegation sets out which responsibilities stay with the Board and which are passed to committees and executives, along with reporting arrangements to ensure proper oversight.

Term	Description
Single Tender Action	A Single Tender Action is when an organisation buys goods or services from one supplier without going through a competitive process, usually because there is only one suitable option or urgent need.
Special Payments	Special payments are one-off payments made in unusual situations – like compensation or goodwill gestures – that fall outside of the organisation’s normal business activity.
Standing Financial Instructions	Standing Financial Instructions set out the financial responsibilities, policies, and procedures adopted by the organisation.
Standing Orders	Standing orders set out the rules and procedures by which the organisation operates and make decisions.
Well-being of Future Generations Act (2015)	This Act requires public bodies in Wales to work sustainably and collaboratively to improve well-being across social, economic, environmental, and cultural areas, by setting long-term goals (called well-being objectives), involving citizens, and making decisions that consider the impact on future generations.

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4 Management Response Form

Recommendation	Commentary on planned actions	Completion date	Responsible officer
R1 The Health Board should clearly report the impact of actions taken to mitigate organisational risks within its organisational risk register.	We will work with risk owners to be clearer on the quality/quantity of assurances that actions have positively impacted the risk score. However, due to resourcing constraints for the forthcoming year. We suggest that we defer the full implementation of this recommendation until the 2027-28 financial year.	30th June 2027	Director of Governance / Board Secretary
R2 The Health Board should take urgent and sustained action to reduce risks linked to the Welsh Risk Pool by: 2.1 Completing outstanding actions identified in the Welsh Risk Pool Concerns Assessment report;	Recommendation agreed. We will look to make progress in all these areas during 2026-27.	31st December 2026	Executive Director of Nursing

Recommendation	Commentary on planned actions	Completion date	Responsible officer
2.2 Rectifying weaknesses highlighted by internal audit in its review of the Welsh Risk Pool; and 2.3 Improving timeliness in submitting Learning from Events Reports (LFERs).			
R3 The Health Board should ensure that accountability for progressing audit recommendations is a key part of its new Accountability Framework.	Recommendation agreed – we will discharge our performance management responsibilities through the new Accountability Framework. This framework will become part of routine meeting arrangements and provide an integrated escalation route which can include audit recommendations.	30th September 2026	Executive Director of Strategy and Transformation
R4 By April 2026, the Health Board should develop and implement a strategy deployment framework to coordinate all	Recommendation agreed – the development of the framework is in progress with an implementation date of April 2026.	30th April 2026	Executive Director of Strategy and Transformation

Recommendation	Commentary on planned actions	Completion date	Responsible officer
strategic programs and ensure successful delivery of its long-term strategy.			
R5 The Health Board should standardise the content of its IMTP 'Plans on a Page' to ensure consistency, clarity, and enable easier comparison of priorities and progress.	Agreed – we will put this in place for 2027-28	31st March 2027	Executive Director of Strategy and Transformation
R6 The Health Board should strengthen quarterly IMTP reporting by clearly demonstrating the impact of plan delivery across all required domains, so that progress and challenges are visible.	The Health Board is now providing both some metrics and reference to other areas of key delivery, including digital and data plan, people plan etc. We have focused the IMTP report on the Ministerial requirements as the Integrated Performance Report sets out all key measures, we have endeavoured not to replicate this.	30th September 2026	Executive Director of Strategy and Transformation

Recommendation	Commentary on planned actions	Completion date	Responsible officer
	We initially had a focus on several care group updates at each ODC which provided the detail on their progress, so we referred to these updates which occurred at the same meetings. We agree to review our reporting again and intend to do so alongside the changes to the Integrated Performance Report.		

Cwm Taf Morgannwg University Health Board – Annual Audit Summary 2025

Date issued: March 2026



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Foreword



Adrian Crompton

Auditor General for
Wales

I am pleased to share my Annual Audit Summary for Cwm Taf Morgannwg University Health Board (the Health Board). It summarises the main findings from my 2025 audit work undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004 and the Well-Being of Future Generations (Wales) Act 2015.

I provided opinions on whether the accounts were properly prepared and gave a true and fair view, in all material aspects, and whether expenditure and income have been used for the purposes intended and in accordance with the authorities which govern you.

My audit team has also assessed whether the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and acted in line with the sustainable development principle. In doing so, my audit team has undertaken my annual structured assessment work and reviewed planned care services, urgent and emergency care services, digital transformation, and eye care services. As set out in my audit plan, these reviews have been carried out in line with the [International Organisation of Supreme Audit Institutions \(INTOSAI\) standards](#).

At the time of publishing this summary, the Health Board was subject to Level 3 for performance and outcomes relating to planned care and cancer and Level 4 for performance and outcomes relating to urgent and emergency care under the [Welsh Government's escalation and intervention arrangements](#).

The detailed audit findings for each of my reviews are set out in the respective reports which my audit team have presented to the Audit, Risk and Assurance Committee throughout the year. The performance audit reports are available on the [Audit Wales website](#) and further links are available in the summary.

The Annual Audit Summary should be shared with the Board. I will then make the summary available to the public on the [Audit Wales website](#).

I would like to extend my gratitude to the Health Board's staff for their help and cooperation throughout my audits.

Your audit at a glance



I received the draft accounts in line with the statutory deadline of 2 May 2025. The quality of the draft accounts and working papers was good.



In advance of the statutory deadline of 30 June 2025, on 27 June I issued an unqualified true and fair opinion, and a qualified regularity opinion. There were no uncorrected misstatements in the accounts. There were no other significant issues to report.



My performance audit work found that the Health Board has sound corporate governance arrangements, a clear long-term strategy, and a balanced IMTP. However slow progress on the Strategic Clinical Services Plan is limiting the pace of transformation. Financial planning is robust, and the Health Board has a good track record of delivering against its financial plan. However, savings gaps, along with other financial risks will make achievement of financial targets challenging.

Long waits and planned care backlogs are reducing, though recovery was impacted by the October 2024 critical incident with the roof at the Princess of Wales hospital. Urgent and emergency care performance is still challenging and requires further improvement. Ophthalmology waits have fallen, but recovery targets are unmet, and poor eye care performance increases the risk of avoidable harm.



My audit team made several recommendations to the Health Board focused on strengthening risk management, service planning, and strategic coordination, while improving governance, clinical oversight, and operational efficiency to support transformation, enhance patient safety, and ensure sustainable performance.

My audit team made five recommendations to the Health Board regarding the 2024-25 accounts; four of which were accepted by management and are to be implemented for the 2025-26 accounts.



There is still some work outstanding from my Audit Plan dated April 2025. My team expects to complete this work by summer 2026.

Audit of accounts findings

Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides opinions on whether the accounts are properly prepared and give a true and fair view, in all material aspects, and the proper use ('regularity') of public monies.

My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

The draft accounts were presented for audit on 2 May 2025, being the Welsh Government's deadline. The quality of the draft accounts presented for audit was generally good.

My audit opinions

I must report issues arising from my work to those charged with governance for consideration before I issue my audit opinion on the accounts. I reported these issues within my Audit of Accounts Report to the Audit, Risk and Assurance Committee on 25 June 2025, and then to the Board on 26 June.

True and fair

A relatively small number of changes were made to the draft accounts arising from my audit work. There were no uncorrected misstatements and no significant matters to report.

I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them.

Regularity

The Health Board is only allowed to receive income and incur expenditure in ways that follow the rules set by the authorities that govern it.

Further, where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.

For revenue expenditure, the Health Board did not meet its financial duty to achieve financial balance for three-year period 2022-2023 to 2024-2025. For the three-year period the Health Board exceeded its revenue resource limit by £24.276 million and I therefore qualified my regularity opinion.

For capital expenditure, over the same three-year period the Health Board did achieve financial balance, with a surplus of £139,000.

All other material financial transactions were in accordance with authorities and used for the purposes intended, so I issued an unqualified opinion on the regularity of the financial transactions within Health Board's accounts. The Health Board met its second financial duty to have an approved three-year plan in place for the period 2024-2025 to 2026-2027.

Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance

Whole of Government Accounts

I also undertook a review of the Health Board's Whole of Government Accounts return to Welsh Government for 2024-25. My audit results were satisfactory.

Performance audit findings

Structured assessment

My team looked at how well the Health Board is governed and whether it makes the best use of its resources.

I found that the Board operates well, supported by good governance arrangements. The new committee structure is embedding well. The Board engages with staff, patients, and service users but must improve how it monitors and tracks actions arising from listening and learning stories. While risk management is generally effective, there is a need to strengthen performance management to address persistent challenges in meeting key targets, particularly in urgent and planned care, cancer, and diagnostics. The Health Board needs to focus on maintaining improvements to service quality. It also needs to respond to some longstanding overdue audit recommendations.

The Health Board has a clear long-term strategy, and a financially balanced Integrated Medium-Term Plan that has been approved by Welsh Government. Work is also underway to develop the Strategic Clinical Services Plan, supported by the appropriate financial modelling. However, the Health Board is slow in progressing this work, impacting the Board's ability to drive forward service transformation at pace. Financial planning is strong, and the Health Board has a good track record of delivering against its financial plan. But gaps in savings plans, along with other financial risks, will still make achievement of financial targets challenging.

I made six recommendations focused on:

- reporting the impact of actions taken to mitigate organisational risks;
- taking urgent and sustained action to reduce risks identified by the Welsh Risk Pool;
- ensuring that implementation of audit recommendations is a key part of its new accountability framework;
- developing and implementing a strategy deployment framework to coordinate all strategic programs;
- standardising the IMTP 'Plans on a Page' to ensure consistency, clarity, and enable easier comparison of priorities and progress; and

- strengthening quarterly IMTP reporting by clearly demonstrating the impact of plan delivery across all required domains.

Managing Planned Care

My team looked at the progress the Health Board is making in tackling its planned care challenges and reducing its waiting list backlog.

I found that the Health Board is reducing the numbers of very long waits, although the October 2024 critical incident with the roof at the Princess of Wales hospital affected waiting list recovery. It has good short-term plans, but it needs to develop its clinical services plan to help shape services that can sustainably meet expected growth in demand in the longer term. It also needs to improve how it reports on harm resulting from planned care delays.

I made six recommendations focused on:

- establishing longer-term milestones, linked to clinical service plan development;
- strengthening the management of risks related to the delivery of planned care;
- monitoring the impact of additional funding for planned care recovery;
- securing improvements in efficiency and productivity within planned care pathways ;
- strengthening actions to achieve its treat in turn performance target; and
- managing clinical risks associated with long waits.

Eye Care Services

Building on the wider Planned Care work summarised above, my team looked at whether the Health Board has effective arrangements to improve eye care services. The work reviewed both local and regional arrangements.

I found that the regional eye-care strategy sets a positive direction, but progress with implementation has been slow. Governance arrangements are in place to oversee regional delivery, but decision-making on business cases can be slow and cumbersome, involving multiple groups across the three health boards. It is worth noting that regional working has shifted

away from its original ambition of developing specialist services more broadly, focusing instead on creating short-term service capacity for cataract procedures. While the regional cataract approach aims to reduce long waits, at the time of my work it had not significantly impacted the overall number of patients awaiting treatment.

The Health Board has reduced the longest ophthalmology waits but is not yet meeting planned care recovery targets. Performance against the 'eye care measure' is poor, and long waits increases the risk of avoidable harm. There is a need to strengthen local planning of eye care services, broaden the scope of regional working and secure further productivity and efficiency gains.

I made six recommendations, three for the Regional Ophthalmology Programme Board and three for the Health Board. These focussed on:

- regional partners speeding up decision-making processes for agreeing business cases;
- regional partners developing a resource plan;
- regional partners agreeing realistic but appropriately ambitious timescales for the three phases of the South East Wales Regional Ophthalmology Strategy;
- developing a sustainable eye care plan;
- monitoring and oversight of ophthalmology; and
- progress addressing ophthalmology GIRFT¹ recommendations.

Managing urgent and emergency demand

My team looked at how well the Health Board is managing demand for urgent and emergency care to reduce unnecessary pressure on the system.

¹ Getting It Right First Time

I found that urgent and emergency care service performance continues to be challenging. Whilst plans and new services, including the Navigation Hub, are having a positive impact on managing demand, further action is needed to improve access, patient and staff engagement and clarify resource requirements.

I made nine recommendations focused on:

- resourcing urgent and emergency care plans;
- improving information on services which provide alternatives to emergency departments;
- monitoring data from those alternative services;
- monitoring compliance with national guidance;
- improving data quality;
- ensuring patient and staff feedback informs service delivery plans; and
- oversight and scrutiny of plans and performance in respect of urgent and emergency care.

Performance audit work still underway

At the time of reporting, the following reviews from the 2025 Audit Plan were still underway at the Health Board:

- patient flow out of hospital;
- digital transformation;
- cancer services;
- estates management; and
- follow-up outpatients.

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use three lines of assurance to show how we achieve this. We have set up an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality Selection of right team

• Audit platform	• Learning and development
• Ethics	• Leadership
• Guidance	• Technical support
• Culture	



Independent assurance

• EQRs	• Peer review
• Themed reviews	• Audit Quality Committee
• Cold reviews	• External monitoring
• Root cause analysis	

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CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jonathan Morgan, Chair
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Jonathan Morgan, Chair

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

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

In my reports to Board, I have often referred to the incredible work of our staff and how we need to find ways to acknowledge and celebrate what they do for our patients and families. The Seren Awards together with the annual staff awards has allowed us to showcase what people do. In supporting this we have recently held a celebration event marking the contribution of all those staff who have served in the NHS for 40 years or more. It was an honour to meet so many staff, to hear of their experiences and to thank them for what they have done.

Over the past couple of months, we have welcomed the First Minister to PCH and the Cabinet Secretary for Health and Social Care to POW and to the Bridgend Health and Wellbeing Centre. These visits provide opportunities for our staff to lead the visits and conversations to demonstrate how we are focused on transforming our service offer, investing in new buildings and improving patient experience.

Whilst offering assurance to Ministers that we are working at pace to better deliver for our communities it is vital we set out this year our transformation plan that will redesign clinical and community-based services. A significant amount of work has been undertaken, engaging with communities about the future of our services, and utilising the expertise of our staff in designing the future. **This year the Board will publish a Case for Change setting out a vision for the future delivery of both hospital and community-based services.** This plan will show how we intend to improve patient outcomes, make bigger and better use of primary and community care, and innovate through digital solutions. A lot of groundwork has been done. We now need to be bold in setting out the direction of travel.

The Board has supported the work we are doing through the new Regional Joint Committee which met for the second time last month. In setting out the future of services in CTM we must seize the opportunities for regional working utilising the benefits of proximity and connection in south east Wales.

2.2 Board Briefings and Board Development Sessions

2.2.1 The Board briefing held on the 5th February 2026 focussed on the following key areas as a Board:

- IMTP Planning Update
- Specialist Palliative Care Update
- Maesteg
- Health Visiting / Industrial Action

2.2.2 The Board briefing held on the 19th February focussed on the following key areas as a Board:

- Women's Health Hub
- IMTP Update
- Public Health Wales sexual health testing concerns

2.2.3 The Board Development session held on the 26th February focussed on the following key areas as a Board:

- Health Visitor Strike update
- Update about orthopaedic surgery and bone cement supplies shortage
- IMTP update
- Board Business Planning 2026

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
- Local Partnership Forum
- Independent Member Appraisal Meetings
- Meet with Healthcare Inspectorate Wales (HIW)
- Meeting with Motor Neurone Disease (MND) Association
- Consultant Interview Panels
- Executive Director Nursing Interviews
- First Minister Visit to Prince Charles Hospital (PCH)
- Celebration event - Aspiring Board Members Programme
- South East Wales Regional Joint Committee
- Cabinet Secretary visit to Bridgend Health & Wellbeing Centre
- Chair/Independent Members walk around at Princess of Wales Hospital
- Maesteg Protest Group Meeting
- Business Breakfast Meeting
- Welsh NHS Confederation Member Webinar: Engaging with the next Welsh Government and Senedd
- NHS Retirement Fellowship St David's Day Lunch
- Meeting to discuss the future of Maesteg Health & Wellbeing services

- Dawn Bowden MS visit to Prince Charles Hospital
- WNHSC Management Committee
- Joint meeting of Chairs and Chief Executives
- 40 Year Service Recognition Event
- CTMUHB Chair Annual Review meeting with Cabinet Secretary
- Meeting with Internal Audit
- Health and Wellbeing Alliance Hustings with Party Spokespeople
- Talk at St Michael's Church Maesteg
- Building a Healthier Wales Coordination Group meeting

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 Cwm Taf Morgannwg University Local Health Board and New Pathways Family Friendly Therapeutic Centre of Excellence (Charity Number:1126120)** - Transfer of Pontypridd Health Centre, Bridge Street, Pontypridd
- **Contract between Cwm Taf Morgannwg University Health Board and 2D Building Contractors LTD whose registered office is at Unit 19b Ely Valley Business Park, Pontyclun, CF72 9DZ** – minor works to building relating to Stairwells 1 & 2 Redecoration at 71 Quarell Road, Bridgend.
- **Professional Services Contract for Llantrisant Health Park Pre-Construction Service between Cwm Taf Morgannwg University Health Board and MTX Contracts Limited whose registered office is Innovation House, Lower Meadow Road, Wilmslow, Cheshire, SK9 3ND** - Form of Agreement for NEC4 PSC Option A.
- **Lease contract between Defence Infrastructure Organisation, LMS St Athan, Churchill Lines, St Athan, Barry Vale of Glamorgan CF62 4NX (Landlord) and Cwm Taf Morgannwg University Local Health Board (Tenant)** - relating to Land at the east site of Heol Gadlys, Bridgend.
- **Contract between Cwm Taf Morgannwg University Local Health Board and Whitehead Building Services Limited whose registered office is at Lanyon House, Mission Court, Newport, Gwent, NP20 2DW**- relating to the replacement of existing roof mounted air handling unit and refurbishment of the HSDU accommodation located within the Princess of Wales Hospital, Bridgend together with all associated enabling and making good works.

- **Contract between Cwm Taf Morgannwg University Local Health Board and TSF Contracts Limited whose registered office is at Unit 13 Felindre Court, Pencoed Technology Park, Pencoed, CF35 5AQ** - relating to Fire Damper Replacement Project at Princess of Wales Hospital, Bridgend.

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	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.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	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:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality	Yes: ☒	No: ☐
	Outcome: The number one focus of the Board and its	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>	business is to ensure good quality and safe patient care across all areas of its activity.	
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐ Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	No: ☒ If no, please include rationale below: 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)	
	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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 Members of the Board are asked to:

- **NOTE** the report.
- **RATIFY** the Affixing of the Common Seal as captured in section 3.1

Agenda Item

5.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	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

Pwrpas yr Adroddiad / Report Purpose	For Noting

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	
IMT	Incident Management Team
NMC	Nursing and Midwifery Council
RTT	Referral to Treatment
SCP	Single Cancer Pathway
TAP	Test and Post (Sexual Health Service)

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

Since the January Board meeting, I am pleased to report further progress against our escalation framework, resulting in the de-escalation of Cancer services from Level 3 'Enhanced Monitoring' to Level 1 'Routine Arrangements'. This follows the sustained improvement in our overarching compliance with the 62-day Single Cancer Pathway (SCP).

The remaining work to deliver is now limited to tackling long waits within our emergency departments (>12-hour performance metric) and focusing efforts on treating our patients that have been waiting in excess of 104 weeks from Referral to Treatment (RTT). It is, however, worth noting the global supply issue relating to bone cement (briefed at the last Board meeting) has impacted our position by 100 patients. This means we are 100 elective procedures behind our forecasted 104-week position.

In summary, our health board escalation position is outlined in the table below:

Area	Previous Status	Revised Status
Performance: Urgent and Emergency Care	Targeted Intervention	Targeted Intervention
Performance: Planned Care	Enhanced Monitoring	Enhanced Monitoring
Performance: Cancer	Enhanced Monitoring	Routine Arrangements

Overall, I am delighted with the progress made against our escalation framework over the last 12 months, in particular. I would like to extend my thanks to the countless clinical and operational colleagues for their ongoing support to our continued success.

2.2 Specialist Palliative Care Public Engagement

As a reminder for Board, on 9th February, we commenced a seven-week period of public engagement in relation to set out the plans for the specialist palliative care service moving forward and proposals to further enhance the services we provide both in an inpatient setting and in the community.

To date, the dedicated mailbox for public feedback and responses has received over 600 returns. A thematic analysis of the returns received to date is being undertaken by the Primary and Community Care Group, supported by the Communications and Engagement team. The public engagement and drop-in session held at Cynon Linc on 5th March has been positively supported by Llais, with over 100 members of the public attending the session.

This item will be formally discussed at the May Public Board meeting, prior to implementation.

2.3 Health Visiting Industrial Action

The Health Board has been informed by Unite the Union that members within Health Visiting will be undertaking a period of "discontinuous strike action" from 23 February to 20 March 2026. On 10 March, a second notice of industrial action was received from Unite, providing notification of a further period of discontinuous strike action from 23 March to 15 May 2026.

Throughout this period, our focus will be on maintaining safe services for our patients and communities. The Health Board, working closely with service leads and Health Visitors, has undertaken a comprehensive assessment of all potential risks arising from the commencement of strike action, and will manage the industrial action in accordance with policy.

The Health Board acknowledges and respects the legal right of staff to take strike action where they feel it is necessary and we are committed to addressing the issues raised in a fair, transparent and constructive way. However, the Health Board's position remains that this particular issue is one which it cannot resolve unilaterally in isolation. The revision to the educational requirements set by the Nursing and Midwifery Council (NMC) has implications for other Health Boards, and, importantly, for other staff groups beyond Health Visiting. It is important to note that the changes to these educational requirements do not automatically confer a change in pay banding.

Given the change in educational requirements, and the need for consistent application and outcomes, CTMUHB has committed to working with NHS Wales employers to develop a suite of agreed job descriptions for Health Visiting roles across Wales. The Health Board will continue to emphasise the need to progress this work collaboratively, and at pace, looking at future-focussed job design and the development of progressive career pathways for its Health Visiting staff. An Expert Partnership Group has been established, coordinated by NHS Wales Employers, with the first meeting set for 16 March. Our understanding to date is

that Unite has not formally responded to the invitation to participate in the Expert Partnership Group to resolve this issue.

The Health Board has engaged with ACAS, along with Unite and CTM Health Visiting colleagues, with the first meeting taking place on 27 February. Our objective will be to continue to engage constructively with this process, to agree a sensible way forward, while maintaining services to its families and communities. We will also continue to urge Unite to engage in discussions about a reasonable and proportionate areas of derogation, particularly those directly affecting the safety and wellbeing of infants, children, families and vulnerable adults across our communities.

2.4 Shift Pattern Consultation

Following on from detailed previous conversations about shift pattern alignment at Board in May and December 2025, the Health Board commenced a period of formal collective consultation with Trade Union partners on 19 January, which was envisaged to run until 27 February 2026, totalling 6 weeks. At the request of trade union partners, we have agreed to extend the collective consultation period. We are in conversation with trade union colleagues to confirm revised timelines and next steps.

The purpose of the collective consultation period is to provide a fair, transparent and jointly governed mechanism for consulting trade unions on the following proposals:

Option 2: *Endorsed in principle for consultation by Board in May 2025.*

3 x 12.5-hour shifts per week, each with 2 x 30-minute unpaid breaks. In addition to 1 x 12.5-hour shift every 4 weeks (with 2 x 30-minute unpaid breaks).

Option 8: *Modified proposal following informal engagement phase, endorsed in principle for consultation by Board in December 2025.*

3 x 12.5-hour shifts per week, each with 2 x 30-minute unpaid breaks. In addition to a rotational 6.3-hour shift (with 20-minute unpaid break) in month 1 or a 12.5-hour make-up shift (with 2 x 30-minute unpaid break) in month 2. This is in addition to circa 42 hours learning and development/CPD time per year, for FTE staff.

Alternative suggestions continue to be invited, in line with our agreed design principles. Our aim remains to develop a consistent shift pattern for nursing, midwifery and HCSWs which meets evolving service needs across the Health Board and:

- allows us to provide high quality, safe services to our patients
- allows us to improve the health and well-being of our people
- increases our overall workforce availability
- delivers improved financial efficiency – more specifically, does not cost us more, and delivers a reduction in reliance on agency.

At the request of trade union partners, we agreed to extend the collective consultation period until 6 March. We are in conversation about next steps, including any further extensions to the formal collective consultation period.

Following the conclusion of the collective consultation process, we will revert to Board for a further discussion. Subject to Board's decision, the next stage of the process would be potential individual consultation with all affected staff, to seek individual feedback. No final decisions will be made on shift pattern alignment until the full conclusion of the collective and individual consultation processes. It is acknowledged that this is a significant and complex change proposal, affecting a large section of our workforce, and one which will require substantial leadership attention and ongoing partnership working.

2.5 Public Health Wales – Sexual Test and Post Service

In November 2025, PHW became aware of issues affecting its Sexual Health Test and Post (TAP) Service, because of which, an internal Incident Management Team (IMT) was convened. The IMT has identified several issues which include:

- Safeguarding processes for people using the online and community Sexual Health TAP Service were not effective and did not meet required legislative standards, which meant that safeguarding concerns were not reported to the local authority by PHW as they should have been.
- Data handling concerns involving personal data.
- People receiving incorrect or delayed test results.

Health Boards were informed in mid-February, [with a proactive communications plan released by PHW on the 24th of February](#) 2026. The Health Board Chair wrote to his counterpart in PHW seeking further clarity regarding areas of concern on the 27th of February 2026, a response to which was received by the CTM Director of Public Health on the 5th of March.

Further information is included in the additional paper appended to this report (appendix 1).

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below: Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
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:	If no, please include rationale below:
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.	

3. Recommendation

- 3.1** The Cwm Taf Morgannwg University Health Board is asked to **NOTE** this report.



Agenda Item

5.2 Appendix 1

CTM Health Board

Public Health Wales Sexual Health Test and Post Service: Safeguarding and System Assurance Update

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels, Executive Director of Public Health Richard Hughes, Executive Director of Nursing, Midwifery and Patient Care
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
GDPR	General Data Protection Regulation

ICO	Information Commissioner's Office
IP	Internet Protocol
ISH	Integrated Sexual Health
PHW	Public Health Wales
SOP	Standard Operating Procedure
TAP	Test and Post

1. Situation /Background

Public Health Wales (PHW) Sexual Health Service offers a free Test and Post (TAP) Service that allows members of the public to get a **free** test kit for Chlamydia and Gonorrhoea, as well as HIV, Syphilis, Hepatitis B, and Hepatitis C. They can use these kits in their own home and then post it to the PHW contracted laboratory in the pre-paid envelope.

Furthermore, to support the delivery of TAP service, PHW also provide access to self-testing sampling kits for sexually transmitted infections through a number of community venues across CTMUHB e.g. pharmacies.

The TAP Service is available across the whole of Wales, is widely used and the Health Board receives some limited funding as part of the programme.

In November 2025, PHW became aware of issues affecting its Sexual Health Test and Post (TAP) Service, because of which, an internal Incident Management Team (IMT) was convened. The IMT has identified several issues which include:¹

- Safeguarding processes for people using the online and community Sexual Health TAP Service were not effective and did not meet required legislative standards, which meant that safeguarding concerns were not reported to the local authority by PHW as they should have been.
- Data handling concerns involving personal data
- People receiving incorrect or delayed test results

Health Boards were informed in mid-February, [with a proactive communications plan released by PHW on the 24th of February](#) 2026. The Health Board Chair wrote to his counterpart in PHW seeking further clarity regarding areas of concern on the 27th of February 2026, a response to which was received by the CTM Director of Public Health on the 5th of March.

2. Specific Matters for Consideration

Alongside this internal investigation, PHW has initiated a comprehensive system-wide review to establish full clarity on the scale, impact, and root causes of the failures within the Test and Post (TAP) service. This includes the validation of all historic cases in which safeguarding concerns were disclosed by children and

¹ PHW. Briefing for DsPH on Sexual Health Service Incident

young people, supported by a multi-disciplinary review mechanism designed to ensure that each case is reassessed against statutory safeguarding standards.

PHW has also implemented immediate corrective measures within the online platform to prevent circumvention of safeguarding questions, introduced real-time screening of all orders placed by individuals under 18, and commenced a full end-to-end redesign of the digital and information governance workflow. This work is being supported by external digital expertise, a structured data protection review, and engagement with the Information Commissioner's Office where breaches have been reported.

PHW is further developing a national dashboard to improve transparency of case handling and has established communication and support mechanisms, including updated FAQs and dedicated advice lines, to reassure users and strengthen public confidence in the service.

Clarity on the scale and impact of the errors

PHW estimate that around 1800 orders for testing have been made by children and young people (CYP) between the ages of 16 and 18 since 2018 where safeguarding information has been disclosed.

PHW's routine process was to refer these CYP to Health Boards, when they should have assessed them and reported to the local authority if necessary. From the revalidation PHW have carried out, it appears that where the individual has been referred to the Health Board, they have been followed up and, in some cases, reported to the local authority. CTM Sexual Health services have been asked to review their processes to ensure compliance with Standard Operating Procedures.

The assessment has been carried out by experts in safeguarding and where necessary, considered by a multidisciplinary team of experts for complex cases. PHW's assessment so far has not identified any harm incurred; they are seeking legal advice on their follow-up protocol.

Assurance around safeguarding

The online testing service is offered to anyone aged 16 and over. PHW have corrected the 'loophole' in the system whereby someone providing a date of birth under 18 but declares they are over 18 can no longer bypass the safeguarding screening questions. Anyone declaring a date of birth to suggest they are under 18 is now required to answer safeguarding questions. PHW are currently following up on the referrals they have made to Health Boards on safeguarding concerns as part of their lookback which they are planning to complete in six weeks. A revised safeguarding process has been in place since 24 December and PHW now carries out a review of all CYP orders to assess safeguarding risk and make reports to the relevant local authority where required.

Resource implications for Health Boards

PHW will review the database to ascertain the list of CYP that will be followed up with Health Boards as part of the look back.

PHW data shows that for Cwm Taf Morgannwg University Health Board there are 17 young people where follow up is prioritised as they are still aged under 18. The National Safeguarding Service guided by external experts are supporting development of an appropriate and proportional approach for those historical cases where those affected are now adults. Where the number of referrals to follow up cannot be managed through existing resources, PHW will work with the Health Board to assess whether additional resource is required and how this will be secured. Any persons requiring follow-up of safeguarding concerns will be reported to the Local Authority as required and followed by them.

Information Governance and Data Breach Management

PHW have identified a number of different information governance and data breach issues within its processes. Mostly these impact on data shared between NHS Wales partners, but in about 10 instances, information was shared inappropriately with those who believed that a test had been ordered by a third party for malicious purposes – this was restricted to the sharing of IP addresses. This practice ceased in 2023.

There is currently an automated message service for negative test results. These are sent directly from PHW's laboratory partners using the phone number that the service user provided. Where the service user has requested that the result is not texted then these are referred to Public Health Wales where the user is then contacted by their preferred route. This automated service processes the vast majority of test results. Where positive results are sent out by Public Health Wales, the message text does not contain any personal identifiable information, and this prevents personal data being shared with service users through misdirection. The IMT is looking at increasing the number of test results that can be automated, to further reduce risk associated with manual processes.

Data breaches have occurred in this process where positive referrals have been directed to the sexual health team in the wrong health board for follow up. In these instances, the receiving health board has returned the referral to us so it can be sent to the correct location, and the data has not left the NHS.

PHW are carrying out a full end to end review with a specific data protection focus, to ensure that best practice is adhered to at each step. This will provide assurance to all their service users and partners that processes are robust. Where there are implications for how partners receive data from PHW, PHW will engage fully with them. PHW are currently waiting for a response from the ICO to the two reports made to them.

Digital resilience and system redesign

As a short to medium term solution, the IMT has set up a digital group to specifically review the processing of data and to reduce the manual elements of the process. This includes moving away from manual generation of referral letters to sexual health teams and reducing the use of email for sharing information. Public Health Wales has commissioned additional digital expertise to support the discovery and development. Current work includes mapping processes to highlight what is required, followed by a rapid development phase. We would aim to provide further information on timescales, and engage with services when it is clearer what can be achieved.

For the long-term solution Public Health Wales has been commissioned by Welsh Government to deliver the alpha phase of an All Wales Sexual Health Case Management System. All the learning from this incident will feed into this work to ensure that it is able to meet the needs of the whole system and support robust information sharing where required. This work will be completed by 31 March 2026.

Transparency, communication, and public confidence

PHW have issued FAQs to answer questions our users might have about their service. They have also set up a helpline to support those who may be concerned and/or impacted by the issue. So far, the number of calls received has been low (circa: n=6). Health Boards have been sent the communications pack with details on key messages and FAQs.

Measures Now Being Taken by CTMUHB

CTMUHB has implemented a coordinated set of actions to strengthen safeguarding assurance, improve data integrity, and reinforce system oversight following the issues identified within the PHW online sexual Health TAP Service.

The Health Board's Sexual Health Services have reviewed and reaffirmed their safeguarding procedures to ensure all referrals arising from the online platform are managed in accordance with established Standard Operating Procedures. Safeguarding indicators received from PHW are screened by senior nursing staff, with risk assessed promptly and appropriate follow-up arranged. Young people are contacted directly to establish immediate safety, offered clinical assessment, and referred under statutory reporting arrangements where required. Documentation standards, audit processes and governance arrangements have been re-checked to ensure practice remains aligned with statutory duties and internal assurance frameworks.

The Health Board is fully engaged in the national retrospective safeguarding assurance process led by PHW. Access to the secure national database has been granted to relevant senior safeguarding staff, who are reviewing all historical cases for which CTMUHB has responsibility. This includes both those under 18 requiring immediate assurance activity, and those now aged over 18 who fall within the

wider look-back cohort. Outcomes are being recorded in line with PHW's requirements to support national oversight and the development of a consolidated multi-disciplinary assurance dashboard.

Internally, CTMUHB has strengthened cross-departmental oversight by ensuring coordinated working across Sexual Health Services, Safeguarding, Public Health, and Executive Nursing. This includes validating each referral previously received from PHW, reviewing local communication pathways, and confirming that statutory safeguarding actions were undertaken appropriately. The absence of a structured feedback mechanism from PHW has been escalated as part of this assurance process, and the Health Board continues to seek clarity to ensure appropriate closure of cases and system learning.

The Board has also recognised broader system risks highlighted at national level, including concerns regarding delayed communication to Health Boards, the potential impact on public confidence, and reputational and clinical governance implications. In response, CTMUHB's Executive Nursing and Public Health leadership will ensure that learning emerging from PHW's internal investigation is incorporated into local governance arrangements and reflected transparently in Board reporting. This includes anticipating public confidence issues and ensuring consistent messaging to maintain trust in sexual health services.

In addition, CTMUHB is preparing for amendments to local processes that may be required following PHW's digital resilience review and end-to-end data protection assessment. This includes readiness to revise the Health Board's 2020 SOP once PHW confirms new national guidance on result handling, safeguarding notifications, and information governance pathways to ensure system alignment and reduce future risk.

3. Key Risks / Matters for Escalation

Investigations are ongoing within PHW on the scale and scope of the issues identified. Whilst numbers currently identified are low, issues with communication have the potential to decrease public confidence.

As a result of the incident declared by PHW, the Health Board is seeking internal assurance that the relevant CTM services have followed due process in dealing with the sexual health data that they have received from PHW i.e. followed any existing SOPs.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
	Not Applicable



Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	If more than one applies please list below: All
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 Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe 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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: x
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: x
	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:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	Yes (Include further detail below) Whilst PHW will be assessing potential impact on organisational reputation. CTMUHB could also be impacted by local population and service users.
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. It should be noted, however, of the requirement for additional assessment activity for service leads within CTMUHB.

5. Recommendation

- Note the contents of the report
- Agree that although the Health Board's Sexual Health Services have followed due process by making clinical decisions based on our internal 2020 SOP within professional discretion, the Health Board cannot yet provide full assurance that all of the safeguarding issues have been dealt with appropriately until the PHW expert group have concluded their investigations.

6. Next Steps

Support actions and work with PHW to ensure that:

- The Health Board Sexual Health Services and CTM Safeguarding are kept informed of any actions that they need to take going forward, including reviewing cases in terms of safeguarding issues
- The process that should now be followed by the Health Board's Sexual Health Services and CTM Safeguarding is clarified, following the safeguarding concern notifications and also the correct communication process for sexual health results in view of the issues highlighted; this will enable the 2020 SOP to be revised.
- Support actions to ensure that access to Lilie remains in place and compliant with national standards.
- Support actions to ensure that GDPR and Information Governance requirements, as well as Data Protection Impact Assessments (DPIAs) are in place to facilitate the safe and secure exchange of patient identifiable information.

Agenda Item
6.1

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open / Public Not Applicable
Awdur yr Adroddiad / Report Author	Senior Performance Monitoring Officer
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

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Claire Thompson	11/03/2026	Endorsed for Approval

1. Situation/Background

Welsh Government published the 2025/26 NHS Wales Performance Framework early last year, setting out the Minister’s priorities, national delivery measures and key deliverables.

The 2026/27 Performance Framework was recently published and reporting against these performance measures in this report is expected from May 2026. All frameworks are available to read at the following URL:
[NHS Wales performance framework | GOV.WALES](#)

The main body of this report is deliberately concise. A comprehensive catalogue of all national and local performance measures – including those

not highlighted in the main text – is provided in Appendix 1 (Quadruple Aim) along with available benchmarking with the rest of Wales in Appendix 2.

2. Specific Matters for Consideration - Key Highlights

Planned Care:

RTT (Referral to Treatment Times):

>52 weeks: 1,954 patients (Feb 2026, provisional) – Target: March 2026 Zero.

>104 weeks: 423 patients (Feb 2026, provisional) – Target: March 2026 Zero.

Risks: Orthopaedics waiting over 104 weeks for treatment (approx. 100 patients may breach at year end).

Actions: There continues to be additional insourcing for 7 day working, additional list backfills and validation of the waiting list. Outsourcing is being considered for a cohort too.

Diagnostics:

>8 weeks wait: 1,756 patients (Feb 2026, provisional) – Target: March 2026 Zero.

Risks: RIS transition expected to reduce capacity for 2–3 weeks. Reporting backlog risks due to patient report migration. USGI capacity not meeting demand and no further funding. Endoscopy workforce shortages and POW infrastructure fragility.

Actions: Additional CT & US capacity through funding and insourcing, training sonographers and consultant OOH sessions to stabilise delays. Note expectation we will deliver the Radiology zero >8 week position for year end.

Suspected Cancer Pathway (SCP):

Performance: 64.3% treated within 62 days (Jan 2026) – Target: 80% by March 2026. Note we have been de-escalated by WG for cancer performance due to sustaining performance above 63%.

Risks: Endoscopy delays, pathology turnaround, tertiary treatment delays.

Actions: Digital vetting, pathway audits, weekly monitoring.

Unscheduled Care:

Handovers within 15 mins: 54% (Feb 2026) – Target: Improvement towards 100%.

Handovers within 45 mins: 214 (Feb 2026) (note 827 patient breaches Feb 25) – Target: Zero

4-hour ED waits: 62% (Target: 95%).

12-hour breaches: 1,877 patients (Target: Zero).

Risks: Corridor care, long waits for frail elderly patients, IPC pressures and isolation capacity challenges. Stroke pathway delays due to ED congestion and scanning delays.

Actions: Strengthened triage processes and expanded ambulatory capacity. Flow improvement (STAMP, OPTIMISE), escalation protocols.

Adult Mental Health:

Assessments within 28 days: 33.3% (Jan 2026) - Target: 80%.

Psychological therapy <26 weeks: 43% (Jan 2026) - Target: 80%.

Risks: Deterioration in Part 1a performance due to administrative and clinical constraints. Uncertain short-term impact of new intervention coding. Psychological therapy performance remains below target.

Actions: Additional admin support and weekend clinical sessions, new coding system to strengthen oversight and transparency, additional clinics and revised care coordination for Part 2 group therapy backlog reduction and structured long-waiter reviews.

Pathways of Care Delayed Discharges:

243 Delayed Pathways of Care Discharges at February census point.

Risks: Limited community capacity for complex discharges. Delays in key assessments and variable adherence to processes. Operational pressures.

Actions: Enhanced escalation routes, digital process improvements. Strengthened cross-partner working.

Quality & Safety:

E.coli bacteraemia: High incidence rate – 82.72 per 100,000 mostly driven by community onset urinary tract infections.

Risks: High incidence of community acquired infections continue. There is a risk that the underlying factors contributing to the issue will not be fully understood without more detailed epidemiological and case review in community settings.

Actions: Catheter passport expansion and ANTT training improvements. Enhanced collaboration with PHW and epidemiology teams.

Population Health:

Smoking cessation: Quit attempts: 3.3% (Q1–Q2), predicted 6.6% (Target: 5%).

CO-validated quits: 9.97% (Target: 40%).

Risks: CO-validation - difficult to achieve due to high proportion of virtual appointments where carbon monoxide readings cannot be taken.

Actions: Trialling face-to-face and mixed delivery approaches to improve CO-validation rates

Vaccination:

Childhood schedule by age 5: 91.9% (Target: 95%).

Risks: MMR uptake needs to remain at 95% to prevent measles outbreaks; risk of reduced uptake due to programme changes.

Actions: Implementing programme changes (MMRV inclusion, age eligibility adjustments) with resource sharing and staff training.

Flu uptake (65+): 70.7% (as at Jan 2026) - Target: 75%.

Risks: Current uptake below target, risking health protection for older adults.

Actions: Increasing awareness and access through community engagement and monitoring uptake data.

Workforce:

Sickness absence: 7.37% (Rolling 12 months to Jan 2026).

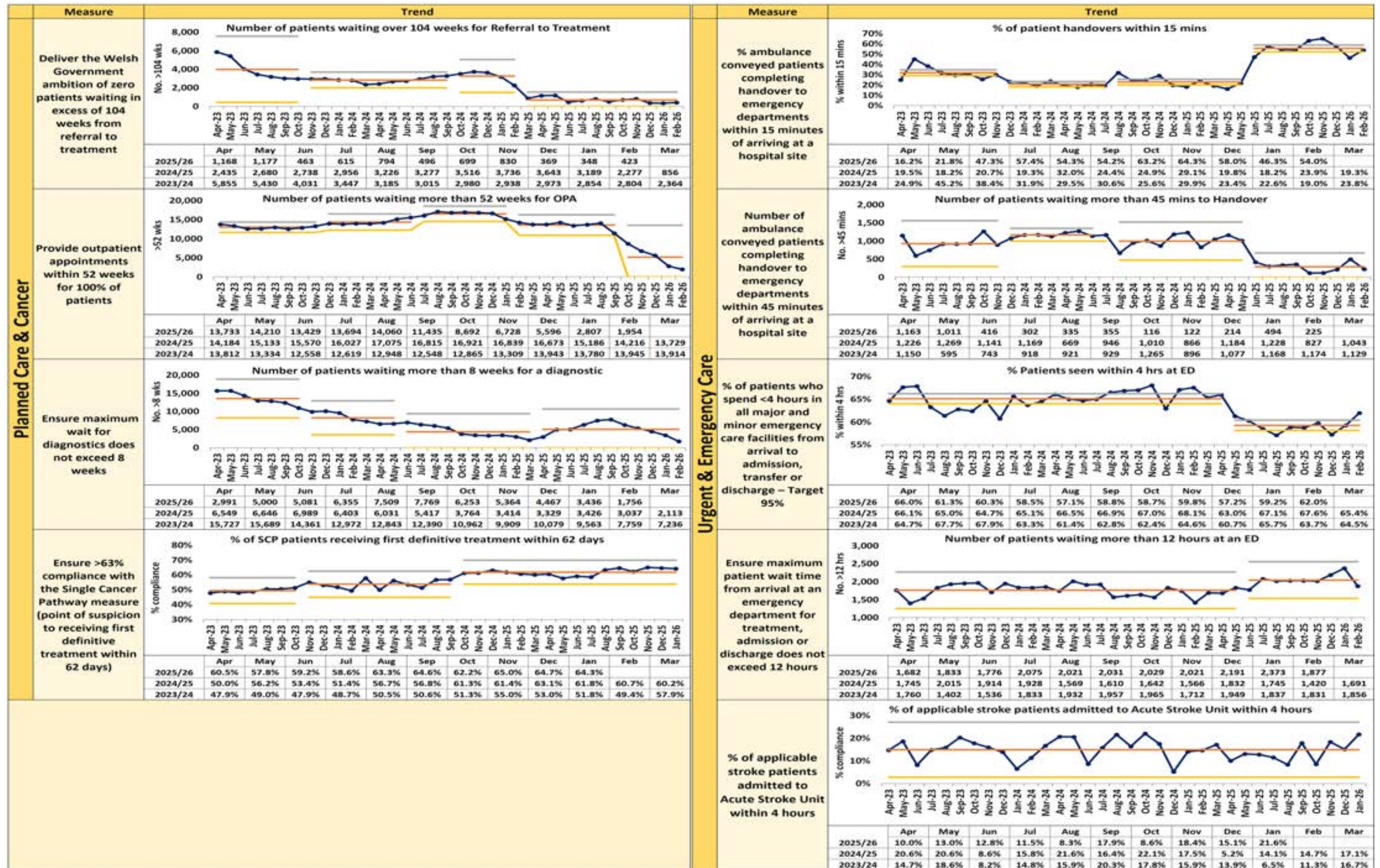
PADR compliance: 72.1% (Feb 2026) - Target: 85%.

CTM Turnover rate: 8.30% - around a 2 point reduction on the same period last year.

Risks: Workforce sickness and training gaps. Ageing workforce and pension changes impacting retention.

Actions: New Managing Attendance training and strengthened governance. Career pathway development and retention interventions.

2.1 The Cabinet Secretary's Priority Delivery Actions & CTMUHB Executive Priority Measures



Continued overleaf...

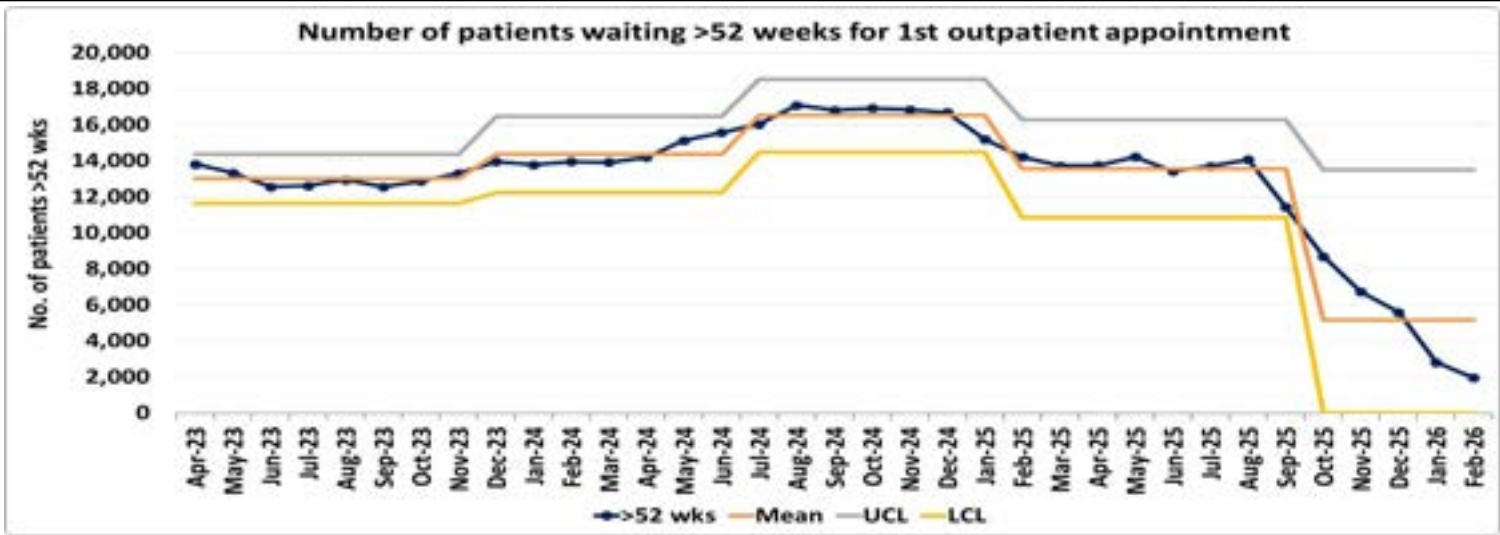
CTMUHB Planned Care Group

Referral to Treatment Times (RTT)

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

Target - Zero

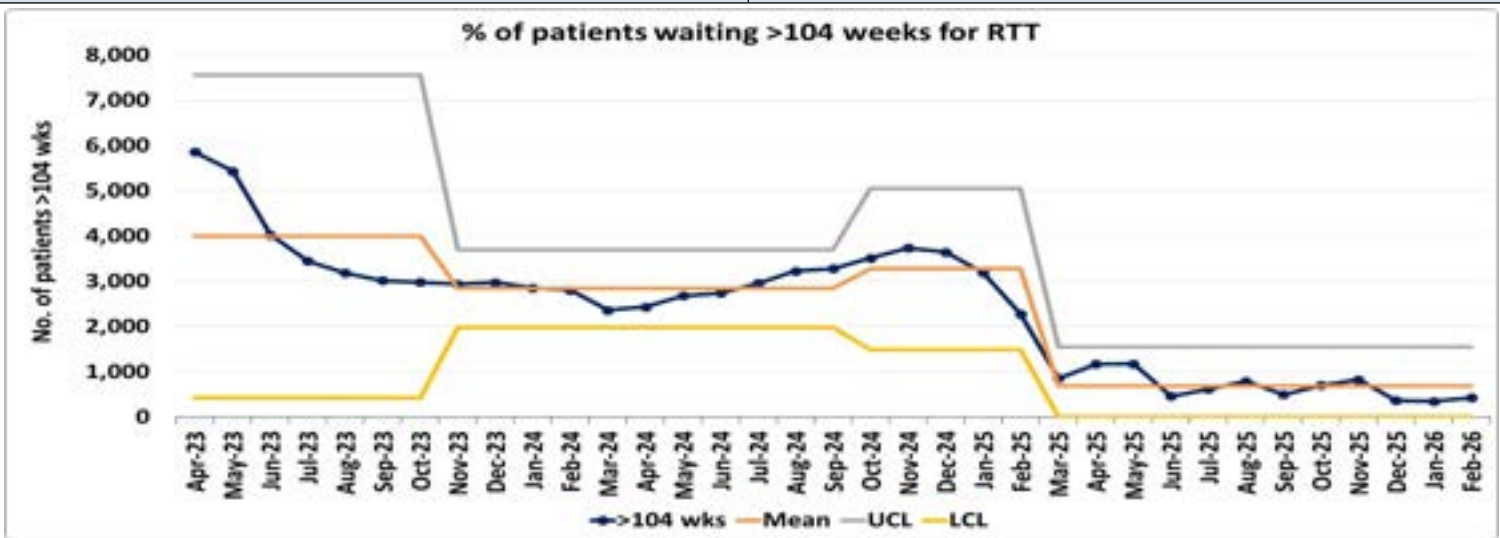
Feb 2026 – 1,954 (Provisional)



Number of patients waiting >104 weeks RTT

Target - Zero

Feb 2026 – 423 (Provisional)



Total number of open pathways per specialty - February 2026 (provisional)				
Specialty	Patients waiting >52 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	903
Cardiology	178	620	0	5,444
Clinical Immunology	269	219	50	525
Colorectal Surgery	0	244	0	3,159
Dermatology	28	43	0	4,080
Diabetic Medicine	6	7	0	415
Diagnostics	1	3	0	3,820
ENT	200	1,360	0	8,376
Endocrinology	3	8	0	933
Gastroenterology	0	124	0	2,793
General Medicine	20	56	1	662
General Surgery	12	610	0	4,399
Geriatric Medicine	9	17	0	782
Gynaecology	92	1,479	0	6,920
Haematology (Clinical)	0	0	0	336
Nephrology	22	28	0	202
Ophthalmology	95	1,036	0	9,329
Oral Surgery	19	250	0	2,502
Orthodontics	12	12	0	414
Orthopaedics	218	3,407	371	12,995
Paediatrics	3	4	0	2,477
Pain Management	332	542	1	2,021
Respiratory Medicine	6	52	0	2,218
Restorative Dentistry	8	8	0	91
Rheumatology	173	235	0	1,455
Sport & Exercise Medicine	0	0	0	26
Therapies	0	0	0	1,235
Urology	230	1,461	0	7,266
Vascular Surgery	18	54	0	806
Total	1,954	11,879	423	86,584

How are we doing and what are our key concerns?

- We are working towards full clearance by the end of March for patients waiting more than 52 weeks for a first outpatient appointment with the support of the HBS programme.
- The elective Orthopaedics service continues to work toward clearance of the 104 week RTT cohort by the end of March, however, the current anticipated breach position is approximately 100 patients.
- Orthopaedics demand continues to be greater than supply and the team are focused on the regional plans and LHP to support the service.
- All other surgical specialties will maintain clearance of 104 week position and are in a demand and capacity balance position.

What key actions are we taking and when do we anticipate improvement?

- Continued focus on the stage 1 cohort will continue into next year as part of the PIT programme, with a focus on efficiencies and productivity.
- There continues to be additional insourcing for 7 day working, additional list backfills and validation of the waiting list. Outsourcing is being considered for a cohort too.

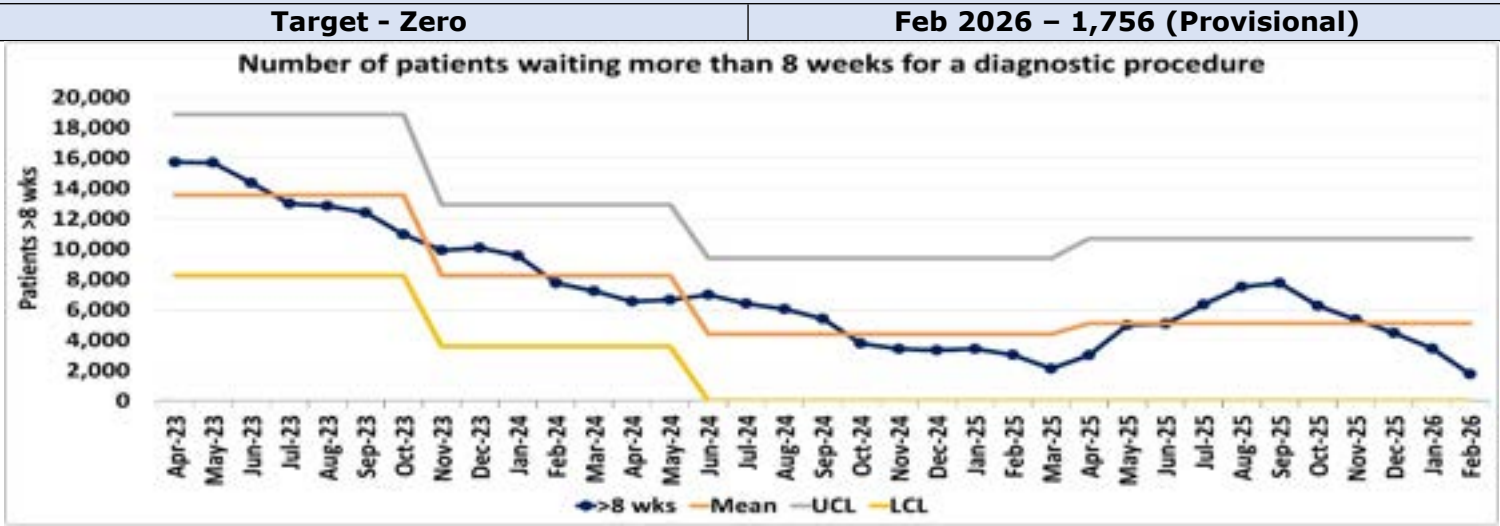
What are the key risks and mitigations?

- Currently there is only a 104 week risk for Orthopaedics.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics

Number of patients waiting >8 weeks for a specified diagnostic



Number of Patients waiting >8 Weeks for a Diagnostic Test		Jan-26	Feb-26	Difference from last period
Cardiology	Echo Cardiogram	106	27	-79
	Cardiac CT	26	14	-12
	Cardiac MRI	40	26	-14
	Diagnostic Angiography	48	55	7
	Stress Test	14	11	-3
	DSE	11	1	-10
	TOE	2	4	2
	Heart Rhythm Recording	5	29	24
Cardiology Services	B.P. Monitoring	0	2	2
		0	0	0
	Bronchoscopy	266	109	-157
	Colonoscopy	194	92	-102
Gastroscopy		53	33	-20
	Cystoscopy	115	54	-61
	Flexi Sig	244	5	-239
Radiology	Non-Cardiac CT	178	5	-173
	Non-Cardiac MRI	1,509	904	-605
	NOUS	1	0	-1
	Non-Cardiac Nuclear Medicine	50	17	-33
Imaging	Fluoroscopy	93	78	-15
	Physiological Measurement	415	269	-146
Neurophysiology	Urodynamics	66	21	-45
	EMG			
Total		3,436	1,756	-1,680

Radiology:

How are we doing and what are our key concerns?

- NOUS and CT are currently in balance with non-recurrent capacity and reducing waiting times.
- Additional Sonographers are continuing their training which will help to expand our capacity.
- An increase in Urgent Suspected Cancer (USC) reporting demand continues to be observed plus RTT escalations resulting in additional outsourcing to meet targets.
- Implementation of new RIS mid-March will result in a decrease in capacity for 2-3 weeks whilst the service transitions over.
- HBS and additional work is impacting the diagnostic 8 week target due to the volume of expedites.

What key actions are we taking and when do we anticipate improvement?

- Further additional funding approved for CT utilised to staff the unfunded CT sessions at POW, as well additional weekend lists with an insourcing arrangement to address backlog & additional demand. CT is now within the 8-week target as of 9th March 2026.
- Funding has been allocated for NOUS. Locum agency sonographers have increased capacity, coupled with additional SpR/Consultant lists; which has yielded a decrease in patients waiting >8 weeks. HCSWs have been realigned to support the additional staff/capacity. NIAW are also supporting additional NOUS training patient lists across the region. Specific consultant US studies are holding the waiting list back due to limited consultant availability during March - OOH's lists have been arranged.
- All arthrograms are now within the 8-week target. MR is on track to be within the 8 week target for all studies by the end of March.

What are the key risks and mitigations?

- RIS implementation – the Planned Care Team were advised to front load to enable scanning to take place by the end of February and the risk has been flagged to Welsh Government (in common with other Health Boards).
- Reporting backlog – concerns regarding the migration of patients reports. Additional funding is required to outsource backlog work prior to the RIS implementation.
- USGI – capacity is not meeting the current demand. There is no further additional funding to outsource this work.

Endoscopy:

How are we doing and what are our key concerns?

- Endoscopy activity has further increased and continues to trend at highest levels seen in recent years.
- Supply and availability of Endoscopists to undertake complex polyp lists, general anaesthetic (GA) procedures and Bowel Screening Wales (BSW) procedures is of concern and plans are being developed.
- Concerns remain in the fragility of POW infrastructure relating to ventilation and decontamination.

What key actions are we taking and when do we anticipate improvement?

- Insourcing in Theatre C fully stepped down (Feb 2026); all PCH endoscopy theatres now staffed by substantive CTM nursing teams, thus supporting sustainable delivery of endoscopy services.
- Pan-CTM Transnasal Endoscopy Service rollout delayed due to IT, infrastructure and nursing staffing issues in POW - approx. 60% of expected capacity now operational. Full capacity expected April/May 2026.
- Practice Educator Facilitator (PEF) in post to accelerate endoscopy nurse training from the spring.
- ERCP service restarting in PCH from March 2026 with new scope purchases.
- Six-day working pilot at RGH Endoscopy Theatre underway until Apr/May to test long-term feasibility.

What are the key risks and mitigations?

- Limited availability of Endoscopists for GA and complex lists; exploring additional sessions with specialist clinicians.
- High demand for 8-week RTT target adversely affecting SCP performance; no short-term mitigation identified - demand and capacity deficit across endoscopy services.
- POW infrastructure risks causing short-notice cancellations; mitigated through escalation and estates collaboration. Centralised HSDU expected late 2026.
- Uncertainty of WLI funding threatens sustainability of activity levels.
- Two Consultant Gastroenterologist long-term sickness – plans for Locum Gastroenterologist as well as expanded Clinical Endoscopist roles planned to reduce fallow lists.

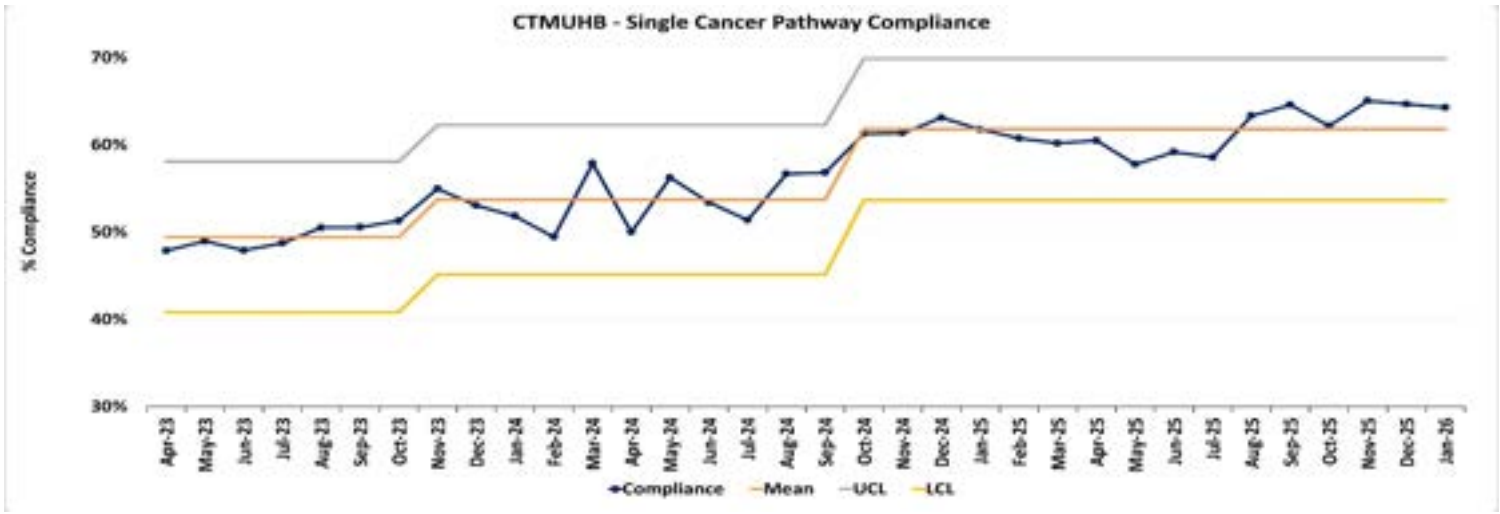
CTMUHB Planned Care Group

Suspected Cancer Pathway (SCP)

% of patients starting first definitive cancer treatment within 62 days from point of suspicion

Target - 12 month improvement trend towards national target of 80% by 31st March 2026

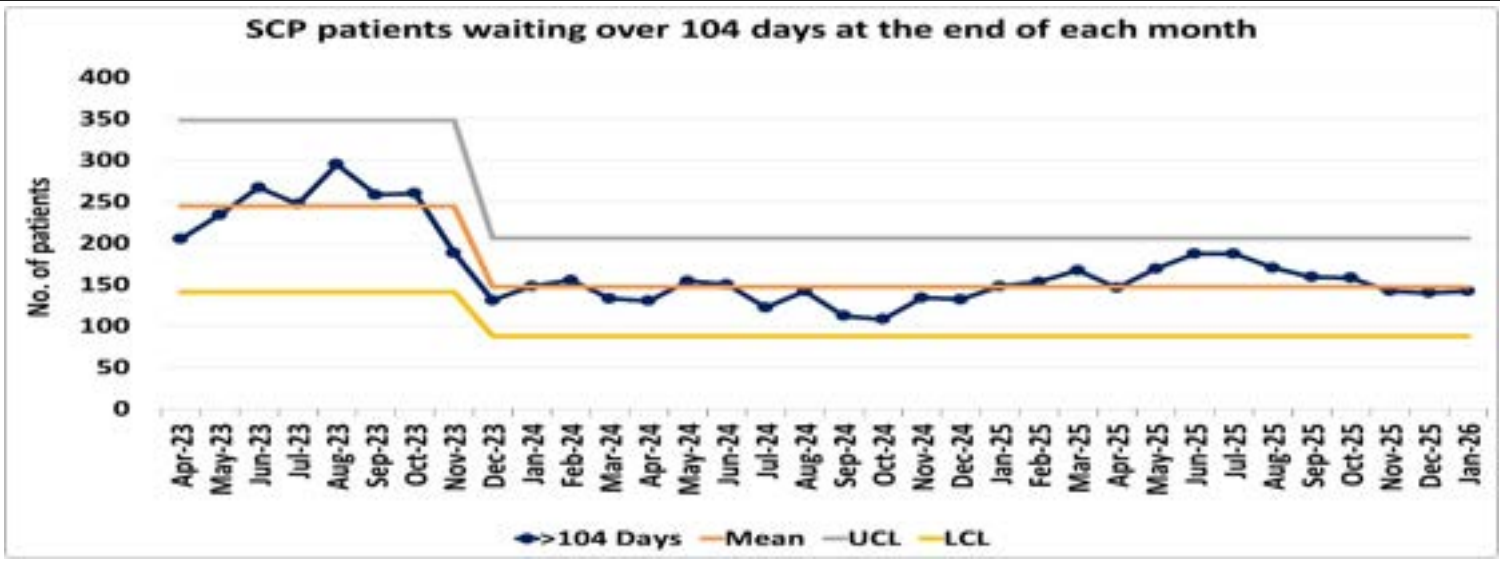
Jan 2026 – 64.3%



% SCP patients treated without suspensions per tumour site

CTMUHB - SCP % Treated Without Suspensions - January 2026				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 80%
Head and neck	6	5	11	54.5%
Upper GI	17	6	23	73.9%
Lower GI	14	17	31	45.2%
Lung	18	16	34	52.9%
Skin (exc BCC)	79	2	81	97.5%
Brain/CNS	7	0	7	100.0%
Breast	26	14	40	65.0%
Gynaecological	9	14	23	39.1%
Urological	20	35	55	36.4%
Haematological	6	5	11	54.5%
Other	3	0	3	100.0%
Total	205	114	319	64.3%

Number of SCP patients waiting more than 104 days from point of suspicion



How are we doing and what are our key concerns?

- SCP performance for January 2026 is 64.3%, with delays strongly linked to diagnostics, tertiary sector capacity and pathway complexity.
- CTM Cancer Services were de-escalated from Level 3 (Enhanced Monitoring) to Level 1 (Routine arrangements) in February, reflecting sustained pathway improvements, strengthened governance and more robust tumour-site-level oversight.

What key actions are we taking and when do we anticipate improvement?

Diagnostics & Pathway Recovery

- Endoscopy Recovery Plan fully operational, including additional weekend lists, improved reporting turnaround and escalation of cancer patients into priority slots to reduce backlog.
- Upper GI PET pathway reviewed and updated; supporting more consistent use of PET and reducing avoidable delays for staging and onward MDT decisions.

Digital & Administrative Improvements

- Continued rollout of digital vetting to streamline triage and reduce unnecessary appointments improving early identification of required diagnostics and reducing variation.
- Weekly monitoring of time to first appointment at Cancer Performance Meeting, using booking analytics to realign capacity.

Workforce & Capacity

- Locum BSW surgeon/endoscopist recruited to stabilise BSW waiting times (currently around 13 weeks) and increase cancer-priority endoscopy throughput.
- Ongoing review of cancer theatre prioritisation in Urology to reduce SCP breaches.

What are the key risks and mitigations?

Regional & National System Dependencies

- Breast Test Wales digital system implementation delays affecting workflow efficiency - escalated to WG.
- All-Wales Lymphoma MDT delays due to limited shared workforce and diagnostic capacity across health boards.

Operational Risks

- WAST patient transport cancellations disrupting SCP appointments; escalation continues at national level.
- Single-consultant dependency for laparoscopic nephrectomy remains a fragility; cross-cover or networked support models under review.

Diagnostics & Pathology

- BSW delays (around 13 weeks) remain a risk for Lower GI pathways; though locum recruitment is expected to support improvement.
- Pathology turnaround delays at SBUHB affecting multiple pathways; escalated via COO-to-COO route.

Tertiary Capacity

- Delays in tertiary investigations and treatments at SBUHB, Velindre Cancer Centre and C&VUHB continue to affect SCP performance, requiring frequent escalation and tracking through weekly cancer performance meetings.

Genomics & Treatment Complexity

- Growing genomic testing requirements are increasing diagnostic time but improving personalised treatment planning. CTM working with genomics leads to improve snapshot reporting and turnaround visibility.

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

Feb 2026 – Purple =07:15 / Red = 09:54

Period	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
	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
Jul-25	04:57	08:18	08:19	09:36	07:49	11:16	07:17	09:53
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	07:15	09:54

% of patient handovers within 15 minutes Target – Improvement towards 100% - Feb 26 = 54%

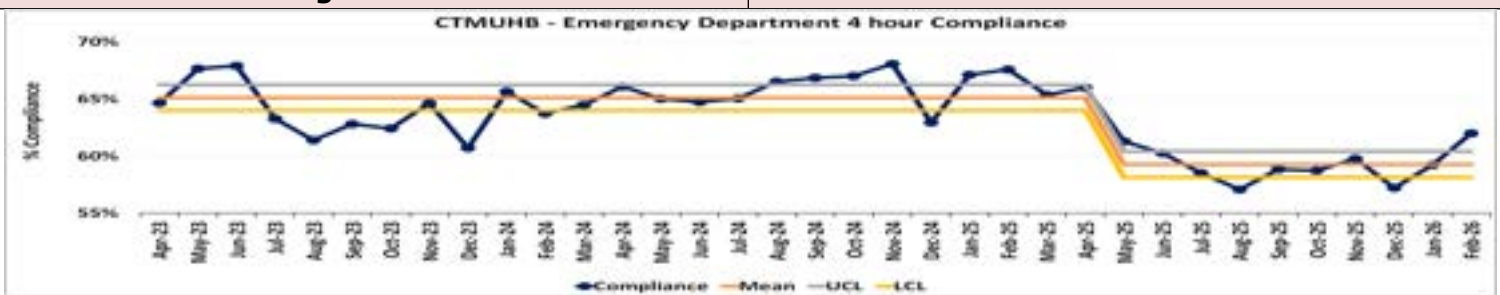
Number of patient handovers over 45 minutes – Target is Zero – Feb 26 =225



% patients spending <4 hours in A&E

Target – 95%

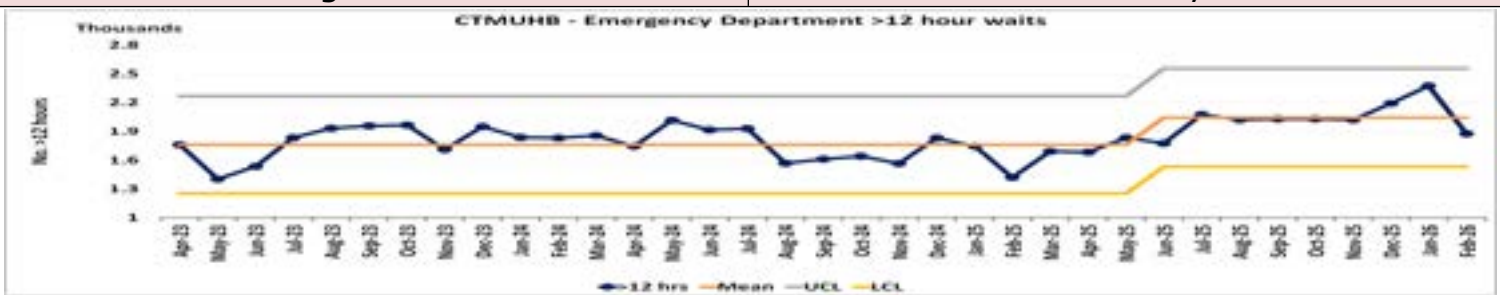
Feb 2026 – 62.0%



Number of patients spending >12 hours in A&E

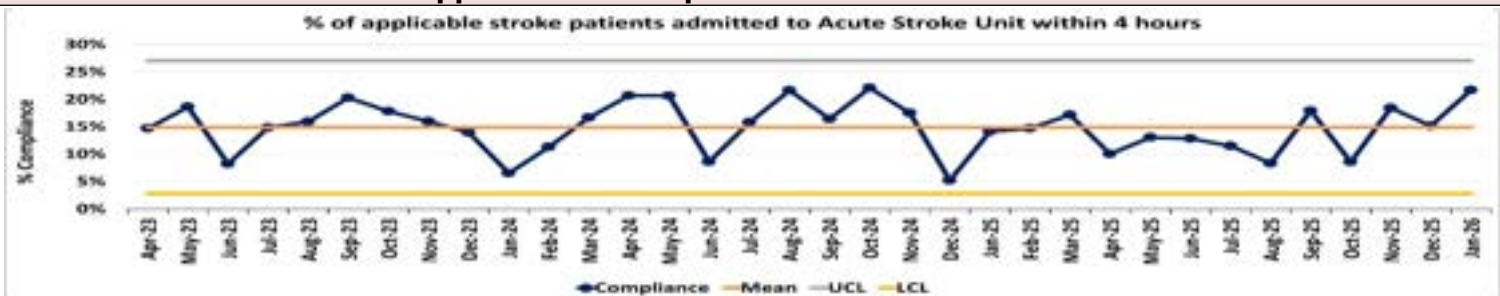
Target - Zero

Feb 2026 – 1,877



% of applicable stroke patients admitted to Acute Stroke Unit within 4 hours

Jan 26 – There were 97 applicable stroke patients with 21 admitted within 4 hours = 21.6%



How are we doing and what are our key concerns?

Ambulance Patient Handover:

- Significant improvement has been achieved over the past six months, with 54% of handovers completed within 15 minutes. However, 225 handovers exceeded the 45-minute threshold. Without improved ED flow, achieving safe handover within 45 minutes remains unrealistic. Corridor care continues to pose patient safety and regulatory risks and increased chair-based care contributes to poorer patient experience, falls and pressure ulcer risk.

Emergency Department (ED) Waits:

- Four-hour performance improved to 62% (target 95%). The number of patients waiting more than 12 hours reduced to 1,877, most of whom were specialty patients. Frail elderly patients continue to experience long waits in chairs, representing a high safety risk.

Stroke Unit Admissions:

- In January, 21.6% of applicable patients were admitted to the Stroke Unit within four hours. Weekly performance varies, although improvement work has accelerated recently. Persistent challenges include ED overcrowding, delays in scanning, and transfer bottlenecks.

What key actions are we taking and when do we anticipate improvement?

Ambulance Handover:

- Strengthened pre-arrival processes through Clinical Navigation Hub review, ePCR checks and risk-assessed handover spaces.
- On arrival, a dedicated triage nurse and senior clinician provide rapid assessment. "Fit to sit" capacity has been expanded and new ambulatory space introduced at POW.
- Flow from ED is supported via specialty assessment units and rollout of STAMP and OPTIMISE. Expected improvements include better admission flow and more reliable capacity management.

12-Hour Waits:

- Development of a 12-Hour ED Action Card.
- Exploration of an SDEC-First model for GP calls at PCH.
- Review of patients waiting beyond four hours, supported by demand and capacity modelling.
- Improvements to transport home processes and data quality - UEC app launching March 2026.
- Increased patient-flow coordinator presence.

Stroke Pathway:

- Daily breach huddles, revised SOPs and a stroke escalation card.
- Placement of a Stroke CNS in ED and use of internal performance targets.
- Transformation Programme is focusing on driving improvements in time to CT and time to Stroke Unit admission.

What are the key risks and mitigations?

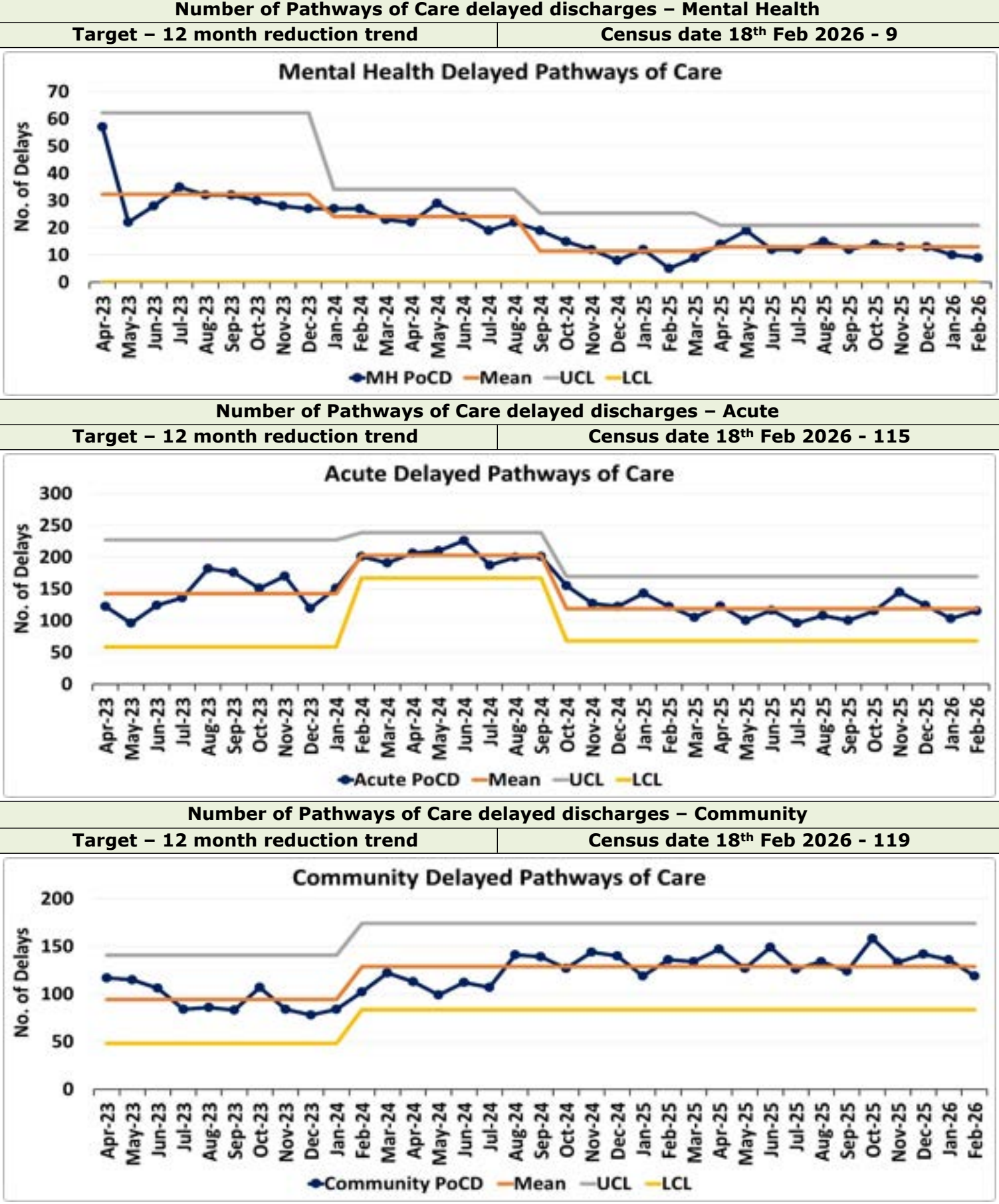
Risks:

- Extended ambulatory waits for frail elderly patients.
- Infection prevention and control pressures, including limited capacity for isolation.
- Complex patient needs (e.g. Learning Disabilities, Mental Health, bariatric).
- Increased risk of pressure ulcers and staff wellbeing concerns.
- Stroke pathway risks include ED capacity constraints, delays in scanning, and inter-site transfers.

Mitigations:

- Deployment of the Ambulance Handover Escalation Card and the Integrated System Escalation Policy.
- Collaboration with WAST for enhanced pre-arrival information.
- Strengthened pressure ulcer prevention measures.
- Daily MDT huddles, refined SOPs and escalation processes for stroke care.

Pathways of Care Delayed Discharges (POCD)



How are we doing and what are our key concerns?

In the February snapshot census, 243 Pathways of Care Delayed Discharges were recorded. This represents a small improvement of 18 patients (7%) compared with the 12-month average and a reduction of 20 patients compared to the same period in 2025.

Delayed discharges continue to place pressure on acute, community and mental health services. Key concerns remain around the timeliness of assessments, the complexity of discharge pathways and capacity across intermediate and community care settings.

What key actions are we taking and when do we anticipate improvement?

Key actions underway include:

- Digitalisation of Nursing Needs Assessments.
- Improved triage processes in discharge hubs.
- Enhanced senior oversight.
- Development of electronic Fast Track assessments.
- Strengthened alignment between PoCD and discharge operations.

These actions aim to streamline decision-making and reduce avoidable delays.

What are the key risks and mitigations?

Key risks:

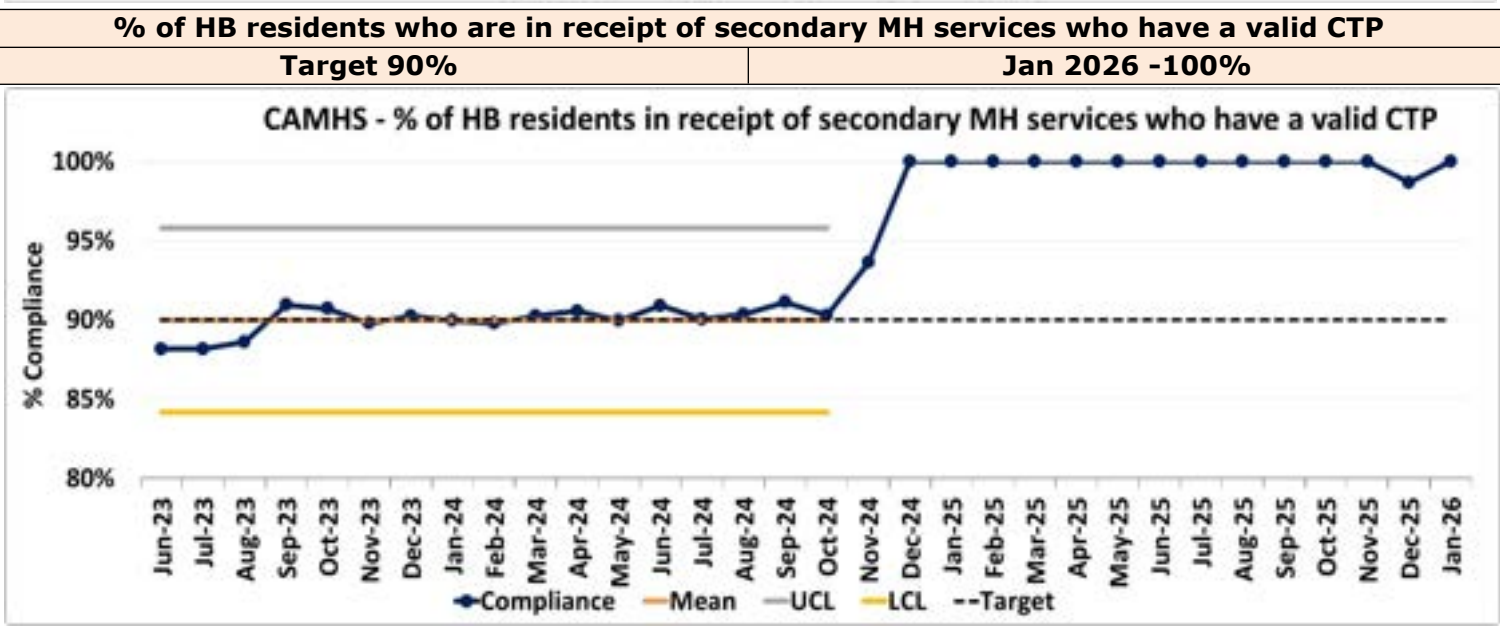
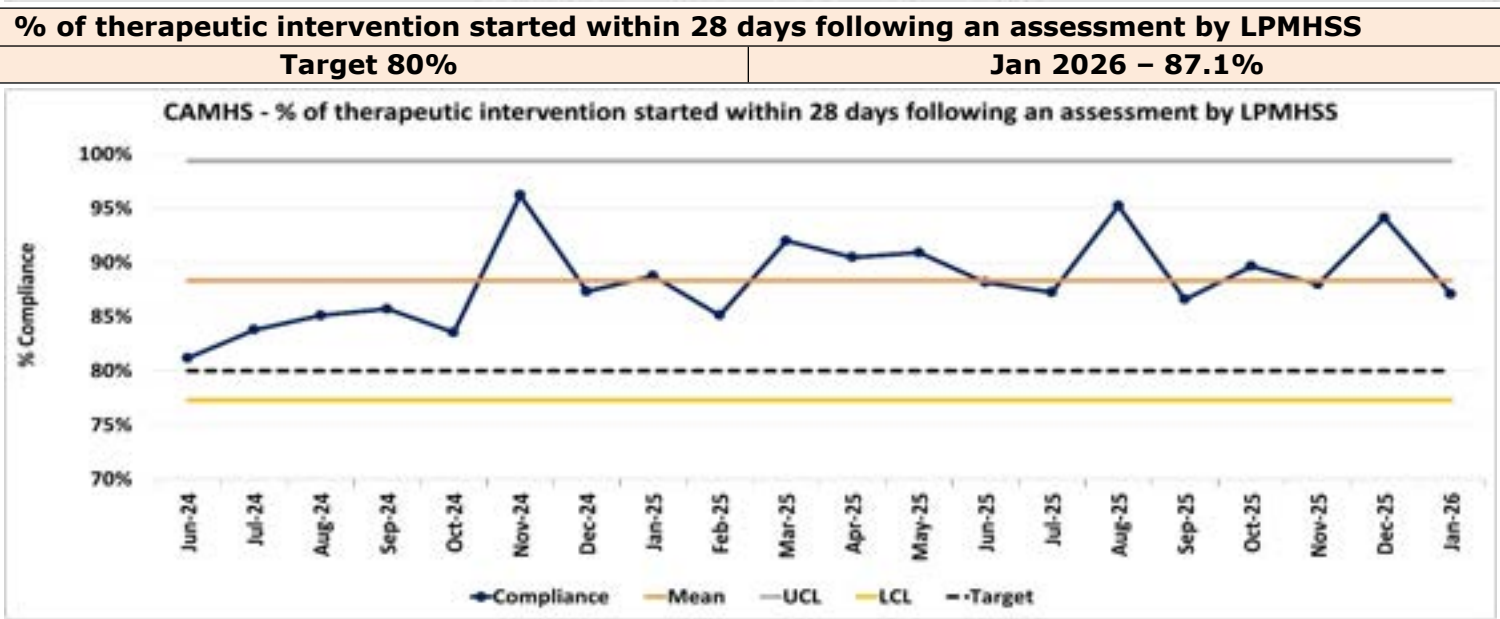
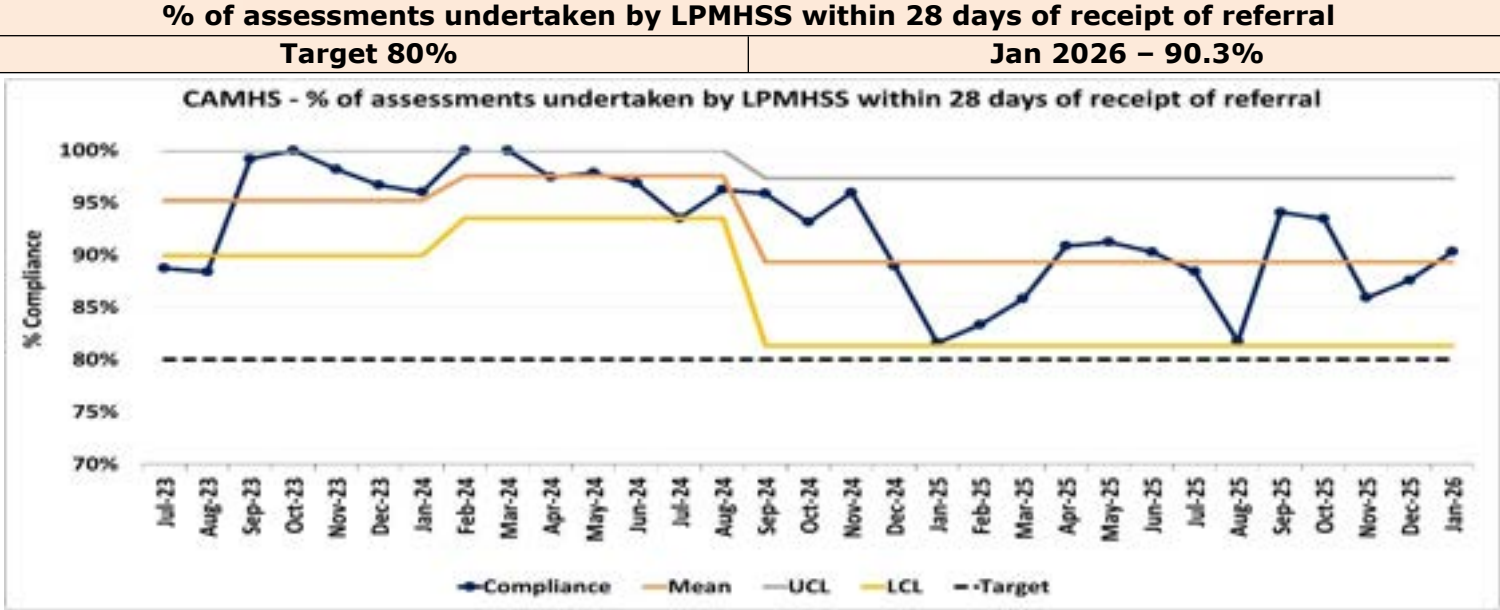
- Limited community capacity.
- Inconsistent process adherence.
- Operational pressures.
- Delays in key assessments.

Mitigations include:

- Enhanced escalation routes.
- Daily flow monitoring.
- Digital process improvements.
- Strengthened cross-partner working.

CTMUHB Mental Health & Learning Disabilities Care Group

Child and Adolescent Mental Health Services (CAMHS)



How are we doing and what are our key concerns?

Performance across all areas of the CAMHS service has demonstrated sustained improvement since 2023, with compliance consistently exceeding Welsh Government targets.

Part 1a:

- During January, the service received 149 referrals for assessment, closely aligned with the 12-month average of 153. Performance monitoring is undertaken in real time to maintain compliance.

Part 1b:

- Demand for interventions continues to be managed effectively. A total of 93 interventions were delivered in January, compared with a 12-month average of 79 with capacity and demand closely monitored.

Part 2:

- The caseload audit undertaken at the end of last year has driven improvements in the quality and consistency of CTPs. Use of the CTP audit tool is now embedded in regular practice. The current caseload stands at 146 with 100% compliance.

What key actions are we taking and when do we anticipate improvement?

The improvement action plan and performance trajectory introduced in 2024 continues to deliver sustained compliance across all three areas of the Mental Health Measure. Key actions include:

- Continued development of local therapeutic groups in partnership with third-sector organisations.
- Ongoing engagement with the SilverCloud digital platform.
- Active participation in All-Wales coordination forums.
- Use of real-time dashboards to monitor waiting times and performance.
- Rapid deployment or reallocation of staff if emerging demand pressures are identified.
- Bi-monthly performance meetings with NHS Performance and Improvement colleagues to reinforce sustainable delivery.

What are the key risks and mitigations?

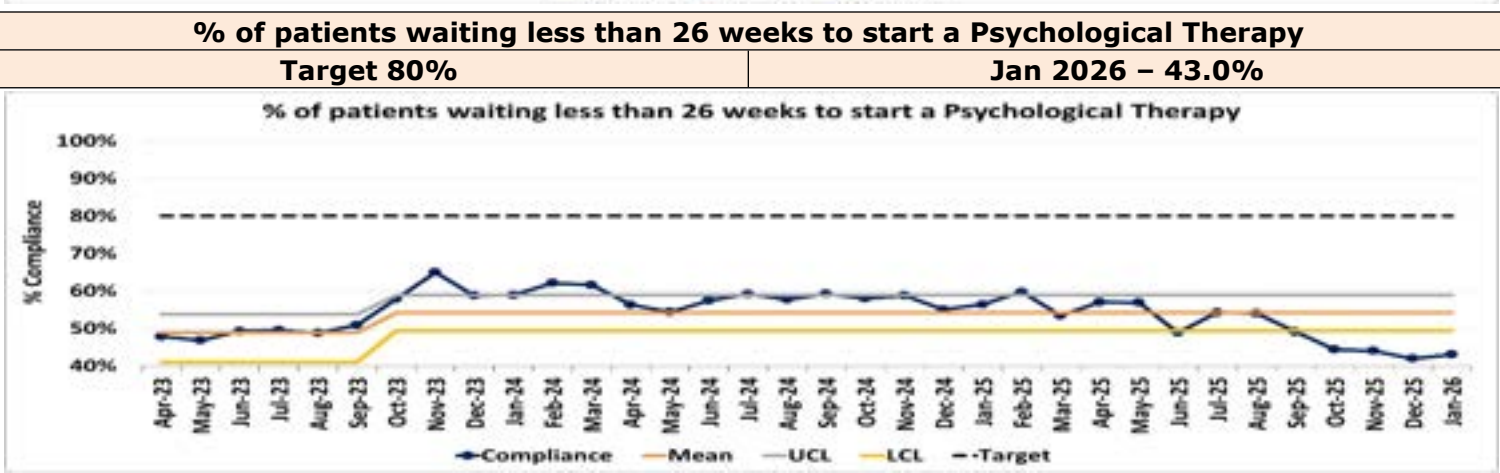
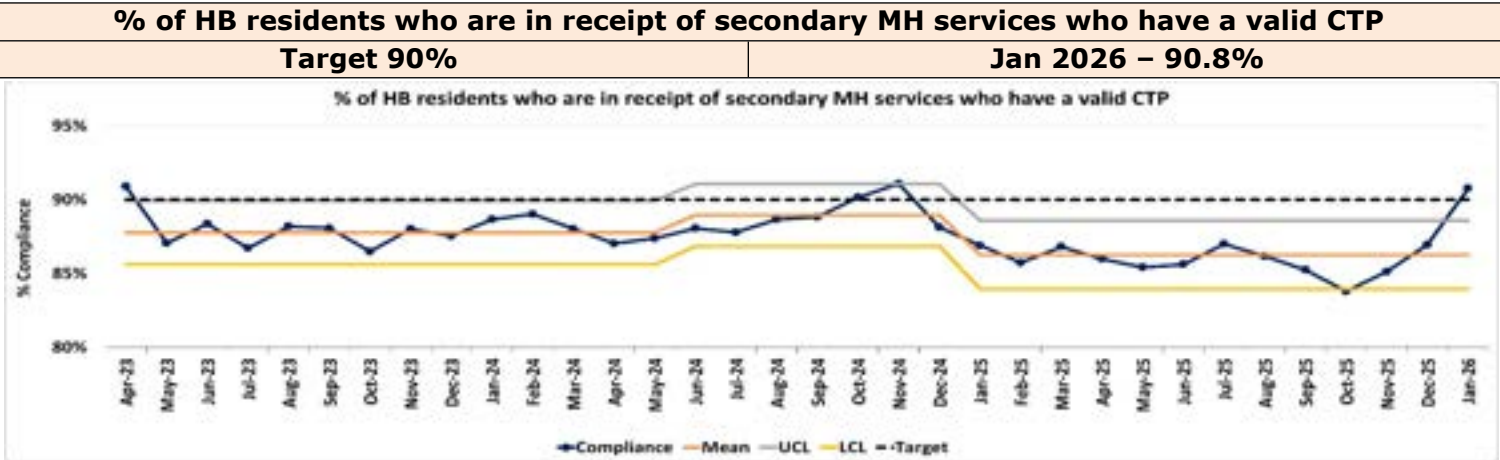
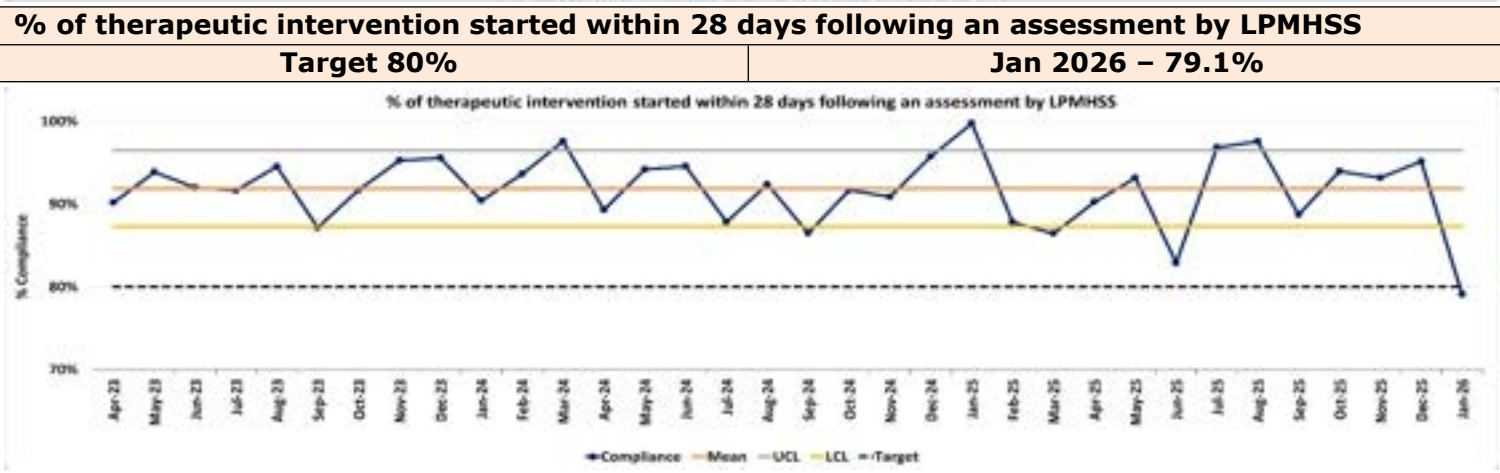
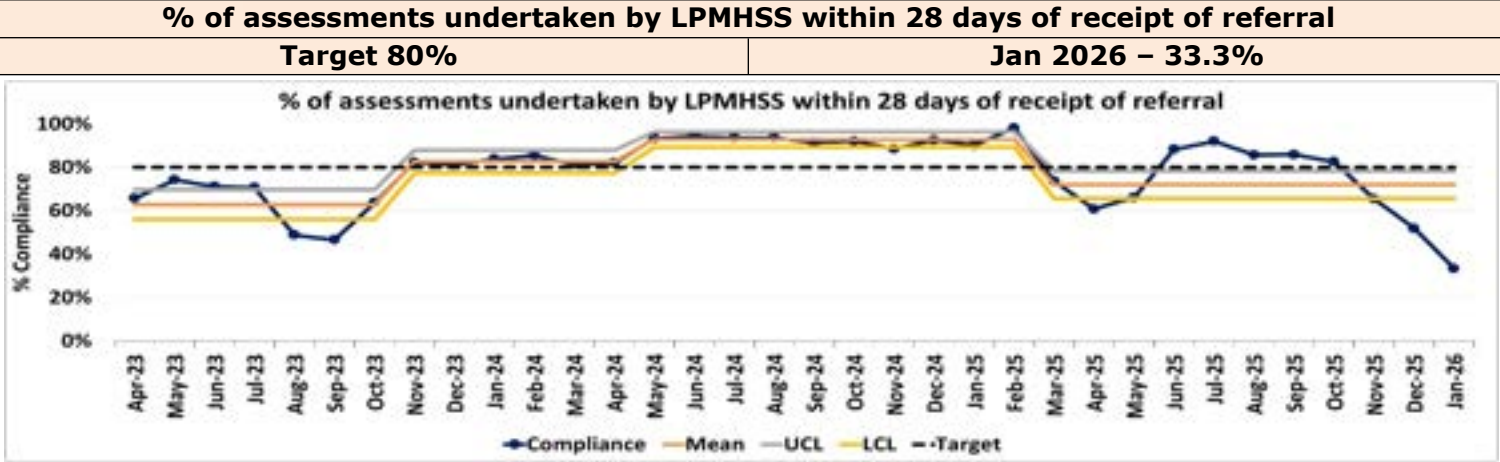
The service continues to experience fluctuations in demand, which may adversely impact waiting times for assessment and treatment. Rising clinical acuity is also reported and may influence future capacity requirements. Mitigating factors include:

- Historically low sickness rates and stable staffing levels exist within community CAMHS teams with strong recruitment progress and few or no current vacancies.
- Seasonal variation considerations, particularly in August and September, when annual leave reduces available capacity for assessments.

These factors collectively strengthen resilience and support the maintenance of compliance despite variations in demand.

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services



How are we doing and what are our key concerns?

- Part 1a**
- Performance remains below expected levels. While historically strong, with 16 of the previous 22 months above target, six of the past 12 months have fallen short. Performance has deteriorated since November 2025, with January showing only 33.3% compliance. Both administrative and clinical capacity constraints continue to limit delivery.
- Part 1b**
- Compliance, previously stable, has sharply declined. The introduction of updated processes for activity recording is planned for March to improve accuracy and oversight.
- Part 2**
- Performance has strengthened in recent months, reaching 90.8%. However, fluctuations over time suggest that the system is not yet fully stable or predictable.
- Psychological Therapy**
- Performance remains well below expected levels at 43%, with a clear downward trend over the past six months. Monthly figures continue to fluctuate and show no sustained signs of improvement.

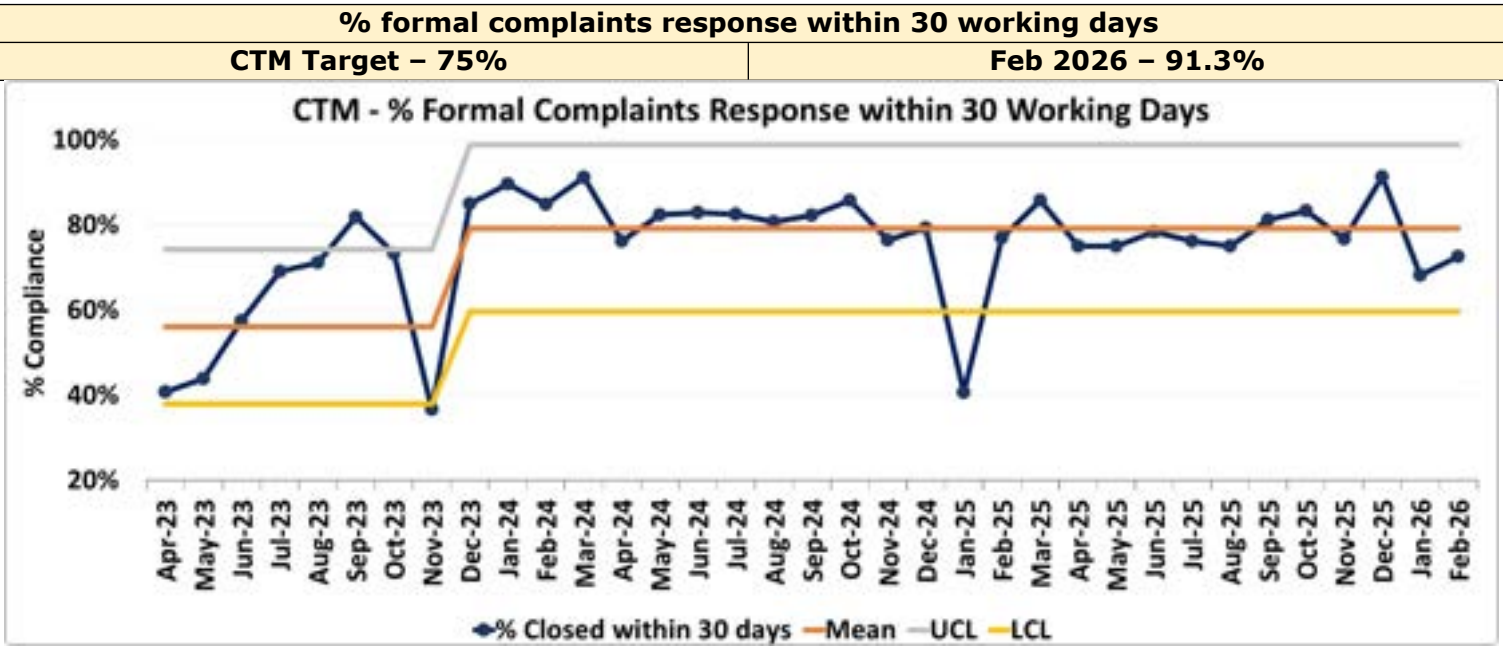
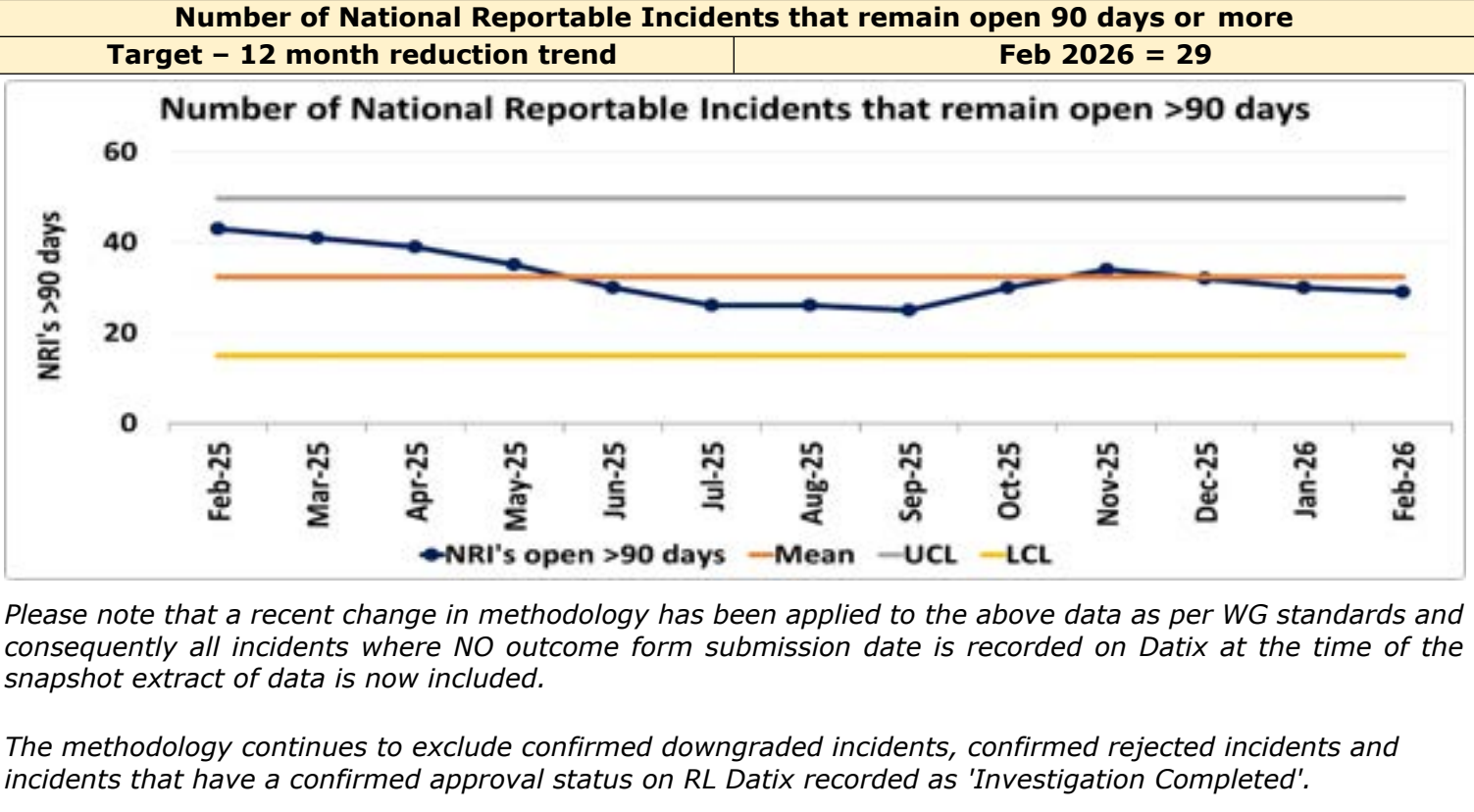
What key actions are we taking and when do we anticipate improvement?

- Part 1a**
- Additional administrative support is being sourced through bank recruitment and fixed-term posts. Early uptake of weekend working is helping increase clinical capacity.
- Part 1b**
- A new intervention coding system will go live in early March to improve reporting accuracy and enable better waiting list oversight.
- Part 2**
- Additional clinical review sessions held in January. 88 out-of-compliance patients and care coordinated by medical staff, identified and invited for review. Following review patients transferring to CPNs and ANPs to support improved allocation and continuity.
- Psychological Therapy**
- Group therapy backlog is reducing, with scheduled sessions running to plan.
 - Longest waiters are now being allocated appointments.
 - Therapist job plan updates are on track for completion by 31 March 2026.
 - Recovery trajectories are under development and aligned to organisational priorities.

What are the key risks and mitigations?

- Part 1a**
- Risk - Significant deterioration since November 2025.
 - Mitigation - Weekly performance reviews to assess impact of actions.
- Part 1b**
- Risk - Short-term impact of new processes is uncertain.
 - Mitigation - Strengthened weekly oversight to monitor compliance.
- Part 2**
- Risk - Sustainability of recent improvements remains unconfirmed.
 - Mitigation - Additional clinics and revised care coordination to support stability.
- Psychological Therapy**
- Risk - Performance remains well below target.
 - Mitigation - Weekly oversight of waiting list initiatives and service developments.

CTMUHB Safe Services



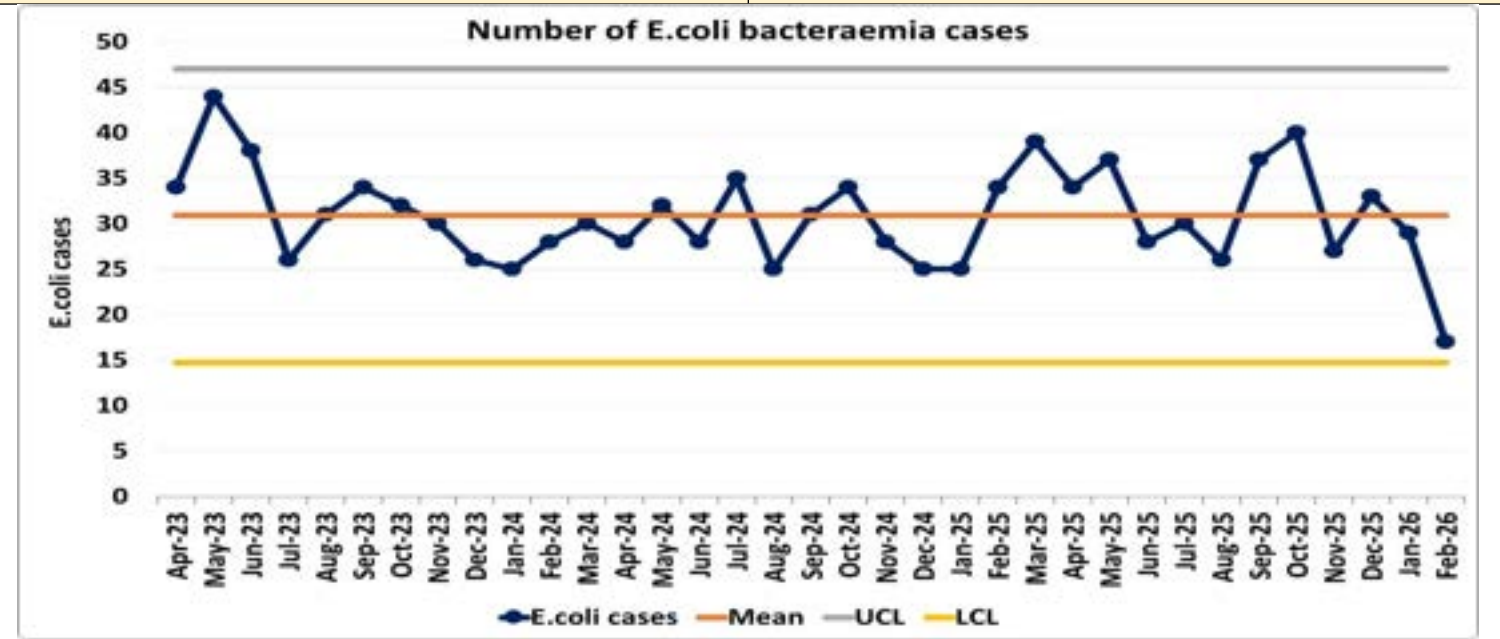
- How are we doing and what are our key concerns?
- At the February 2026 census point, a total of 29 NRIs remain open beyond the 90-day threshold.
 - Over the past 12 months, 125 NRIs have been reported to the NHS Performance & Improvement Team.
 - Formal complaints have risen significantly, with 69 received in February; 30% higher than the monthly average of 40.
 - Across the year, 477 formal complaints were submitted, 74% of which relate to clinical treatment and assessment. Compliance with the 30-working-day response target has dipped to 73%, largely due to preparatory work for the implementation of the new “Listening to People” initiative.
 - Updated concerns legislation, including new Listen to People (LTP) guidance, will take effect from April 2026. The Once for Wales Datix system is undergoing upgrades to reflect these changes, due for completion by 1st April. During transition, ongoing concerns will follow existing processes, while new submissions will align to revised standards.

- What key actions are we taking and when do we anticipate improvement?
- Continued focus on concluding NRI investigations promptly to ensure timely outcomes for patients and families.
 - Strengthening of concerns triage processes to improve response timeliness.
 - A task-and-finish group is reviewing and updating SOPs in line with new legislation and guidance.
 - Restructuring of the Concerns and PALS teams is underway to support improved service delivery.
 - Collaboration with Digital/Information teams is supporting the development of interactive dashboards for enhanced monitoring and oversight.

- What are the key risks and mitigations?
- Risks:
- Rising volume of formal complaints and unresolved concerns.
- Mitigations:
- Additional operational and centralised support has been deployed to manage increased triage demand.
 - Strengthened oversight is helping maintain service continuity during legislative transition.

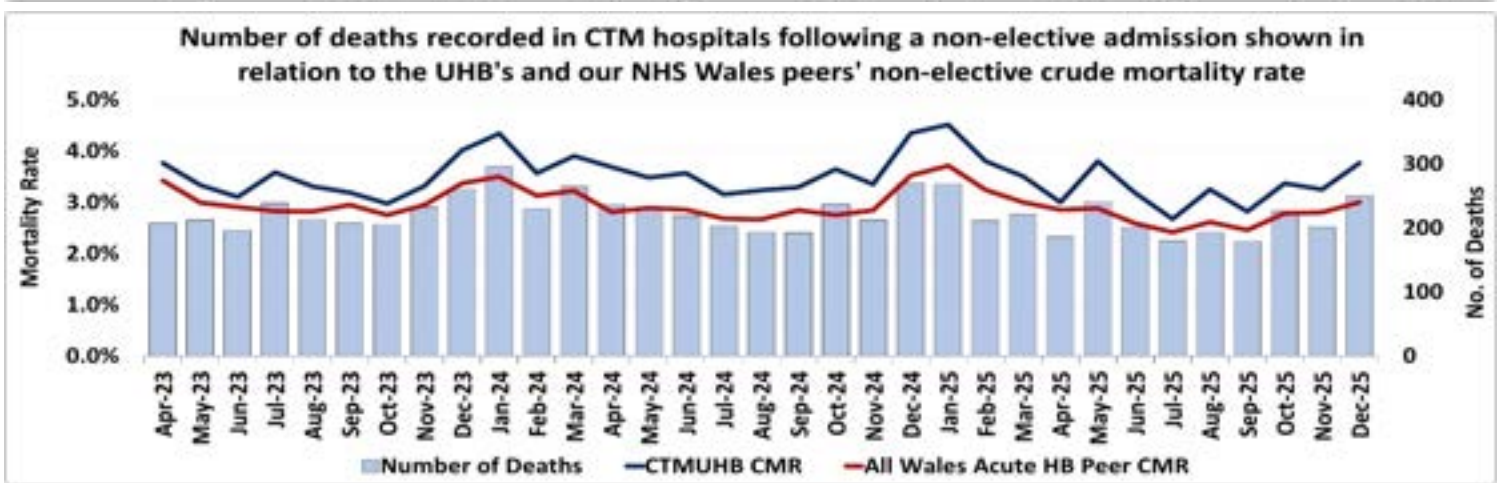
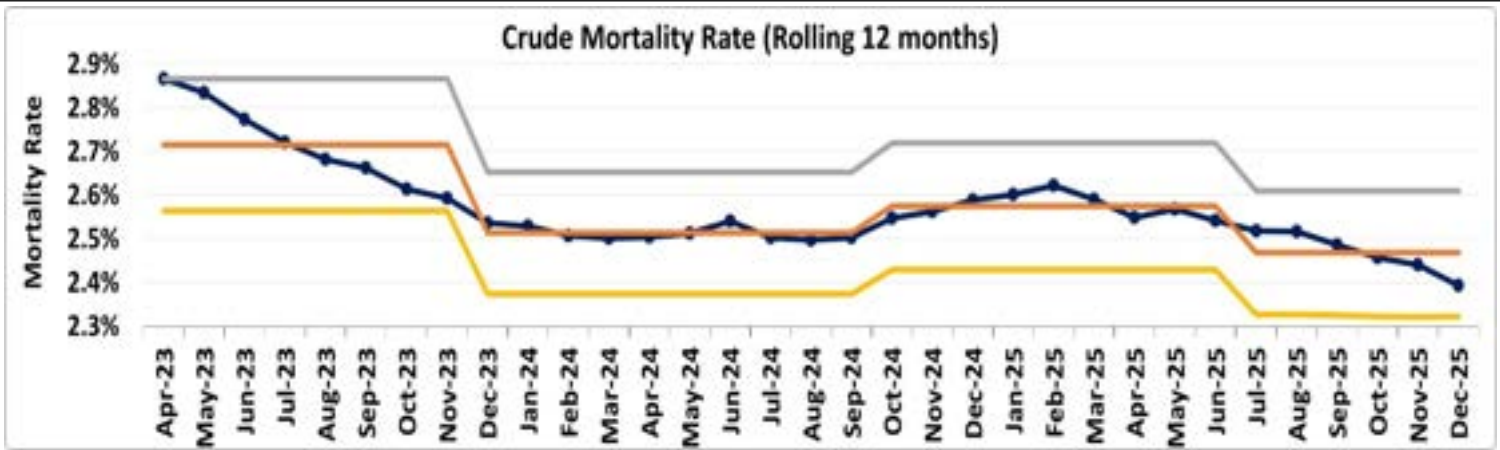
CTMUHB Safe Services

Laboratory confirmed bacteraemia cases of E.coli	
Target – No more than 67 per 100,000 population per annum	Apr 25 to Feb 26 = 82.72 (per 100,000 pop.)



In the CTMUHB area, 338 E.coli have been reported during the period April 2025 to February 2026. This is 13 more cases than the equivalent period of 2024/25. The provisional rate per 100,000 population for 2025/26 is 82.725, which is higher than the all Wales rate of 68.65.

CTMUHB Crude Hospital Mortality Rate
Rolling 12 month crude mortality rate (Jan to Dec 2025) is 2.39%



How are we doing and what are our key concerns?
- Community onset cases account for 84% of all specimens, with many associated with urinary catheters. The majority of the 55 HO cases were deemed unavoidable. - Compared to 2024/25, the HB has seen a 7.5% rise in community-onset cases, while hospital-onset cases have reduced by 20%. - The IPC team continues to work with colleagues to strengthen its understanding of urinary catheter management across community and inpatient settings.
What key actions are we taking and when do we anticipate improvement?
- A catheter passport is fully in use in the community, with work underway to increase the use in inpatient areas. IPC and Bladder & Bowel teams are exploring strengthened collaboration. - ANTT (Aseptic Non-Touch Technique) training is not yet mandatory for all professions; improving compliance with IPC mandatory training (currently 78.6%) is a priority. - Plans are developing to create a learning matrix for all HCAs, supported by thematic analysis and potentially recorded via ICNet allowing the data to be analysed by the epidemiologist.
What are the key risks and mitigations?
Increased focus is required on community-onset cases, with strengthened epidemiology and PHW involvement. Joint working between Community IPC and Bladder & Bowel teams will be critical to addressing rising community-onset cases.

The Health Board’s crude non-elective mortality rate has reduced from 3.5% during 2023 & 2024 to 3.2% in 2025. Elective crude mortality has remained stable at 0.2% across the same period.

Over these 3 years, inpatient activity has remained consistent at approximately 111,000 spells annually. However, the proportion of elective spells increased from 30.4% in 2024 to 32.3% in 2025.

These 2 factors explain the majority of the cause of the reduction in the overall crude mortality rate.

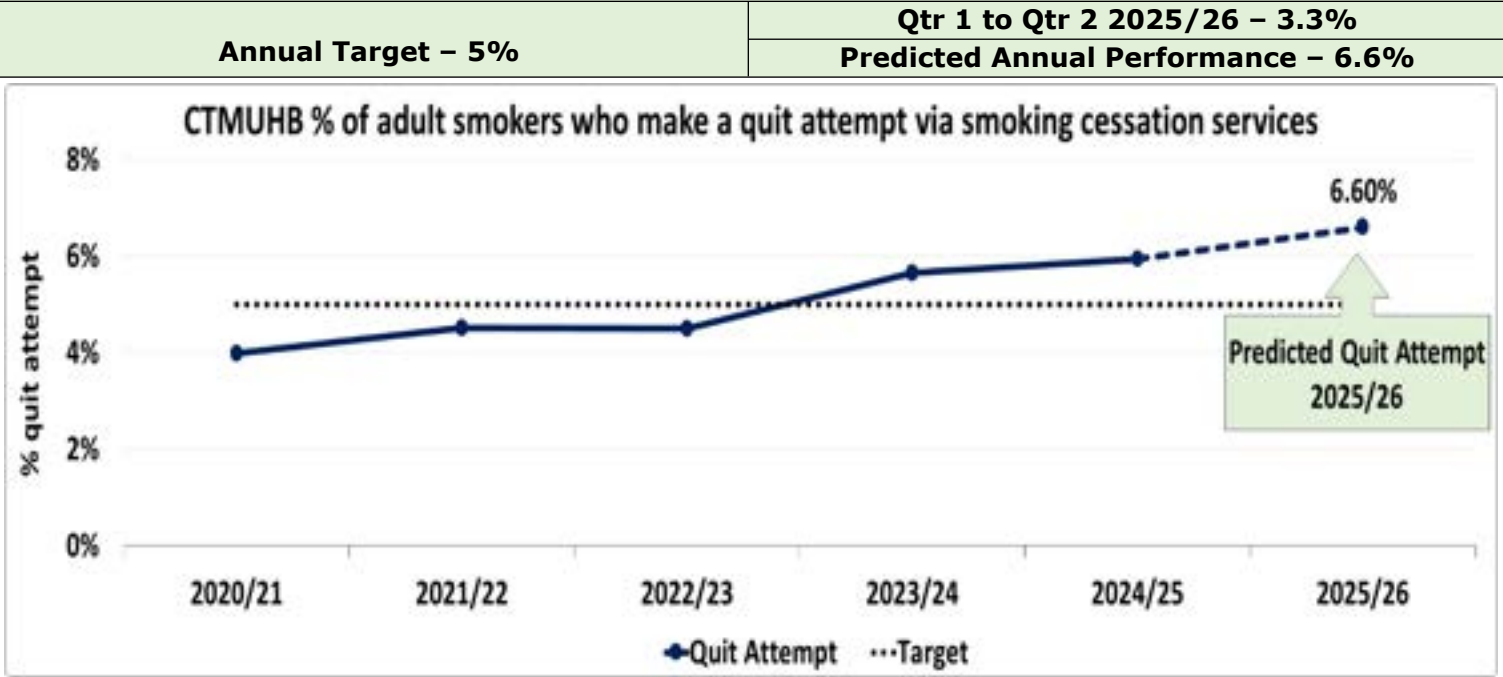
Clinical practice changes are also influencing mortality indicators - increased admission of patients presenting via Emergency Departments has resulted in lower ED crude mortality, but higher inpatient crude mortality.

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



% of adult smokers who are CO-validated as quit at 4 weeks

Annual Target – 40%		Qtr 1 to Qtr 2 2025/26 – 9.97%

Qtr 1 to Qtr 2 - 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	
1,514	151	
3.30%	9.97%	

Quarter 3 data is expected to be available for the next report

How are we doing and what are our key concerns?

- Health Board Help Me Quit (HMQ) services are on track to exceed 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.

CO-validated quit target

- Meeting the CO-validated quit target remains challenging due to the high proportion of virtual appointments, where CO readings cannot be taken. Approximately 90% of clients prefer telephone appointments, and 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. Combined self-reported and CO-validated quit rates for Q1–Q2 currently stand at 50%.

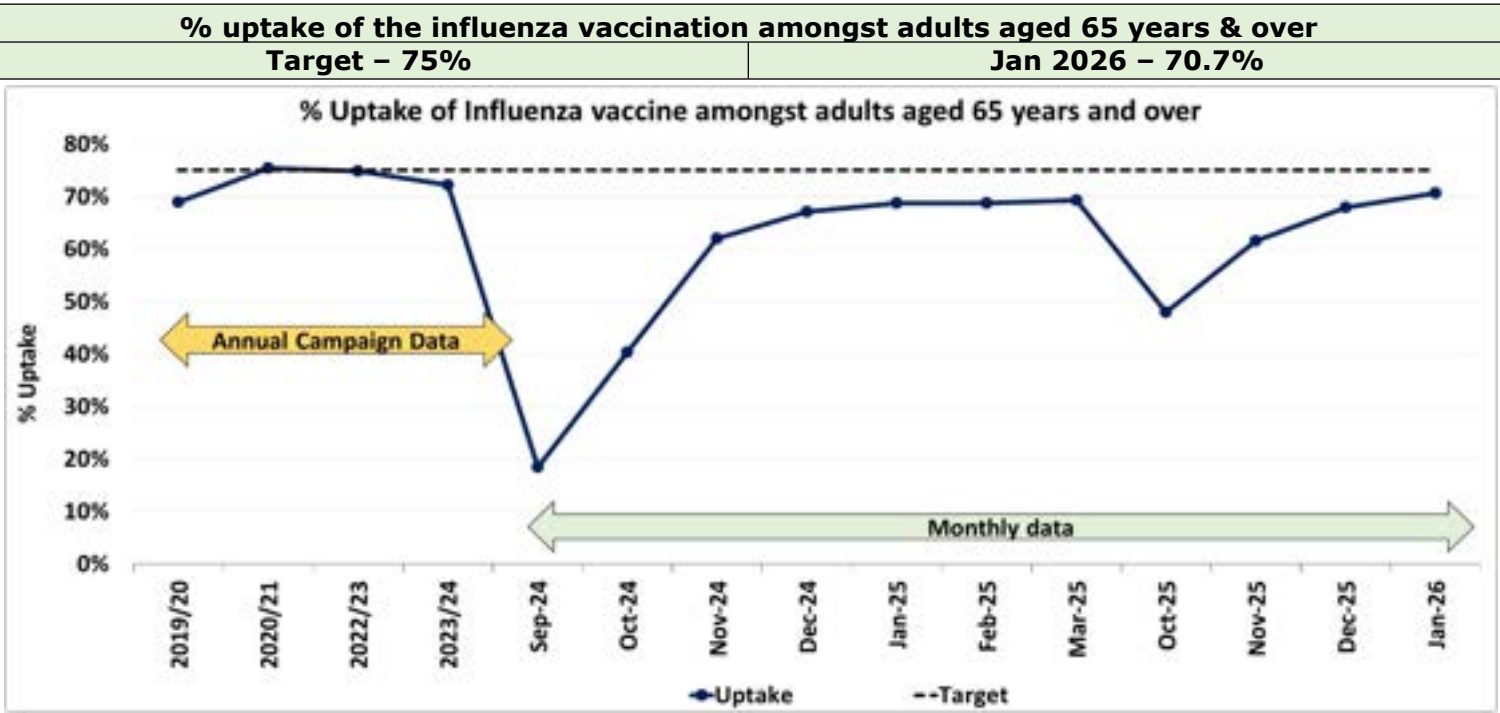
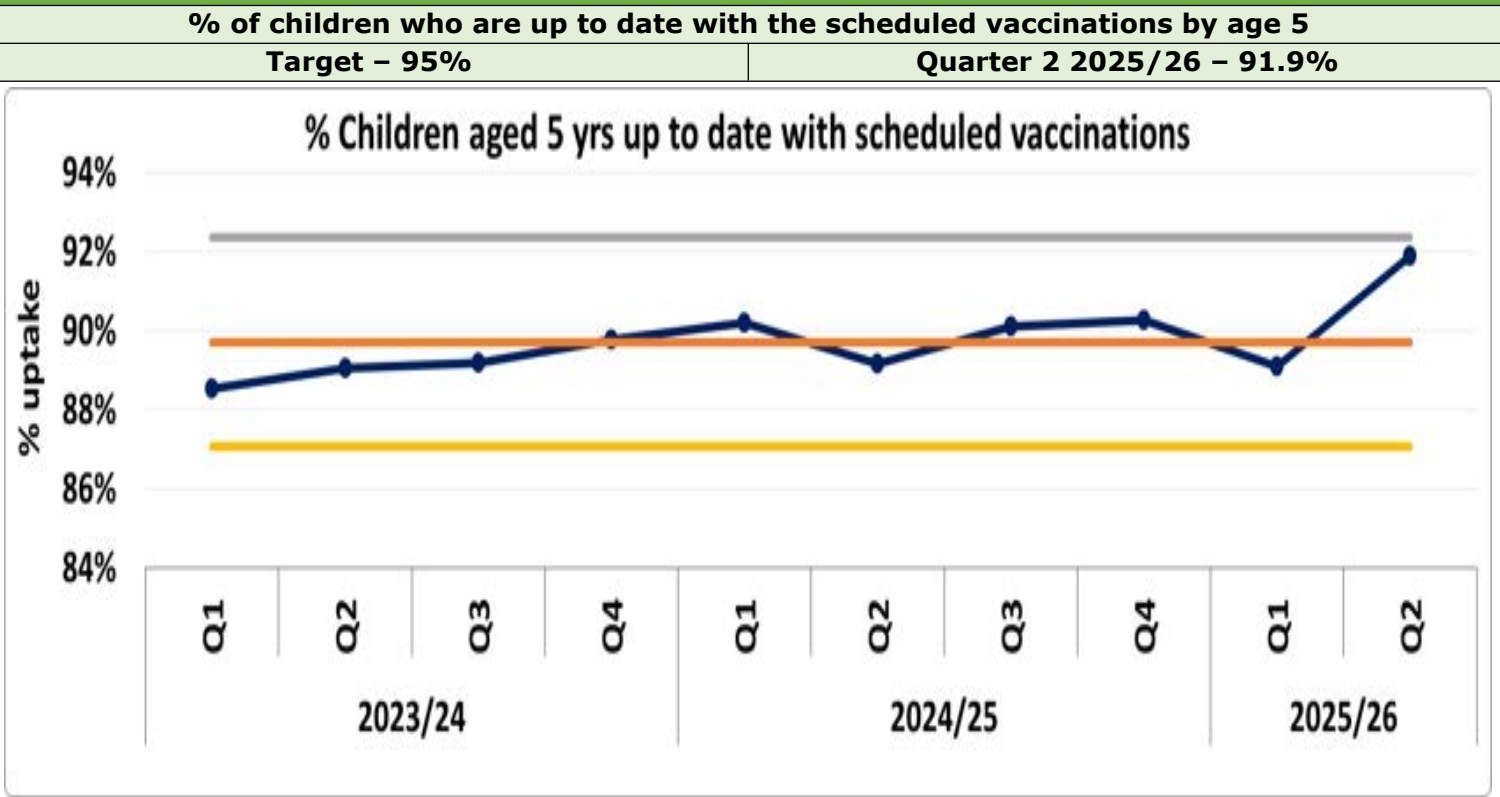
What key actions are we taking and when do we anticipate improvement?

CO-validated quit target

- A proposed change to the national HMQ Community Pharmacy specification is expected to support improved CO validation, but the implementation date remains unconfirmed.
- 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 further increase numbers of treated smokers. Achieving the Welsh Government ambition of reaching 5% smoking prevalence by 2030 will require a reduction from nearly 46,000 to 18,000 smokers over the next 4 years. Achieving such a reduction will require significant further resource. It should be noted however that reaching 5% smoking prevalence would yield significant improvements in population health with resultant reductions in healthcare activity.
- It is anticipated that Welsh Government may increase 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 has already started planning for how this could be achieved.



- How are we doing and what are our key concerns?**
- MMR uptake – 95% uptake of 2 doses of MMR is needed to prevent transmission. Smaller outbreaks of measles have been identified in Wales in the past few years. Changes to the MMR vaccination programme include Varicella being included as routine and a change of age eligibility from 01/01/2026.
 - Influenza for 2 & 3 year olds – uptake of Flu vaccine for this group is lower than target. Increase is needed to support their health protection and that of the wider community.
 - Influenza vaccination target – challenges remain to achieve the ambitious targets for all groups including those aged 65 and over.
- What key actions are we taking and when do we anticipate improvement ?**
- MMR uptake – From 01/01/2026, the second phase of childhood changes (replacing MMR with MMRV in the routine schedule for children born on or before 31/12/2019) has been implemented with sharing of resources and training carried out in preparation for this.
 - Influenza 2 & 3 year olds – Additional 'Mop up' sessions after the school campaign held in community vaccination centres took place in December & January. Vaccinating this group is essential to protect our older and vulnerable population.
- What are the key risks and mitigations?**
- MMR uptake - Needs to be maintained to avoid outbreaks. Practice queue lists will be monitored to check uptake is not affected by the changes to programme.
 - Influenza 2 & 3 year olds - Risk of children and the wider community being affected by flu outbreaks - the effect of mop up sessions will be monitored.
 - Influenza vaccination target - Risk that eligible individuals do not have access to flu vaccination - increasing awareness and access will be monitored by uptake data and working with community leaders.

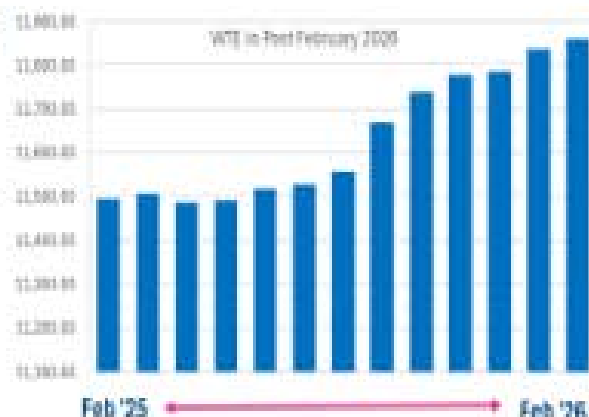
People Metrics Dashboard: February 2026

GETTING THE BASICS RIGHT



CTM employs **13,635** staff in post (SIP), equal to **11,860.05** whole time equivalent (WTE).

We have grown by **3.08%** (Feb 25 to Feb 26)



The biggest % increase in WTE is in Estates & Ancillary Staff Group by **7.77%** (Feb 25 to Feb 26)

25% of the workforce are aged 55 & over (Feb 26)

43% of Estates & Ancillary Staff Group are aged 55 & over (Feb 26)

Average age is **44 years**



GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **72.1%** (Feb 26) ●

The target for PDR Compliance is **85%**



Return to Work compliance is **60.57%** (Jan 26) which has increased from **57.03%** (Jan 25) ●

Statutory and Mandatory Training Compliance in Feb 26 for Level 1 is **81.5%** and ALL Levels of Training is **75%** ●

The target for all Statutory and Mandatory Compliance is **85%**

● Improved Performance ● Static Performance ● Decreased Performance



MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover
Rolling 12-month turnover has reduced from **10.16%** (Feb 25) to **8.30%** (Feb 26)

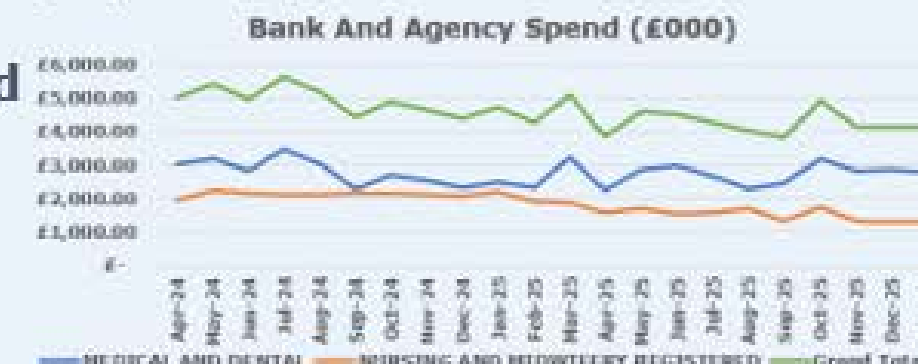


Area with the highest turnover: **Estates & Ancillary (12.18%)**

Top reasons all Staff Groups: **Retirement & Voluntary Resignation**

Bank & Agency Spend

Bank & Agency spend (Jan 26):
M&D was **£2.8** ●
NMR was **£1.4m** ●



Lateral Moves Scheme 346 eligible requests & 115 successful moves since launch (Feb 2024)



AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **8.34%** (Jan 26) which is **987** WTE lost in month. This is compared to **8.04%** (Jan 25). Rolling 12-month is **7.37%** (Jan 26) ●

36.0% of sickness (Jan 26 in mth) due to **Anxiety/Stress/Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Estates & Ancillary (12.21%)**

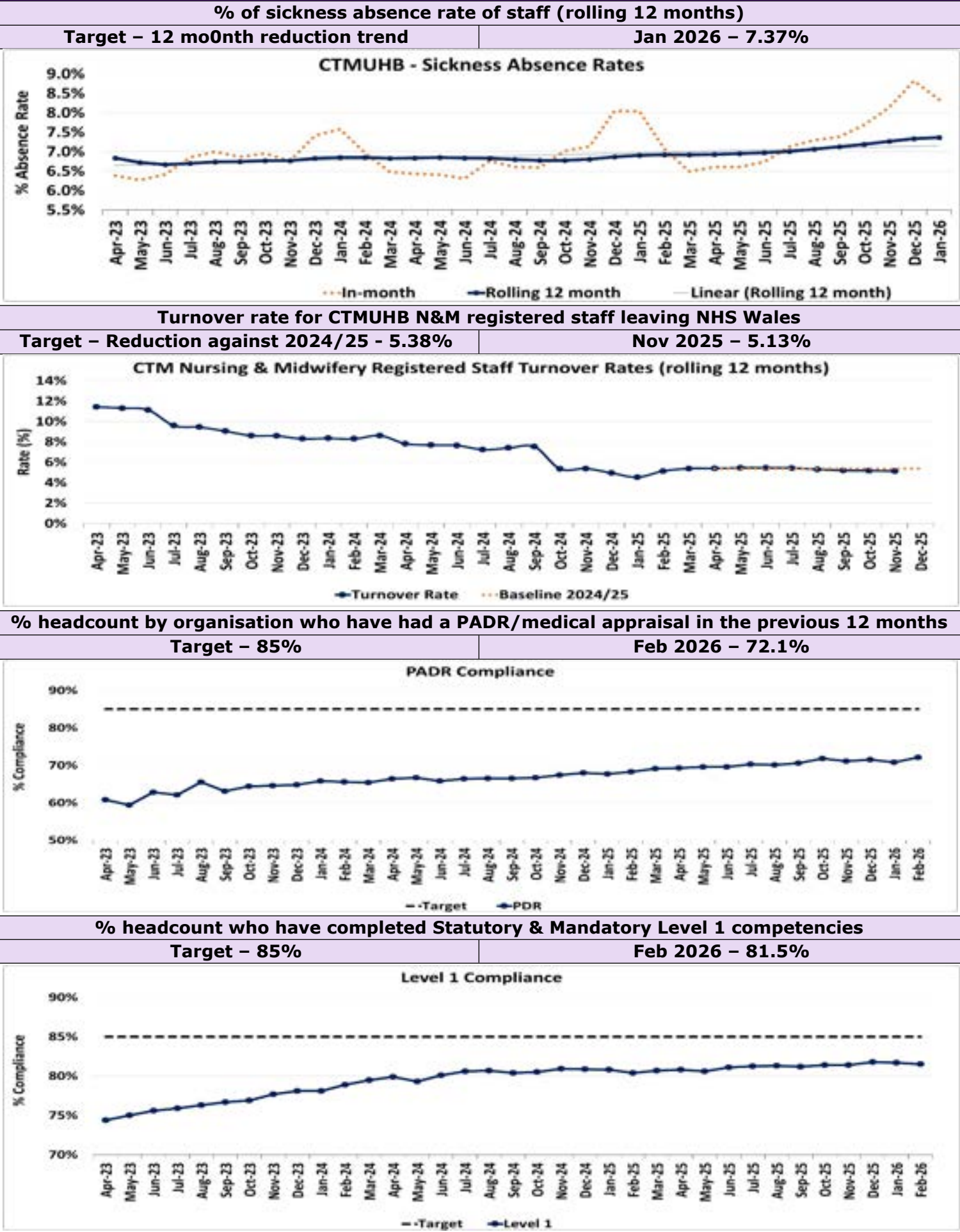


Gender Pay Gap (Mar 25):
Median Hourly Pay Gap is **12%**, which remains static
Mean Hourly Pay Gap is **27.5%**, a slight increase from last year ●



Staff Engagement 2025 Response rate is **35.6%** ●

CTMUHB Workforce Metrics



Sickness Absence – How are we doing and what are our key concerns?

The rolling 12-month sickness absence rate for Jan 2026 is 7.37%, an increase from 6.91% in Jan 2025. An internal target has been set to reduce sickness absence by 1% by Oct 2026 (target 5.98%). Return to Work (RTW) compliance has improved to 60.6%, but high sickness levels continue to impact workforce availability, productivity, temporary staffing spend and staff wellbeing.

Key actions and anticipated improvement

- Continued delivery of the Health & Wellbeing programme, including new management tools to support effective absence management.
- Internal audit of Medical & Dental sickness recording underway to identify hotspot areas and improve accuracy. Plans in place to manage absences over 12 months, with targeted support for cases 6–12 months. Targeted case support to commence for cases less than 3 months.
- Manager guides launched Mar 2026 covering RTW interviews, sickness prompts and recording.
- Occupational Health survey and focus groups running Jan – Mar 2026.
- Rollout of updated Managing Attendance training from Feb 2026.
- Increased governance - regular reporting to Executive Leadership and Care Group meetings.

Key risks

- Failure to reduce sickness rates may impact wellbeing, workforce capacity, temporary staffing needs, morale, productivity, team resilience and retention.

Turnover – How are we doing and what are our key concerns?

Rates in the graph are N&M leaving NHS Wales from HEIW reports. Updates below are for staff leaving CTM (Feb 2026 data).

Turnover has reduced from 10.2% in Feb 2025 to 8.3% in Feb 2026. Focus remains on delivery of the All-Wales retention plan and understanding retention insights as dashboards continue to develop. Concerns include the ageing workforce, potential retirement increases, pensions changes and interactions between sickness levels and retention.

Key actions and anticipated improvement

- Targeted retention interventions and strengthened workforce planning.
- Alignment with wellbeing strategy and sickness absence actions.
- Ongoing engagement with student nurse and midwife recruitment pipelines.
- Career development support via Corporate Nursing and the Academy - a new framework in development.
- Pastoral and career support sessions ongoing.
- Expansion of internal mobility through the Lateral Moves Scheme and Jobs & Opportunities Hub.
- Improved workforce data through People Analytics.
- Increased scrutiny of agency use (Dec 2025 onwards) to manage reliance on temporary staff.

Key risks

- High turnover risks ongoing staffing instability, higher recruitment costs, increased temporary staffing spend, increased pressure on teams and loss of skills needed for effective workforce planning.

PADR & Core Learning – How are we doing and what are our key concerns?

PADR compliance is 72.1% (Feb 2026), improving, but still below the 85% target. Some areas show strong improvement (e.g. Facilities increasing from 57.5% to 79.0%). Level 1 training compliance is 81.5% with overall training compliance at 75% - below target. Concerns relate to safety, assurance and gaps in training coverage.

Key actions and anticipated improvement

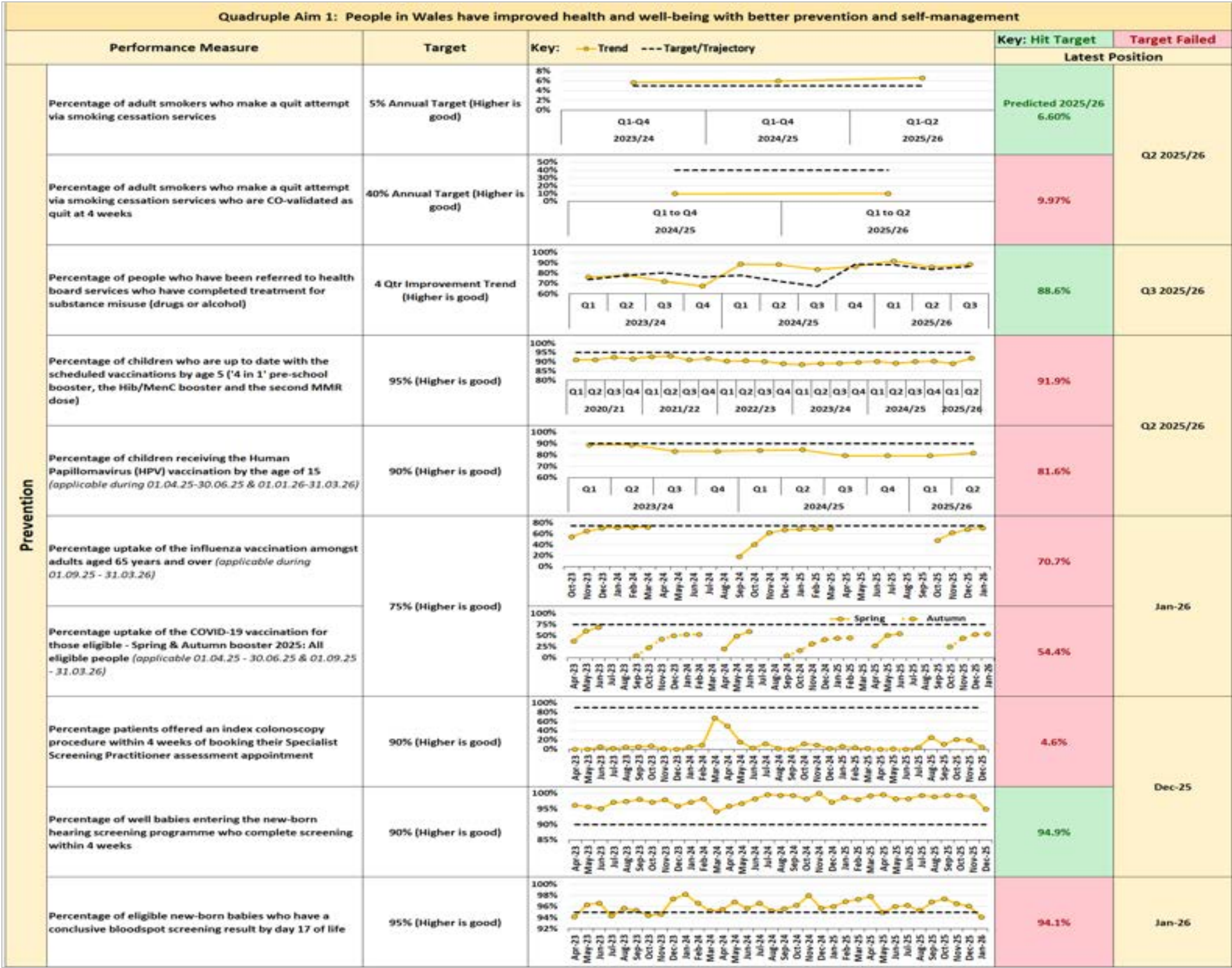
- Focus on low-compliance areas through Care Group performance reviews.
- PADR quality audits to improve meaningfulness of performance conversations.
- Embedding PADR training in Ignite Management Essentials.
- CTM Core Learning Review underway with a workshop planned for April 2026.
- Improved governance for approval of new training.
- Development of CTM-specific training modules.
- Condensed Violence & Aggression training to ensure relevance to roles (launch 1st April 2026).

Key risks

- Risks include misalignment with strategic objectives, reduced morale, retention challenges, gaps in development pathways, delayed pay progression and compromised safety assurance.

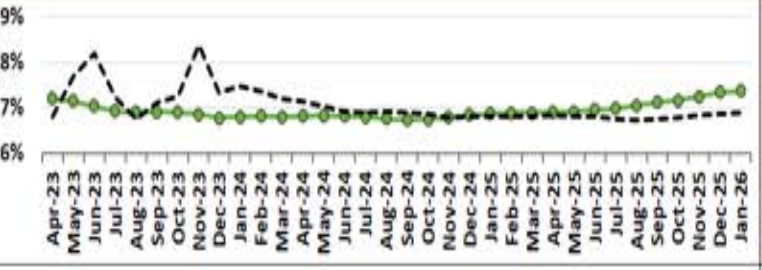
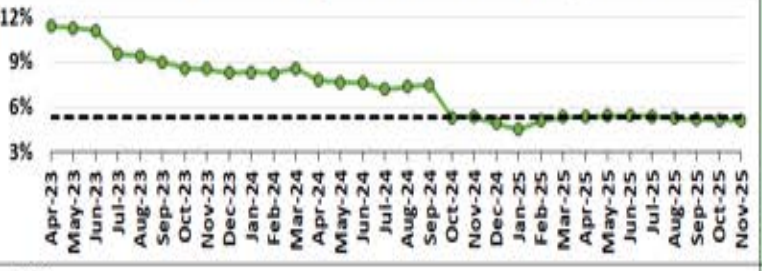
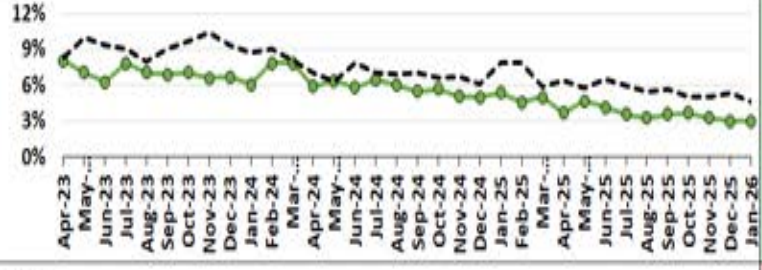
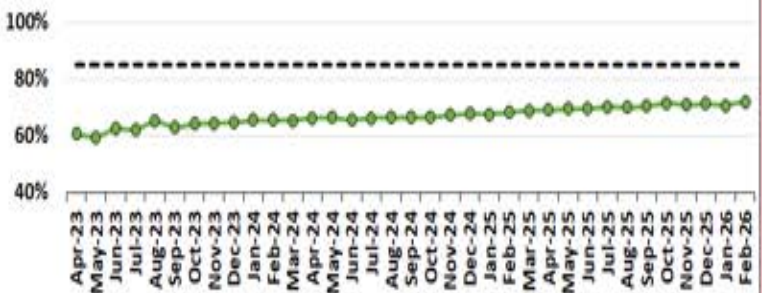
2.2 Appendix 1.

Welsh Government Performance Framework Indicators
Quadruple Aim



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: Hit Target Target Failed	Latest Position
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for 16 hours	100%		95.5%	2024/25
	Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year (Higher is good)		50.3%	Jan-26
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026 (Higher is good)		117.1%	Apr 2025 - Jan 2026
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year (Higher is good)		3,207	Dec-25
	% 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)		90.3%	Jan-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)		33.3%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHS (for those age under 18 years)	80% (Higher is good)		87.1%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHS (for those age 18 years and over)	80% (Higher is good)		79.1%	
Access Hospital Services Quickly	Median emergency response time to Purple (Arrest) Calls	4-6 minutes median (Lower is good)		07:15	Feb-26
	Median emergency response time to Red (Emergency) Calls			09:54	
	Median emergency response time to Orange (Now) calls	12 Month Reduction Trend (Lower is good)		01:26	Jan-26
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less (Lower is good)		12	Feb-26
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less (Lower is good)		64	

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: Hit Target Target Failed	Latest Position
Access Hospital Services Quickly	% 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	Improvement compared to the same month in the previous year, towards the national target of 95% (Higher is good)		62.0%	Feb-26
	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	Reduction compared to the same month in the previous year, towards the national target of zero (Lower is good)		1,877	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend towards a national target of 80% by 31 March 2026 (Higher is good)		64.3%	Jan-26
	Number of patients waiting more than 8 weeks for a specified diagnostic	Zero (Lower is good)		1,756	Feb-26
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100% (Higher is good)		94.6%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero (Lower is good)		65	
	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)	Month on month reduction (Lower is good)		2,681	
	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			122	Feb-26
	Number of patients waiting over 52 weeks for a new outpatient appointment	Zero (Lower is good)		1,954	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction compared to the same month in the previous year (Lower is good)		41,323	
	Number of patients waiting more than 104 weeks for referral to treatment	Zero (Lower is good)		423	Feb-26
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment			19.6%	Jan-26
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80% (Higher is good)		43.0%	

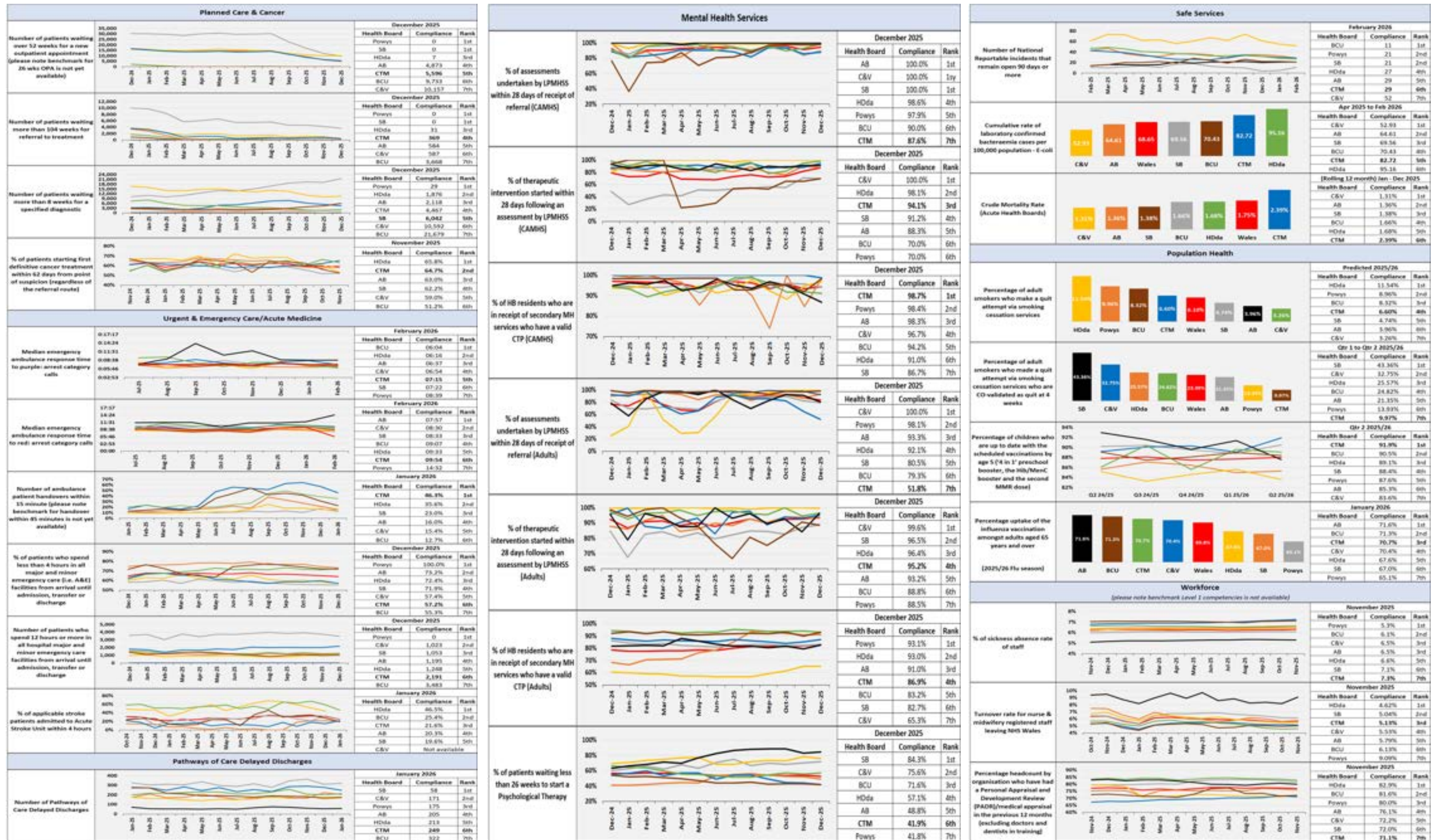
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure		Target	Key:  Trend  Target/Trajectory	Key: Hit Target	Target Failed
				Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend (Lower is good)		7.37%	Jan-26
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 5.38% (2024-25) (Lower is good)		5.13%	Nov-25
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend (Lower is good)		3.0%	Jan-26
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85% (Higher is good)		72.1%	Feb 2026 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Dec 25 to Feb 26 does not currently include medical staff)

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: Hit Target Target Failed Green = Target Met / Red = Under	
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend (Higher is good)	74.8%	Dec-25
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90% (Higher is good)	72.7%	
Efficient Services	Number of Pathways of Care delayed discharges	12 month reduction trend (Lower is good)	243	Feb-26
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90% (Higher is good)	100.0%	Jan-26
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over		90.8%	
	Number of service user feedback experience responses completed and recorded on CIVICA	Month on month improvement (Higher is good)	2,676	From Nov 2025, CTM are no longer using CIVICA Experience

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 Target Failed Latest Position	
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2025/26 (Lower is good)		129	Apr 2025 - Feb 2026
Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2025/26 (Lower is good)		14	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population (Lower is good)		82.72	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Saureus (MRSA and MSSA)	20.00 per 100,000 population (Lower is good)		26.43	
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,000 population (Lower is good)		35.49	
% of confirmed COVID cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction compared to the same month in the previous year (Lower is good)		50.0%	Jan-26
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95% (Higher is good)		68.6%	Dec-25
Number of ambulance patient handovers over 1 hour	Zero (Lower is good)		181	Feb-26
Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes (Higher is good)		54.0%	
Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend (Lower is good)		25	Feb-26

2.3 Appendix 2. Benchmarking – How do we compare to the rest of Wales?

Key: — Wales — AB — BCU — C&V — CTM — HDda — Powys — SB



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

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Data to Knowledge
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.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
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	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.	

5. Recommendation

The Board is asked to **NOTE** the Integrated Performance Dashboard.

6. 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	



Agenda Item

6.2

CTM Health Board

Integrated Medium Term Plan 2026 -2029

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Executive Leadership Group	05/01/2026	For action
Board briefing	15/01/2026	Noted
Information has been shared at Operational Management Board	21/01/2026	For action
Board briefing	29/01/2026	Noted

Strategic Development Committee		Noted
Board briefing	26/02/2026	Noted

Acronyms / Glossary of Terms

IMTP	Integrated Medium Term Plan
JCC	Joint Commissioning Committee
MAG	Ministerial Advisory Group

1. Situation / Background

- 1.1 Developing an integrated medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
- 1.2 Health board plans must ensure delivery of the requirements of the Quality and Engagement Act 2020, including delivery of the duty of quality and duty of candour.
- 1.3 The IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.4 The Welsh Government Planning Guidance and allocation letters were received on 19th December 2025 and its requirements have been incorporated into the development of the plan.

2. Specific Matters for Consideration

- 2.1 Plans for 2026-2029 must comply with the following requirements set out by Welsh Government.
 - The requirements of the NHS Wales Planning Framework including:
 - Twenty ministerial priorities required to be set out in ministerial templates covering the following topics:
 - Timely Access to Care
 - Population Health and Prevention
 - Community by Design
 - Mental Health Access
 - Women's Health
 - Quality and Safety
 - Delivery of a series of enabling actions
 - The NHS Wales Performance Framework 2025-2026.
 - Outcomes Framework
 - The response to the Ministerial Advisory Group review
- 2.2 Within the planning framework requirements, there is an expectation of delivery of the above-referenced priorities, and given the financial context for the 2026-2029 IMTP planning cycle there is an emphasis on plans being free of discretionary investment with a focus on savings in non-core areas.

Planning assumptions

- 2.3 The plan has been developed on the basis of being free from discretionary investment while seeking to meet the Health Board's statutory duties as set out in section 1.

- 2.4 Service and corporate plans have been developed in alignment with the planning framework and this identified tensions between financial and performance delivery. These are set out in section 3.
- 2.5 Proposed new investments identified in financial plans from care groups/directorates have been reviewed and fully considered by the IMTP steering group and cross-referenced with the corporate risk register. Following this review, and discussion by the Executive Management Group it was reaffirmed that there would be no new investments in the 2026-2029 plan.
- 2.6 Roll-forward investments have been re-assessed (for impact and risk associated with non-delivery) as set out in the financial planning section.
- 2.7 Service activity profiles for services have been developed to take into account both the financial position and the delivery requirements (e.g. RTT, access to urgent care) and this is reflected in our performance trajectories and minimum dataset document.
- 2.8 The annual NHS Wales escalation framework, in support of risk rating our plan has been received and our plan considered in light of this.
- 2.9 The Health Board's intention has remained to seek to deliver a balanced financial plan during the period of the IMTP, however, as noted in the finance section of this report, the plan includes a range of cost pressures, plus a significant £18.4m pressure to recognise the forecast impact of increased Welsh Risk Pool contributions in 2026/27.
- 2.10 Consequently, the plan seeks to deliver a balanced financial plan excluding the exceptional £18.4m Welsh Risk Pool contribution.

3. Key Risks / Matters for Escalation

- 3.1 The board briefing sessions have noted the work undertaken in the development of our plan to balance the requirements to meet the health needs of our population and manage risks to quality and safety alongside the duty to set out a balanced financial plan.

Delivery requirements

- 3.2 The plan has been devised with the intention of working towards all requirements of the NHS Wales Planning Framework. However, with no additional investment beyond core activity, the Health Board is not able to meet all of the ministerial delivery expectations. It is further noted that while investment would enable delivery of some requirements, this is not the case for all. Some performance metrics require systemic change and/or are of a magnitude that the lead-in time to achievement is greater than one year.

Of the twenty requirements:

- Ten have been assessed as able to be met (although there is some risk to delivery of some of these),
- A further four are flagged as amber and two as red.
- The red-flagged performance areas are:
 - Increasing the proportion of children who are a healthy weight – our plans include work for weight-management, however this deliverable will require a longer timeframe and multi-agency action.
 - Ensuring no patient waits more than 12 hours in an emergency department – this is a priority for the health board. An improvement trajectory has been set but it will not be possible to deliver zero breaches within the year.
- The remaining two are highlighted as blue – these are new reporting/ delivery requirements and further definitions are expected.

Enabling Actions

3.3 A baseline assessment has been completed for the enabling actions and it is the intention to adopt all actions. This appraisal indicates that it is unlikely to be possible to meet all actions within the year.

Finance

3.4 The Financial plan reflects a balanced financial position excluding the exceptional Welsh Risk Pool contribution of £18.4m. The Financial plan has also identified further risks and uncertainties (see Annex A section 1.11) which have not been provided for within the plan.

The plan currently identifies a £18.4m deficit, and hence the Health Board will not achieve its financial duty to remain within allocated resources over a 3 year period.

Escalation Status

3.5 In July 2025, following the summer tripartite, the Health Board was de-escalated from enhanced monitoring to routine arrangements in relation to Finance, Planning and Strategy. Therefore, the overarching escalation status as at 1 February 2026, is summarised in the table below:

Area	Current Status
Performance and Outcomes related to Planned Care	Level 3 (Enhanced Monitoring)
Performance and Outcomes related to Urgent and Emergency Care	Level 4 (Targeted Intervention)

3.6 We have assessed the impact of our plans against the escalation framework and consider the following to be the likely corollary:

- A likely maintenance of the escalation for planned care and urgent and emergency care, notwithstanding further planned work to sustain and improve;
- Potential for escalation in relation to planning and finance due to indicative financial position.

Summary

- 3.6 The Cwm Taf Morgannwg University Health Board three-year plan for 2026-2029
- Is based on achieving a break-even position except for the Welsh Risk Pool growth.
 - Will not enable full achievement of all delivery requirements
 - Assumes that the health board will seek to adopt all enabling actions but may not be able to deliver all actions within one year.
- 3.7 This position forms a realistic assessment of our baseline and current capabilities for improvement. The strategic clinical services planning (bringing together cluster level, locality, Health Board and regional work) and strategy deployment framework will build on our capabilities and provide a blueprint for service fit for the future during 2026-2027.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: The IMTP is drafted with consideration of all strategic goals
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: As the three-year plan comprises the whole of the health board's scope of delivery all strategic areas apply
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 Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	Effective
	If more than one applies please list below: All domains of quality apply.

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below: The health board's sustainability impacts are considered in this plan.

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: rationale below: Requisite assessments will be completed.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language 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: rationale below: Requisite assessments will be completed.
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)	
	The IMTP will require completion of a financial plan and the plan sets out the health board's priority development areas.	

5 Recommendation

- 5.6 This report is presented with copies of the IMTP narrative plan and enabling actions assurance document. The ministerial templates are available on request.
- 5.7 The Board is requested to consider the plan and receive the associated financial position and plan and to **ENDORSE** the plan for inclusion in the formal submission to Welsh Government.
- 5.8 The Board is requested to **NOTE** that it is not possible to **APPROVE** a financially-unbalanced plan and that the plan will be considered an annual

plan in a three-year context for the purpose of the Welsh Government submission.

6 **Next Steps**

- 6.6 Following Board approval, the plan and associated appendices will be submitted to Welsh Government by the required deadline of 31st March 2026.
- 6.7 Due to the timing of the Welsh Government scrutiny session on Monday 23rd March, any further updates will be provided verbally at the board meeting on 26th March 2026.



Cwm Taf Morgannwg University Health Board Three Year Plan 2026 - 2029

Datblygu Cymunedau
Iachach Gyda'n Gilydd

Building Healthier
Communities Together



MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE



Paul Mears, Chief Executive



Jonathan Morgan, Chair

This year we embark on our three-year planning for the 2026-2029 period with an enhanced focus on our commitment to improve the health and wellbeing of our population. We have made an organisational commitment to work across the Health Board and with our partners to integrate the eight principles of the Marmot Nation ambition, building on existing work.

During 2025-2026, our teams have worked to ensure continuity of care for our patients through temporary changes while our existing estates have undergone repair and redevelopment. We extend our thanks to our teams for their unstinting commitment to patient care and were delighted to recognise the outstanding contribution of our staff at our staff recognition event in September.

Alongside this period of significant change, we have made significant progress with our plans for future services, including work towards the development of the Sunnyside Wellness Village, the Llantrisant Health Park and Maesteg Health and Wellbeing Centre, all of which will remain integral to our plans for 2026-2029.

As an organisation, we continue to review and strengthen our planning structures to enable us to continue to modernise services to maximise patient impact, and to increase our action to improve population health.

CTM 2030: Our Health, Our Future is our organisational strategy to deliver our vision of 'building healthier communities together' which remains the premise of all we do and is built around a recognition that to do this requires seismic shifts in the nature of our service provision – to a digitally delivered, prevention focussed, community based and population need informed service. Through the development of a strategy deployment framework, we will ensure that all our actions are aligned to our strategic goals of sustaining our future, creating health, improving care and inspiring our people. Major programmes of transformation have been grouped into the following 4 strategic initiatives:

- **Strategic Clinical Services Planning** - including 'Community by Design', integrated community care services, addressing fragile secondary care services and transforming mental health care. This includes examples such as developing integrated locality-based community services with local authority partners, transforming primary and community care, providing a future for the services of Maesteg Hospital and developing open access mental health care. The significant overlap between these mean they will be managed as interdependent programmes of work.
- **Digital First** recognises that data and digital are more than simply enablers of transformation, but a cornerstone of how our population expect to receive our services and a route to ensure that our people can deliver care more effectively, to a

higher quality when our population are empowered with their own information in a seamless way.

- **Working in partnership** acknowledges the interconnectedness of peoples' wellbeing and our strategic intent of 'building healthier communities *together*' with statutory partners, the voluntary sector and our communities themselves. It encompasses the work of our Regional Partnership and Public Services Boards to progress a shared imperative to address the wider determinants of ill health and to support the vital community assets that are the bedrock of improved outcomes for all.
- **South East regional working** will ensure that those services that are best planned and delivered at a scale are designed and provided in a way that best serves the collective needs of the 1.5 million people living in the areas served by us, Cardiff & Vale, Aneurin Bevan and Powys Health Boards. Emphasising the collective opportunity offered by working at scale this programme of work includes the state-of-the-art development of the Llantrisant Health Park and work to secure world class outcomes and facilities for more complex hospital-based specialties (for example, ophthalmology, pathology and orthopaedics).

As well as these multi-year programmes of work there are a series of corporate projects that are in-year pieces of work to continue to ensure that we deliver the safest, most efficient, effective, prudent healthcare and prevention initiatives within our plan. Examples include:

- Six Goals for Urgent and Emergency Care
- Value and effectiveness programme
- Environmental sustainability
- Planned care productivity
- Diabetes Programme

OUR CONTEXT AND DRIVERS

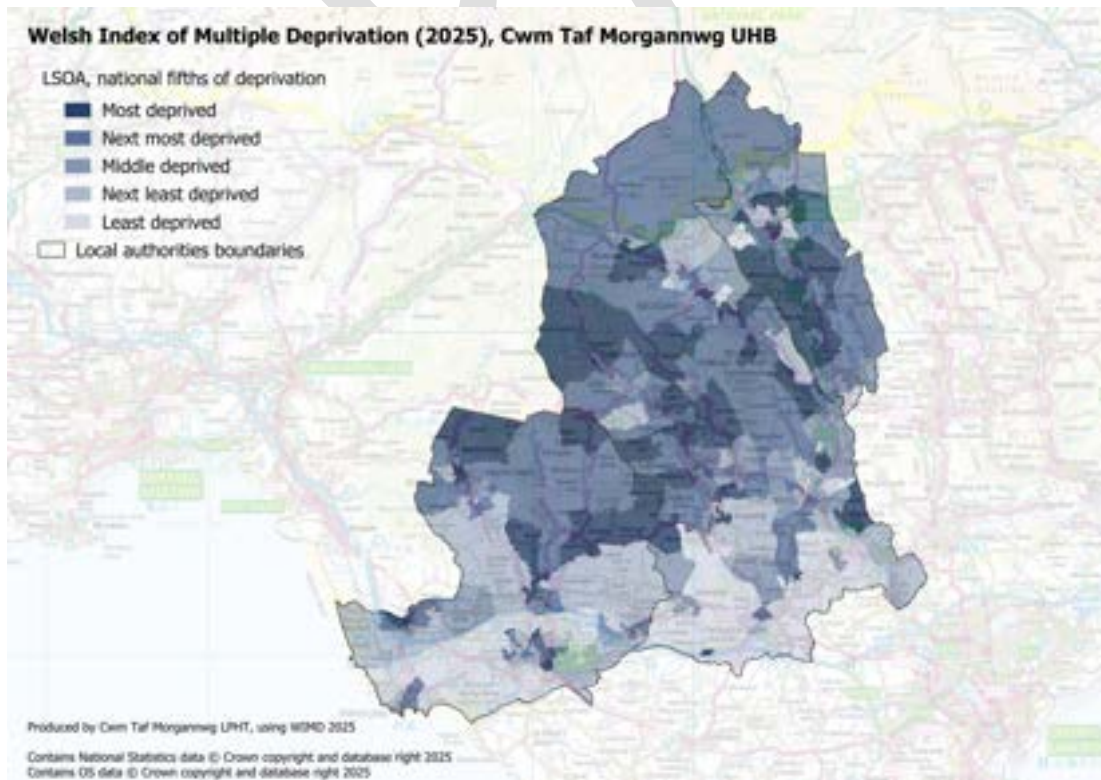
Cwm Taf Morgannwg University Health Board (Health Board) was formed on 1 April 2019, providing and commissioning a full range of community-based and hospital services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local primary care services (GP Practices, Dental Practices, Optometry Practices and Community Pharmacy), health centres and community health teams. Detailed information about the services that we provide can be found on the [services](#) section of our website. The Health Board is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the Health Board boundary through Joint Commissioning Committee (JCC).

THE POPULATION WE SERVE

The resident population of the Health Board was estimated at 449,346.¹ The region has high levels of deprivation, with 51.9% of the population of the Health Board area living in the two most deprived fifths in Wales.

The highest levels of deprivation lie mainly in the valleys to the north of the Health Board area. Four of the 22 small areas in 'deep-rooted deprivation' in Wales are in CTM.² The deprivation in CTM is largely rooted in historical, economic, and social factors including coal mines and steelworks closure in the late 20th century; Valleys are physically separated by hills, making transport links less efficient; Former mining towns experienced a lack of effective policy to attract different industries to the region, resulting in minimal infrastructure development, and ultimately experienced population decline, as younger people moved away for work.

Welsh Index of Multiple Deprivation (WIMD) 2025, Cwm Taf Morgannwg UHB



The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTMUHB) are considerable when compared to Wales as a whole, and large inequalities exist within the Health Board area. Life expectancy for males and females in CTMUHB is less than the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for males and females.³

The inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy can be seen in the following chart:

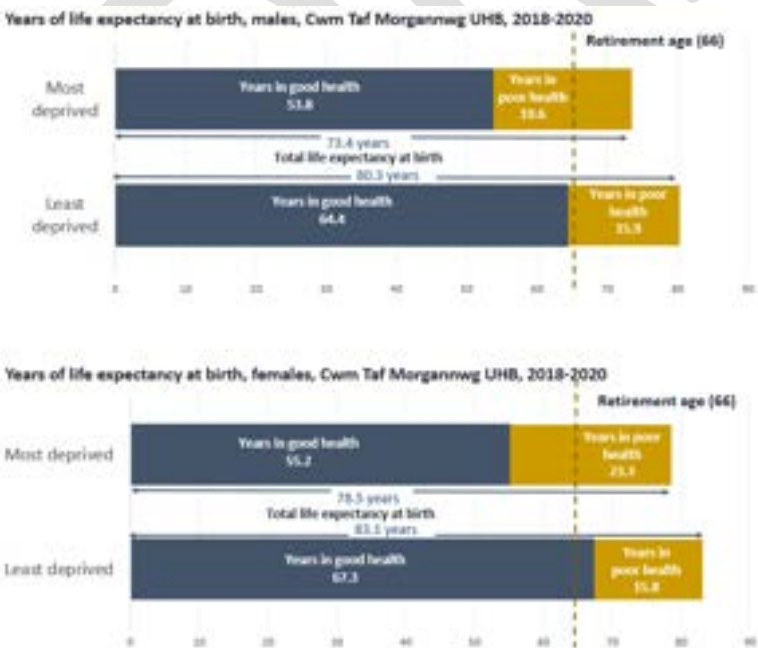
Life expectancy at birth, Total, males and females, 2011-2013 to 2021-23



Source ©2025 PHW using APS, 2011 Census, PHM, MYE (ONS)

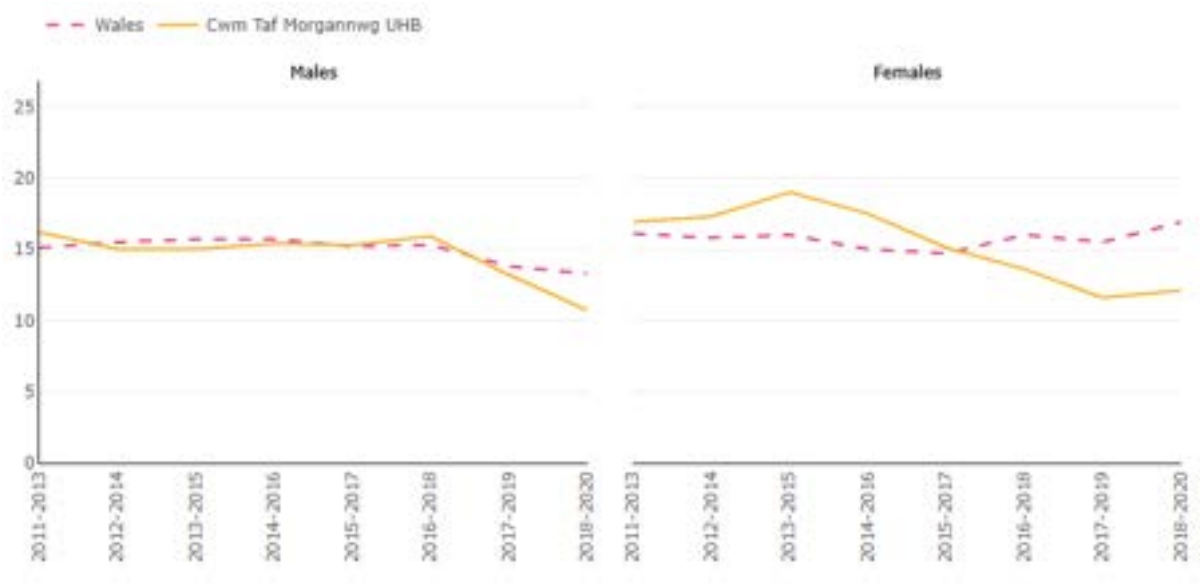
The difference between lived experiences in those in most and least deprived areas remains, with substantially more years lived in poor health in deprived areas. A significant gap in healthy life expectancy exists also. Males living in the least deprived areas live around 7 years longer and have around a decade more in good health, and females in the least deprived areas live around 5 years longer and have around 12 years more time in good health.

Years of life expectancy in good and poor health, Cwm Taf Morgannwg, 2018-2020



Source: Chart produced by CTM UHB public health team using data from PHW (APS, 2011 Census, PHM, MYE (ONS))

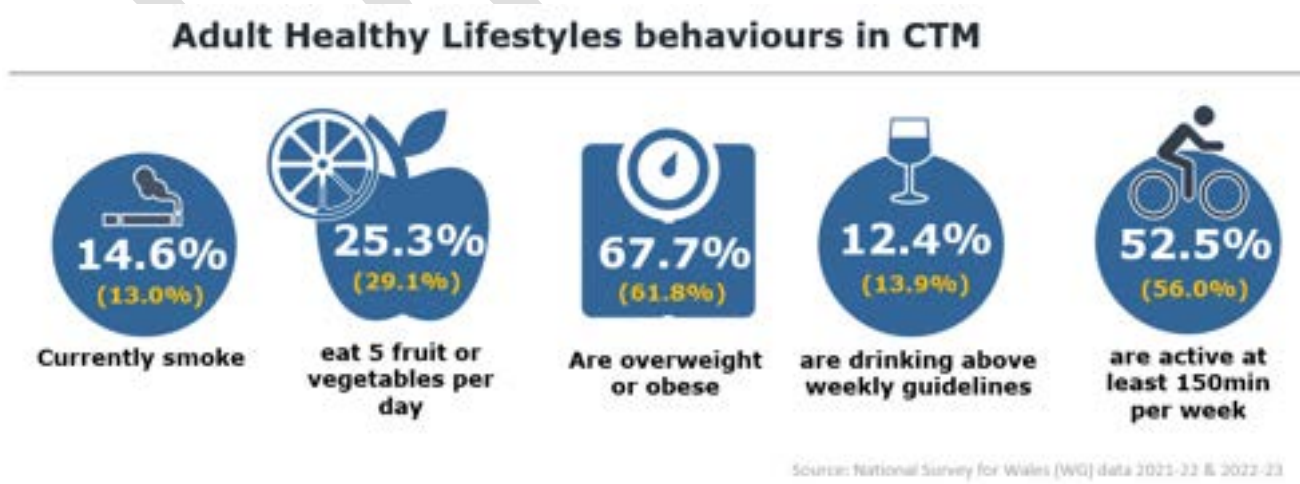
Gap in healthy life expectancy at birth, males and females, Cwm Taf Morgannwg, 2011-2013 to 2018-2020



Source ©2025 PHW using APS, 2011 Census, PHM, MYE (ONS)

Austerity measures since 2008 have affected not only the wider determinants of health, but also the capacity of services to address increasing demands placed upon them. A steepening social gradient in health has resulted in people living in areas of deprivation spending more of their shorter lives in ill health,⁴ The current cost of living crisis serves to compound these already stark inequalities. Taken in conjunction, we are at risk, warns Professor Sir Michael Marmot, of a “significant humanitarian crisis”.⁵

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



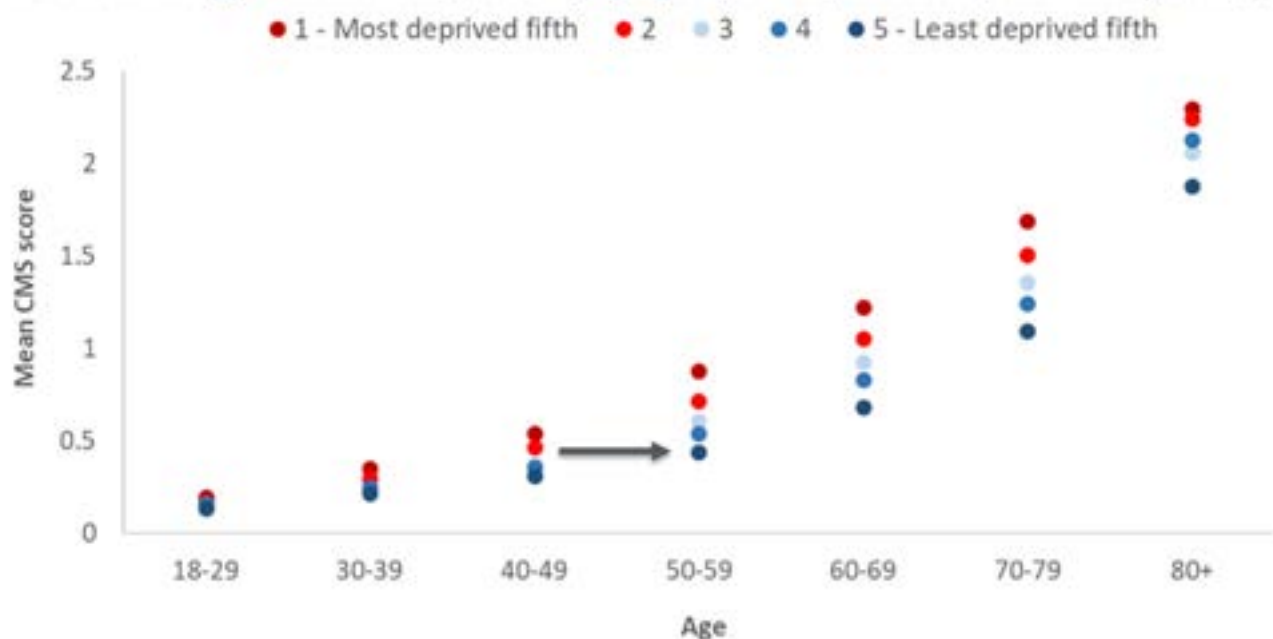
- Higher smoking prevalence in CTM (14.6%) for those aged 16 years or older ('daily smoker' or 'occasional smoker'); Rhondda Cynon Taf at 15.7%, Merthyr Tydfil at 18.6% and Bridgend at 11.1% when compared with Wales at 13.0% (2022-23 National Survey for Wales).
- 67.7% of adults in CTM are overweight or obese. This compares with an all-Wales average of 61.8%; Merthyr Tydfil has the highest percentage of people with overweight or obesity (74.6%), followed by Bridgend (70.4%) and Rhondda Cynon Taf (64.5%).
- At 8.69%, CTMUHB has the second highest prevalence of diabetes of all health boards in Wales. 8.1% of the registered population in CTMUHB have a diagnosis of type 2 (T2DM) or other diabetes, and 0.6% have a diagnosis of type 1 (T1DM).
- 25.3% of adults in CTM eat at least 5 portions of fruit and vegetables a day (29.2% for Wales). At Local Authority level, the percentage of people eating at least five portions of fruit or vegetables was highest in Bridgend (31.5%), followed by Rhondda Cynon Taff (22.5%), and lowest in Merthyr Tydfil (21.8%).
- 52.5% of adults in CTM meet the physical activity guidelines, compared to 56.0% for Wales, with Bridgend (51.3%) and Merthyr Tydfil (47.9%) reporting lower figures, and only Rhondda Cynon Taf being higher (54.4%) (NSW 2021-22 & 2022-23, StatsWales).
- CTM has a similar prevalence (25.5%) of overweight or obesity to Wales (25.5%) amongst 4 to 5-year-olds (Child Measurement Programme, 2023-2024). This is highest in Merthyr Tydfil (27.8%), followed by Bridgend (25.2%) and Rhondda Cynon Taf (25.1%)
- High levels of teenage pregnancy at 21.1% in CTM compared with 15.7% in Wales (PHOF, 2022).
- Low levels of breastfeeding at 10 days, with 46.8% in CTM and 57.3% across Wales as a whole (StatsWales, 2024).
- Higher percentage of babies in CTM born with low birth weight (6.9%) compared to Wales (6.3%) (PHOF, 2024).

These factors suggest the focus of our three-year plan must incorporate considerations of addressing existing inequalities, at the same time as delivering healthcare service development and securing future service sustainability. Our aim is to ensure that we undertake activity to improve the health and wellbeing of our population, alongside activity to improve access to services, improving patient experiences and outcomes as well as incorporate proactive and preventative approaches based on population need. It is fundamental that we seek to improve access in a sustainable way, reducing our impact on the environment, which in itself is a prevention activity, through redesigning healthcare to reduce waste and unnecessary steps, and delivering value-based healthcare (VBHC) pathways whilst avoiding the delivery of interventions of limited value.

CHRONIC CONDITIONS & MULTIMORBIDITY

People living in deprived areas are more likely to develop chronic conditions at a younger age. In CTM, people living in more deprived areas have shorter lives, and spend more time living with diagnosed long-term illness. Health inequalities are widening from age 50 onwards; patients in their 40s who live in the two most deprived fifths experience a more severe burden of multiple long-term health conditions than people in their 50s in the least deprived fifth.^{6,7}

Mean Cambridge Multimorbidity Score by age group and deprivation (WIMD fifths), CTM , 2024



Note: Using primary care segmentation data up to September 24. Based on 43 out of 44 practices. Cambridge Multimorbidity Score (CMS) based on 37 chronic conditions and their weightings (Payne et al, 2020).

Additionally, chronic conditions drive a significant portion of emergency hospital admissions in Wales, with research suggesting nearly a third of emergency admissions might have a chronic condition as the primary recorded cause, but this is likely an underestimate, as many admissions for acute issues (like infections) are due to underlying chronic conditions (e.g., COPD, heart failure) that make patients vulnerable.⁸

For example, emergency admissions for diseases of the respiratory system varied across areas within Cwm Taf Morgannwg University Health Board in 2023. The age-standardised admission rates (EASR) per 100,000 population ranged from 1,605 in the lowest GP cluster to 2,326 in the highest among all clusters. These figures indicate significant geographic disparities among GP clusters within CTM with GP clusters with more deprived populations consistently showing higher emergency admission rates than the health board averages.⁹

VACCINATION

Vaccination plays a key role in protecting against disease and prevents up to 3 million deaths globally each year.¹⁰

In comparison to the all-Wales average CTM continues to perform well in routine childhood vaccinations, with good infant uptake rates. Improvements are starting to be seen in the uptake of MMR2 and the 4-in-1 preschool booster over the past 12 months. As a result, PHW risk modelling for measles outbreaks places CTM in a favourable position.

Teenage vaccines uptake does pose a challenge for example HPV at age 15 falling to 74% in quarter 1 2025.

With significant changes to the childhood schedule being introduced in 2026 the health board is planning for the additional support and resources likely to be needed to maintain and improve on childhood vaccine uptake.

Disparities between the most and least deprived areas for vaccine uptake are still present in CTMUHB, highlighting the continuing need for targeted interventions. In a 'one of its kind' collaboration with the Community Leaders Network, hyperlocal resources have been created and training given to 33 community vaccine champions to target inequalities that CTM experiences in flu vaccination. The success of this model will help shape future approaches to inequalities in vaccine uptake.¹¹

Recognising the need to improve maternity vaccines, work is underway with maternity services to develop an improved model that is both efficient and accessible for pregnant women.

The RSV (Respiratory Syncytial Virus) programme in older adults shows success and should contribute to protecting acute services in high pressure winter periods.

The Health Board is committed to disease elimination programmes such as Blood Borne Viruses, including those with a vaccination element such as Hepatitis B and workplans for the next financial year build on the co-ordination of work streams and opportunities that target relevant populations and develop equity in vaccination, testing & treatment, including sexual health, substance use and criminal justice. The Health Board is represented on national workstreams arising from the National Health Protection Framework and national vaccination meetings.

CTM is committed to developing a sustainable, equitable, and efficient vaccine delivery model that achieves equality, strengthens immunisation uptake, and supports broader public health objectives.

REFERENCES

¹ Mid-Year Population Estimates, England and Wales, June 2024, ONS

² Welsh Index of Multiple Deprivation 2025 with populations from ONS, 2024

³ Public Health Outcomes Framework (PHOF), PHW, 2025

⁴ [Household income inequality, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

⁵ The Marmot review 10 years on. Available at: [the-marmot-review-10-years-on-executive-summary.pdf \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/marmot-review-10-years-on-executive-summary)

⁶ Primary care segmentation data up to September 24, Population Segmentation across Cwm Taf Morgannwg

⁷ Payne, Rupert A et al. "Development and validation of the Cambridge Multimorbidity Score." CMAJ: Canadian Medical Association journal = journal de l'Association Medicale Canadienne vol. 192,5 (2020): E107-E114. doi:10.1503/cmaj.190757

⁸ [Emergency hospital admissions associated with non-communicable diseases 1998–2018 in England, Wales and Scotland: an ecological study - ScienceDirect](https://www.sciencedirect.com/science/article/pii/S0950268819300000)

⁹ Primary Care Clusters dashboard
publichealthwales.shinyapps.io/PCC_Dashboard_Eng_Accessible/

¹⁰ [Immunisation and Vaccines - Public Health Wales](https://www.wales.nhs.uk)

¹¹ phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/annual-inequalities-report-202425/

MEETING OUR POPULATION'S NEEDS



How we will deploy our strategy to ensure the work we do benefits our population and improves lives

We are working to enhance our planning and performance management approach through a strategy deployment framework. This is a central mechanism to enable us to fully deliver the aims and objectives of our strategy by providing a structure to align the activity, architecture, culture and resourcing to of our organization to the vision of our organisation as set out in the image below.



What is a strategy deployment framework?

- It is agreed by the Board and is based on our vision (‘Building Healthier Communities Together’) and strategic goals (sustaining our future, inspiring people, improving care, creating health)
- A central mechanism to operationalise our strategy
- It connects the delivery of our strategy to the work of our frontline teams
- Creates coherence for internal and external stakeholders and helps us understand how we will know we are succeeding

Through the development of this 2026-2029 plan, we have tested our understanding of the key measures of success in year, and we have an action plan for the implementation of the framework during 2026-2027, followed by review and refinement.

In the next section of our 2026-2029 plan, we set out a number of our strategic initiatives and corporate projects. These inter-related activities will enable us to determine how our services need to develop for the future to meet changing population needs and to keep pace with advancements in medical treatments and prevention activity. The framework will ensure we prioritise and schedule activity to deliver on these aims.

DESIGNING THE FUTURE OF OUR SERVICES



At Cwm Taf Morgannwg University Health Board (CTMUHB), the ambition is to shape services with and for the people who use them. The Strategic Clinical Services Plan (SCSP) is the umbrella programme that sets the overall direction for how acute, primary and community services should evolve over the coming years. It builds directly on the work of the Acute Clinical Services Plan (ACSP), which established the initial foundations and evidence base for acute services, and it now brings those foundations together with wider system transformation so that change is planned, joined up and focused on outcomes for patients, carers and staff.

The SCSP provides a single framework to align work across urgent and emergency care, planned care, diagnostics, mental health, community services and primary care transformation, alongside regional programmes and partnerships. It supports 'Building Healthier Communities Together', keeping the focus on people and communities, not just buildings.

Fragile services (building on ACSP)

Work to assess fragile services has progressed, including a recent RAG review which confirmed a pipeline of potential reconfiguration cases.

The next phase is to strengthen the evidence base through a Case for Change and 'do-nothing' baseline and then apply a standard service reconfiguration framework to explore options for each priority service, with a focus on safety, sustainability and deliverability over the coming years.

Primary and Community Care Transformation (PCCT)

PCCT continues to develop the future direction for primary and community care. The Health Board was briefed in Q3 2025 on the overall vision and proposed trajectory. Current activity is focused on shaping a clear draft ambition and vision, informed by engagement to date, and supported by development of a draft "Vision and Ambition" paper (including outcomes and measures to determine success). Stakeholder engagement continues through Q1 2026 to finalise the ambition and vision, alongside strengthened engagement with local authority social services leadership.

From Q2 2026, the intention is to apply agreed service redesign principles to the development plans for primary and community care, with workstreams and implementation timelines then flowing from that. Short-term priorities remain in place to support early progress, including Hospital@Home and improving the primary/secondary care interface, alongside continued development of urgent care options, including primary care/Same Day Emergency Care discussions reflecting national direction. PCCT is also linking closely with CTMUHB mental health programmes currently in progress to support integrated community-based care. Resource and staffing constraints remain a key delivery risk.

Integrated Community Care (ICCS)

ICCS is progressing through regional partnership arrangements and practical delivery priorities are being managed through the PCCT programme. The Regional Partnership

Agreement has been approved by CTMUHB and the three local authorities and has now been signed, providing a platform for stronger joint planning, strategic commissioning, performance accountability and data sharing, including information sharing opportunities and alignment through a revised Regional Area Plan. Development of the ICCS demand and capacity model is proceeding, with the specification completed and the model build proposal to follow, supported by CTMUHB informatics.

Hospital@Home has now been launched, and this is informing the timing and approach for integrating community teams with social care, with planning underway to commence integration on a local footprint in early 2026. Joint working continues to strengthen through the Clinical Navigation Hub, including increased support to care homes and closer working with local authority access points and mobile responder arrangements. An ICCS business case is also in development to inform Regional Investment Fund decisions and wider investment planning.

Mental Health Transformation

Following full assessment of the context, our population's requirements and our risks. This has informed the development of a programme of transformation as a key component of our strategic clinical services planning. This will deliver on our priorities.

- **Creating Health –services.** Reduce inequalities through prevention, early support, and strong community partnerships. Embed trauma-informed and recovery-focused approaches across all areas.
- **Improving Care –pathways.** Strengthen “No Wrong Door” and integrated access models. Modernise rehabilitation and inpatient care, embedding co-produced recovery and personalised support.
- **Inspiring People –** Foster compassionate, inclusive leadership and a sustainable workforce. Expand lived experience and co-production in service improvement.
- **Sustaining Our Future –** Advance digital transformation and the Single Electronic Patient Record. Deliver sustainable, therapeutic estates and embed value-based, evidence-informed care.

From foundations to delivery

The SCSP is being developed in a structured way, starting with a clear set of foundational components that create consistency before detailed options are taken forward.

These foundations include:

- Vision and strategic pillars
- Design principles
- Priority areas and a case for change framework
- A strategy deployment framework and operational management system
- Metrics and reporting, including a core SCSP dashboard
- Change tools, culture and corporate identity
- Engagement, co-production and clinical voice

This ensures decisions are consistent, transparent and evidence-led, especially where services are fragile, workforce is constrained, or short-term mitigations are in place.

Co-designing the future of health and care

The SCSP will continue to be shaped through clinical leadership and open engagement with communities and partners. This includes:

- Listening to patients, carers and families about what matters most and what good looks like in practice
- Working with local authorities, voluntary organisations and neighbouring health boards to support joined-up care across boundaries
- Involving staff and staff-side colleagues early, so workforce and delivery implications are understood and addressed from the outset

Healthcare is changing, and the SCSP recognises that some services will need to be organised differently to protect safety and quality, while other care should remain local and easier to access. The aim is to plan these changes deliberately, using evidence and clear criteria, rather than relying on short-term fixes.

Putting Patients First: our service design principles and how options are tested

All SCSP options will be shaped and assessed against eight service design principles to ensure they are clinically sound, fair, deliverable and aligned.

1. Life course fit
Options should support continuity and needs across life stages (Start Well, Live Well, Age Well, End Well), rather than solving one part of the pathway in isolation.
2. Care proximity
Care should be delivered as close to home as is safe and effective. Hospital care should be reserved for the clinical need, with stronger local and community-based provision wherever possible.
3. Preventive focus
Options should shift the system from reactive care to prevention and early intervention, reducing avoidable deterioration and unnecessary admissions.
4. Equity and access
Options must address health inequalities and improve access for underserved groups, including those affected by deprivation, geography, disability, language and digital exclusion.
5. Evidence base
Options should be clinically led and informed by data, research and best practice, with clear assumptions, risks and expected outcomes stated upfront.
6. Digital enablement
Digital should be used where it improves access, safety and efficiency (for example, remote support, better information flow, and modern clinical tools), with a clear approach to digital inclusion.
7. Sustainability
Options must be financially and workforce sustainable, and support environmental responsibility, with realistic mitigations where risks exist.
8. Integration and partnerships
Options should be developed with patients, staff and partners, and support integrated

delivery across health, social care and the third sector rather than creating new handoffs and fragmentation.

To support this, a simple early stage scoring test will be used so that emerging options can be compared consistently and only those that meet the required standard progress to full development.

Shaping the future together

Engagement has been underway through 2023 and 2024 and will continue through 2025 as the evidence base is strengthened and early options are developed and tested. The current intention is to return to the public for an appropriate level of conversation throughout 2026, giving patients, carers and communities a meaningful opportunity to shape the proposed service models before any final decisions are made.

Throughout, the commitment is to be clear about what is changing, why it is changing, and what it means in practice, with decisions grounded in safety, quality, experience, deliverability and best use of resources.

CTM2030: OUR HEALTH, OUR FUTURE – LIFE COURSE APPROACH



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



This chapter sets out how the life cycle approach, provides the population health focus to drive and support the achievement of long-term population outcomes and goals.

Each group maintains engagement with partners from across local authorities, national and local third sector organisations and our own health board care groups, to develop and deliver priorities across CTMUHB and regionally where appropriate. The ethos for taking forward the priorities is in keeping with the vision of the UHB of being a population health focused organisation that works with its communities and partners to improve health and wellbeing. We have a life cycle and whole pathway approach to service improvement using Value Based Health Care (VBHC) principles and methodology wherever applicable.

The work programmes of the life cycle approach are characterised by:

- Developing system-wide plans for promoting and improving population health; supporting individuals and communities to become more resilient
- Evidence based pathway design that uses outcome data and needs assessments;
- Integrated pathway design that crosses the boundaries between health and social care;
- Designing health promotion and preventive interventions that ultimately reduce the need for health services in a traditional secondary care setting;

- Co designing and co creating services that enable people to take more responsibility for their own health and wellbeing; and
- A focus on long-term health and wellness systems rather than addressing immediate service vulnerabilities.

Key successes during 2025-2026 are as follows:

- Development, launch and initial delivery planning of the regional '*Whole System, Whole Heart*' strategy with 8 clear ambitions to be achieved in a holistic systemic approach through partnership working with local authority and 3rd sector partners.
- CTM' Baby & Toddler Voice Statements developed through collaborative regional partnership and adopted by CTMUHB in Spring 2025 were finalists in the HSJ awards '*Early intervention and prevention for children, young people and families*. This regional work helps to underpin our evolving approach to the 1st 1,000 days agenda, now agreed as a key regional priority for delivery.
- The RIF funded Nurturing Family Service began delivery of support to families experiencing parent-infant relationship difficulties and continues to embed learning and understanding about the importance of attachment and the 1st 1,000 days across the early years system.
- Investment funding was secured for the mainstream delivery of the children and families focused PIPYN healthy lifestyle service across CTMUHB. Delivery of this universally accessible level 1 weight management service demonstrates commitment to prevention and taking a whole-systems approach to healthy weight.
- Through the Neurodevelopmental Improvement Programme we have: reduced the children's diagnostic waiting list further to under two years; delivered a range of online and in-person support, workshops and training for children, young people and their families; established a joint CAMHS / ND Service clinic to manage complex cases; trained further staff to undertake adult autism assessments in order to strengthen services; supported adults on the Integrated Autism Service waiting list to 'wait well'; delivered psychoeducational sessions for ADHD adults; and undertaken research into the housing needs of ND adults.
- The CTMUHB 3Ps (Promote, Prevent, Prepare) Waiting Well Programme won the *Working in Partnership Award* at the 3Ps National Conference 20th March 2025. CTMUHB recognised the limitations of a written directory of services as a sustainable, up-to-date information resource. Consequently, we worked in partnership with the County Voluntary Councils, whose social prescribers can keep pace with the dynamic landscape of community services as a 'living' directory of services. This collaboration facilitates closer-to-home personalised health plans for patients building healthier communities together.
- *The development of a Waiting Well website* providing a wide range of information promoting healthy living and living well with a health condition: <https://ctmuhb.nhs.wales/patient-advice/waiting-well/>. A parallel patient information leaflet, for the non-digitally able, has also been distributed across hospital sites and is available to be sent out via post.
- The rate of Hepatitis C testing within HMP Parc Prison has shown a massive improvement, data from September shows **99% of men were offered a test** in the previous 12 months (target for elimination 100%) and **94% of men had taken up that offer and been screened** in the previous 12 months (target 90%). The baseline pre improvement work for testing was 37% in March 2024. In August 2025 CTM was the highest level recorded across Wales.
- A business case to fund and develop The Hepatitis C Trust's (HCT) prison Peer Programme within HMP Parc prison was successful. 11 peers have been trained to date in HMP Parc across 4 wings, with a focus on substance misuse wings and working closely with Dyfodol. The Peers successfully ran patient focus groups, supporting

gathering patient experiences and hearing patient voices, which has developed and improved pathways to increase Hepatitis C testing through more efficient processes and reduce patient declining testing. Two peers have been supported by the Hepatitis C Trust to continue voluntary work on release. A successful art competition was run to raise awareness of risk factors.

- Nationally funded VBHC 7 Day Alcohol Care Service – This service has continued to demonstrate outcomes, progress and improved patient experience and won the inaugural Management of Substance Misuse Category at the Welsh Healthcare Awards 2025 and the NHS Awards for Person-Centred Care. Since implementation, 2,095 patients have received ACT support with 426 hospital admissions averted, and the subsequent bed days required saved. Over 200 staff have been trained to improve alcohol screening, reducing stigma and improving early identification and care. 848 patients have been supported with medically assisted withdrawal with monthly figures 15 times greater with the new service. 93% of patient now receive specialist support within 24 hours of admission, and patient satisfaction has increased markedly.
- The first full year of operation by the Fracture Liaison Service (November 2024 – November 2025) has seen the service systematically and proactively identify from radiology reports patients aged 65 years and over with a new fragility fracture (low trauma fracture sustained from a standing height) or a newly reported vertebral fracture. The team then carries out a series of investigations for the patient and following assessment, if appropriate, put the patient on the osteoporosis treatment pathway.
- North of England Commissioning Service (NECS) commissioned by the Dementia Steering Group to undertake a review into dementia services in Cwm Taf Morgannwg region 2024-2025. The programme plan for the review was structured to Mobilise, Diagnose, Design, Deliver and Sustain. The final report was presented to the Dementia Steering Group and contains a series of findings and outcomes based on 22 focus areas:

NECS Dementia Review Focus Areas	
• Primary Care • Voluntary, Community & Social Enterprise Sector Integration • Waiting Well • Single Point of Access • Service Model Variation • Population Health Management • Training and Development • Care & Support across home, community • Hospital discharge • Person – centred Care • Advanced Care Planning	• End of life • Co-production • Communication Preferences • Local Authority • Digital • Integrated Data Sharing • Using Data for Decision Making • READ Coding • Preparing for the Future • Dementia Steering Group Governance • Regional Integration Fund Utilisation

The review findings will be central to the work of the Dementia Steering Group going forward in 2026-2027.

STARTING WELL

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The care given to a child in the 1st 1,000 days (from conception to the age of 2) plays a significant role in their health and development. It is the period within which we see the most rapid phase of brain growth which sets the foundation for physical, social and emotional health.

Together, with public health colleagues, the local authorities, and the third sector, we work to ensure that those first few key steps in life's journey, are steps towards a healthy and happy future.

Key Principles within the delivery of the CTM2030 priorities for Starting Well:

- Focus on enabling healthy pregnancies by supporting families to make informed choices and ensuring the early years system understand the importance of the 1st 1,000 days
- That babies, infants and children reach their full health and wellbeing potential
- That families are supported to stay together by providing early help
- Families are resilient, knowledgeable and able to access the advice and support they need by working with them using NYTH/ NEST framework and applying the 'No wrong door' principle.

The **Whole System, Whole Heart** regional strategy will guide the work of the Starting Well and Growing Well strategy groups, with health being a key stakeholder in the delivery of the ambitions which take a whole-system approach to tackling some of the complex problems our babies, children and young people face across the region:



Our regional ambitions

We have developed eight ambitions that champion children and young people's rights, respond to their needs, and amplify their voices.

Ambition 01	Enable every family to access high quality early support during the first 1,000 days, giving babies the best possible start in life.	Ambition 02	Enable healthy lives and support children to grow up active, well-nourished and at a healthy weight.
Ambition 03	Create strong, clear and accessible neurodevelopmental support pathways to help children and young people in CTM reach their full potential.	Ambition 04	Expand and improve the range of emotional wellbeing support, advice and guidance for babies, children, young people and their families.
Ambition 05	Recognise, understand and strengthen the support available to young carers in CTM, empowering them to thrive.	Ambition 06	Develop a diverse range of regional, accommodation-based solutions tailored to the needs of children looked after and with complex needs.
Ambition 07	Deliver high quality, person centred transitional care for children, young people and their families across CTM.	Ambition 08	Build seamless integrated partnerships between health, social care and education services to improve outcomes for children, young people and their families.

Developing a Healthy Weight Road-map for CTM

Taking a life-course approach, healthy weight is supported by the Starting Well & Growing Well Strategy Group, working with partners from across the system with strong public health leadership. The evolving whole-systems approach within CTMUHB supports developments across services and is underpinned by working with those living with overweight and obesity to understand their experiences and find new ways to support them to achieve and maintain a healthy weight.

Ongoing work by established steering groups leads cross-system solutions to the complex problem of preventing and treating people living with overweight and obesity. Responding with one-voice to the challenge of meeting [NICE guidance for weight loss medication](#) work continues to model the impact and system implications, including engagement in a national bid for [Innovate UK funding](#) to explore weight management pathways.

Permanent revenue was secured in 2025/26 to deliver a family-based preventative healthy weight intervention across the CMUHB footprint ([level 1 service](#)) from 2026 onwards. Work is ongoing to ready this service to deliver the PIPYN programme, integrating a whole-system approach and user evaluations to enable continuous service improvement. This investment in preventative services will be the basis for the longer-term development of intensive services (level 3) for children and young people living with obesity, comorbidities and complexity.

Children's Rights

We will continue to collaborate across the region to ensure a child's rights approach is truly embedded with babies, children, young people and their families being actively involved in the design of services. Securing regional coproduction grant funding during 2025/26 to trial different ways of working and coproducing with children living with diabetes and their families, we will use the learning to inform how we lead and support meaningful engagement. CTMUHB's Children's Rights Group will focus on delivering meaningful change for babies, children and young people, with four active task and finish groups championing new ways of working.

Parent-Infant Relationships

Parent-infant relationships (PIR) refer to the quality of the relationship between a baby and their parent or carer. Good parent-infant relationships nurture '*secure attachments*', the basis for optimal infant mental health promoting healthy social, emotional and cognitive development¹.

Working collaboratively with early years' services, social care and the 3rd sector we continue to develop our regional PIR offer, with delivery of the Nurturing Family Service funded by the Children's Programme Board. Establishing a multi-agency operational group to lead this work and ensure a whole-system approach is taken to preventing escalation of needs, we will be working towards securing continuation funding for this much needed² preventative service.

¹ [Reflecting on parent-infant relationship: a practitioners guide to starting conversations](#), Department of Health and Social Care, March 2024

² [The Parent-Infant Foundation publish 'Securing Healthy Lives' - Parent-Infant Foundation](#) shows that CTMUHB has higher than average levels of disorganised attachment linked to the levels of deprivation seen across our footprint.

GROWING WELL

The Growing Well Strategy Group builds on the foundations we are helping to cement for early years, and helps our children to learn and develop along the way.

Key principles within the delivery of the CTM2030 priorities for Growing Well are:

- Working with young people to identify and address the needs that are important to them. Listen to the young people in our community so that we can ensure the services they need are available and easy to access. Supporting them to live the lives they want to lead.
- Working with children and young people to create the conditions within which it is easy for them to live healthy lives that support their development and prevent avoidable harm both now and later in life.
- Making our services more accessible and youth friendly. Taking a more holistic and collaborative approach to issues like obesity.

The key priority areas to be addressed within the Growing Well Strategy Group are set out below:

Emotional Health and Wellbeing

We will continue to work with local partners to embed the principles of the Welsh Government NYTH/ NEST Framework to ensure the emotional health and wellbeing of babies, children and young people is embedded into the design and delivery of services aiming to achieve better seamless integrated services, trusted adults delivering person centred care with specific focus on prevention and early intervention.

Partnership working with the Regional Children's Programme Board

Leading on a regional short-break respite study, an outline strategic case for change was completed during 2025/26 with families, carers, and local authorities Children's Services to better understand and meet the needs of babies, children and young people with complex healthcare needs. Work continues in this space to understand the complex system and potential ways forward, including options appraisal for a case for regional capital investment.

The evolving partnership response and ownership of delivering [Whole System, Whole Heart regional strategy](#) will guide the work of the Starting Well and Growing Well strategy groups in this space. We will be key stakeholders in delivering the 1st 1,000 days ambition and the newly created health-education partnership, while continuing to work across the regional capital groups. Work is ongoing to develop effective meaningful partnership working that translate to people access the service they need when they need it, embedding a 'no wrong door' approach across all services.

Diabetes

CTMUHB has the 2nd highest percentage of registered patients with diabetes in Wales (8.59%). Based on the modelled counts, by 2035/36 there will be between 31,000 and 75,000 registered diabetics in our population. Type 2 Diabetes Mellitus (T2DM), makes up about 90% of diabetes, however onset and the development of complications and outcomes are largely preventable as the main modifiable risk factor for T2DM is overweight and obesity which is strongly linked to deprivation. Our region has one of the highest levels of overweight and obesity in Wales alongside some of the highest levels of deprivation. As with the risk of developing complications from diabetes, unhealthy weight is strongly linked to increased financial deprivation. These are "wicked issues", which require a whole-systems approach to address them.

The strategy group will continue delivery of CTMUHB’s 5yr Diabetes Strategic action plan, supporting the transformation of how diabetes services are delivered by working with our population, staff, communities and partners. The Diabetes Programme Board will provide strategic oversight and coordination across the system, driving the prevention agenda and delivering Value Based Health Care projects to transform care.

We will continue to develop and deliver a range of coproduction and engagement opportunities, working closely with services and public health to identify what matters most to people and how to better empower them to live well with their diabetes. We will continue to be active members in the National Clinical Diabetes Network group, learning and sharing best practice to deliver improvements in diabetes care.

Neurodevelopmental Improvement Programme

We will continue to work in partnership with the Regional Commissioning Unit, education, Children’s Services, third sector organisations, people with lived experience, their families, and carers, through our established regional Neurodevelopmental Improvement Programme Board. Through the programme we will deliver a range of needs-led, strength based interventions that have been co-produced with people with lived-experience.

The Starting Well and Growing Well plan on a page sets out the vision, key priorities and actions for the 2026-29 planning cycle on the basis of these priorities:

IMTP 2026-2029		Starting & Growing Well Strategy Group		Plan on a Page
Babies, children and young people Our vision is for delivery of equitable, high quality, robust and sustainable integrated services that put babies, children, young people and their families at the centre, listening to their voice, and supporting them to maximise their health and wellbeing. Our priorities are: • Embedding CTMUHB's Children's Rights Charter and Baby and Toddler Voice statements into practice. • Develop and deliver CTMUHB's Healthy Weight road map, embedding a whole-systems life-course approach. • Delivering CTMUHB's 5yr Diabetes Strategic Action Plan with a focus on prevention, early identification and good diabetes care. • Embed and deliver the regional Children's Programme Board's 3yr vision, supporting the 17,100 days agenda and the regional health-education partnership. • Delivering the regional Parent Infant Relationship service, looking to secure longer term funding. • Develop and deliver a regional neuro-affirming needs led, strength-based approach to services. • Make the strategic case for a regional short break respite facility for children and young people with complex healthcare needs, improving carer and family support through integration of health and social care services. Enablers • Working regionally with partners across the system within existing and evolving regional and localised structures. • Exploring opportunities to work differently, identifying funding to enhance service delivery. • Taking a Children's rights based approach to ensure babies, children, young people and their families are at the centre of service design, evaluation and improvement. • Supportive service digital transformation.		Key actions in year one and two (2026-2028) • Deliver community-based level 1 integrated weight management service for children, young people and their families. • Develop a community-based level 3 integrated healthy weight service for children, young people and their families for future investment. • Continue to lead the Adult Healthy Weight Steering Group; support waiting list and waiting well service improvements; developing our approach to weight management, medication and wrap-around care. • Implementing CTMUHB's 5yr Diabetes Strategic Action Plan – leading on engagement and coproduction. • Develop and implement a regional approach to delivering the 8 ambitions of Whole Systems, Whole Heart. • Continued reduction of waiting lists for children, young people and adults accessing neurodevelopmental services; developing new assessment approaches. • Increase awareness of and provide needs led support to neurodivergent children, young people, adults and their families. • Develop CTMUHB's transition approach for children and young people transitioning to adult services. Key actions in year three 2029 • Deliver community-based level 3 integrated weight management service for children, young people and their families. • T1DM Models of Care service transformation (NSHC) evaluation and implementing decision (pursuing, expand or closure). • Deliver regionally timely assessment and support services for neurodivergent children, young people, adults and their families. Value based healthcare: Support the implementation of diabetes focused value based healthcare projects, focusing on the delivery of: • Remission T2DM service delivery by adult weight management service; • T1DM trial of an agonist/ cloud based solution providing remote monitoring and triage services.		Future services blueprint and patient outcomes: • Sustainable, timely and appropriate services. • Services developed with, and around the patient, and their carers and families. • Alignment across CTMUHB, statutory partner and regional aims to ensure whole systems long term approach. • Delivering Welsh Government Quality Statements and strategic plans, by building partnerships within our communities to strengthen our preventative approach. Patient outcomes: • Continue to listen and learn from babies, children, young people and their families; measured by developing PROMS and PREMS across relevant services. • Improved management of Diabetes in Primary Care • Health and social care work collaboratively to deliver coordinated services for babies, children and young people • Increased awareness amongst our population of healthy lifestyle and behaviours How we will measure success: The Starting Well & Growing Well strategy Group supports long term health and wellbeing outcome improvements, including: • Children are born and sustain a healthy birth weight; children, young people and adults sustain a healthy weight • Families demonstrate and encourage healthy lifestyle behaviours and avoidance of harm We will also measure our success by: • Decreased waiting times and complaints associated with waiting times across paediatric, neurodevelopmental and adult weight management services • Improved patient reported outcomes across paediatric and adult diabetes services • Increasing early detection rates of people at risk of T1DM; number of people driving T2DM into remission • Number of people accessing our weight management service for children, young people and their families

LIVING WELL



The Living Well Strategy Group delivers a programme of work focused on adult service provision, delivering a life cycle approach and providing the infrastructure and population health focus to drive and support the achievement of long-term population outcomes and goals.

Key principles established for the delivery of the CTM2030 priorities for Living Well are:

- Reduce variation, a focus on equitable, joined up service across CTM
- Reducing inequalities, raising public awareness and focus on preventative strategies
- Services planned holistically with the patient at the centre
- A focus on preventative strategies and services and early detection/diagnosis

The Living Well Adulthood Strategy Group plan on a page sets out the vision, key priorities and actions for the 2026-27 planning cycle on the basis of these priorities:

Integrated Medium Term Plan 2026 -2029 Adulthood / Living Well Strategy Group Plan on a Page		
Respiratory Disease Our vision is the delivery of high quality, robust and sustainable integrated respiratory services. Our priorities are: • Expand and further develop acute noninvasive ventilation services with a focus of ringfenced NIV beds and Respiratory Support Units across the UHB. • Standardisation, equitable and joined up sleep service CTM wide. • Ensure timely and equitable access of community spirometry for patients with suspected COPD and asthma; ensuring the current COPD model is timely and expand the service to include patients with suspected asthma or unexplained breathlessness. • Enhance existing model for training and education of healthcare professionals working in GP practices, community services and community hospitals and secondary care and improving the use and communication of personalised asthma action plans, build confidence in addressing second hand smoke risks for paediatric patients. • Through effective prescribing, reduce the use of inhalers with a high global warming potential in line with the decarbonisation 2030 strategy. • Integration and utilisation of the data dashboard work. • Advanced Care Planning for Respiratory Patients, including documentation, which is available across areas including WAST, ED, GP. Easily accessible (flag clinical portal). • Develop and implement a pan CTM evidence based pulmonary rehabilitation model developing robust pathways from diagnosis to end of life. • Reduce smoking prevalence in CTM to 5% by 2030 • Improve accuracy of data being compiled for asthma and COPD NRAP audits with focus on increased completion of discharge bundles for COPD and asthma	CTM Hepatitis Elimination Strategy (cont) • Have a key focus on Preventing Infection in particular increase hep B vaccinations in a number of settings • Increase Case findings • Improve testing models • Improve testing in Substance misuse services • Improve testing in community pharmacy • Improve referral rates from substance misuses services • Improve testing and treatment in prisons • Improve Treatment Times • Increase Number of Patients Successfully Treated for Hepatitis • Continuation of National Reengagement Programme • Improve Data collection, reporting and interpretation of data to drive work in key priority areas. Liver Disease: These priorities are consistent with the National Quality Statement for Liver Disease which describes what good Liver Disease services look like: Our priorities are: • Increase specialist nursing workforce particularly in Bridgend and wider MDT (Physician Associates, support workers, pharmacy) to deliver liver disease pathways and to ensure ongoing effectiveness leading to: • Admission avoidance and length of stay. • Developing long term workforce sustainability / retention. • Develop liver specific Therapy led service to avoid admission and support early discharge. Including developing a liver specific prehab programme • Formalise and strengthen partnerships with tertiary transplant centre to: • Improve data, scope possibility of joint clinics. • Develop local pathways, reducing carbon footprint and improving patient care/experience. • Continuation of implementation of the Value Based Healthcare Alcohol Care Project by expanding 7 day Service across CTM and to continue to dovetail in with the Community Alcohol Care Service (CoACT). • Achieve Level 1 in IQLS (Improving Quality in Liver Services) and make progress towards level 2.	3Ps Waiting Well This National programme of work funded by Welsh Government aims to provide effective and timely information and communication with patients regarding their care pathway, and provide holistic, person-centred support to those waiting for treatment to self-manage their symptoms and maximise their health and well-being. A 3Ps Working Group was established to implement the programme's key deliverables. WG have confirmed that there is no further funding from 31 st March 2026 for continuation of this programme, business proposal to be developed for continuation of service and seamless integration into business as usual. Living With Persistent Pain Programme Redevelopment of pain services in CTMUHB with aim of implementing an equitable, evidence-based and person-centred model of care for people living with persistent pain. Priorities of the programme are: Phase 1: • Address current secondary care waiting list • Commence stakeholder engagement Phase 2: • To design and deliver a new, integrated pain service model across primary, community and secondary care • To align services with national strategy and service specification developments • To ensure meaningful coproduction with people with lived experience and professionals from a range of professions and sectors Other areas of ongoing work: • Continued implementation of Nationally funded VBHC Alcohol Care Programme • Provide planning support to the Lantrisant Health Park programme of work

Respiratory Disease

The National Quality Statement for Respiratory Disease published on 30th November 2022 states that one in twelve adults in Wales reports a longstanding respiratory illness and Wales has a higher rate of asthma prevalence than the European average. Prior to the COVID-19 pandemic, around 15 – 16% of all deaths were due to respiratory disease and in 2019 Wales had the highest avoidable mortality rate in Great Britain for diseases of the respiratory system. Respiratory medicine costs the NHS in Wales more than £400 million per year.

The Strategy Group are represented on the National Clinical Network for Respiratory Conditions who have now agreed and are working with health boards to implement a range of national priorities which include:

Priority 1: Baseline Assessment

- National Respiratory Dashboard (NRD)
- NRAP (National Respiratory Audit Programme)
- Visibility Pulmonary rehab waiting lists
- Respiratory Diagnostics: Established live reporting system
- PROMS & PREMS

Priority 2: All Wales Clinical Pathway Development

- Breathlessness Pathway
- Optimal Asthma Pathway
- ILD (Interstitial Lung Disease)
- COPD (Chronic Obstructive Pulmonary Disease)
- Bronchiectasis

Priority 3: Service Specifications and other Products Development

- Chronic Obstructive Pulmonary Disease (COPD) Virtual Ward
- All Wales Service Specification: COPD and Tuberculosis (TB) Service Specification

Priority 4: Digital Access to Lung Function Testing in Secondary Care

- Integration of Lung Function Tests into Welsh Clinical Portal (WCP)

Local priority areas have been agreed within respiratory care and work is progressing to develop work streams and action plans to take each priority area forward, this is included within the plan on a page above.

Liver Disease

Welsh Government's National Quality Statement for liver disease states that deaths in Wales from chronic liver disease have more than doubled in the past 20 years. Liver disease is now the commonest cause of death in those aged 39 – 45 in the UK. As with many health conditions the way in which people lead their lives directly influences the risk of developing chronic liver disease. Excessive alcohol consumption and obesity remain the commonest cause of liver disease in Wales. The majority of people with chronic liver disease have cirrhosis.

The strategy group along with CTM's Clinical Lead are represented on the Liver Disease Implementation Network (LDIN) Clinical Reference Group who have agreed and are working with health boards to implement a range of national priorities which include:

Liver Disease National Priorities

Priority 1: Establishment/monitoring of Network baseline assessment:

- development of all Wales training on ESR for Alcohol care
- Baseline review of hepatocellular carcinoma services across Wales
- Development of All Wales PROMS and PREMS via Promptly.
- Development of liver disease dataset (SAIL)
- All Wales digital integration of fibroscanners to automate collection of clinical data
- Improving Quality in Liver Services Standards (IQILS)

Priority 2: Clinical Pathway Development:

- Health pathways implementation as part of national rolls out.
- Bereavement pathway approval
- All Wales Alcohol Screening and Intervention pathways approval.

Priority 3: Service Specifications Development

- Development of All Wales hepatology dietetic service specification
- All Wales Service Specification for 7 Day Alcohol Care Teams
- Advanced liver disease supportive care service specification approval

Local priority areas have been agreed by the Planning and Delivery Group for Liver Disease which are included within the Plan on a Page above.

CTM Hepatitis Elimination Strategy

A Welsh Health Circular was issued to Health Boards in January 2023 identifying actions needed to be taken to ensure progress on Hepatitis B and C elimination across Wales. The Hepatitis B and C Elimination Programme Oversight Group has been established by Welsh

Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) strategy.

Within CTMUHB an Elimination of Hepatitis B and C Working Group has been established with a wide range of stakeholders such as Public Health Wales, APB, Hepatitis Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service. On 4th August 2025 the Chair of the National Hepatitis Oversight Group in Welsh Government commented on the significant progress from CTM in implementing our 3-year delivery plan stating *"we are encouraged by the progress you are making and would like to congratulate you on the great success seen with the rapid increase in testing in HMP Parc. I know that would have taken a lot of effort by a lot of people and everyone should be very proud of themselves"*. The oversight group noted our plan addressing the following key outcomes which are critical to achieving elimination:

- Improved uptake of Hepatitis B Vaccine in children and at-risk adults.
- More people identified through improved testing across a range of settings, with a focus on increasing testing in substance misuse services, community pharmacies, prison and probation services.
- More people are successfully treated for hepatitis C and start treatment quickly.

However, whilst significant progress has been made there are still areas to focus on to make further strides towards elimination with a sustainable offer and uptake of testing in probation and substance misuse remaining relatively low and a considerable delay between diagnosis and treatment with in-year treatment uptake. There is ongoing work to improve the diagnosis to treatment pathway in CTM settings. It is noted that CTM is an outlier in Wales as the only Health Board that does not provide an outreach service to support BBV testing and treatment adherence. This also applies to the approach needed for HIV, with considerable overlap across both programmes. There is ongoing work to identify synergies and work across the two elimination programmes.

Waiting Well - 3Ps



Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in the number of people waiting for review and/or start of their treatment. Now the urgent need to deliver on the long-term ambition to move away from passive waiting list to a proactive preparation list instigated the Promote, Prevent, Prepare (3P's) policy from the Welsh Government.

This project aims to provide effective and timely information and communication with patients regarding their care pathway; provide holistic, person-centred support to those waiting for

treatment to self-manage their symptoms; and maximise the person's health and well-being. A national programme of work was established and a CTM 3Ps Project Working Group was established to implement the programme's key deliverables. For 2025/26 Cwm Taf Morgannwg University Health Board (CTMUHB) received £338,907 to deliver the programme. In July 2026 Welsh Government announced that there would be no further funding for the continuation of this programme of work and that they would be supporting programme teams within health boards to build a robust proposal to seek internal funding.

Living With Persistent Pain Programme

One of the priorities for the Planned Care Group is the re-development of pain services across CTMUHB with an aim of implementing an equitable, evidence-based and person-centred model of care for people living with persistent pain. The CTMUHB Living with Persistent Pain Programme Board (PPPB) provides leadership, coordination, and oversight for the pain service redevelopment. Priorities of the programme are:

Phase 1:

- Address current secondary care waiting list
- Commence stakeholder engagement

Phase 2:

- To design and deliver a new, integrated pain service model across primary, community and secondary care
- To align services with National strategy and service specification developments
- To ensure meaningful coproduction with people with lived experience and professionals from a range of professions and sectors.

The National Pain Network have developed an annual workplan and the national strategic direction is set within the "*Persistent Pain in Wales: A Case for Change and a National, Community-based Service Model*" (August 2025) document. A key area of national work will be to develop the national persistent pain service specification, which will set out the baseline support that health boards will be expected to provide with a request for gap analysis and submission of implementation plans.

Ageing Well



The Ageing Well Strategy group's vision and key principles are set out below in the updated plan on a page for 2026-2029, which includes key actions for the forthcoming year.

Integrated Medium Term Plan 2025-2028		Ageing Well Group : Plan on a Page 2026/2027	
Our aim is that Wales is a place where older people and those living with frailty can live a long, healthy, and happy life. They can remain active, independent, and connected in their own homes and communities, continuing to enjoy the things that matter to them. At the end of their life, they die according to their wishes in a place they choose. These are the quality-of-life outcomes forming the foundation stone of this Integrated Quality Statement (IQS). (Older people and people living with frailty: integrated quality statement, Welsh Government, January 2024)			
Vision To provide the leadership, influence and support to ensure that services provided for frail older people across Cwm Taf Morgannwg UHB are of the highest order, consistent with national guidance and national quality improvement measures. In driving its work forward, the group will ensure that quality, safety and resources are balanced with a robust focus on ensuring that health services for older people in CTMUHB meet the quality attributes expected from national quality statements.	Enablers: - Consistent use of Clinical Frailty Score amongst professionals working with older people across primary, community and acute hospital services - Community based MDTs - Identification, recognition and support for informal carers of older people - Digital platforms and interoperability of systems across primary, community and acute services. - Up to date service directories, together with telehealth and telecare - Frailty training for workforce across community and acute hospital services - Effective universal prevention and promotion services in the community to enable people to remain healthy and regain health where possible - Integrated services between health and social care - The use of comprehensive geriatric assessment in acute and community hospital settings - Predictive analytics and workforce modelling to inform the planning process	Strategic Priority Areas - Falls - Dementia and Delirium - Movement Disorders - De-Conditioning - Bone Health - Community & Acute Frailty Services - Neurological Disorders - Stroke	Key Actions Year One 2026/2027: - Continue development of a CTM UHB Strategic Delivery Plan for Frailty, which covers the four domains of Prevention, Identification, Management and Treatment. - Engage with colleagues in planning and transformation, digital, urgent care and primary and community care groups on the implementation and monitoring of the SDP for frailty, reporting on progress into the Improving Care Board. - Working with colleagues, link development and implementation of the Frailty SDP into relevant strategic planning governance structures, such as Six Goals and Dementia Steering Group. - Support the implementation of the Six Goals for Urgent and Emergency Care National Community-Based Falls Response Framework for Wales in CTM UHB. - Continue to support development of a comprehensive bone health service in CTM UHB building on the development of the Fracture Liaison Service and recruitment of additional Orthogeriatricians. - Working in partnership with the Urgent Care Group support the development of a neurology liaison service and pathway for neurological conditions in CTM UHB. - Continue to support the work of the CTM Regional Dementia Steering Group and implementation of the Dementia Care Pathway of Standards across the CTM region.
Our principles are: - Improved patient experience and outcomes - Early Intervention / Identification and admission avoidance - Help to Help Yourself - Address Loneliness and Isolation - Equality of Access - Person Centred / What Matters to me - Tackle Inequality - Anticipatory Care - Continuity and Coordination of Care - A people focus, through engagement, listening, involvement and understanding - Supporting learning and continual improvement to ensure we have the right people with the right skills and attributes - Equitable, safe and patient centred services - Improving the health of our population - Sustainable use of resources in line with a prudent and value based health care approach	Value-Based Healthcare - Embed VBHC principles across all strategic plans and developments in services for older people. - Work closely with members of the CTM UHB VBHC team to develop the role of PROMS and PREMS in plans and service evaluation. Research, Development & Innovation - Link up to date R&D and Innovation into services and plans. - Champion the use of evidence based innovations in the development of services for older people.		

Frailty

Frailty is defined as a health state in which multiple body systems gradually lose their in-built reserve. Whilst it is often associated with older people, it is not an inevitable part of aging and not all older people are frail. 10% of people over 65 years are living with frailty, but this does increase to between 25% to 50% of those who are 85 and older.

People living with frailty are at risk of adverse health outcomes and evidence shows that they are the highest users of health and social care services. Hospital, admissions for this group are often unplanned, making patients more susceptible to healthcare associated infections and iatrogenic harm. Frail older people usually have longer stays in hospital, rates of readmission, and are more likely to be discharged with higher levels of complexity than prior to admission.

The Ageing Well Strategy Group will continue to work in partnership with colleagues across the Health Board to drive forward development of a Strategic Delivery Plan for Frailty. The plan will span across all four domains:



The Strategy Group will also continue to work with wider partners across the three local authorities and third sector through the Regional Partnership Board to support the development on integrated community services which are vital to the treatment and care of frail people.

Stroke

Stroke remains the 4th leading cause of death in Wales and can have significant long-term effects on survivors and their families. The prevalence of people living with stroke is increasing due to a decrease in mortality from stroke and an ageing population. A number of factors contribute to the large disease burden related to stroke and as 70% of strokes are preventable, it is vital that a whole system approach is taken, which maximises the prevention, including early detection and treatment of clinical risk factors, in addition to the early intervention and management of stroke.

Welsh Government's Quality Statement for Stroke emphasises the importance of collaborative work to address all aspects of the stroke care pathway. The Ageing Well Strategy Group will continue to support the Urgent Care Group to develop a sustainable, quality stroke service with agreed pathway from front door to rehab and discharge in CTM UHB.

Dementia

The national strategic direction for dementia is guided by the Dementia Action Plan (DAP) published by Welsh Government and the All Wales Dementia Care Pathway of Standards developed by Improvement Cymru. The National Dementia Action Plan is currently under review, with a new iteration expected in early 2026.

Alongside implementing the new DAP, there is a continued commitment to deliver on the objectives of the 20 standards, ensuring alignment with current delivery mechanisms.

Within CTM, a recent Dementia Pathway Review commissioned through the North of England Commissioning Support Service (NECS) identified 22 focus areas for improvement over the next five years.

Implementation of the regional dementia programme is supported by £1.8 million of Dementia Regional Integration Funding, which is expected to be reconfigured in the coming years to reflect evolving needs and priorities within our communities.

Regionally, the programme remains committed to the overarching principles of parity of outcome and co-production with people with lived experience, while continuing to deliver on the standards and support the new iteration of the National Dementia Action Plan. In addition, the programme will work in partnership to implement the recommendations from the NECS review across the 22 identified focus areas.

Neurological Conditions

The Welsh Government published *The Quality Statement for Neurological Conditions* in November 2022. The quality statement stated that there are more than 577 recognised neurological conditions, disorders and syndromes which affect the brain, spinal cord, nerves and muscles. It is estimated that one in six people in the UK have a neurological condition. The number of people living with a neurological condition is set to increase over the coming years as more children survive beyond birth into adulthood and as the UK's population ages, so do the number of people living with age-related neurological conditions. The number of years lost due to ill health, disability or early death as a result of a neurological condition is

higher than that of diabetes. The impact of neurological conditions on quality of life is greater than that of cardiovascular conditions or diabetes. The quality statement outlined the quality attributes of neurological conditions services in Wales as: equitable, safe, effective, efficient, person-centred, and timely.

The Ageing Well Strategy Group will continue to support the Unscheduled Care Group to develop a plan for liaison neurology and a wider model of treatment and care for people with neurological conditions.

DRAFT

Dying Well



Dying Well

In October 2022 Welsh Government published the *Quality Statement for palliative and end of life care for Wales*. The quality statement describes what good quality palliative and end of life care services should look like. The quality statement sets out high-level Welsh Government policy intention for children, young people and adult Palliative and End of Life Care to ensure care is safe, timely, effective, person-centred, efficient and equitable.

The quality statement states that it will be supported by the NHS Executive and implemented through a series of health board enabling plans, collaborations with other networks and programmes (such as dementia, cardiovascular, neurological, diabetes and cancer) and the work programme of the National Programme Board for palliative and end of life care.

The National Service Specification for Wales: Palliative and End of Life Care Services was released by the NHS Executive on 13th October 2025 following a national consultation process. The specification was produced under the National Palliative and End of Life Care Programme in Wales and reflects a collective ambition to deliver equitable, person-centred, and high-quality care to individuals and families navigating life-limiting conditions.

The national service specification is supported by a national competence framework which provides a national standard for those working in and encounter palliative care to have the skills required to support the delivery of palliative care. It also provides a framework for education and training to allow those who plan education, training and development know what is expected of them. This will allow future care givers to have the required core competencies and skill set to support the delivery of palliative care.

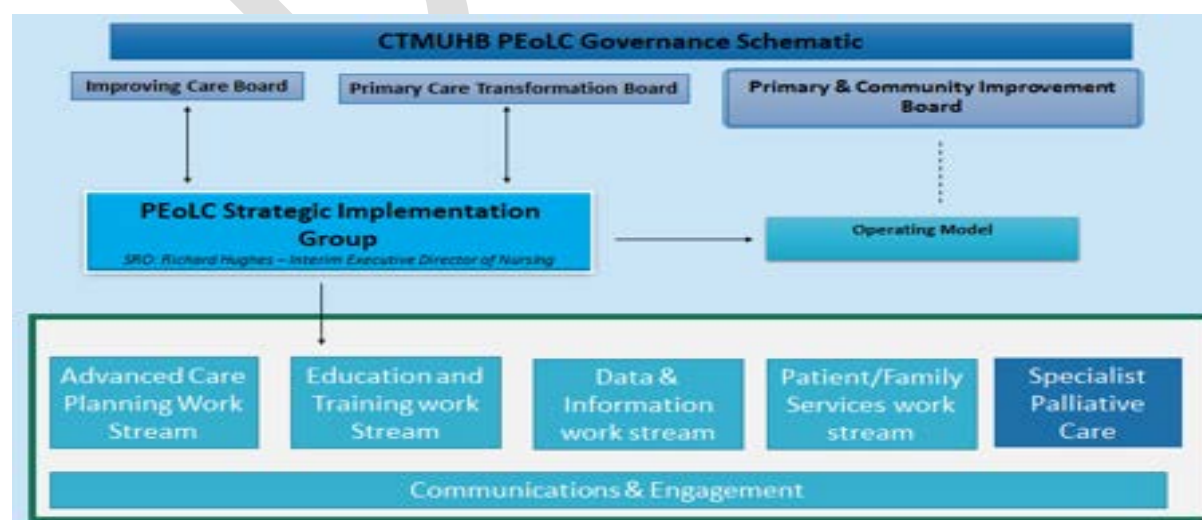
In addition to this, there is a supportive national programme developing a hospice model that will looking to support and underpin the delivery of palliative care services.

The Dying Well Strategy Group will closely with colleagues across the CTM UHB area to develop a strategic planning structure for development of PEOLC services in line with the core principles outlined in the specification which include:

- **Person-Centred Care:** Respecting and responding to the unique needs, preferences, and values of each individual and their families, ensuring that care is delivered with cultural sensitivity and inclusivity.
- **Timely Identification and Holistic Support:** Proactively identifying patients who could benefit from palliative care, addressing physical, emotional, spiritual, and social needs through comprehensive assessments and personalised plans.
- **Integration and Collaboration:** Fostering seamless partnerships between the NHS, voluntary organisations, social care providers, and community groups to ensure continuity and coordination across all care settings.
- **Workforce Excellence:** Equipping our healthcare professionals with the skills, knowledge, and support needed to deliver compassionate care, while prioritising their wellbeing and professional development.
- **Equity in Access:** Addressing disparities in service availability to ensure that every individual, regardless of geography or socioeconomic status, can access high-quality palliative and end-of-life care.
- **Bereavement Support:** Recognising bereavement care as a core aspect of PEOLC, this specification ensures access to pre- and post-bereavement support for families and carers.

A Palliative Care and End of Life Implementation Board led by the Executive Director of Nursing has been established to develop a robust service strategy for Palliative Care and End of Life within CTM which will oversee the implementation of the national service specification.

This Implementation Board will look to address the gap analysis between existing services and the recommended national standards identified in the National Service Specification by developing and establishing a service strategy to facilitate this transformation. A Programme portfolio architecture has been built to underpin the delivery of this work with engagement from clinical and non-clinical disciplines across CTM and ensuring interdependencies with other programmes. A high-level overview of the governance arrangements is illustrated below detailing the interactions of the programme.





ESCALATION STATUS

At the start of the financial year (2025/26), the Cabinet Secretary de-escalated the Health Board from enhanced monitoring to routine arrangements for Child and Adolescent Mental Health Services (CAMHS) and also de-escalated Planned Care and Cancer from 'targeted intervention' to 'enhanced monitoring'.

In July 2025, following the summer tripartite, the Health Board was de-escalated from 'enhanced monitoring' to 'routine arrangements' in relation to Finance, Planning and Strategy.

In February 2026 the Health Board received confirmation of de-escalation from level three to level 1 (routine monitoring) for cancer services.

Therefore, the overarching escalation status as at March 2026, is summarised in the table below:

Area	Current Status
Performance and Outcomes related to Planned Care	Level 3 (Enhanced Monitoring)
Performance and Outcomes related to Urgent and Emergency Care	Level 4 (Targeted Intervention)

The Health Board has delivered a significant improvement across all domains of the current escalation framework. There has been a focus on reducing waiting lists for planned care, increasing the compliance with the 62-day Single Cancer Pathway (SCP), and reducing the waiting times across our Emergency Departments (including ambulance handover times).

The priority areas going into the next year (2026/27) remains particularly focused on maintaining the performance trajectory associated with Planned Care and Cancer, and in particular, reducing the number of patients waiting 12 hours or more in our Emergency Departments.

We have assessed the impact of our plans against the escalation framework and consider the following to be the likely corollary:

- A likely maintenance of the escalation for planned care and urgent and emergency care, notwithstanding further planned work to sustain and improve;
- Potential for escalation in relation to planning and finance due to indicative financial position.

MERGENCY PLANNING PREPAREDNESS AND RESPONSE

As a Category 1 Responder, the Health Board must fulfil its statutory duties in relation to Emergency Preparedness, Response and Recovery (EPRR) under the Civil Contingencies Act (CCA) 2004 and in line with Emergency Guidance issued by Welsh Government (WG). There is a robust governance structure for oversight of the EPRR functions with an executive lead for EPRR and formal reporting structures to sub-committee and the board.

The Health Board's Strategic Emergency Preparedness, Response and Recovery Group continues to oversee planning and preparedness within the HB and work is ongoing to further develop and embed EPRR knowledge and champions across the care group structures. This is to ensure that pre-planning for foreseeable and unforeseen events is embedded within processes and procedures.

During 2025-2026, the health board sought internal audit review of processes relating to the response to the critical incident at Princess of Wales Hospital in 2024. The findings of this review have been built into our forward work programme for the forthcoming year, along with learning from our internal debriefs.

During 2025-2026 key achievements for the health board were:

- The EPRR team has been expanded to 3.5FTE and this provides not only resilience to the organisation but capacity to move work forward at a greater pace.
- Participating and supporting our category 1 partners in exercises including:
 - Tier 1 Exercise Pegasus, which has helped clarify next steps with the CTMUHB pandemic plan development
 - Exercise Tendly 2 with South Wales Police – providing the health board with more realistic response times to incidents and casualty dispersal.
 - Exercise Ventus and Exercise Waterworld with South Wales Fire and Rescue – providing understanding of key infrastructure and response to its failures.
 - Exercise Solaris and Bite Back with Public Health Wales – providing key knowledge on the emergency of new diseases.
 - A mass casualty exercise with the South Wales Trauma network.
 - Learning from these exercises is shared and plans are reviewed following them.
- Staff from CTMUHB observed Major Incident exercising in Aneurin Bevan and Swansea Bay University Health Boards to support us to prepare and improve our own training.
- The EPRR team supported the AIG Women's Open Golf tournament command and control.
- The Business continuity framework and Major Incident Plan have been reviewed following lessons learnt from attending the coroner's court.
 - Development of a delivery plan for EPRR training and testing across the organisation.

Amongst the key actions for 2026-2027 are:

- Ensure we are meeting the NHS England EPRR standards whilst Wales standards are being developed leading to an improved more in-depth annual review.
- Sign off of the following Key plans through the governance structures:
 - Revised and updated Major Incident Plan
 - High consequence infectious diseases
 - Pandemic Plan
 - Severe weather plan
- Work with the Health Protection team to support the development of the CTMUHB area pandemic plan
- Develop and deliver a suite of EPRR training to support staff to respond to an incident – including control and command and logistics training and support.

- Support the work of the climate resilience group around risk assessment and training.

QUALITY



Quality is at the heart of the Health Board and our aim is to improve outcomes for our people, whoever they are, and wherever they live.

Our 6 inter-dependant quality ambitions are based on the 6 dimensions of quality and shape our strategic quality goals. These in turn provide the framework for our Annual Quality Work Plan, containing SMART objectives (Specific, Measurable, Achievable, Realistic, and Timed) against which we monitor and report our progress at regular intervals, adjusting our plans as required. Where appropriate, priorities have been mapped against NHS Wales Performance Framework & Guidance for 2025-2026.

The Duty of Quality and delivery of high-quality care

Our Quality Strategy was developed in 2022 to cover the period 2022-2025. Its purpose is to enable the Health Board to deliver on the NHS Wales core value of **putting quality and safety above all else and providing high-value, evidence-based care for our patients at all times**. All plans are aligned to this strategy which is supported by a work plan for each year.

From 2026–2029, we will deliver a single, board-led Quality Management System aligned to the statutory Duty of Quality, underpinned by our renewed Quality Strategic Plan 2026/29 and an annual work plan that sets measurable objectives, assigns executive ownership, and enables routine Committee oversight of progress. This will include full adoption of the new all-Wales Listening to People approach from 1 April 2026, embedding Duty of Candour conversations, proportionate investigation and transparent learning, alongside strengthened incident management, earlier resolution of concerns and clear pathways into redress. We will publish and act on our People's Experience Strategy (2026), expand bereavement and carer support (including the Carers Passport), and further normalise bilingual care through a consistent Active Offer so that experience drives improvement alongside safety and effectiveness.

Delivery will be anchored in harm-free care and reliable fundamentals. We will refresh Ward Assurance and a proportionate Ward Accreditation model; maintain bi-annual Nurse Staffing Act calculations; and stand up a Harm-Free Care Steering Group and dashboard to triangulate risk and prompt earlier action. Infection Prevention and Control priorities will sustain reductions in Gram-negative bacteraemia through antimicrobial stewardship and device optimisation, strengthen water safety and ventilation controls, and increase training compliance, while the community IPC programme intensifies support to care homes and outbreak response. Quality assurance will continue through a standardised Incident Management Framework, routine Quality & Safety Committee reporting and systematic learning from PSOW cases, with progress tracked via the Quality Strategic Plan work plan (e.g., increased early complaint resolution, reductions in avoidable harm, and improved clinical coding completeness and specificity). The Quality and Safety Team will work to ensure

that the requirements of the NHS Wales Planning Framework with respect to quality and safety are delivered. The plans for delivery are set out in as annexes to this plan.

- Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
- Days of safe care delivered since the last never event, monitored using SPC T-Chart
- Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027
- 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. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

The alignment to the strategic quality goals is set out in our operational delivery plans, which are constructed by care group (our six operational divisions) and the full quality strategy can be accessed via our [website](#).

Investing in Quality

Quality and risk management is embedded in all that we do. All service development and change requirements identified across all services and teams are subject to a Quality Impact Assessment (QIA) along with Equality Impact Assessment, where required. This approach has been employed in developing our three-year plan along with ensuring alignment with risks of highest concern on our corporate risk register.

People's Experience

During 2025–2026, the Health Board continued to strengthen its approach to improving people's experience of care. Work this year focused on ensuring that the voices of patients and communities directly shape improvement activity.

People's Experience Framework

The People's Experience Framework remains central to shaping how the organisation gathers, understands, and acts on people's feedback. It provides a consistent and coordinated structure for listening to those who use our services and ensures that experience insights inform quality improvement, operational decision-making and assurance processes across the Health Board.

Development of a People's Experience Strategy

Work advanced on the development of the CTMUHB People's Experience Strategy, which will be launched in 2026. The strategy will set out a clear and unified approach to improving people's experience, strengthening involvement, and ensuring that real-time experience data is used consistently to shape services. It will also outline how CTMUHB will build a culture in which every interaction contributes to safe, compassionate and person-centred care.

Bereavement Services

The Bereavement Lead continued to support implementation of the Welsh Government Bereavement Standards, with a focus on improving pathways, enhancing staff knowledge, and ensuring that families receive coordinated, sensitive support following a bereavement. Work

also supported greater alignment between bereavement services and other supportive functions such as chaplaincy and mortuary services.

Carer Support

The Carers Lead continued to strengthen the visibility and support available for unpaid carers across CTMUHB. A key area of progress was the development of a Carers Passport, which will launch in 2026. The passport will support more effective identification of carers, improve their involvement in care planning, and ensure they are better informed and supported during their interactions with services.

Review of PALS, Chaplaincy and Volunteering Services

A programme of work is underway to review the Patient Advice and Liaison Service (PALS), Chaplaincy and Volunteers Service. The review is focusing on modernising pathways, improving accessibility, and identifying opportunities to strengthen the role these services play in the overall patient and family experience. Early findings are informing plans to develop clearer career pathways within these services, supporting future workforce sustainability and improved service provision.

People's Experience Strategic Intent 2026-2029

People's experience is recognised as a strategic driver of improvement and assurance, and is integral to how the Health Board plans, delivers and evaluates care. Throughout our plan development, experience insights will be embedded into routine clinical practice, service improvement and governance arrangements. The measures below provide a blended framework for Board oversight and service-level improvement, ensuring clear line of sight from feedback to action and outcomes.

1. People's Experience as a Strategic Driver

Board assurance

- People's experience routinely referenced in Quality, Safety and Experience reporting, with year-on-year improvement in key themes.
- Board assurance that experience insights inform at least one major service change annually.

Service / ward improvement

- Services demonstrate clear "You said – We did" actions.
- Experience themes routinely discussed and acted upon through local action plans.

2. Use of Real-Time Experience Insights

Board assurance

- Timely availability of experience insights and reduced recurrence of unresolved themes.
- Improved triangulation of experience, safety and outcome data.

Service / ward improvement

- Wards and services use real-time feedback to inform immediate improvement.
- Staff demonstrate confidence in using experience insights to change practice.

3. People's Experience Strategy (from 2026)

Board assurance

- Strategy launched, governed and reported through annual progress updates.
- Clear alignment between experience priorities and IMTP quality objectives.

Service / ward improvement

- Services translate the Strategy into local priorities and improvement activity.
- Co-production embedded within service redesign and improvement work.

4. Bereavement Services

Board assurance

- Compliance with Welsh Government Bereavement Standards and improved family feedback.
- Reduced variation in bereavement pathways across sites.

Service / ward improvement

- Staff trained in bereavement care and consistent pathways implemented.
- Learning from bereavement feedback demonstrably informs service improvement.

5. Support for Unpaid Carers

Board assurance

- Increased identification of carers and monitored uptake of the Carers Passport.
- Improved carer experience feedback and reduced concerns related to involvement.

Service / ward improvement

- Carers routinely identified and involved in care planning.
- Staff demonstrate awareness of carers' needs in practice.

6. PALS, Chaplaincy and Volunteering Services

Board assurance

- Improved accessibility, responsiveness and sustainability of services.
- Reduced escalation of concerns through earlier resolution and support.

Service / ward improvement

- Improved response and resolution times for PALS.
- Clear access to chaplaincy and volunteering support, with positive feedback.

DRAFT

Welsh Language

Over the past year, we have made progress in strengthening the organisation’s ability to deliver bilingual care. A step forward has been sharing an endorsed Recruitment Decision Tree, enabling managers to make consistent, evidence-based decisions about Welsh language requirements for posts. This has been supported by updated job description templates and clearer guidance within job adverts, resulting in a more confident and empowered bilingual applicant base.

For the first time, dedicated Welsh language & recruitment training has been delivered, reaching more than 180 staff. This has improved understanding of the standards and helped embed fair and legally compliant recruitment practices across the organisation.

Our partnership with the National Centre for Learning Welsh has been renewed and strengthened, enabling a further 200 staff to develop their Welsh skills this year—bringing the total to more than 400 since 2023. This growing internal learning community supports our long-term aim of increasing bilingual workforce capacity across CTM.

We have also begun to grow the internal use of Welsh through the development of an approved policy under Standard 79, improving visibility and normalisation of the language within internal communications and key staff-facing services.

Finally, the Welsh language has been further integrated into leadership and culture work, with “Leading for a thriving Welsh language” featured within the Inspire leadership development programme—helping to embed bilingualism as a core organisational value.

Collectively, these achievements move us closer to delivering a truly proactive Active Offer, ensuring patients receive care in the language that best supports their dignity, safety, and wellbeing.

Integrated Medium Term Plan 2026-2029

Our vision is to deliver a seamless Welsh language experience for every patient, where language need is respected and embedded in care, and to foster a vibrant Welsh language culture that empowers our staff to use and grow their skills.

Our priorities for 2025 to 2027 are:

- **Priority 1: Deliver the 5-Year Strategic Delivery Plan for Clinical Consultations in Welsh** [here](#)
- **Priority 2: Improve compliance with the Service Delivery Standards Regulations**
- **Priority 3: Increase completion of Equality & Welsh Language Impact Assessments for all relevant activity, from operational decisions to policies**

Digital enablers:

- Increased recording of Welsh language preference on e-whiteboards
- Increased recording of language preference on other digital systems such as WPAS
- Implementation of Welsh language considerations in Patient Centred Contact work and digital developments

Workforce enablers:

- Welsh language workforce data analysed from ESR
- Leadership Development Framework and leading for bilingualism in Inspire, Aspire and Manager Essentials

Plan on a Page

Welsh Language – Y Gymraeg

Key actions in year one (2025-2026)

Priority 1:

- Improving the practice of the Active Offer (asking and recording patient language need proactively) including documentation and process audit of admission for at least 5 further areas this year
- Analyse workforce data to ensure up -to-date targeted training list for operational year
- Create strategic delivery plan for Welsh language skills development with National Centre for Learning Welsh setting out offer to UHB, and targets
- Engage Welsh -medium schools to promote healthcare careers and grow bilingual workforce capacity, positioning CTMUHB as an employer that values Welsh language skills
- Improve governance on vacancies to ensure the decision tool is used around Welsh Essential, Desirable, or Needs To Be Learnt on Appointment
- Continue with targeted Welsh Language & Recruitment training with a target to reach a further 150 members of staff
- Continue to engage with independent contractors with a target to reach a further 20 providers across GMS, GDS, Optom and Community Pharmacy guided by Contract Assurance Framework responses
- Using workforce planning processes to ensure targeted action to fill gaps in services where no service can be offered in Welsh

Priority 2:

- Develop CTM -wide action plan following audit response to Welsh Language Commissioner
- Embed revised Welsh Language Governance Model and establish Welsh Language Statutory Delivery Group to oversee completion of above action plan
- Ensure parties to third -party Service Level Agreements comply with Welsh Language Standards with support to meet them
- Improve governance around tender specifications
- Implement the new Using Welsh at Work Policy around internal use of Welsh with staff
- Continue with targeted engagement plan to promote Welsh Language Service available to staff and support to comply
- Hold dialogue sessions on Welsh Language Implementation from an OD perspective: Addressing Concerns and Resistance

Priority 3:

- Embed new governance process for all papers going to OMB, EMB, Committees and Board
- Implement Welsh Language Impact Assessments in relation to Primary Care (Standard 78)

Future services blueprint and patient outcomes:

- Welsh Language Standards Regulations 2017 and Code of Practice
- The NHS (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019
- More Than Just Words 5 -Year Plan
- Duty of Quality and the Active Offer

Patient outcomes:

- Response to the Patient Reported Experience Measure question “Were you able to communicate in your preferred language?”
- Relationship between responses to that question and the services in question

Key Strategic Partners:

- Welsh Language Statutory Delivery Group for CTMUHB
- Welsh Language Commissioner
- National Centre for Learning Welsh and Learn Welsh Glamorgan as commissioned provider

How we will measure success:

Welsh Language Dashboard Measures as seen here of which most importantly:

- Number of posts requiring skills in Welsh
- Number of staff learning Welsh
- Number of Welsh Language Impact Assessments completed
- Number of complaints and investigations
- Overall compliance score with Welsh Language Standards

Building on the strong foundations laid this year, our focus for 2026–2027 is on embedding Welsh language activity in line with the 5-Year Strategic Delivery Plan.

A key priority is to strengthen the **Active Offer** by improving how patient language needs are asked, recorded, and used. We will expand audits of admission processes to at least five additional areas and ensure new digital systems embed language need as a routine clinical requirement.

Workforce development remains central to our approach. We will analyse workforce data to inform targeted training, develop a new skills-development delivery plan with the National Centre for Learning Welsh, and deepen relationships with Welsh-medium schools to promote healthcare careers and future bilingual workforce growth.

To improve compliance with the **Service Delivery Standards**, we will implement actions arising from the Welsh Language Commissioner's audit, embed the revised governance model, and oversee this work through the new Welsh Language Statutory Delivery Group. We will also strengthen governance around procurement, tendering, and third-party contracts to ensure all services commissioned or delivered on our behalf meet the required standards.

Next year will also see an increased emphasis on ensuring high-quality **Equality & Welsh Language Impact Assessments**, both for corporate governance (including OMB, EMB, Committees and Board papers) and for meeting Standard 78 in Primary Care.

Together, these priorities will support our ambition to deliver equitable, safe, and high-quality bilingual services, aligned to national expectations and the revised Compliance Notice linked to the Welsh Language & Education Act.

PUBLIC/POPULATION HEALTH AND HEALTH PREVENTION



Public health action is essential to all aspects of health and wellbeing and is crucial to reducing health inequalities and influencing the wider determinants of health.

Our plan on a page sets out our vision to become a true Marmot organisation and our priorities for our population.

Integrated Medium Term Plan 2026-2029		Plan on a Page – Public Health Directorate
Our vision is to become a Marmot organisation and deliver activity that maximises our population's health. Our priorities are: - Collectively act across the Health Board and with partners for prevention and early intervention to increase Healthy Life Expectancy and reduce the gap in HLE between the poorest and most affluent. - Champion the 8 principals of equity and social justice to become a Marmot Nation - Reduce adult smoking rates to 5% by 2030 - Stabilise and reduce obesity rates in children aged 5 years - Meet Vaccination targets and ensure equitable uptake - To prevent diabetes where possible, slow its progression and ensure equitable, high quality care that supports the best possible health outcomes for people living with or at risk of diabetes in CTM - Reducing healthcare inequalities, covering access, experience and outcomes - Supporting the Health Board to incorporate the use of behavioural science to support delivery of key objective	Key actions in year one (2026/2027) - Increase in adult smokers who make a quit attempt to 7.5% (From 5%) - Develop the Children's Weight Management Service - Improve vaccination rates and equitable uptake - Delivery of local system actions for Healthy Weight: Healthy Wales delivery plan 25-27 - Develop a health equity framework - Develop a behavioural science training offer for all UHB staff - Support the newly developed CTM MH&WB strategic group for local implementation of the national Mental Health & Wellbeing (MH&WB) and Suicide Prevention and Self Harm (SP&SH) strategies and delivery plans. - Continue to chair and provide Public Health advice to the CTM Suicide prevention and selfharm strategic board. - Develop a PHM Strategic Delivery Plan and implement PHM approach in primary care initially. - Lead the delivery of the CTM 5-year Diabetes Strategic Plan 2025-2030 - Work with national and regional partners to address the Wider Determinant of Health	Future services blueprint and patient outcomes: - Reducing Healthcare inequalities amongst our patient population - Increased equitable access into healthcare services in CTM - Reduced disparities in patient experience and outcomes across healthcare services - Reducing health inequalities - Reduced urgent care usage - Increased provision of proactive preventative care - Reducing inequalities through sustainable equitable offer around vaccination, health protection and environmental threats. Patient outcomes: - Improved management of long-term conditions and chronic disease management and reduction in preventable ill-health - Health and social care to work in collaboration to deliver coordinated services to support more patients to live well at home - Reduce inequalities with regards to childhood, seasonal and elimination vaccination programmes
	Key actions in years two and three: - Support Development of Children's Weight Management Service - Continue to support local delivery and implementation of the national MH&WB and SP&SH strategies (2025-2035) and the national Social Prescribing Strategy for Value based healthcare: - To provide expert advice and support to the VBHC programmes in CTM Research, development and innovation: To lead a programme of research, development and innovation across the Health Board, partners and communities to prevent ill health and improve wellbeing while improving equity.	How we will measure success: - Percentage of adult smokers making a quit attempt via services (quarterly) - Percentage of adult smokers making a quit attempt via services who are CO validated at 4 weeks (quarterly) - Percentage of Obese Children aged 5 (Child Weight Measurement Programme) - Vaccination rates vs targets (multiple) - Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes Disinvestment priorities: Activity of low value will be identified for disinvestment.

Our role in supporting Wales to become a Marmot Nation

Wales is formally becoming the world's first Marmot Nation, adopting eight principles to reduce avoidable and unfair health inequalities. This builds on the actions identified by Sir Michael Marmot in Fair Society Healthy Lives (2010) and the statutory duties of public bodies under the Well-being of Future Generations Act. This national commitment is framed around the social determinants of health—conditions in which people *"are born, grow, live, work and age"* [gov.wales]

As a health board, our role is central to turning this ambition into real, measurable change, which we will do through specific actions. These actions support our Marmot ambitions and align with our work as an anchor institution, foundational economy, meeting the requirements of the Well-being of Future Generations Act, population health and prevention and health protection.

We will focus on how we integrate the eight Marmot Principles into planning, investment decisions, service design and population health strategies. As a UHB, we already undertake a lot of work in this area, such as the working with our partners to develop and launch the '[Whole System: Whole Heart](#)' Strategy for our children and young people, which supports the first principle to "Give every child the best start in life". Other developments include the Infection Prevention and Control services identifying alignment with six of the eight Marmot principles with clarity in current action, future action and Marmot impact.

The work we do around being an anchor institution and supporting the foundational economy also embeds this work. As a UHB, we recognise that healthcare alone cannot close the inequality gap and working in partnership across our region and nation impacts on the wider social conditions which matter more. The UHB is committed to ensuring that foundational economy principles are considered in its everyday activities and strategic planning as we know that the wide range of sectors and activities are crucial for people's well-being and the functioning of the broader economy. Adopting this approach is a critical element of meeting our responsibilities with the Well-being of Future Generations (Wales) Act 2015. To enact this, we:

- Partner with local authorities, housing, education, employment services, third-sector and community groups to influence the upstream causes of poor health.
- Embed prevention into pathways—especially in early years, mental well-being, and long-term condition management.
- Advocate for and co-design policies that address poverty, discrimination, poor-quality housing, and access issues.
- Spend our allocated resources as locally as possible.

Work led by Public Health is essential to delivering against the Marmot Principles. The Public Health Directorate provides strategic leadership and service delivery to protect and improve population health while reducing inequalities in Cwm Taf Morgannwg. The work is informed by data, behavioural insights, evidence of effectiveness and research.

A key element of this is working with partners across the Health Board and in the system, including national bodies such as Welsh Government, Public Health Wales and NHS Wales Performance and Improvement, as well as local partners including our three Local Authorities, third sector organisations, schools and communities. This is often facilitated through statutory partnerships including the Public Services Board, the Regional Partnership and the Area Planning Board. The CTM Public Services Board has committed to become a Marmot Region.

CREATING HEALTH STRATEGIC PLAN

Sponsored by the Executive Director of Public Health, in 2024-2025 CTMUHB developed a Creating Health Strategic Plan for 2024 to 2030, and we have continued to deliver against the four primary aims.

Increasing (Healthy) life expectancy and
reducing inequalities
Equal focus on Physical and Mental Health
Building Healthier Communities
Being a healthy organisation

The strategic plan sets out four objectives as set out below.

1. Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
2. Become a population health organisation (modelling priority action areas on the [Ottawa Charter](#))
3. Build Healthier Communities
4. Empower Systems leadership for Population Health Improvement

Deliverables and Timescales

Each programme in the Creating Health structure was subject to a detailed work plan with unique supporting deliverables and milestones for 2025-26. These were monitored by the Creating Health Programme Board bi-monthly. We have been reviewing our Creating Health Programme to develop a refreshed Delivery Plan for 2026-2029 planning period.

Achievements and milestones in 2025/2026

- The Creating Health Delivery Plan was operationalised to facilitate a regular update against deliverables and an opportunity to escalate any barriers to success.
- A performance reporting framework was agreed which included annual reporting measures, to ensure both ongoing monitoring of programme deliverables and impact on population health outcomes for CTM.
- A CTM Mental Health and Wellbeing Assessment was completed to inform regional work going forwards and will be presented to the Creating Health Programme board in April 2026. A new Regional Partnership Board (RPB) Mental Health and Wellbeing sub-group has been formed to lead on the delivery strategy.
- Collaborative working with primary care and pharmacy colleagues to reduce impact of Atrial Fibrillation and hypertension has continued to provide learning and improvements to care during 25/26. The number of strokes avoided being evaluated. Options to embed this into established primary care services are now being explored.
- Evaluation and learning have been shared from our 3Ps programme with options being explored regarding services going forwards
- Building on the initial 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.

- Regular (Making every contact count) MECC training level 1 and 2 has been delivered to staff across CTM and behavioural science support has been given to 8 discrete projects across CTM. A behavioural science repository will be launched in Q4.
- Population Health Management (PHM) workstreams have continued to support projects across CTM to target high and rising-risk populations in deprived communities, to prevent deterioration, reduce emergency admissions, and support people through proactive, "What Matters"-based care.
- Close work with the Public Services Board (PSB) has been undertaken across a range of programmes to ensure ongoing partnership and collaboration across a number of themes reporting to Creating Health
- Evaluation of PIPYn has been undertaken and successful business case to support the children's weight service going forwards.
- Healthy Travel Charter signed off with partners and now in implementation phase
- Ongoing delivery of prevention activity across CTM has continued with 5% treated smokers target achieved.
- Evaluation of Help Me Quit in Hospital (HMQH) complete and implementation of recommendations ongoing as the service continues to be delivered with smoking cessation being embedded into pre- and post-operative pathways across CTM
- Digital solutions to monitoring activity and outcomes in social prescribing have been explored with many organisations now using Lamplight data management system to allow outcomes to be compared

Key priorities and actions/milestones for 26/27

- Approve the refresh of Creating Health Delivery Plan and associated deliverables with particular focus on Marmot principles throughout
- Coordinating steps to realise CTM as a population health organisation through a new programme of work aligned to a CTM Population Health Framework, currently under development
- Sign off a population health management strategic delivery plan currently under development.
- Progress work to develop our shared care record and pilot across the region
- PHM training packages to support learning around PSRS tool being developed with bitesize learning modules already developed for roll out 26/27
- Launch of the healthy weight road map
- Explore options to support an ongoing income maximisation workstream to continue the work delivered in 25/26 to maximise pension credit and winter fuel claims broadening the scope to support a wider range of vulnerabilities, chronic conditions and income opportunities.

Key deliverables are set out below.

Programme	2026/27 Deliverables	Creating Health Objective
AF and HPT	Further evaluate options and develop a plan to embed service into Primary care Services	Objective 1 Objective 3
	Produce model of redesigned WISE services	

National Hepatitis Elimination Programme	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability	Objective 3
	Implement a sustainable service for testing across the three probation offices within CTM.	
	Continue to improve testing rates and ultimately treatment rates.	
MECC	Deliver twelve training sessions quarterly Ninety individuals to undertake training every quarter Implement local changes to support MECC nationally aligning with Primary Care from January 2026	Objective 1 Objective 2 Objective 3 Objective 4
	Behavioural science application support provided to 6 projects/areas of work each quarter (ad hoc/applied).	Objective 1 Objective 2 Objective 3 Objective 4
PHM	Increased case finding for existing services. Increased proactive identification of patients for preventative interventions and services. Review implementation models in CTM in short/medium term Development and implementation of PHM infrastructure using CTM shared care record as per phase 1 pilot	Objective 2

Integrated weight management and Whole system approach to Healthy Weight	Introduction of obesity tier 2 and 3 for children Sign off Healthy Weight Road Map Roll out of PIPYN CTM wide Ongoing measuring impact and learning of PHW nine steps for CTM Implement Obesity Pathway Innovation Programme locally Develop Regional Food partnership action plan Implement CTM Healthy Travel Charter	Objective 1 Objective 2 Objective 3 Objective 4
Reducing harms from tobacco and nicotine	Ongoing delivery of smoking prevention activity Implement learning from HMQH evaluation Review impact of Primary Care referral data and target groups appropriately Ongoing delivery of comms plan Review progress of 25/26 and evaluate updated prevention strategy from PHW and continuously improve HMQ service offer	Objective 1 Objective 2 Objective 3
Diabetes	Implementation of the CTM 5-year diabetes strategic plan. Support equitable roll out of the AWDPP Explore enhanced diabetes case-finding Co-produce an intervention to pilot with the intention of delaying/reducing risk of development of T2DM in women with GDM Explore opportunities to support transition for people living with T1DM from CYP to adult services.	Objective 1 Objective 2 Objective 3

	Review and support Structured diabetes education work Support increased uptake of 8 care process Support implementation of the new CTM T2DM pathway Support implementation of recommendations for staff living with diabetes	
Mental Health and Well-being	Develop an implementation plan of recommendations from the CTM Mental Health and Wellbeing needs assessment Develop a clear workplan to support the local implementation of the two national strategies: National Mental health and wellbeing strategy and National Suicide Prevention and Self-Harm Strategy.	Objective 1 Objective 2 Objective 3
Social Prescribing	Continue to develop strategic view of local community development needs. Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4
Income Maximisation	Evaluation pension credit/warmer homes work 25/26 Review income type and population options for targeting 26/27 Support HB in Wales with roll out of warmer homes project	Objective 1 Objective 2 Objective 3 Objective 4
Maternity Population Health	Development and sign off of Maternity Population health strategy	Objective 1 Objective 2

Population Health Framework	Scope programme objectives focussed around key themes	Objective 1
	Develop CTM Population health Framework	Objective 2
		Objective 3
		Objective 4

HEALTH PROTECTION

During 2025-26 we moved to implementing the health protection strategic plan and are seeing impact in health protection outcomes for CTM communities. This has included maximising investment of the additional £1.06m funded provided to CTM which has focused on creating capacity across the CTM health protection system around coordinated community infection, prevention and control; addressing inequalities in vaccination and testing; emergency planning and preparedness for pandemic, and communications and engagement with communities around health protection

Achievements and milestones in 25/26

- Vaccination
 - Highly successful child immunisation mop-ups during the summer with 2321 vaccinations provided reducing measles outbreak risk in Treforest (the only MSOA with a $Re > 1$ in CTM) and reducing impact of HPV in our communities
 - Multi-modal winter vaccination campaign looks to have had good impact on overall flu vaccine uptake rates in our communities. Staff uptake looks to have increased by 18%, over 1000 residents in HMP Parc vaccinated.
 - Delivered a resilient approach to Fluenz vaccination in nursery settings in RCT and Merthyr with the highest uptake rate in 3-year-olds in Wales in 25/26 (53.5% vs 44.9%)
 - Use of outreach clinics including outreach van enabling uptake in areas with difficult access
- Innovative ways of coproduction, engagement and communication delivered through working with the Community Leaders Network creating an impactful hyper local winter campaign and a network of community vaccination champions.
- Participation and learning from Exercise Pegasus that will impact CTM pandemic planning with close links between emergency planning and health protection increasing resilience
- Delivery of the Hepatitis B/C elimination plans including a sustained offer of testing at HMP Parc of 98% and uptake of screening of 93%.
- New ways of working with local authorities extending prevention reach into early years settings, schools and other vulnerable settings
- Community IP&C Team established and already showing impact working with HPT PHW on outbreaks in vulnerable settings. They have audited 25 out of 27 nursing homes and are providing ongoing support
- Faecal PCR enabled in CTM for last 4 months of 25/26

Key priorities and actions/milestones for 26/27

- Improving vaccine uptake by improving coordination across care groups and addressing inequalities

- Improving Health Protection prevention and response pathways through implementing Health Protection Framework workstreams of sampling/ testing, prophylaxis and vulnerable settings
- Taking the learnings from Exercise Pegasus and localising pandemic plans
- Ensuring sustainable ways of working with local authorities and wider partners enabling prevention and surge resilience.
- Delivering plans for diseases of elimination and identifying opportunities for coordination, outreach, communications and engagement to improve outcomes
- Supporting the system to address health impacts of environmental risks and climate adaptation

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REGIONAL PARTNERSHIP



The Cwm Taf Morgannwg Regional Partnership (RP) is a health and social care partnership established under the Social Services and Wellbeing (Wales) Act 2014 to improve services and support in Rhondda Cynon Taf, Bridgend and Merthyr Tydfil (the Cwm Taf Morgannwg region).

The Partnership brings over 300 people together - from health, social care, education, the third sector, housing, and the community - so we can listen, learn, and work together using our different knowledge, experiences and skills. It helps to commission projects through Welsh Government funding models that support people's health, wellbeing, and independence. It also provides space to test new ideas to support sustainable transformation—trying out better ways of doing things and sharing what works, so everyone can benefit.

In line with legislative and policy responsibilities including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and 'A Healthier Wales', Cwm Taf Morgannwg University Health Board will continue to play an active role within the CTM Regional Partnership (RP) over the next three years. This will include continued delivery against national policy including six models of care utilising the Regional Integration Fund, the Nyth/ Nest Framework and working to develop an Integrated Community Care System for older people and people living with frailty.

In 2023 the RP published a Regional Area Plan which was developed using our Population Needs Assessment, the Market Stability Report and engaging our population through a series of Hackathons. The Regional Area Plan is a 5-year plan and delivery will continue during to 2028.

The Area Plan gives a focus on:

- Children and young people – we want all children and young people to lead healthy and happy lives. To create a better future, we need to ensure their voices are heard.
- Learning disabilities – we know people experience learning disabilities in many ways; we aim to ensure their voices are heard so they can have greater ownership and control over their lives.
- Mental Health – we are looking at ways to support the mental health of people living in CTM. This includes improving systems to provide better services, removing barriers and inequalities.
- Dementia – we know that living with dementia can be challenging and we want to ensure people living with dementia feel supported and listened to.
- Older people – we are ensuring older people have the right information, advice and access to services so they can make informed choices about health and social care, staying living independently for as long as possible.
- Unpaid carers – we aim to ensure unpaid carers feel listened to and understood and have access to up-to-date information, advice and access to services such as support groups.
- Accessibility – we want to create accessible services to ensure people with accessibility needs, including physical disabilities and sensory impairments (reduced

or loss of sight, hearing or both) are empowered to make choices and feel part of their communities.

- Neurodiversity – we want to create a neurodiversity friendly CTM to ensure neurodivergent people and their families feel supported.

In addition, the Cwm Taf Morgannwg region has received an annual allocation of £18.5 million to support the development of a regional capital pipeline.

Across all of these areas of focus, in 2026/27 the RP will strengthen and promote the integration agenda, with a continued focus on prevention, early intervention and person-centred support. Strategic frameworks have been developed to strengthen partnership working, recognise and learn from good practice, and provide a more consistent approach to measuring progress and impact.

More information about the work of the RPB can be found on the website <https://ctmregionalpartnershipboard.co.uk/> . You can read the 2024/25 annual report here: [CMTRP-AnnualReport-2024-2025-EN.pdf](#)

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GREEN 2030



Sustaining our Future is one of our four strategic goals. It encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

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

Climate change is one of the greatest public health challenges of our time, and we are already experiencing its impacts on the health and wellbeing of our communities. The UHB has a critical role in raising awareness, reducing emissions, and helping communities prepare for the challenges ahead. There has already been an incredible amount of work delivered whilst implementing the previous Decarbonisation Plan. We have:

- Developed significant programme for improving efficiencies in our estates and waste streams.
- Received 3 NHS Sustainability Awards
- Achieved 3 of 7 accredited Green EDs in Wales
- Strengthened our organisational green group

We have continued to focus our approach to achieving our Net Zero goals and for the first time, we have also included climate adaptation in our Climate Action Plan. We have done this to ensure we are looking at the future impacts of climate and managing the risks now.

Our new Climate Action Plan for 2026-2030 will continue to deliver our commitments and report as appropriate to WG. This includes delivering on:

- Raising awareness of the climate agenda
- Developing an operational planning process to support staff sustainability actions
- Embedding energy efficiency into day-to-day behaviours
- Reducing medicine waste
- Delivering on the Healthy travel charter
- Assessing climate risk for our estates and services
- Working with partner organisations to build capacity across the region.

Our Climate Action Plan highlights how we will respond to risks of climate change, as well as develop opportunities to enhance public health, modernise infrastructure, and deliver long-term value for future generations.

FOUNDATIONAL ECONOMY



Reducing health inequalities is at the heart of our plans and a focus on developing our foundational economy is key to that. We understand the important role that health plays in the wider economy, and we know that the foundational economy is a concept that emphasises the importance of certain essential, everyday economic activities and services that provide the foundation for a stable and flourishing society.

The Health Board is committed to ensuring that foundational economy principles are considered in its everyday activities and strategic planning as we know that the wide range of sectors and activities are often taken for granted but are crucial for people's well-being and the functioning of the broader economy. Adopting this approach is a critical element of meeting our responsibilities with the Well-being of Future Generations (Wales) Act 2015. By recognising the importance of the foundational economy and acting as an anchor institution, we know the health board is playing its part in developing a thriving society.

Examples of how we do this include:

- Providing employment, as approximately 77% of our workforce live locally, making our staff not only the lifeblood of our organisation but of the diverse communities that we serve.
- Working with our third sector partners and community organisations to support social cohesion, as human interactions offer opportunities for people to connect and support each other.
- Buying locally when we can – as this invests in local businesses and therefore local employment, as well as reducing the carbon impact on our environment.
- Focus on our environment, including the use of renewable energy, reducing waste and increasing recycling.



SIX GOALS FOR URGENT AND EMERGENCY CARE

OVERVIEW

Delivery of strategic objectives aligned with national and local priorities for urgent and emergency care governed by the Six Goals Programme is conducted in partnership with health and social care, aiming towards an efficient and integrated approach in the way we deliver care, that transcends boundaries of health and social care provision, to provide quality-driven outcomes for patients in our communities.

The collaborative approach between secondary and primary care, communities and social care partners (Bridgend County Borough Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council) aims to transform in hospital and out of hospital care.

The delivery of the Six Goals objectives includes a number of system enablers which will support overall strategy, these include information technology and analytics. The aims of the programme enable sustainable integration and simplification of the system.

The key principles set out in the programme scope for transformation of urgent and emergency services are to ensure they:

- Are easy to navigate
- Deliver urgent and emergency care as close to people's homes as possible
- Meet national requirements and standards
- Align with transformational changes in the region

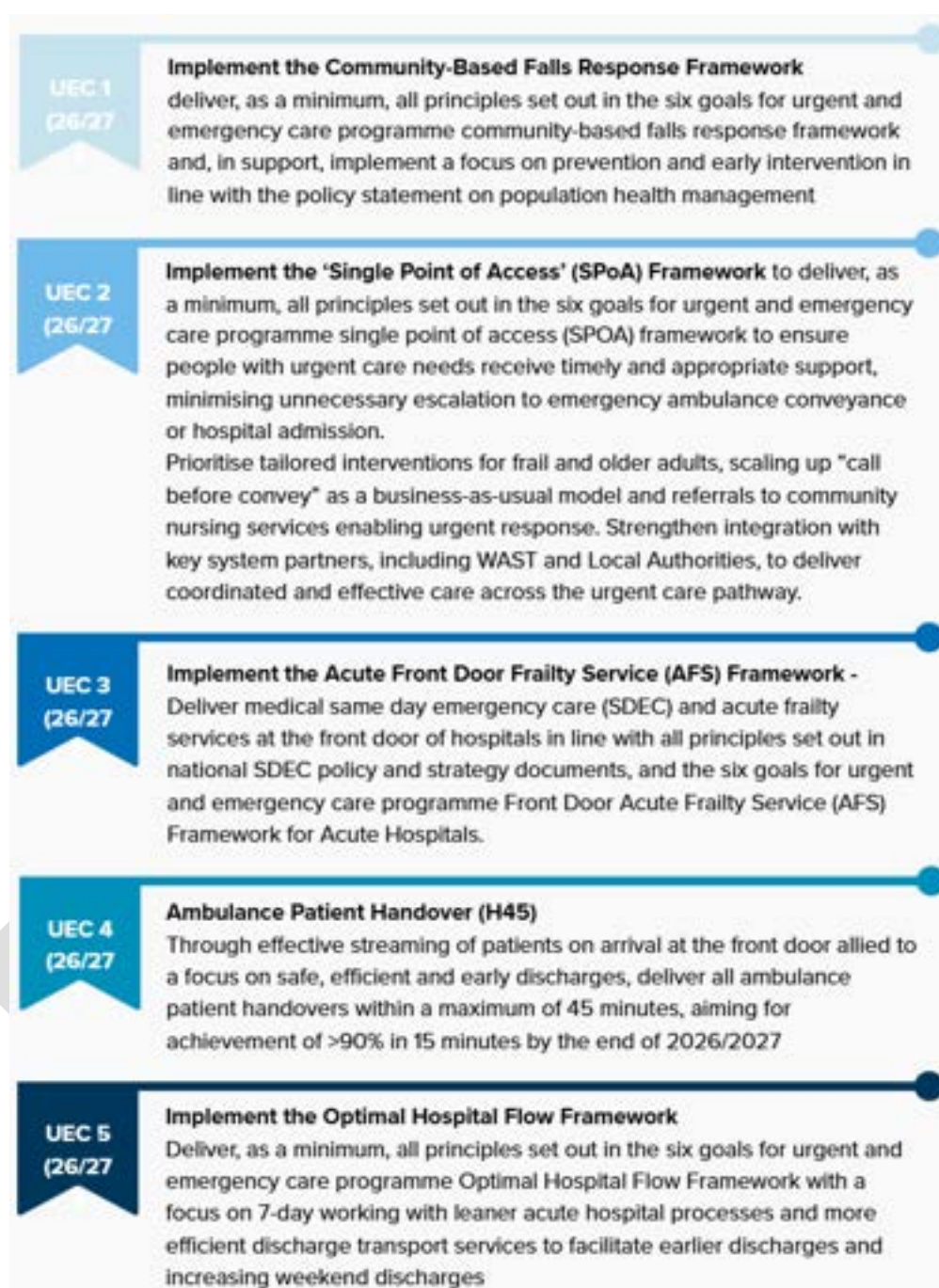
Given the systemic nature of the Six Goals for Urgent and Emergency Care, key developments are embedded throughout this plan, in particular in the Urgent and Emergency and Primary and Community Services Care Group plans.

PLAN DEVELOPMENT

The Six Goals Health Board Programme is facilitated through an annual delivery plan that sets out the workstreams the Health Board are committed to delivering, to meet the national programme objectives and ministerial priorities for the upcoming year. The content of the delivery plan is used to assess and approve the funding allocation and to monitor delivery progress. The process for developing and approving the delivery plan is set out below.

Description	Provisional Dates
Health Board Delivery Plan - Final Submission	• w/c 30th March 2026
HB to WG: Final approved IMTP submission, Ministerial templates, MDS, finance templates.	• By 31st March 2026
National Programme Board - Health Board Funding Approval	• May 2026

The ministerial priorities for delivery in 2026-27 are set out below and the Six Goals Plan provides the detailed organisational response.



LOCALITY (CLUSTER) PLANNING

Locality (through the Joint Partnership Boards) and Primary Care Cluster planning is underpinned by Population Health and segmentation data and is a fundamental element on which to base new locality and cluster service development projects, with the overarching aim to improve patient outcomes, equity of access to services and sustainability.

During 2024 - 25 the three Joint Partnership Boards (JPB) in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf identified their locality priorities to inform both locality and cluster project development which align to the wider Regional Partnership Board 5-year plan and the overarching themes were:

- Frailty
- Mental Health
- Children and Young families

There are eight clusters in Cwm Taf Morgannwg and the investments of funding allocated to clusters are assessed against the following criteria:



- The service meets at least one of the outcomes of the 13 Primary Care Management Wales and/or the 7 Accelerated Cluster Development (ACD) outcomes;
- The service meets identified need from the population health and segmentation data provided by the health board's public health team;
- The service aligns with Regional and Locality priorities;
- The service is not provided through other contractual/ funding arrangements

Cluster Projects

Work is ongoing to strengthen processes for identifying, prioritising and signing off cluster projects. This forms a key component of the wider work being undertaken through the Primary Care and Community Transformation Board, ensuring that cluster investment is aligned with population health need, locality priorities, and the wider transformation portfolio. To support this, three GP Transformational Leads have been appointed, providing clinical leadership and enabling greater consistency in project development, evaluation and oversight across all eight Clusters.

The transformation programme has also been undertaking an ongoing review of the three Joint Planning Boards (JPBs), incorporating best practice from across Wales to refine local governance and planning pathways. An important aspect of this review is the identification of co-dependencies with other programmes within the Primary Care and Community Care portfolio—particularly the Integrated Community Care Services (ICCS) Programme—to ensure alignment and reduce duplication.

A comprehensive review of all existing cluster projects is underway and will continue into 2026/27, focusing on assessing the appropriateness, value and ongoing relevance of legacy projects. As projects are evaluated and funding becomes available, work is progressing with

all professional collaboratives to develop new proposals that directly support clusters' population health needs and locality priorities.

Clusters are also being encouraged and supported to work collectively across localities to develop larger-scale, collaborative projects that align with and strengthen the work of the Primary Care and Community Transformation Programme.

Locality and Cluster Development

The Health Board has continued work to review and develop the operating relationship between Localities, Joint Planning Boards and Primary Care Clusters. This includes refining governance arrangements, clarifying roles and responsibilities, and embedding improved mechanisms for shared planning and decision-making across partners.

The review has considered emerging best practice from across Wales, alongside the evolving requirements of national programmes such as Accelerated Cluster Development (ACD) and the Integrated Community Care Services (ICCS) Programme. This alignment will enable Clusters and Localities to work with clearer expectations, improved data flows, and strengthened accountability.

During 2026–27, the focus will shift toward implementation, including:

- Developing a more integrated Locality and Cluster Operating Model, ensuring consistency while allowing for local flexibility.
- Establishing strengthened pathways for joint commissioning and resource deployment across health, social care and third sector partners.
- Defining arrangements for delegated decision-making where appropriate to support timely and efficient planning.
- Enabling Clusters to progress further along their ACD maturity journey, supported by the new GP Transformational Leads and locality management teams.

This work will continue to contribute to CTM's role in the national development of locality and cluster models and will support preparations for the national summit planned for 2025.

PRIMARY AND COMMUNITY CARE



Primary and community care services span the life course and provide both planned and unscheduled care. The Primary and Community Services Care Group's goals are to:

- Improve patient outcomes and quality of care through robust governance
- Increase resilience of, and improve access to primary care services
- Develop integrated services through partnership working
- Give our teams the tools, training and support needed to deliver our vision
- Ensure financial sustainability through efficient use of resources

Context

The Care Group delivers a diverse range of patient facing services, spanning health protection, community based, primary care direct and urgent response. These are made possible via a number of enabling functions such as partnership working, strategic planning and transformation, contract and commissioning and also training and education.

The PCC Care Group's priorities for 2026–27 are shaped by the national strategic and local priorities and primary and community care being placed at the heart of service transformation. This year will see a focus on a Community by Design (CBD) approach, which places community first models at the centre of planning and delivery. CBD comprises three core pillars: (1) supporting people with chronic conditions through integrated community-based care, (2) improving access to urgent and same-day care through clearer, more navigable pathways and timely responses, and (3) embedding prevention and population health management as business as usual to improve outcomes and reduce inequalities.

These principles already underpin much of PCC's direction, demonstrated through early achievements such Hospital@Home, Women's Health Hubs, redesign of breathlessness, and strengthened long-term condition management. The Primary and Community Services Transformation Programme provides an overarching framework to support PCC in developing sustainable community-centred models of care aligned to the Strategic Clinical Services Strategy.

The following plan on a page provides a high-level overview of the care group's priorities for the 2026-2028 period.

Integrated Medium Term Plan 2026-2029		Primary Care & Community	V4 12012026
Our vision and goal: Delivery of safe high quality, robust and sustainable services our population and is timely and accessible. Our priorities are: Improve patient outcomes and quality of care through robust governance • Increase resilience of, and improve access to primary care services • Develop integrated services through partnership working • Give our teams the tools, training and support needed to deliver our vision • Ensure financial sustainability through efficient use of resources How we will measure success: • PROMS / PREMS / FROMS / CROMS • Healthy Days at Home • Reduction in days lost and LoS • Safety / quality, incidents, concerns and complaints • Reduced escalation reporting for Primary Care Contactors • Reduced contract hand backs • Improvement in take-up of Long Term Condition Care Processes Key Strategic Partners: Independent Contractors, professional representatives. Local Authorities, 3rd sector agencies. Other Care Groups, Corporate business Partners, namely People, Finance and Strategic planning and Staff side representatives. Patient voice – Our population		Key actions (2026-2028) • Maximise access to Primary Care Services by implementation of the independent (GP/GDS/WGOS) contract changes for 2026/27 • Support the delivery of more services in the community through Community by Design • Delivery of Women's Health Hub • Maximise the delivery of Long Term Conditions and associated care processes. • Maximise the available capacity within WGOS 3/4/5 pathways • Improve and sustain targeted immunisation rates across all vaccinations and all localities . • Progress Community hospital red esign and associated bed and workforce model to support effective flow via a model for rehabilitation and assessment of long term care needs for frailty, including 'step up'. • Continue to increase capacity within Hospital@Home and Enhanced Community Care to ensure patients are supported in own home • Embed an In-reach home first model of discharge • Improve access SPC, Palliative and End of Life care • Further develop and mature the SPOA through the Navigation Hub • Work with partners to commission sustainable independent care home placements • Ensure delivery of equitable services to the population with in Parc Prison which meet patient needs • Work to create integrated health and social care teams across each locality in line with the vision from Regional Partnership Board • Maximise population health opportunities within existing services	Patient outcomes: • Specific Focus on collating Outcomes & Experience measures across all services and demonstrate learning and changes to practice. • Reduced conveyance • Improved management of Long Term Conditions and Chronic Disease management • Health and social care to work in collaboration to deliver coordinated services • Reduction in un-planned nursing demand • More patients being supported to live well at home • Improved access to coordinated services within the community • Actual place of death and achievement of death in preferred place Workforce enablers: • Workforce planning to support change, e.g. • Training and Education via the Training Academy, CPD and HEIW Digital enablers: • Interoperability and effective MIS system for all community services, existing and new • Availability of robust and timely performance data to demonstrate effectiveness • Increase use of technology tele-health/tele-care and remote monitoring to support patients to live well in the community . Estate & Facilities enablers: • Development of Primary Care and Community estates plan creating environments suitable for integrated teams • Support for statutory maintenance of existing community sites

Specific priorities for Primary and Community Care in 2026 - 2028 and beyond include:

Strengthening Integrated Community-Based Urgent and Same-Day Response

- Further mature the Single Point of Access (SPOA) through the Navigation Hub into a clinically led front door for community-based urgent care, supporting early decision-making, appropriate admission avoidance, safe re-direction and supported discharge.
- The SPOA to become the navigating arm with robust pathways to Hospital@Home and wider integrated health and social care.
- Expand and integrate Hospital@Home to provide same-day urgent community response, enable earlier supported discharge and reduce ambulance conveyance.
- Review, plan and implement community urgent care pathways and models of care in partnership with primary care, clusters, Local Authorities and WAST.
- Support delivery of the Six Goals for Urgent and Emergency Care priorities, particularly in early intervention, falls response, frailty pathways and safe redirection from ED.

Embedding Prevention, Population Health and Equity

- To reduce the risk of people with premature mortality and morbidity of long-term conditions through WISE (health check and education programme) which offers targeted risk identification, lifestyle support, health improvement.
- Continue to support practices on their trajectory to improve delivery of the 8 Care Processes to reduce unwarranted variation in diabetes care.
- Expand community-based interventions for delivery of Long-Term Conditions consistent with CBD principles to shift activity from hospital to community settings.

- Adopt a proportionate universalism approach across all our services to target communities with the greatest need, working closely with Public Health. This also includes as focus on inclusion and those hard-to-reach groups
- Through the WISE 'Health checks' and making MEEC to empower patients to take responsibility of the management of their conditions and healthy lifestyle choices.

Developing a Sustainable Primary Care System

- Support the implementation and embedding of the new Primary Care Contracts across all professions, ensuring stability, access and continuity.
- Maximise the update and throughput of eye care services through the WGOS3,4&5 level services to reduce unnecessary waits in hospital eye services.
- To support integrated intermediate care services which improve access, assessment and diagnosis and treatment in the community avoiding unnecessary referral and waits. Example is the Integrated Women's Health Hub:
- Parc Prison: continue to develop and deliver quality primary care services to the population within the prison, ensuring access is comparable with those who reside in other communities and at the same time as meeting the identified needs.

Enhancing Community Capacity

- Progress the transformation of Specialist Community Services in context of wider integrated community nursing.
- Continue strengthening the community hospital model, supporting delivery of D2RA, Trusted Assessor models and look to introduce step-up/step-down pathways.
- Right-size community bed model to ensure there is sufficient capacity
- Support timely discharge from acute settings in line with ministerial priorities and whole-system flow objectives, through Improve discharge processes (through enhanced SDN, e-ToC and integrated working with local authorities) to ensure that 'days lost' are minimised.
- Improve education and training within care homes to support unnecessary admission and to ensure timely care.
- Work with Local Authority Partners towards the creation of integrated health and social care teams supporting those with the most complex needs to live safe, independent lives at home and minimise their risk of adverse incidents due to their illness, frailty or social circumstances.

Delivering Integrated Palliative and End-of-Life Care

- In line with the national strategy work to develop improved and equitable access to palliative and end of life services across all Localities, focusing on the four pillars:
 - Specialist inpatient beds
 - Acute in-reach
 - Community-based services including day support

- Education and awareness
- Strengthen integration across generalist and specialist pathways to ensure compassionate, consistent support for patients and families.
- Implementation of a redesigned Specialist Palliative Care service.

Key Enablers: Digital, Data, Workforce and Integration

- Enhance data and informatics capability to improve real-time insight, performance reporting and population health management.
- Develop and embed digital pathways including virtual clinics and remote monitoring.
- Strengthen medicines management and shared-care arrangements in collaboration with Medicines Optimisation and Pharmacy Services.
- Maintain strong partnership working with clusters, local authorities, the Regional Partnership Board and the voluntary sector.
- Progress multi-disciplinary workforce development and optimal use of professional skills and competencies across clusters and localities.

Contribution to the Six Goals Programme

PCC contributes significantly to Six Goals delivery through strengthened Navigation Hub/SPOA functions, expansion of Hospital @ Home, and integrated discharge pathways including D2RA, supporting earlier intervention, reduced admissions and more timely, safe discharge.

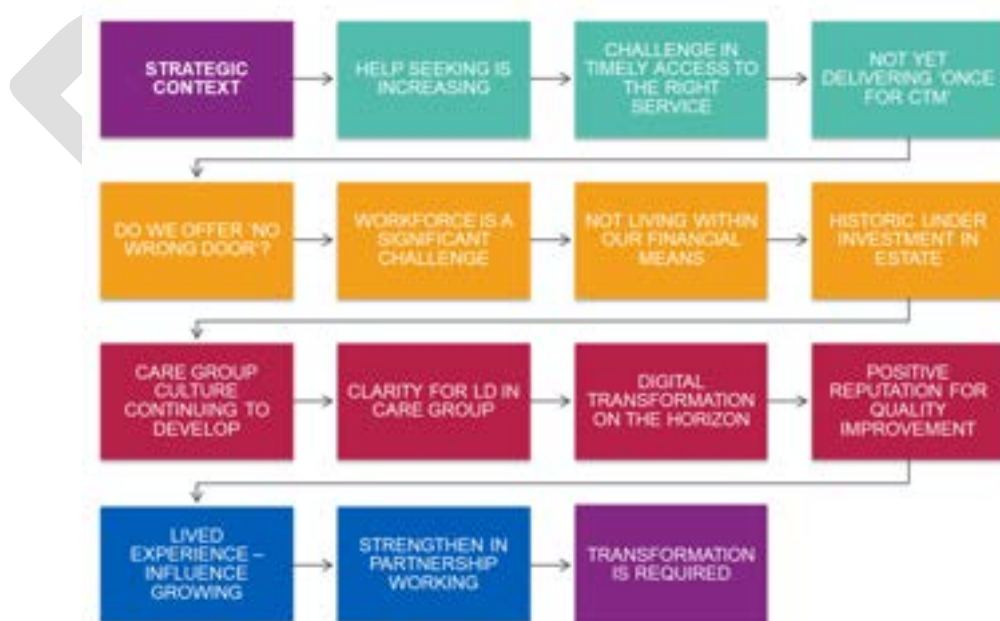
MENTAL HEALTH AND LEARNING DISABILITIES



Our Mental Health and Learning Disabilities Care Group's vision is to deliver high quality, robust and sustainable services, meeting needs and hearing all voices to enable open, honest and continuous collective improvement. Aligned to our corporate goals, our priorities are:

- **Creating Health –services.** Reduce inequalities through prevention, early support, and strong community partnerships. Embed trauma-informed and recovery-focused approaches across all areas.
- **Improving Care –pathways.** Strengthen “No Wrong Door” and integrated access models. Modernise rehabilitation and inpatient care, embedding co-produced recovery and personalised support.
- **Inspiring People –** Foster compassionate, inclusive leadership and a sustainable workforce. Expand lived experience and co-production in service improvement.
- **Sustaining Our Future –** Advance digital transformation and the Single Electronic Patient Record. Deliver sustainable, therapeutic estates and embed value-based, evidence-informed care.

Significant work has been completed to fully assess the context, our population's requirements and our risks. This has informed the development of a programme of transformation as a key component of our strategic clinical services planning.



The service plan on a page sets out the vision, key priorities and actions for the 2026-2029 planning cycle to deliver these priorities.

Integrated Medium Term Plan 2026-2029

Mental Health & Learning Disabilities Care Group

Seamless, co-produced mental health and learning disability services that are person-centred, needs-led, and ensure people are guided to the right support the first time, without delay. Our priorities are: • Creating Health—services. Reduce inequalities through prevention, early support, and strong community partnerships. Embed trauma-informed and recovery-focused approaches across all • Improving Care—pathways. Strengthen "No Wrong Door" and integrated access models. Modernise rehabilitation and inpatient care, embedding co-produced recovery and personalised support • Inspiring People – Foster compassionate, inclusive leadership and a sustainable workforce. Expand lived experience and co-production in service improvement • Sustaining Our Future– Advance digital transformation and the Single Electronic Patient Record. Deliver sustainable, therapeutic estates and embed value-based, evidence-informed care.	Key actions in year one (2026/2027) • Creating Health: Embed prevention and early intervention across all MH&LD services. No Wrong Door and open access model, Recovery College model. Promote trauma-informed, co-produced, and community-based approaches across all service areas. Support regional delivery of the Suicide and SelfHarm Prevention Strategy. • Improving Care - Transformation of Community MH Teams (CMHT Redesign), Single Inpatient MH Model business case, Dementia Intensive Support Team (DIST) model and progress Rehabilitation Redesign. Strengthen partnership delivery of the SPACE model for CYP. Development plan for younger peoples Tier 4 Eating Disorder day service and FACS for Youth Justice. Continue to embed Compassionate Leadership, National Relational Safety approaches in all inpatient areas. • Inspiring People: focus inter-professionalism, recruitment, and wellbeing. Embed PADT and supervision standards to strengthen compassionate and inclusive leadership. Increase lived-experience employment and volunteering opportunities within services. Build capacity for quality improvement and co-production through training, coaching, and recognition. • Sustaining Our Future: Single Electronic Patient Record (SEPR), patient contact and enable improved data-driven quality assurance. Estate developments (Rehabilitation and Inpatient). Strengthen performance reporting and governance through integrated Care Group Performance and Quality management approach. Deliver balanced and sustainable financial outcomes, aligned to value-based healthcare principles.	MH & Wellbeing Strategy for Wales 2025- 2035 MH&LD care group supports the delivery of the national vision statements: • Vision Statement 1: There is action to make sure the building blocks are in place to support good mental health and wellbeing • Vision Statement 2: Everyone has the knowledge, opportunities, and confidence to protect and promote good mental health and wellbeing • Vision Statement 3: There is a connected system where all people will receive the appropriate level of support wherever they reach out for help • Vision Statement 4: There is a seamless mental health services- person-centred, needs led and guided to the right support first time, without delay MH&LD Care Group supports the Objectives in the Suicide Prevention & Self Harm Strategy 2025- 2035. Patient outcomes: Improved access, outcomes and experience for all. Services that are trauma-informed, recovery-focused and inclusive. Lived experience embedded in design, delivery and evaluation. Digitally enabled, sustainable and joined up system of care.
Digital enablers: • Enhance data quality, information sharing and use of digital tools for service improvement.	Key actions in year two(2026-2027) • Review of Substance Misuse Service Offer for YPDAS and PCIDAS. CMHT, Inpatient, PICCU, QMS, Crisis & well being retreats, Review SLA	How we will measure success: Access & Experience: Improved PROMs / PREMs, evidence of co-production and involvement in service design and improvement. Safety & Quality: Inpatient improvement Programme, Flow and Mental Health Measures, Risk, SOPS, QMS Workforce: PADT, Mandatory training, Improved wellbeing, retention and leadership engagement Transformation: Delivery of DIST, Inpatient, "No Wrong Door", and digital milestones. Sustainability: Balanced financial plan and measurable value-based outcomes through monthly IPM and Finance meetings..
Workforce enablers: • Continue compassionate leadership framework; maintain focus on retention, wellbeing and inclusion.		
Estate enablers: • Deliver modern, safe and therapeutic environments, ensuring sustainability and accessibility.		
Partnerships Principles: Ensure strong relationships with key strategic partners- 3rd sector, Local Authorities, regional HBs, independent sector, police & RPB/PSB		

The Mental Health and Learning Disabilities care group supports the delivery of the national vision statements:

- Vision Statement 1: There is action to make sure the building blocks are in place to support good mental health and wellbeing
- Vision Statement 2: Everyone has the knowledge, opportunities, and confidence to protect and promote good mental health and wellbeing
- Vision Statement 3: There is a connected system where all people will receive the appropriate level of support wherever they reach out for help
- Vision Statement 4: There is a seamless mental health services- person-centred, needs led and guided to the right support first time, without delay

The Care Group also supports the Objectives in the **Suicide Prevention & Self Harm Strategy 2025 – 2035**.

Delivery requirements/ ministerial priorities

Key delivery requirements for mental health that we will work as a health to respond to during 2026-2027 are to:

- Implement and evaluate Open Access Mental Health Support by March 2027.
- Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.
- Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.

During 2026-2027 we will deliver further improvement across the whole patient pathway. We will strengthen existing relationships with Local Authority and Third Sector Partners and build a once for CTM approach for all our services from community prevention, primary and secondary care to tertiary and specialised services to ensure equity of access. Key actions in this period include:

Integration of five MAS teams into one CTM MAS Team

By April 2026 the Memory Service teams will have implemented their transformational redesign strategic programme of work with key milestones reached including the implementation of a triage team, consistent and equitable nursing and admin processes including nursing workforce diversification with a once for CTM ethos driving the improvement. Phase 2 will commence which will redesign the AHP workforce in order to provide an equitable and sustainable service for the future.

Launch of new in reach team that integrates a single once for CTM team that includes specialist dementia in-reach & support stay

Across CTMUHB there were three different models of older people's mental health day services. Given the different models operating across the care group and expected increase to the numbers of people living with dementia over the next 10 years; an independent review of the different models was commissioned to inform the strategic direction for supporting people living with dementia.

Following the independent review, the Health Board ran a 10-week engagement exercise on the findings from the 2nd September 2024. Informed by the independent review the high-level proposal was for the Health Board to move away from providing health place-based care and instead establish a community mobile service to in-reach where required, and day service support for patients with complex dementia across the community.

This model would aim to support and keep all individuals living with dementia well at home (or wherever 'home' is in the community) for as long as possible. The aim is for the model to complement other community service provisions and align with Dementia Care Standards to enable a seamless pathway.

From a quality perspective, we will be ensuring services are prioritised for those who need them, and the changes will lead to better support to patients in the community. From a performance perspective, forecasting an increase in capacity compared to the current day service.

Mental Health Single Clinical Record

Procurement exercise to secure a provider to develop a single electronic system now completed. Mental Health and Learning Disabilities Nursing Information Officer seconded to support mobilisation. A single clinical system will improve effective patient care and reduce harm from having disparate information systems.

Recovery College: The scoping of a local Recovery College in Cwm Taf Morgannwg University Health Board (CTMUHB) is a key component of the Strategic Mental Health Workforce Plan (SMHWP) for Wales. This national programme, led by Health Education and Improvement Wales (HEIW), champions the inclusion of lived and living experience (LLE) in all aspects of mental health service design and delivery. Peer Lead seconded in October 2024 and four experts by experience posts recruited. Extensive engagement activities and training undertaken during 2025 to support business case scoping of a Recovery College (RC) model

that reflects the needs and aspirations of local people living and working in Bridgend, Rhondda Cynon Taf (RCT), and Merthyr Tydfil.

SPACE: No wrong front door for children in need of enhanced emotional and mental health support. Regional Partnership funding agreed in 2025 for implementation during 2026/27.

Discovery & Design Phases (In-Patient Redesign)

From a quality perspective, this work will provide improved, safe and therapeutic in-patient environments. It will consider the workforce opportunities to deliver more appropriate levels of care. From a performance perspective, this work presents opportunities via the optimal hospital flow framework to improve in-patient flow.

Key actions are:

- Development of a detailed implementation plan and entry into the delivery phase (Q1)
- Work to complete delivery of the implementation phase (Q2)
- Monitoring and evaluation (Q3/4)

Implement a once for CTM Liaison Service aligned to national frameworks

This service change will enable us to improve quality of care by providing consistent liaison services across all of our sites.

Key milestones for this service change are:

- Review structure of current service delivery and plan the revised structure with the teams (Q1)
- Implement the revised model (Q2)
- Monitoring and evaluation (Q3-4)

Implement and embed ReQol in mental health services (Improving care)

Health board teams have been working towards this requirement and expect to go live in April 2026 for community services. Inpatient services have been undertaking this since April 2025.

To improve physical health monitoring through development of a physical health reporting framework and governance structure to enable services and practises to be audited

- We will develop this new structure during Q1 with a view to implementing in Q2 and monitoring thereafter.

Commissioning: Establish a refreshed governance framework for Individually Commissioned Patient Care (ICPC) and deliver direct payments for patients for individuals eligible for continuing NHS healthcare

This will ensure robust governance and oversight of individual patient care packages, including specialist placements.

LEARNING DISABILITIES

Specialist learning disability services for residents of the health board area are provided through a commissioned arrangement with Swansea Bay University Health Board, with non-specialist services provided by the health board.

People with a learning disability often have poorer physical and mental health than other people have and may face barriers to accessing health and care which can impact on people staying healthy. Too many people with a learning disability are dying earlier than they should, many from things, which could have been treated. Although there are some early signs of improvements, there are still considerable differences compared to the general population. 63% of people with learning disabilities die before reaching the age of 65, compared to 15% in the general population therefore despite this improvement this is not sufficient.

URGENT AND EMERGENCY CARE



The Urgent and Emergency Care Group provides a range of emergency, acute, integrated and specialty health and care services for our population. The focus is on providing safe and effective services for patients ensuring smooth and timely transitions along pathways as inpatients and/or outpatients. There has been increased investment and development in services to meet patients' health needs at the earliest point of contact for improved patient experience, avoiding unnecessary hospital admissions and to ensure that patients aren't staying in a hospital bed longer than they need to.

The 2026-29 plan builds on our previous plans, and our improvement plans are supported by the care group management structure and the Six Goals Programme.

Integrated Medium Term Plan 2026-2029		Unscheduled Care Group : Plan on a Page V1:2025	
Our vision is the delivery of high quality and robust Unscheduled Care services to enable the transformation of our services to sustainably deliver across all domains of quality through compassionate leadership. Our principles are: - Improved patient experience and outcomes - Creating a safe and inclusive environment - A people focus, through engagement, listening, involvement and understanding - Supporting learning and continual improvement to ensure we have the right people with the right skills and attributes - Equitable, safe and patient centred services - Improving the health of our population - Work together to achieve clarity of responsibility and ownership - Sustainable use of resources in line with a prudent and value based health care approach	Key actions in year one (2025/2026) - To develop plans for a Neurology Liaison Service - To develop a sustainable, quality stroke service with agreed pathway from front door to rehab and discharge - Establishment of Acute frailty Model at PCH and RGH (using POW as blueprint model) and maximise opportunities to deliver Frailty SDEC on all three acute sites Respiratory Lung Cancer CNS provision and establishment of RSUs on each Site and Cough Service - To review and re-design the Rheumatology Service (including Rheumatology Repatriation from SB and C&V) - To develop plans for the re-design of the Diabetes and Endocrine Service and implementation of 5 year plan for HCL diabetic pumps. (Diabetic pumps and pump workforce). Cloud care business case Cardiology Workforce (Heart failure Optimisation and Palliative Care nursing; heart failure cardiac rehab; Consultant expansion) - Cardiac SLA cessation w/ Swansea Bay UHB Medical workforce review to identify I2S opportunities and demand and capacity planning to match medical workforce with clinical services Transform Care Pathways - Strengthen specialty in-reach and streamline SDEC referrals Modernise Urgent & Emergency Infrastructure - Expand ED at RGH and SDEC capacity across all sites - Develop Clinical Decision Units and Urgent Treatment Centres - Develop Maesteg Minor Injuries Unit Strengthen Workforce & Flow - Review acute medical workforce model - Implement Rapid Assessment & Triage (RAT) at PCH	Future services blueprint : Aligned with Best Practice & Strategy Services follow clinical best practice and national/organisational priorities. Equitable, High-Quality Care Consistent standards across all sites, reducing variation and ensuring fairness. Resilient Service Models Designed to maintain quality and capacity during pressure or disruption. Integrated, Pathway-Based Care Seamless transitions across Care Groups with coordinated diagnostics and treatment. Early Intervention & Admission Avoidance Front-door solutions (UTCs, SDEC) to enable safe discharge and prevent unnecessary admissions. Efficient Disease-Specific Pathways Streamlined inpatient/outpatient routes for timely, appropriate diagnosis and treatment.	Patient outcomes: - Reduced waiting to be seen - Patient in the right bed first time - Reduced LOS - More patients being treated at the front door and avoiding admission to inpatient bed. - Reduced re-admission rates - Improved experience

Key delivery measures for urgent and emergency care include the suite of measures associated with our integrated Six Goals Programme and ensuring:

- Patients who are conveyed to our hospitals by ambulance have a handover within 45 minutes;**
- Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge.**
- For the planned care services in our portfolio, to ensure no patients wait more than 104 weeks for referral to treatment.**

Our priorities for the 2026-29 period are set out in further detail below. The impact of actions on quality, safety and performance against key metrics will be consistently reviewed. The

health board will be seeking to maintain the improvements made in ambulance handover times during the current year and a programme of work is planned to improve on the 12-hour admission/transfer/discharge delivery.

Summary of Priorities and Actions

To review and rollout admission avoidance opportunities at the front door

- Establishment and development of community pathway with WAST and Primary Care to reduce avoidable ED attendances
- To build on the successful impact of the Medical SDECs and develop a specialist model for Frailty SDEC across pan CTM
- To review all Ambulatory pathways and maximise opportunities across all sites
- To extend the STAMP across all acute sites
- To increase capacity of the medical model to meet the demand and build on the evidenced impact in relation to admission avoidance and reduced LOS.
- To rollout and expand the Urgent Treatment Centres across all sites.
- To work in partnership with Primary and Community Care Group to develop clinical pathways through the Navigation Hub

To review the development of the CTM Stroke service and pathway and the opportunities to align with the development of a new Neurology Service Model

- To develop and implement a model for the temporary centralisation of Acute Stroke at RGH. The learning and outcomes will inform the future model of Stroke within the Acute Services Clinical Plan
- Work in collaboration with regional partners to establish a regional stroke service for the South-Central Region.
- To oversee the development and delivery of the optimal Stroke Pathway via leadership of the Stroke re-design Steering Group ensuring that the appropriate clinical model and bed base are established to enhance flow and maximise outcomes for patients.
- To develop a Neurology Liaison Service for CTM aligning with the developments for a wider Regional Neurology Model and exploring opportunities for synergies with the future development of the Stroke Model

To review and re-design COTE services

- To progress plans to extend the Fracture Liaison Service (FLS).
- Investing in the COTE medical model at PCH to support development of frailty services across all sites
- Support the development of the Ortho-Geriatric Service in partnership with Planned Care colleagues
- Development of a Frailty SDEC across all acute sites
- To review Movement Disorder Services across CTM to establish an equitable model

- To develop a Frailty Data and Performance Dashboard to monitor and drive improvements

To review the opportunities for the development of Medicine specialties and rolling out the optimal model for:

- **Cardiology** including mapping pathways and reviewing demand and capacity and commissioning arrangements. Exploring opportunities to maximise Value Based Health Care e.g. Heart Failure
- **Respiratory** including development of Respiratory Support Units drawing on benchmarking of models across the NHS
- **Diabetes and Endocrine** including to agree implementation of 5-year plan for HCL diabetic pump provision maximising opportunities via Value Based Health Care
- **Rheumatology** including ensuring that the service has the capacity to meet the demand and reviewing the role of Day Units
- **Renal** including establishing a new inpatient service

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- Be able to access services in the most appropriate place across our acute and community venues as required
- Enhance and strengthen joint working processes to integrated physical and mental health services and include links with wider therapeutic and support services as required
- Be able to inform the development of our services through engagement and co-production activities and the use of patient reported outcome and evaluation measures (PROMS and PREMS).

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- **For the planned care services in our portfolio, ensuring that no patients wait more than 104 weeks for referral to treatment.**
- **Increase the proportion of children in Wales 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.**
- **Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.**
- **Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan). Progressing this priority successfully also contributes to the following:**
 - Timely Access to Care
 - Population Health and Prevention
 - Building Community Capacity
- **Improving the quality of our maternity services by reducing perinatal mortality rates.**
- **Progress towards the implementation of Healthy Child Wales Programme 2 by September 2026 where resources allow.**

During 2025-26 the care group has made progress in the following areas:

- Supported the ongoing return and reopening of the Maternity Ward, Labour Ward and Special Care Baby Unit at the Princess of Wales Hospital and continued joint working with neighbouring UHB's and support services and wider service reviews and developments
- Engaged in and supported the Birth-rate + review
- Worked with commissioning and planning teams to support the work to review and repatriate where possible services agreed through SLA's provided by SBUHB.
- Worked in partnership across care groups to develop models for the implementation of our initial pathfinder Integrated Women's Health Hub (IWHH), as well as supporting and developing longer term plans and next steps for the roll out of hubs across other CTM sites
- Supported the continued review and improvements for the UHB People's Plan through enhanced support, engagement and increased care group completion of the annual UHB Staff Survey
- Continued to work internally, with partners and Welsh Government to ensure prioritisation and engagement of services to support children, young people and their families who are neurodivergent.
- Delivered transformational work to support enhancements in school nursing and health visiting services across CTM.

Children and Young People's Services

Key priorities for 2026-27 are set out below.

We will undertake review of our acute and community services in alignment with our acute clinical services plan development. Services will be reviewed with a view to ensuring equity of access across the CTM geography whilst meeting the needs of specific areas.

- To work in partnership with Public Health Wales and colleagues in the Health Protection Team to transform the delivery of childhood immunisations – including those delivered in the school setting.

- Continue development of Advanced Paediatric Nurse Practitioner roles to complement medical roles, through improved oversight and development of a robust workforce plan.
- Ongoing review of neurodivergent services, pathways and improved waiting times, including the continuation of Autism Diagnosis at Triage and use of AI tools to improve productivity.
- Review and maximise efficiencies and productivity of outpatient services, including increased patient-initiated follow up/ see-on symptom pathways.
- Review and prioritise service models and support and enhance allergy, respiratory, weight management and diabetes services for children, young people and their families.
- Review and enhance Bladder and Bowel services.
- Ongoing review of Health visiting, school nursing, special school nursing and wider community nursing services in line with local and national standards, guidelines and Healthy Child Wales 2 targets.
- Engage with national work on the review of responsibilities for children in schools with additional learning needs and develop services to ensure the Health Board can deliver its statutory responsibilities.
- Review and enhance paediatric, Community Paediatric and Neonatal services across all sites.
- Review and enhance all service pathways and joint working arrangements across all services.
- Support the ongoing needs of young people and their families transitioning from C&YP services to adult services.

During 2025-26, Children and young people's services we have made progress across several areas as outlined below:

- Maintained waiting times in Neurodiversity services despite reductions in NDIP funding through improved productivity
- Delivered innovative pilot schemes in ND services such as the use of Magic Notes AI tool and Autism Diagnosis at Triage
- Reduced waiting times to under 52 weeks in all RTT reportable areas in Paediatrics.
- Implemented electronic triage of referrals across all acute sites.
- Established working groups to review existing Play services to ensure and implement key findings as set out in the Play Wales review in 2024
- Progressed discussions and local actions to learn from and enhance transitional services across our services.
- Developed a revised service model for School Nursing to deliver progress towards meeting the requirements of Healthy Child Wales Programme
- Developed Care Closer to Home Service within Community Children's Nursing, including the new pathways to facilitate earlier discharge from acute sites e.g. IV pathway
- Established the Outpatient Improvement Group to support the delivery of efficient, effective and timely outpatient services.

Maternity and Neonatal Services

Further to our ongoing work to improve maternity and neonatal services our aim will be to ensure we enhance and maintain our focus on maintenance of delivery of high-quality maternity and neonatal services and continuous improvement, during 2026-27, key priorities are set out below:

- Review all services across CTM to ensure robust service provision across all areas.
- Reviewed existing Social Complexity and Vulnerable Families services to help further review and inform next steps and consider repatriation of services from SHUHB

- Learn and understand the findings outlined in the Birth-rate + review and develop a service business case with clear next steps within the care group and to fully inform the wider UHB.
- Review and enhance early pregnancy services across CTM
- Review and engage across organisations the provision of the Neonatal Unit overnight transport services
- Further enhance Audit, Quality, Safety and learn from PROMs and PREMs across all services.
- Maximise and work with our workforce and promote opportunities listen too, learn from and engage our workforce and promote support for the staff survey
- Review all accommodation used across CTM and maximise best use and provision of services for our communities.
- Review service pathways and access to psychology services to enhance support and service provision to women and families across our health board region.

During 2025-26, Maternity and Neonatal services we have made progress across several areas as outlined below:

- Supported the ongoing return and reopening of the Maternity Ward, Labour Ward and Special Care Baby Unit at the Princess of Wales Hospital and continued joint working with neighbouring UHB's and support services and wider service reviews and developments
- Engaged in and supported the Birth-rate + review
- Progressed with appointments key specialist roles to strengthen and inform the Social Complexity and Vulnerable Families services across our UHB area.
- Supported the staff training and ongoing development of pathways to support maternity sonography services across CTM

Women's Services

In line with our acute clinical services planning work, ongoing and a key priority for 2026/27 will be the ongoing review and delivery of Obstetrics and Gynaecology services to include urgent and emergency care, inpatient, outpatient and community services across all sites as required along with targeting how cancer services are delivered across our UHB and jointly with key neighbouring UHB's and all stakeholders. Key to our work across our services is collaboration with other service providers and ensuring full engagement and co-production with our local communities.

The Care Group will review the services provided, undertaking robust demand and capacity modelling and benchmarking with similar sites in England to develop a potential future service model for CTM.

Following further review and engagement in Gynaecology Hub at Royal Glamorgan Hospital to increase access to ambulatory Gynaecology services, outpatient services, rapid access clinic, rapid access diagnostics, early pregnancy services and outpatient procedures, this work has been reviewed and staff have been engaged with the help and inform further reviews and support to the provision of a IWHH model for CTM opened in Ysbyty Cwm Cynon in February 2026 and potential longer term plans and roll out of services across CTM.

During 2025-26, we established a programme of work to develop models for the implementation of an Integrated Women's Health Hub (IWHH). key priorities for 2026-27 are set out below:

- Review and development of nurse-led services
- Review of Hysteroscopy services across the UHB inclusive of Bridgend patients currently receiving services via an SLA with SBUHB at NPT Hospital

- Support further commissioning and services reviews provided via SLAs with neighbouring UHB's
- Improvements in cancer services and overall waiting times
- Support the ongoing review and roll out of IWHH across CTM
- Review timeliness of access in accordance with RTT targets across all services
- Development of specialist services such as Menopause, Endometriosis, Urogynaecology and Fertility ensuring full engagement with IWHH progression and development.
- Review and enhance all service pathways and joint working arrangements across all services.
- Review, inform and increase where required Theatre usage and capacity and efficiency
- Continue to review and establish robust mechanisms to roll out PROMS and PREMS
- Support the ongoing review of the Pregnancy Advisory Services and ensure full engagement and support to repatriate service from SBUHB for Bridgend residents.
- Through ongoing engagement and development of IWHH's continue to enhance and increase take up and provision of Contraception services across the UHB considering specific access and outreach services for more harder to reach and marginalised groups.
- Enhance digital opportunities to support service improvements and development.
- Continue to engage and enhance services to Parc Prison

During 2025-26, Women's services we have made progress across several areas as outlined below:

- Disaggregation and Repatriated Gynaecology services from SBUHB back into CTM, including outpatient clinics and day case theatre lists. Plan to repatriate termination of pregnancy services to Bridgend area.
- Work commenced on 9th March 2026 to upgrade the air handling unit and associated services at the RGH acute site, in preparation for the repatriation of hysteroscopy services from SBUHB.
- Collaborated with multidisciplinary teams across care groups and local communities to prepare the launch of the CTM Integrated Women's Health Hub. IWHH "soft launch" in February 2026. Work is now underway to review outcomes and agree the next steps to implement a sustainable model, with consideration to potential rollout of additional hubs across CTM.
- Commenced work to establish and agreed stages to review and develop nurse led services across CTM
- Overall increase in single cancer pathway compliance through improvements to first outpatient and diagnostic rapid access
- Implementation of robotic Gynaecology surgery
- Reduction in routine waiting times, with Gynaecology sustaining no patient waiting over 104 weeks for treatment, and on track to achieve no patients waiting over 52 weeks for first outpatient appointment
- Prioritised the UHB Staff Survey and engaged staff to increase our overall response to the staff survey to help us better understand our workforce and target service improvements.
- Scoping and initial plan for midwifery sonography service
- Development of early pregnancy services across sites
- Implementation of digital triage system
- Re-establishment of Getting It Right First-Time board including workstreams to improve outpatient and theatre efficiencies, cancer waiting times, workforce planning and data quality
- Continued to review services, pathways and support to Parc Prison.

PLANNED CARE INCLUDING CANCER



During 2025/26, Planned Care Group have delivered further improvements through significant and targeted service change programmes. These include:

- Implementation of two centralised surgical units at the Princess of Wales hospital for both Ophthalmology and Orthopaedics, increasing surgical productivity
- A direct to listing model for Cataract referrals enabling capacity to be redirected to other areas
- Increased virtual clinics for Dermatology services, improving both cancer compliance & patient waiting times
- Expansion of the Urological LATPB services, improving both cancer compliance & patient waiting times
- Consolidation of Ear Nose and Throat (ENT) and Urology emergency services onto one site
- Delivery of a focused improvement programme for Endoscopy driving down waiting times and enabling national targets to be achieved
- Consolidation of acute Trauma services onto two sites (North & South)
- Development of standardised pre-assessment processes and optimisation pathway
- Further progress of Network criteria for Vascular services
- Further development of the SDEC model for surgery

By the end of March 2026, the health board's plans are on track for delivery of planned treatments below 104 weeks for all specialities except Orthopaedics, and work is ongoing to improve the performance for Orthopaedics. Orthopaedics remains an area of challenge, and the health board continues to work with partners in the south-east Wales region towards the further development of orthopaedic services. This work is expected to be delivered towards the end of the three-year plan. In the meantime, internal service developments and efficiency improvements will continue and there is agreed capacity through our insourcing and outsourcing partners for additional procedures. Continued validation is ongoing and a dedicated pathway for patients who require optimisation prior to surgery has been established.

DELIVERY EXPECTATIONS/ MINISTERIAL MEASURES

The NHS Wales Planning and Performance Framework set out requirements for:

- All patients to receive definitive treatment within 104 weeks from referral.
- Health boards to 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.

Consequently, the predominant focus for 2026/27 will be maintaining our 104-week position through the elective recovery programme and further progressing our improvement. Services will continue to drive their improvement agenda with each team issued a bespoke performance improvement target based on service capabilities and efficiency gains. Our plans are founded and remain focused on the national recovery principles for Wales:

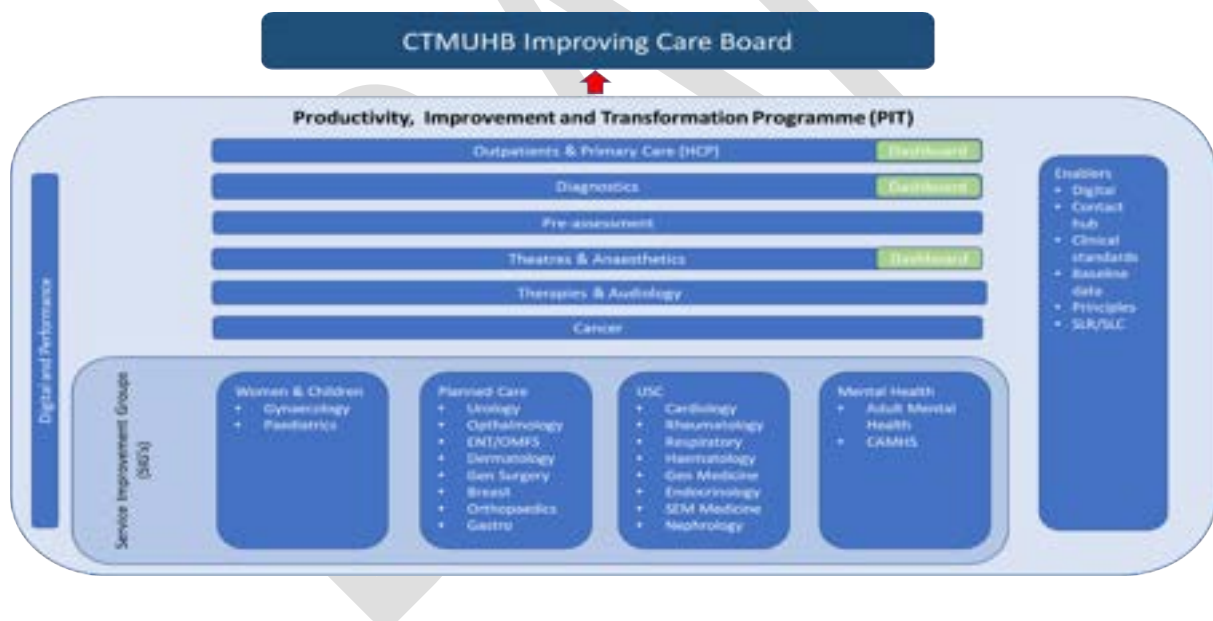
- Caring for those with the greatest need first, providing equitable access to all
- Doing only what is needed and do no harm, transforming the way we provide care
- Reducing inappropriate variation through evidence-based approaches, clinically driven and quality pathway development

Our strategy is aligned to the national Five Goals for Planned Care and includes prioritising developments in areas of high-risk and of high impact, to ensure value driven improvements alongside work to maximise efficiency and effectiveness.

PRODUCTIVITY, IMPROVEMENT & TRANSFORMATION

During 2025, the Productivity, Improvement and Transformation (PIT) Programme continued to oversee the improvement of both the efficiency and effectiveness of elective services, through optimising existing resource and reducing waste, whilst working to enhance patient outcomes. All areas of the programme are focused on the following crosscutting themes:

1. Increased efficiency
2. Enhanced Quality of Care
3. Optimised resource utilisation
4. Improved Patient Outcomes
5. Reduction of Variability
6. Data utilisation
7. Workforce Development



This programme oversees the delivery of enabling actions for planned care and during 2025-26 and will monitor delivery of new requirements for 2026-27.

PLANNED CARE PRIORITIES

In line with our Strategic Clinical Services Plan (SCSP), a key focus of our work moving into 2026-27 will focus on the continued redesign of our service to ensure they are fit for the future and drive optimised efficiency and effectiveness. The plan on a page for Planned Care, capturing the key actions and deliverables alongside enablers is set out below:

Integrated Medium Term Plan 2026-2029

Plan on a Page

Our vision is the continued and enhanced delivery of high quality, robust, sustainable Planned Care services. The priorities ahead are:

- Continued delivery of the elective recovery programme across the three main sites
- Increased outpatient productivity through greater clinic utilisation and converted FU capacity
- Achieve in-year ministerial targets/enablers
- Further improvement to patient flow through effective pathway management
- Continue to drive standardisation of practices across all Theatre, Pre-Assessment and Anaesthetic teams
- Identify further opportunities for innovative service level improvements including optimal theatre scheduling
- Maintain a protected and fully utilised elective bed base to support improved RTT position
- Develop a longer term, sustainable workforce plan with consideration to alternative models of delivery

Key actions in year one (2026/2027)

- Delivery of 2026/27 commissioning work programme
- Explore alternative service models (Chronic Pain Management and Critical Care)
- Development of Trauma rehab pathways
- Continued development of high volume elective delivery with optimal discharge pathways
- Evolve surgical SDEC model across all sites
- Develop/scope further Hub & Spoke models
- Reduce variability through standardisation and merging of waiting lists pan-CTM

Key actions in years two and three:

- Continued development of Llantrisant Health Park and service level planning
- Strategic Clinical Services Plan for CTM
- Reconfiguration of Critical Care services

Future services blueprint and patient outcomes:

- Reconfigure and centralise services to improve productivity, drive efficiency and increase capacity
- Standardise practice and procedures pan-CTM including clinical job planning aligned to future demand
- Drive digital efficiencies and solutions where possible and increase productivity
- Continue improving delivery performance and trajectory for RTT waiting times and suspected cancer pathways

Patient outcomes:

- Improved patient outcomes
- Improved patient experience
- Develop PROMS and PREMS across all services.

Workforce enablers:

- Sustainable workforce planning inc. succession
- Aligning clinical job plans to service demand
- Scoping options for alternative roles/delivery models

Digital enablers:

- Full WPRS rollout
- Digital WL development
- POA digital screening

Estates enablers:

- Llantrisant Health Park

Value based healthcare:

VBHC principles will underpin all action plan

Research, development and innovation:

- Exploring digital solutions for POA screening

Disinvestment priorities:

How we will measure success:

- PROMS / PREMS
- Ministerial measures – trajectories
- NHS Wales Performance Framework
- Activity and efficiency
- Balanced & sustainable financial outcomes
- Staff survey
- Staff retention

Key priorities for Planned Care over the next 12 months are:

- Conduct a sustainability review for all services
- Redesign of the Chronic Pain services
- Procure and implement a digital system for Pre-Assessment
- Continued engagement and planning for regional services
- Implement an ACP model for elective Orthopaedic services
- Further development of Orthogeriatric pathways
- Development of hub & spoke models for Specialist Services
- Continued work with PCCS re WGOS pathways
- Options for further consolidation of emergency services
- GI bleed service review
- Further development of SDEC model
- Sustainable elective bed base
- Continued work on centralised waiting lists for all services

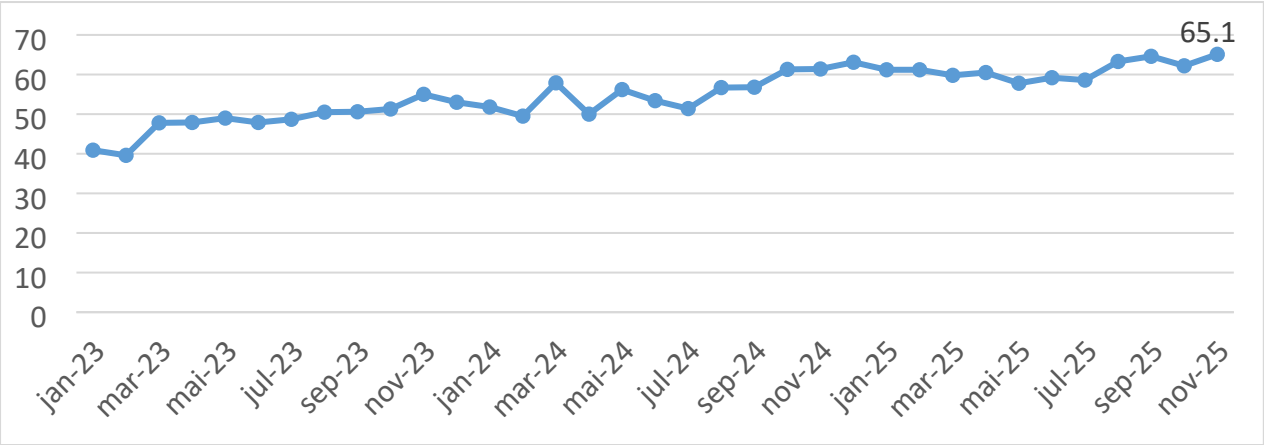
CANCER SERVICES

Cancer services are provided across multiple service plans in several care groups. The organisation ensures a coordinated and strategic perspective through a Cancer Business Unit and Cancer Services Group which provides oversight to all service pathways including links with partner organisations. The Cancer Business Unit liaises with specialties to ensure national guidance is planned and implemented within the framework of the IMTP with a focus on working to achieve 75% compliance with the suspected cancer pathway.

Progress during 2025-2026

The health board has continued to make progress with service improvements that have impacted positively on patient experience. The table below demonstrates the improvement in percentage of patients accessing treatment within 62 days.

Suspected Cancer Pathway – percentage of patients starting treatment within 62 days



In addition, patients having their first outpatient appointment more quickly. Patients are currently seen on average at around 12 days now, compared with 20 days on average in January 2023. This improvement directly contributes to patients being able to access treatment more quickly, where required.

Our patients are also being notified more quickly that they don't have cancer following their diagnostic procedures. Over 70% of our patients receive confirmation within 28 days as of January 2026, compared with circa 55% in January 2023.

Some of the successes in the past year are listed below:

- Following the successful transition of breast services to the dedicated Snowdrop centre in September 2023, the team regularly provide the highest performing 62-day pathway in Wales and has worked to formalise the breast pain pathway for all our patients.
- The health board continues to deliver high compliance with the 62-day pathway for Dermatology and has supported this with the roll-out of electronic referrals health board-wide enabling digital images to be included in referrals.
- The FIT (bowel cancer screening test) pathway has been implemented in line with the National Optimal Pathway.
- The most-recent national lung-cancer audit showed Cwm Taf Morgannwg UHB to have the highest 1-year survival rate in Wales, as well as many other measures above the national audit standards.
- Teams across our Prince Charles and Royal Glamorgan hospitals have worked to align the colorectal multi-disciplinary team meetings and processes.
- For endoscopy the health board has:
 - Continued to work with colleagues across the region to deliver a regional endoscopy plan and to work towards the development of a regional endoscopy

unit as part of the community diagnostic hub to be delivered at the Llantrisant Health Park;

- Developed a colon-capsule sponge service. Following a pilot, the service has been embedded and its use is expanding.
- The Velindre University NHS Trust Cancer Centre Satellite Radiotherapy Unit opened in Nevill Hall July 2025 – providing treatment closer to home for Cwm Taf Morgannwg University Health Board patients.
- A cancer patient experience survey has been created and is now in use.

Our programme of work for 2026-2029 includes strategic developments:

- The delivery of the Community Diagnostic Hub at Llantrisant Health Park during year two of our plan (2027). This will provide increased capacity for radiology imaging for Cwm Taf Morgannwg UHB patients and the delivery of the regional endoscopy centre for South-east Wales residents.
- The health board will continue to collaborate with Public Health Wales on lung screening pathway planning and implementation and as lead organisation for the regional diagnostic programme, will ensure that diagnostic planning is aligned.

Other planned service improvements include:

- Developing a sustainable workforce model for prostate biopsy service, using Welsh Government training monies
- Undertaking workforce planning and development for cancer services
- Completion of the colorectal MDT merger work
- Implementing patient-initiated follow up for some dermatology pathways, releasing outpatient capacity.

DIAGNOSTICS, THERAPIES, PHARMACY AND SCIENCES



The Care Group comprises Pathology and Radiology, Therapies (the Allied Health Professions - AHPs), Pharmacy and Healthcare Sciences (HCS) and interfaces with teams across the health board.

The care group has an important contribution to a number of key programmes and ministerial objectives including primary care access, urgent and emergency care, pathways of care, planned care and cancer improvement.

MINISTERIAL MEASURES

A key aim of the Care Group will be to work towards the delivery and maintenance of ministerial measures for diagnostics and therapies including:

- Diagnostic tests to be provided within eight weeks.
- Diagnostic tests to be accessible to deliver the single cancer pathway.
- Therapies services to be provided to patients within fourteen weeks of referral.

Our care group's key priority areas are:

- Audiology (Future Approach for Audiology Services in Wales Framework)
- Neurophysiology sustainability
- Implementing the Radiology Information System (RIS)
- Supporting the development of digital Pathology services
- Working to deliver sustainable HCS led diagnostics
- Supporting the further development of children's weight management services
- Developing sustainable Haematology service provision
- Delivering the Transforming Access to Medicines (TrAMs) programme
- Delivering electronic prescribing - ePMA
- Sustainable workforce planning across all services
- Analysis and engagement with Staff Survey feedback
- Embedding the Welsh Language strategy

Radiology

During 2025-26 we made progress across a number of areas.

- We undertook detailed demand and capacity review for our services and participated in regional radiology planning, working with partners in the SE Wales region to deliver a regional demand and capacity analysis and planning documents, which will support a regional work programme in 2026-27.
- Preparatory work for new system implementation including the Radiology Information System and PACS implementation
- Reviewed several commissioned services to identify robust future service plans.
- Actively engaged in the development of Llantrisant Health Park, notably the development of the community diagnostic hub proposals.

- Active involvement in the development of Maesteg Hospital service planning
- Implementation of Pintuition tags, improving patient experience and driving efficiencies for breast cancer patients
- Undertook a review of nuclear medicine services and engagement with patients for future service development.

The radiology plan on a page for 2026 to 2029 is set out below.

Integrated Medium Term Plan 2026-2029		Radiology Plan on a Page
Our vision is the delivery of high quality, robust and sustainable Radiology services to enable the delivery of a high quality and timely clinical service. Our priorities are: • Delivering waiting times target of 8 weeks for all diagnostic modalities and reducing diagnostic wait within the SC62 day target. • Responsive diagnostic to investigations to support the urgent and emergency care pathways. • Rapid diagnostic investigations to deliver Suspected Cancer Pathway target through development of National Optimal Pathways Accelerated Imaging, 'One Stop' Clinics, same day CT/MRI scanning and adoption and Spread of the Radiology Cancer Navigator role. • Develop and support the sustainable delivery for diagnostic capacity through the development of Llantrisant Health Park, Diagnostic Hub. • To create a plan to support the development of a modern and sustainable workforce including training and education that enable delivery of a high quality service. • To ensure robust contract management and financial control environment. • Robust legislation with compliance (IR(ME)R)17 and IRR17. • To actively support the development, health and well being of the team; creating a working environment with a kind and compassionate culture where staff feel valued and psychologically safe. Workforce enablers: • Review demand and capacity plan • Development of a future workforce -short, medium and long term plan • Recruitment and retention in key posts • Flexible working and partial retirement • Role extension – developing roles to enable staff to work at top of professional licence and competency based training opportunities • Robust job planning to support the needs of the service and recognise the contribution of staff • Ongoing staff engagement initiatives • Using feedback from the staff survey to improve our staff experience • Harmonise the service and further engage radiography staff Digital enablers: • Reviewing and utilising new digital technologies as they arise i.e. AI • E-vetting and full roll out of electronic test requests to support the duty hub • Embedding of new RIS/PACS, single patient record with harmonised access/workflow	Key actions in year one (2026/2027) • Review demand and capacity plans • Develop workforce plan to meet demand including recruitment and retention plan– immediate requirement to increase CT radiography staffing to deal with increased demand in and out of hours and harmonise rotas • Develop new RIS/PACS to fully digitise operations to drive efficiencies • Ongoing review of all SLAs to ensure they are fit for purpose • Scope – one SLA provider for RPS services • Explore income generation opportunities and cost improvement initiatives, private work opportunities • Active engagement in the development of Llantrisant Health Park • Embed 24/7 MRI for Neuro/Cauda Equina CTM service • Consolidate oncall rota provision with reporting capability to reduce outsourcing burden of costs, inclusive of RPS rota to expand on CT Head reporting opportunities • Continue building on Staff Survey feedback and engagement initiatives • Embedding of Welsh Language strategy • Involvement in the development of Women's Health Hub • To ensure the staffing allows timely reporting turnaround delivering prompt patient care • Realign the LATPB service to Urology • Realign consumable and equipment to Endoscopy • Develop a sustainable advanced vascular service Key actions in years two and three: • Involvement in the planning of Llantrisant Health Park • Embed all Wales single Radiology Information System • Develop MRI reporting radiographers • Ongoing work for the future workforce plans to ensure services will be sustainable Value based healthcare: • VBHC principles underpin all action plans. • Increasing our advanced practitioner reporting radiographer workforce aligns with VBHC Research, development and innovation: • Ensure participation in reviews of new technology e.g. AI linked to the Imagine Academi (IOURE ai) Estate enablers: • Development of MR area RGH • Phase 2 Prince Charles Hospital • Continuous review of capital equipment utilising all opportunities to upgrade • CT Cone Beam Service to repatriate work to CTM	Future services blueprint and patient outcomes: Sustainable and appropriate services for patients Maximise the capacity of all radiology assets with links to appropriate workforce planning Closer alignment to other care group plans to ensure the radiology service can support Long term objectives identified in building the NHS Wales Imaging Workforce Model– Strategy for Developing a Radiology Workforce for Wales (2023) Need to consider 7 day working model to support the acute hospitals and patients needs 24/7 Patient outcomes: Patients receive routine and urgent diagnostics in a timely manner. Patients are seen at the right place, at the right time; fewer appointments with fewer clinicians (bundling diagnostics where possible e.g. endoscopy to CT colon), assisted by the Radiology Navigator model Continue to listen and learn from service users; measured by developing PROMS and PREMS across all services. Will need better access to patient feedback
		How we will measure success: • Demand and Capacity assessments will be complete and supporting service need and modernisation • Reduced waiting times in line with Ministerial & Suspected Cancer Pathway targets • Assess patient experience and potential better outcomes with more timely diagnostics to aid treatment plans • Reduction in complaints • Increased Staff retention and successful recruitment • Maintain financial control target • Safety / quality monitored through existing Quality, Safety & Risk Experience (QSRE) meetings and robust regulatory documentation / audits • QSI endorsement Disinvestment priorities: RGH Nuclear Medicine Gamma Camera

During 2026-27 we will:

- Work towards delivery of a community diagnostic hub at Llantrisant Health Park, which is anticipated to be delivered during year two of our plan and continue our wider regional diagnostics planning work.
- Implementation of all Wales single Radiology Information System
- Review our service agreements with neighbouring health boards to ensure they are fit for purpose and in particular to strengthen the nuclear medicine provision with our partners.
- Review demand and capacity plans and develop a workforce plan to meet demand including recruitment and retention plan.

Pathology

During 2025-26, we have made progress in the following areas:

- Worked towards the development of regional cellular pathology services
- Worked with colleagues in Swansea Bay University Health Board to assess the current service provision between the health boards and to assess future service options
- Worked towards the implementation of the new laboratory information management system (LIMS)
- We have delivered additional capacity to deliver timely access to diagnostics.

Across the four sub-speciality areas of Cellular Pathology, Clinical and Laboratory Haematology, Biochemistry and Microbiology, our plans are set out in the following plan on a page.

Integrated Medium Term Plan 2025-2027		Pathology Plan on a Page
Our vision is the delivery of high quality, robust and sustainable pathology services to enable the delivery of a high quality and timely clinical service. Our priorities are: • To develop the pathology estate to ensure that it is fit for purpose • The implementation of digital pathology approaches including the use of AI across all areas of pathology modernising and improving local and regional approaches • To create a plan to support the development of a modern and sustainable workforce including ICT and Training functions that enable the delivery of a high quality service • To improve access to and the quality of informatics available to pathology service and Health Board supporting the development of robust performance and clinical management systems • To ensure robust contract management and financial control environment • To actively support the development, health & well-being of the teams, creating a working environment with a kind and compassionate culture where staff feel valued and psychologically safe. Workforce enablers: • Engage in national benchmarking • Review capacity plan • Development of a future workforce plan • Recruitment of key posts Digital enablers: • Digital Reporting & AI – Cell Path • Digital Morphology – Haematology • Digital Detection • Digital Intubations – Mortuary • Digital Reception Estate enablers: • Relocation / Redevelopment – Cellular Pathology lab • Adequate provision of Haem Capacity RCH • Upgrading of CLS rooms • Consolidate office space	Key actions in year two (2026-2027) • Implementation of new LIMS • Review of Cellular Pathology service agreement with SBUHB • Plan for future development of Cellular Pathology under the regional diagnostic programme structure • Completion of HPA Microbiology system appraisal • Haematology service review and LTA with SBUHB • Transition of PM services from RCH to RCH maternity • Local introduction of Digital Pathology • Recurrence Swansea Bay SJA review meetings • Complete business case for reorganisation of Immunology service • Complete benchmarking and develop workforce plan • Review And Coagulation service with Pharmacy colleagues Key actions in year three: • Review further Pathology service specifications and update or deliver as required • Implement plan for regional Cellular Pathology • Implement Microbiology system appraisal • Implement transformation plan for Clinical Haematology and disengage the SBUHB LTA Value based healthcare: • Delivery of key enablers will support enhanced patient pathways and service efficiency and effectiveness (e.g. the implementation of LIMS) Research, development and innovation: • Development with Toyota & Q&S&I NHS Exos for Cellular Pathology collaboration in Wales • Development of new approach to clinical audit and governance • Research chemotherapy chains on the Haem Day Unit	Future services blueprint and patient outcomes: • TAT across all specialities in line with SCP • A modernised service that is fit for the future and enables efficient and effective service delivery based on: • A sustainable workforce to ensure the ongoing delivery of services • Digital enablers will be in place to support the workforce to optimise service delivery • PACT developments to support National 6 Goals Patient outcomes: • Positive patient experience and outcomes as demonstrated via PROPS and PROPS How we will measure success: • New LIMS will be fully implemented • Cellular pathology will be managed and delivered by H&B and meeting TAT's • Demand and Capacity assessments will be complete and supporting service modernisation • The impact will be shown in contribution to a range of financial measures Disinvestment priorities: • Service agreement review will confirm requirement to deliver optimal services or where disinvestment is required

During 2026-27 we will:

- Continue our work within the regional diagnostics programme to develop regional Cellular Pathology Services and work towards the delivery of local digital cellular pathology.
- Continue our work with Swansea Bay University Health Board (SBUHB) to review agreements, including the jointly provided Pathology services to confirm the optimal future option for both health board populations.
- Implement the new Laboratory Information Management System (LIMS)
- Prioritise improvements to Haematology services

Allied Health Professions (AHPs)

During 2024-25, our key priorities and areas of progress were:

- Working toward the establishment of AHP service for Neonatal Units in line with the British Association of Perinatal Medicine (BAPM) standards.
- Development and implementation of diabetes service improvements
- Engaged with the development of the strategic clinical services plan and specific service reviews including stroke pathways.

Our plans for 2026-2029 are set out in the plan on a page below.

Integrated Medium Term Plan 2026-2029		Allied Health Professions (AHP)
Vision To transform and deliver high quality, robust and sustainable services across the lifespan. To ensure the delivery of safe, efficient and effective services, whilst striving for continuous improvement. Our priorities are: • Promote Prevention & Early Intervention Improve population health and reduce chronic disease through proactive, community-based care. • Deliver Person-Centred Services Enhance prevention, treatment, and support in local settings tailored to individual needs. • Embed Value-Based Healthcare Focus on outcomes that matter to people, using data to drive meaningful improvements. • Ensure Safe, High-Quality Services Maintain excellence through strong governance and continuous quality assurance. • Use Resources Sustainably Optimise financial and workforce planning, reduce waste, and transform services responsibly. • Support and Value Our Workforce Invest in development, wellbeing, and inclusive involvement in shaping services. • Strengthen Partnerships Collaborate across systems and communities to drive innovation and service transformation. • Listen, Learn, Improve Use feedback and coproduction to continuously enhance service delivery.	Key actions in year one (2026-2027) Working in collaboration with care groups and aligning our work to the clinical services plan we will: • Explore opportunities to establish a neonatal AHP service • Obesity – Delivery of a children and young people's weight management approach supported by a further development of adult weight management service building towards an integrated family-based approach. • Diabetes – Continued rollout and transformation of preDM service in collaboration with Primary Care, delivery of diabetes remission, increase uptake of Type 2 education, undertake evaluation of the inpatient podiatric VBHC service and, identify opportunities for psychology and dietetic resource for hybrid closed loop system. • Ensure AHPs fully engaged in the remodel of Primary Care and Community Transformation Programme. • Stroke service – engagement in stroke pathway redesign and development of 7-day services. • Engage and support in Mental Health Services redesign • Critical Care- Recruitment of AHP workforce- Dietetics in POW and Psychology across CTM. • Evaluate and identify resource for Macmillan funded roles. • Long term conditions (LTC)- Develop rehabilitation model and self management offer including website development in collaboration with C&V. • Develop and implement a AHP strategic workforce plan	Research, development and innovation: • Continue strong therapy QI portfolio • Ensure R&D opportunities are maximised through clinical work • Collaboration with academic partners • Increase R&D therapy roles /sessions and establish Research network
		Future services blueprint and patient outcomes Adherence to and delivery of the aims of (including but not limited to): • AHP Framework for Wales • Primary & Community care AHP Workforce Guidance: Organising principles to optimise utilisation. • Quality Statements • UK AHP Public Health Strategic Framework 2019-2024 • Wellbeing of Future Generations Act • A Healthier Wales: A Workforce Strategy for Health and Social Care. • National Clinical Guideline for Stroke (2023) • National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. BAPM standards For neonatal care • National Clinical Framework Wales • Strategic Programme for Primary Care • Mental Health Workforce Strategy • Six Goals Urgent and Emergency Care GPCs standards • Healthier Wales: Our Plan for health and Social Care • SSNAP targets, NICE and Quality statement for stroke
Workforce enablers: • Support staff wellbeing and implement actions from staff survey. • Implement targeted recruitment, retention and attraction plans • Establish and embed AHP Clinical Faculty to improve outcomes and expand advanced and consultant level AHP opportunities • Continue to develop strong, visible AHP leadership • Continue to integrate workforce planning into service delivery.	Key actions in year two and three • Establishment of AHP workforce in line with national standards for critical care, neonates and stroke • Continuous evaluation and transformation of neonatal, weight management and stroke services. • Expansion of Level 1 and 3 CYP Weight Management Service • Benefits realisation and identification of funding for successful short term VBHC / pilot projects.	Patient outcomes Deliver outcomes that matter to people • Patients receiving routine and urgent treatment in a timely manner. • Patients being seen at the right place, at the right time; fewer appointments with fewer clinicians
Digital Enablers: • Access to robust data and analysis • Utilise digital technologies to support transformation e.g digital delivery, decision support systems, high quality patient information, digital patient contact including EPR self-referral, text and remind, remote health etc. • Development of an AHP Clinical Informatics role	Value based healthcare & sustainability underpins all action plans: • Improved collection and reporting of outcome data, through PROMs, PREMS working in collaboration with VBHC team and facilitated through PROMs and available digital systems	How we will measure success: • Clear benefits /outcomes data being collated and evaluated • Adherence to Tier 1 and performance targets • Safety / quality monitored through QPSE meetings and reduction of risks. • Embed PROMS / PREMS in patient pathway and learning from these • Workforce – staff wellbeing survey, PDR, Mandatory Training, Sickness, recruitment and retention. • Balanced & sustainable financial outcomes
Estate enablers • Work with stakeholders to identify opportunities to transform AHP services for our population, including RPB, local leisure. • Ensure engagement to influence planning on the estate infrastructure to		

Key areas for development in 2026-27 include:

- Explore opportunities to establish a neonatal AHP service
- Obesity – Delivery of a children and young people's weight management approach supported by a further development of adult weight management service building towards an integrated family-based approach.
- Diabetes – Continued rollout and transformation of pre-DM service in collaboration with Primary Care, delivery of diabetes remission, increase uptake of Type 2 education, undertake evaluation of the inpatient podiatric VBHC service and, identify opportunities for health psychology and dietetic resource for hybrid closed loop system.
- Participate in key transformation programmes including:
 - Primary and Community Services
 - Mental Health Services
 - Stroke services
- Recruitment of AHP workforce (Dietetics in Princess of Wales Hospital and health psychology across CTM)
- Develop and implement AHP strategic workforce plan.

Pharmacy/ Medicines Management

The Pharmacy and Medicines Management service comprises direct services in acute and community hospitals, a broad and developing service in General Practice which includes delivery of clinical pharmacy, prescription management and medicines safety and efficiency work, close working with community pharmacy colleagues to deliver public health initiatives including vaccination, specialist services, including support for patients who are treated

within services for interstitial lung disease, rheumatology, heart failure, pain, mental health, addictions and Your Medicines at Home.

During 2025-26, key developments included:

- Significant progress made in reviewing staffing levels to ensure clinical services are prioritised according to highest risk.
- Progress made to embed Your Medicines Your Health and MECC approach into clinical pharmacies across all sites.
- Began implementation of Blueteq technology across the Health Board
- Worked on safety of teratogenic medicines and adherence with legislation
- Managed a service wide OCP

Our future plans are set out below.

Integrated Medium Term Plan 2026-2029 Plan on a Page		Medicines Management
Vision: Supporting the people in our communities to improve their health through effectively managing their medicines. Mission: In all our communities, people have access to the medicines that will improve their health and wellbeing, and are supported to discontinue those that don't. Our priorities are: • 3 Ps policy: Promote healthy behaviours; prevent deconditioning whilst patients are waiting and Prepare patients for treatment and recovery. • Harmonisation of services: across the acute sites and from primary and secondary care to put us in the best position to support patients with their medicines throughout our communities. • Antimicrobial and Analgesic Stewardship: support patients to prevent harm and improve quality of life through rational use of analgesics and antimicrobials. • Frailty: align medicines management services with HB wide frailty plans to support patients living at home, better, for longer. • Palliative Care: develop palliative care framework to support patients to receive timely, safe, dignified care across primary and secondary care, with a focus on care homes. Workforce enablers: • Development of a future workforce plan, with consideration to capacity and supervision requirements • Rotational band 6 and 7 pharmacist plan to improve capability and strengthen cross site, cross sector agile working Estate enablers • Work with site teams and community teams to ensure appropriate accommodation for all teams and related activity Digital Enablers: • HEPMA (secondary care) • Automated pharmacy systems • EPS and the NHS App • Shared Medicines Record • Updated cancer, ITU and homecare systems • Clinical Informatics	Key actions in year one (2026-2027) • All specialist clinical pharmacists embedded in MDT and attending and contributing to all Quality and Safety, Planning and Performance and Operational meetings within each Care Group to support safe, effective and cost effective use of medicines. • Continue to lead on analgesic stewardship working with planned care to optimise the offering • Develop a planned audit / review process and schedule for primary and secondary care • Continue to embed Your Medicines Your Health and MECC approach into all clinical pharmacy work on all sites – focus on smoking cessation • Develop and deliver Pharmacy Technician and rotational band 7 pharmacist plan • Continue to implement Blueteq® technology across the HB • Continue to lead on safety of teratogenic medicines and adherence with emerging safety legislation • Ensure smooth transition of aseptic services to TrAMs • Develop consultant pharmacist and clinical lead roles within specialties, in line with the Welsh Government Acute Services Review recommendations. • Develop and deliver palliative care service with creation of palliative care team to lead strategy development and delivery. • Support the Welsh Government Primary Care Services Review taking place this year and adapt service based on outputs • Measure benefits realisation of ePMA rollout • Embed credentialing into practice for pharmacy professionals through guided questions during PADR to identify gaps and set development goals aligned with credentialing pathways • Stabilise vaccine supply service and ensure all processes are mapped and optimised to minimise waste • Undertake a review of procurement and distribution throughout the service and implement recommendations. • Develop strategy for electronic controlled drugs management • Undertake a full anticoagulation/haematology review to determine the needs of the population, and develop a plan to address • Develop a waiting well offering • Develop a HB wide Genomics strategy Research, development and innovation: • Develop strong pharmacy QI portfolio • Develop and implement research strategy to ensure all staff engaged in research activity • Ensure R&D opportunities are maximised • Incorporate R&D/QI into all PADRs to support development	Future services blueprint and patient outcomes Adherence to and delivery of the aims of; • Welsh Government Review of Hospital Pharmacy Services/Acute Services Review • Wellbeing of Future Generations Act • Six Goals Urgent and Emergency Care and GPICs standards • A Prescgrpswn Newydd
		Value based healthcare underpins all action plans: • Improved collection and reporting of outcome data, through patient-reported outcome measures (PROMs) as well as clinical outcomes. • Identify unwarranted variation in services. • Focus on person-centred approach to healthcare.
		How we will measure success: • Reduction in duplication of workload • Reduction in pharmaceutical waste • Reduction in prescribing errors and DATIX incidents • Improvement across all AWTTC National Prescribing Indicators • Improve progress with the NAP and local antimicrobial stewardship agenda

Key priorities for development in 2026-27 are:

- Develop and deliver palliative care service with creation of palliative care team to lead strategy development and delivery.
- Support Welsh Government Primary Care Services Review in 2026
- Stabilise vaccine supply
- Develop strategy for electronic controlled drugs management
- Undertake a full anticoagulation/haematology review to determine the needs of the population and develop a forward plan.
- Develop a health board wide genomics strategy.
- Implement workforce development plans.
- Transition of aseptic services to TrAMs.
- Measure benefits realisation of ePMA rollout

Healthcare Sciences

Healthcare sciences comprise Audiology, Clinical Engineering, Medical Illustration, Cardiac Physiology, Neurophysiology and Respiratory Physiology.

During 2025-26, we have made progress across a number of areas:

- Development and implementation of School Hearing Screening Service within the Audiology service
- Worked toward the standardisation of Healthcare Sciences digital functionality.
- Work began on reviewing sleep services, including CPAP usage across the region.

Integrated Medium Term Plan 2026-2029		Plan on a Page	Healthcare Sciences
Our vision - Deliver high quality, transformational, patient centered care through promotion of the professions and development of our highly skilled and diverse Healthcare Science Workforce, ensuring value and equity of service provision across our CTM population. Our priorities are • Quality & Safety - Maintain high quality, evidencebased, data-driven, timely, accessible and safe care • Accessibility & Responsiveness - Work with our communities / partners to reduce inequalities, promote wellbeing, & prevent ill health • Workforce - Co-create a learning and growing culture • Sustainability - Ensure sustainability in all that we do: economically, environmentally, and socially • Digital & Data - Provide high quality, evidencebased, data-driven, and accessible care • Research & innovation - Create a supportive and proactive research culture, able to provide the opportunity and capacity for HCS's to undertake high quality research	Key Actions Delivered (2025/26) • The transition of school hearing screening from the school nursing team into Audiology). • Undertaken benchmarking of current CPAP usage within CTM. Developed and implement standardised processes for the procurement and usage of CPAP devices across all CTM whilst ensuring high quality and value- based healthcare. • Benchmarked current Bed Management Service provision across CTM. Agreed Bed Management Service provision from OCT 2025- Sept 2026 . Key actions in year one (2026/2027) • Ensure sustainable Medical Illustration services either through the ongoing funding of dermatology or review of service provision . • Undertake a review of current neurophysiology service provision against demand and capacity data to develop more sustainable service provision that complies with waiting time targets. • Further standardise cardiac and respiratory physiology services across CTM. • Develop and Implement Sustainable Bed Management Service for 2026 onwards. • Develop long term workforce plans for all HCS services • Reduce patient waiting times through sustainable funding models	Future services blueprint and patient outcomes: Adherence to • Healthcare Science in NHS Wales – Looking Forward Framework 2019 • Diagnostics Recovery and Transformation Strategy for Wales 2023 2025 • A Healthier Wales–long term plan for health and social care 2022 • Wellbeing of Future Generations Act 2015 • CTM AHP & HCS Delivery Plan 2023 • National Clinical Framework– a learning health and care system 2021 • NHS Wales Planning Framework 2022/2025 • Implementation of the Future Regulations 2024 (MDR) • A Healthier Wales: A Workforce Strategy for Health and Social 2020 Patient outcomes: • Patients receive all health care science interventions in a timely manner. • Strengthened service provision on sites that best support service delivery. • Continue to listen and learn from service users; measured by developing PROMS and PREMS across relevant services.	
Workforce enablers: • Through workforce review, develop & implement plans for each HCS professions, that align with the future demand for workforce, with increased use of specialist / advanced practitioner / support roles • Improve attraction, recruitment and retention through education, training and employment, career development and opportunity. • Dedicated workforce capacity to support STP/PTP placements • Use of Annex 21 to retain staff	Key actions in years two and three: • Continue to benchmark performance against peers in other health boards. • Standardised service provision across HB. • Implementation of robust audit measures. • Improved service pathways. • Improved recruitment in hard to fill areas. • Developed and implemented workforce plans.	How we will measure success: • Improved wellbeing, moral and culture amongst HCS teams. • Robust HCS SMT • Consistent performance and finance reporting across all HCS. • Standardised, accurate D&C data collected for each HCS service. • Improved waiting times/patient experience. • Productivity I& Quality improvements. • Assurance of business continuity. • Good understanding of the work and impact of all HCS Professions across the organisation. • Research and Development and Quality Improvement will be firmly embedded into HCS job plans • Strengthened service provision on sites that best support service delivery.	
Estate Enablers • Collaboration with site teams to ensure appropriate accommodation for all HCS services and support functions.	Value based healthcare underpins all action plans: • Improved collection and reporting of outcome data, through patient reported outcome measures (PROMs) as well as clinical outcomes. • Identify unwarranted variation in services. • Focus on person-centred approach to healthcare.		
Digital Enablers: • Testing and implementation of national digital programmes • Procurement and implementation of appropriate Quality Management Systems to ensure MDR compliance. • Patient managed booking systems. • Standardised digital functionality across HB.	Research, development and innovation: • Collaboration with academic partners • Support HCSs to engage with the CTMUHB R&D department to develop a research active culture through registration and presentation of their work (e.g. service evaluations, research) locally, regionally and nationally.		

During 2026 – 27 we will:

- Ensure sustainable medical illustration services through the agreement of ongoing funding for tele-dermatology support.
- Undertake review of current neurophysiology service provision against demand and capacity data to develop a more sustainable service provision that complies with waiting time targets.
- Further standardise cardiac respiratory physiology services across CTM.
- Develop and implement sustainable bed management service.
- Develop long term workforce plans for all HCS services.
- Develop a plan for the integration of the Future Approach for Audiology Services in Wales Framework.

SOUTH EAST WALES PLANNING AND COMMISSIONING

Regional Joint Committee

The South-East Wales Regional Joint Committee (RJC) brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this. Each board delegates certain functions to the RJC, which is bound by these decisions under the schedule of delegated powers.

The RJC has been established to:

- a. Create a step change in the effectiveness of arrangements to collaborate across the regional footprint in the interests of our shared population, marking a change in the way we work collectively as health boards.
- b. Provide collective leadership for the regional planning, commissioning, and delivery of services for the population served by the three health boards, considering the service challenges, financial challenges and population health needs of all three organisations.
- c. Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
- d. Identifying priorities for the three health boards, where a regional approach will deliver benefit.
- e. Explore how the benefits of a regional health economy are harnessed to best serve the south-east Wales population of over 1.5million.
- f. Reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.

The Joint Committee set its priorities for 2026/27

1. Delivery in existing programmes- deliverables for each programme are set out below
2. Develop a framework for commissioning and contracting at a regional level – establishing an operating framework for the Joint Committee
3. Developing a process for identifying greatest opportunities for regional services- bringing together clinical service planning for the region and prioritising through this process
4. Developing and implementing a regional digital plan – prioritising digital as an enabler for regional working.

Delivering on Existing Programmes

Orthopaedics

The programme vision is to provide high quality, equitable care with the best outcomes for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency, in a sustainable way. A regional plan was presented to Boards in September 2025

Products/Actions/ Deliverables	Quarter	Impact
SE Wales primary arthroplasty clinical model (ABUHB, CAVUHB and CTMUHB sites) and Primary arthroplasty pathway including pre-operative and follow-up care	Q1	Inform LHP Full Business Case
Primary arthroplasty workforce model and resourcing plans	Q1	Resourcing plan for LHP and wider model
Performance monitoring & metrics (Arthroplasty)	Q1	Accountability framework to support commissioning
Finance model - including workforce and procurement (Arthroplasty)	Q1	To enable commissioner/provider model and standardisation of joints
Refresh Demand and Capacity (other Subspecialties)	Q3	Enable wider orthopaedics plan
Assess performance monitoring metrics	Q3	Enable wider orthopaedics plan
Develop plans for sub-specialty regional opportunities (other than primary arthroplasty)	Q4	Regionalisation of wider subspecialties

Regional Diagnostics

The regional diagnostic programme has been established to develop and deliver plans for services sustainability across core diagnostic modalities.

Radiology – Regional plan developed in November 2025, establishing common demand and capacity position for the region and considering key challenges to address.

Products/Actions/ Deliverables	Quarter	Impact
Regional management group established	Q1	Support consistency in diagnostic provision
Workforce Plan for Sonography – priorities due to immediate service risks	Q2	Address shortfalls in service
Radiology Workforce plan	Q3	Sustainable workforce model
Regional response to Lung Screening – regional offer to lung screening programme	Q2	Supporting equitable access to the roll out of screening maximising existing assets

Endoscopy- the programme aims to bring a regional service model approach to drive out variation, enable greater access and develop a collaborative training approach.

Products/Actions/ Deliverables	Quarter	Impact
Regional management group established	Q1	Support consistency in provision
Training academy model established	Q3	Collaborative approach to training staff
Operating model for regional endoscopy units	Q3	Enable LHP delivery
Repeat D&C assessment to inform LHP Opening and capacity utilisation/ Case Mix	Q3	Enable LHP delivery and regional planning
Consideration of commissioning and delivery of complex procedure model – collaboration with JCC	Q3	Utilisation of regional capacity and population equity

Pathology- To deliver, sustainable, patient-centred and value based cellular pathology services by standardising service delivery across the UHBs, integrating pathways, ensuring high-quality end-to-end services across the region

Products/Actions/ Deliverables	Quarter	Impact
Development of a Business Case for Regional Cellular Pathology Unit	Q1	Sustainable cellular pathology service
Agreement of the business case for Regional Cellular Pathology	Q2	Sustainable cellular pathology service
Following agreement of business case, site agreement and associated development	Q2-Q4	Sustainable cellular pathology service
Continuation of standardisation work	Q1-Q4	To ensure standardised service model ahead of proposed centralisation

Ophthalmology

The vision for the programme is that Ophthalmology Services in South East Wales are sustainable and deliver high quality care and improved outcomes to patients in a timely way.

Products/Actions/ Deliverables	Quarter	Impact
Regional Alliance Model – Cataracts Pilot	Q2	Streamlined operational model
Implementation of Open Eyes, OPERA and shared patient Treatment list model	Q2	Streamlined pathway and reduced administrative burden

Completing Cataracts – implementation of single regional pathway	Q3	Delivering efficiency gains for the region and maximising capacity
Workforce Strategy – comprehensive strategic workforce plan	Q2	Sustainable workforce model

Cancer

The programme is working to bring grater consistency to services to standardise governance and support arrangements enabling grater collaboration.

Products/Actions/ Deliverables	Quarter	Impact
Support consistent approach to MDTs across SEW approaches by support implementation and spread of NHS P&I's MDT Charter and associated 'Bridging Document' to be published Dec '25/ Jan '26	Q4	Consistent approach and standards across all MDTs which are auditable and support identification of resource gaps.
Regional Oncology workforce plan	Q4	Establish a regional oncology workforce baseline with an associated Workplan Plan to address any gap identified.
Shared Patient Treatment List established	Q3	Individual cancer patients tracked in real time across their pathway with all the relevant demographic, referral, clinical and operational data visible to those responsible for patient care. Hospital Initiated Referral (HIR) from HBs into VCS will also provide an in-built validation to the PTL
Implementation (tracking of) of cancer-related MAG actions	Q4	Consistent delivery of cancer-related MAG actions across SEW (i.e. Capsule sponge, symptomatic FIT, Unscheduled bleeding on HRT/Post-menopausal bleeding pathway, breast pain only pathway (BPOP), Tele-derm)

SWANSEA BAY AND CWM TAF MORGANNWG SERVICES

The Health Board has continued to work with SBUHB to review services under the contractual mechanisms between the two organisations including Long Term Agreements (LTA), Clinical Capacity service level agreements (SLAs) and individual medical staff, service and staff agreements that were established to ensure the continuation of services for the Bridgend and Neath populations following the boundary change.

Our 2026-27 joint work plan is under development and will continue to ensure a focus on full benefits appraisal and option assessment to ensure that cross-boundary services can be retained and strengthened, as required, where this provides benefit to both health boards' patients alongside further repatriation where most appropriate.

Both organisations are committed to ensure any change is for the benefit of patient care and positive outcomes for our population, with any programme of change ensuring that both organisations work collaboratively in reviewing current pathways and patient flows to identify the best sustainably provision going forward and ensure that the appropriate level of Llais and patient consultation is undertaken.

AGREEMENTS WITH OTHER HEALTH BOARDS

There is an intention for CTMUHB to work with all Health Boards that have LTA arrangements in place with our organisation in rebasing the LTAs. Preparatory work has been undertaken during 2026-27 and due to the complexity of this work, remains ongoing. Whilst the timelines for delivery are subject to further agreement, CTMUHB would expect the reviews to be undertaken during 26/27 and implemented for 27/28 commissioning arrangements.

The reviews will ensure that the services and activity that is being commissioned reflects current cost and demand levels whilst considering the impact of any strategic changes.

Where NHS to NHS SLAs are in place CTMUHB will be working with our colleagues in the external Health Boards to review and update the agreements to ensure commissioning levels are set at sustainable levels with robust service specifications to support the commissioned services.

THIRD SECTOR SERVICE AGREEMENTS

Due to the new Procurement Act and Health Services (Provider Selector Regime) (Wales) Regulations 2024 expected to come in to force WEF 24/2/25 CTMUHB undertook a review of 3rd/Voluntary sector SLAs that sit within the central commissioning team during 2025/26 to inform future commissioning arrangements.

This review's focus is on strengthening partnership working, ensuring that robust commissioning arrangements are in place, that the Health Board is compliant with mandatory procurement processes and that the services commissioned meet the needs of our population and align to CTMUHB's plans set out in the wider IMTP and underpin the strategic priorities included in the latest NHS Planning Framework.

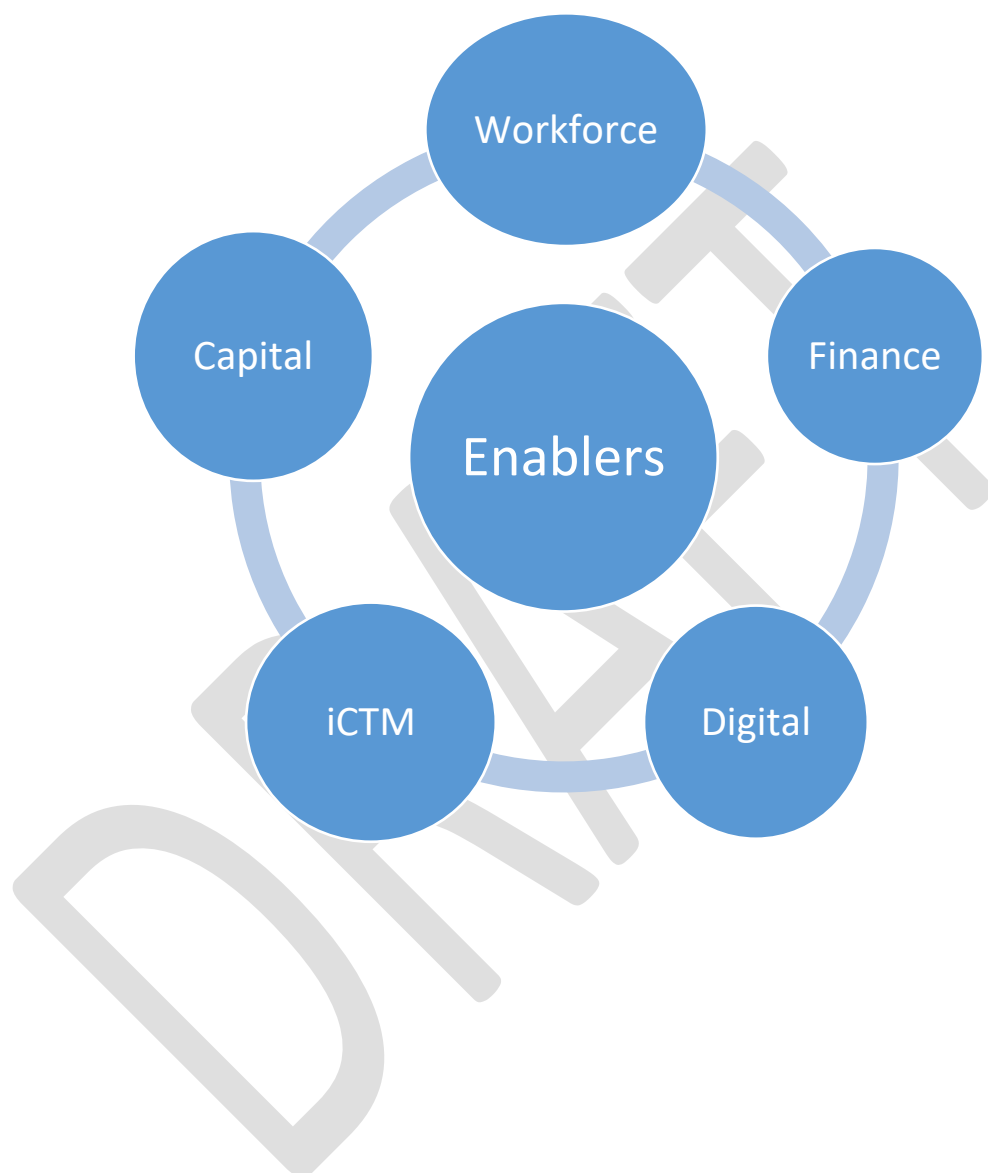
A national working group has been established by the Joint Commissioning Committee and the health board has participated in this group, which is expected to provide support in the commissioning of national services.

SPECIALISED SERVICES AND AMBULANCE SERVICES

The Health Board commissions specialist services and ambulance services for its population via the newly formed Joint Commissioning Committee (JCC). The committee works on behalf of all 7 Health Boards to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales. The Health Board is also host to JCC.

The Health Board has been engaged in the processes for the development and agreement of the JCC's integrated medium term plan through to its completion.

DRAFT



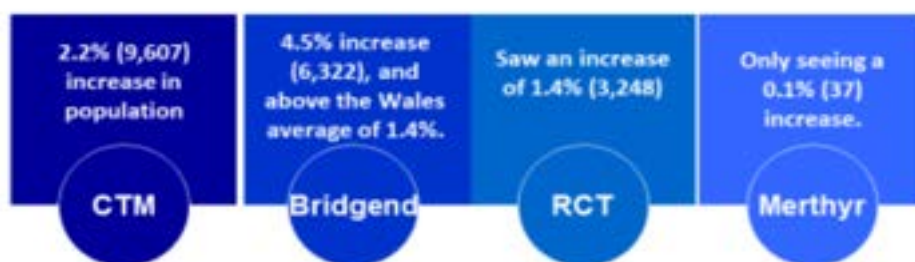
PEOPLE



The population we serve

The Census 2021 continues to provide rich and reliable data about CTM's current population patterns and population projections to support service and workforce planning. Relating to demand on our services the data shows a sustained increase in the CTM population since the previous census in 2011 (2.2% increase). Figure 1 below shows the population increases in Bridgend (4.5%) and Rhondda Cynon Taf (1.4%), with the Merthyr population remaining static.

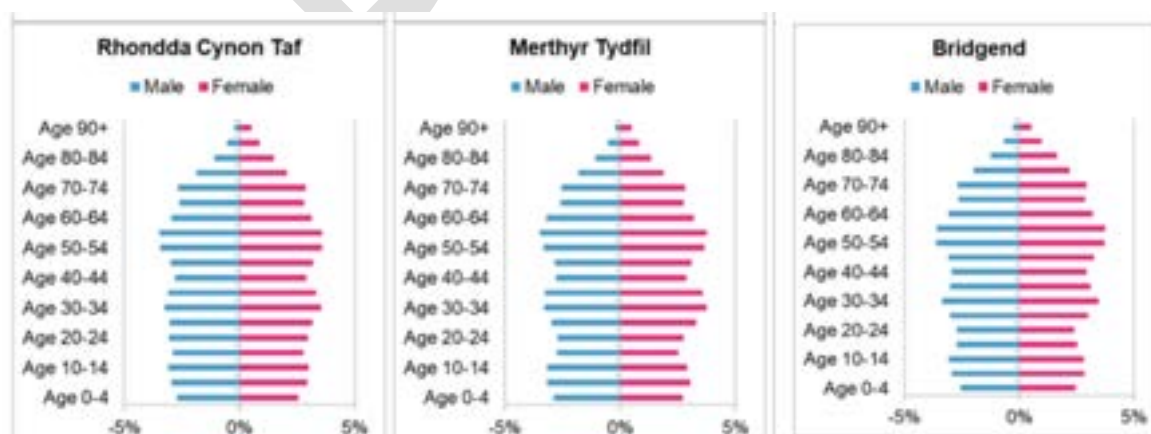
Fig 1. Population Changes



The CTM population gender split is almost 50:50 male to female, which is comparable to the all-Wales picture. The age profile by gender also mirrors the all-Wales position, with a bulge in the ages 50-74 years; the number at 75+ reducing and 0-49 years even smaller. The age profile for CTM also shows males outnumbering females in 0-24 years, but females outnumbering males in the over 25 years age ranges.

Figure 2 below shows the age profile broken down into our three Local Authorities. Each area has a broadly similar position, although Merthyr also has a bulge in the lower ages from 0-14 years and again at 30 plus but reducing at 40-50 years. Bridgend is similar but not as distinct.

Fig 2. Age Profile by gender across Local Authority for CTM



The age profile of our population and gender differentials within it needs to be considered regarding the demand on certain aspects of our services, e.g. older people health and wellbeing services. To support these demands, CTM workforce plans need to ensure the right workforce supply, in the right number, at the right time, right cost with the right skills and competencies available in the right part of the system to support these population health needs. This is an opportunity to continue to work closely with our partners across our wider system e.g. independent contractors, local authorities, independent and third sectors etc.

CTM is the most deprived region in Wales (index 87.4), with only 76.6% of our population reporting very good or good health at the time of the Census; lower than the all-Wales position of 78.6%. 4.9% were long-term sick or disabled, with 6.1% of our population economically inactive due to long term sickness. These figures again reflect both current and future demands on our services.

From an education perspective, 19.4% reported no qualifications (above the Welsh average) and only 22.5% have a degree or higher qualification. This was the lowest across Wales, and against a Welsh average of 26%. As education is a key determinant of health, no or low qualifications can significantly affect health and wellbeing outcomes.

Census Population Forecasting

The projections for Wales from 2020 to 2050 shows the most significant growth is in the over 80 years old, with a fall in under 30 years old (shown in the table in Figure 3 below). There is a significant increase in the age 65+ age band until 2038, when the population begins to decline. On the counterside, the number of 18-year-olds shows an increase of 7.1% (+2,465) by 2029, followed by a sharp fall of 18.1% by 2050 (shown in Figure 4). The forecast reduction in the younger population (under 16 and 16-24 years old) is highlighted as a risk for our future workforce, especially when set against the population growth projections and ageing population, both of which would place continued and increased strain on our services and impact on workforce numbers to support them.

Fig 3. Wales Census age forecast 2020- 2050 reduction of

Age Band	Change from 2020 to 2050
All ages	+5.9%
Age 0-9	-12.5%
Age 10-19	-10.4%
Age 20-29	-12.4%
Age 30-39	+8.9%
Age 40-49	+15.9%
Age 50-59	+2.3%
Age 60-69	+9.3%
Age 70-79	+8.4%
Age 80-89	+60.8%
Age 90+	+121.4%

Fig.4 Wales Census Data showing under 18-year-olds

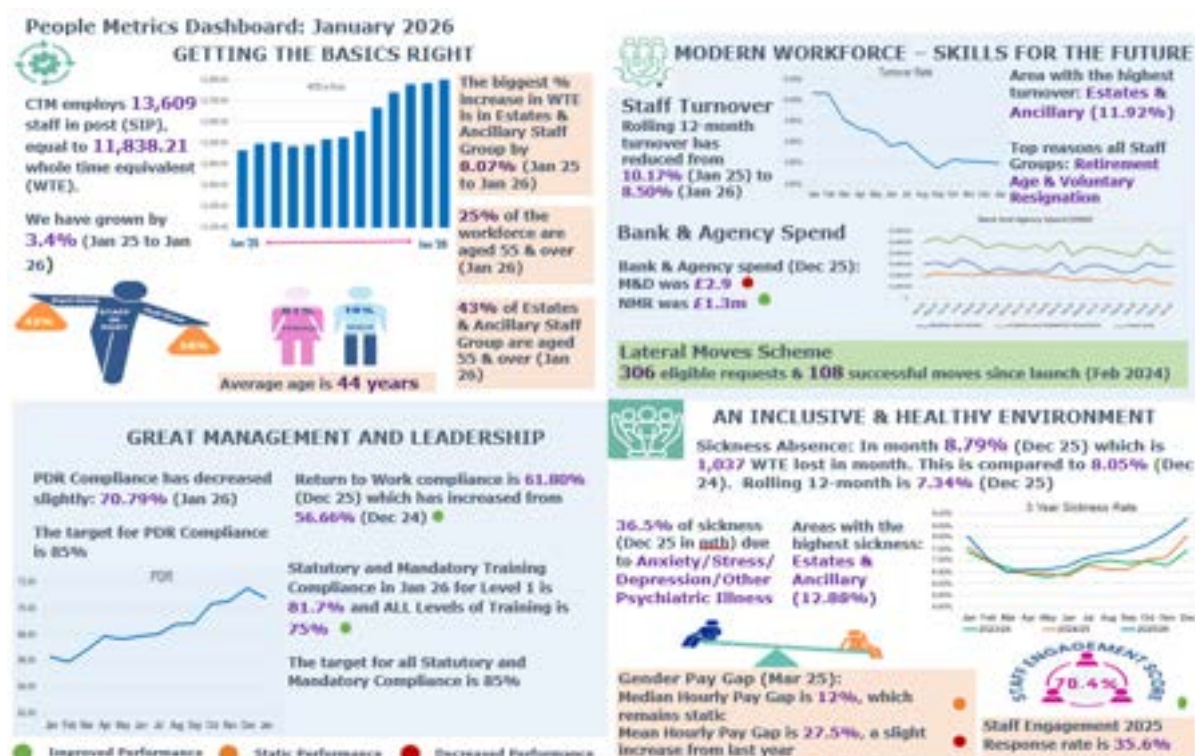


Our workforce demographics

CTM currently employs 13,609 people, which equates to 11,838.21 whole-time equivalents (WTE) as of 31 January 2026. This represents a growth of 5.4% over the last 2 years. 76% of

our workforce live within our Health Board footprint. Our gender split has remained at around 81% female: 19% male, and this is reflected across our main hospital sites (Princess of Wales, Royal Glamorgan, and Prince Charles). 42% of our workforce work part-time, which is an increase of 3.4% since January 2025; 38% of our female workforce work part-time compared with 4% of the male workforce.

Fig 5 CTM People Metrics as of 31 January 2026



There has been a significant reduction in turnover from 11.66% (1,419 staff) in January 2024 to 8.50% (1,060 staff) in January 2026. In the main this is due to reductions in:

- **Retirements: 26.79% (284 staff) retired in the last 12 months** (compared to 35.9% (422) in the previous 12 months),
- **Voluntary resignations: 55.85% (592 staff) within the last 12 months** (January 2026), slightly lower than 52.43% (690 staff) in 2025.

It is too early to confirm whether the reduction in turnover will be sustained, especially in the context that:

- **22% of CTM staff are over 56 years or older**
- **Ages 51-55 have increased slightly from 1746** (in January 2025) to 1757 (in January 2026) but 56-60 has remained static at 1677 across the last three years.
- **Ages 61-65 have increased** from (946 in January 2024) to 1011 (in January 2025) to 1102 staff (in January 2026).

The absence of a default retirement age and changes to pensions means forecasting loss of skills, expertise and the associated workforce gaps is becoming less predictable. There is also some variation in the average retirement age across different staff groups, as shown in figure 6.

Figure 6: Average retirement age by Staff Group

Staff Group	Current average retirement age (as at 31 Jan 2026)
Allied Health Professionals	61
Add Prof Scientific and Technic	62
Healthcare Scientists	62
Nursing and Midwifery Registered	62
Additional Clinical Services	63
Administrative and Clerical	63
Estates and Ancillary	64
Medical and Dental	65

- **As of January 2026, 836 employees are above the average retirement age in CTM (63 years).** This is a slight increase from 758 over the average retirement age in January 2025.

Workforce Supply challenges

We continue to experience strong local, national, and international competition for skills and roles. Recruitment challenges and vacancies increase our reliance on our contingent workforce, which further impacts on costs, quality, and teamwork. This is exacerbated by the changing population health needs and financial challenges. We recognise that our response to this requires a combination of both short-term interventions, but also the development of medium to longer-term solutions to address these challenges. These will need to include consideration of alternative workforce models and roles - with recognition of the time required to educate, train, and become fully competent in a role. Some key shortage areas include:

- **Medical and Dental:** particularly critical care, psychiatry, stroke, ophthalmology (optometry), palliative care, pathology (haematology), urology, Upper GI, gastroenterology, and radiology
- **AHPs:** Dietetics, Speech and Language Therapists (SALT) -particularly adult, Band 6 roles, Band 6 Occupational Therapists (OTs), and Sonographers (especially vascular)
- **Healthcare Sciences:** Biomedical Scientists (BMS) and clinical engineering
- **Pharmacists** (Band 7) and Pharmacy Technicians (Band 5)

The CTM Census 2021 population data, our own workforce profile, our People metrics and both the pace and scale of change (including technological shifts) creates both challenges and opportunities in workforce planning across the three horizons (short, medium, and long term). Workforce is often a key driver for change and there are several programmes to regionalise services to support alternative service delivery e.g. endoscopy, orthopaedics, theatres, radiology, and community diagnostics.

Our current plan and achievements shown below demonstrates our progress to date in delivering against our People Plan and supporting our workforce to be fit for purpose, for both

now and the future. We have made both improvements to our immediate position and focused on the next 12 months (horizon 2) and what we need to support our workforce to deliver our CTM objectives, aligning with service and annual budget planning. As we enter 2026/27, we will be increasing our focus on the longer-term (horizon 3 which is focussed on 2 years and beyond) to further consider the future we are planning for and how we can transform to achieve our CTM 2030 ambitions.

People Plan Priorities

1.1 1. KEY ACHIEVEMENTS AND HIGHLIGHTS FOR 2025/2026

During June 2025, we were proud to launch CTM's People Plan 2025-2030; a bold people-first roadmap, designed to support every member of CTM both to thrive at work and to deliver the best for our communities. Our People Plan sets out CTM's priorities for our workforce and articulates how we will create a culture where everyone can grow, feel valued, and make a difference.

Our People Plan is the result of months of careful listening, learning, and collaboration. Between March and May 2025, we engaged widely with staff across CTM - through site visits and roadshows, through to feedback from our Trade Union partners and Independent Members. We also drew on:

- Insights from our 2024 Staff Survey (3,560 responses)
- Internal and external evidence reviews, and wider population data set out above
- Strategic frameworks, policies, and reports (e.g. the Ministerial Advisory Group (MAG) report on NHS Wales Performance and Productivity)
- One-to-one consultations with our staff and leaders

When CTM is at its best, we heard that it feels like family. Staff described a strong sense of community, dedication to their teams, and a deep commitment to patient care. But we also heard about the challenges – bureaucratic processes, inefficiencies, outdated systems, inconsistent management, and the need for more fairness and clarity across the organisation.

The outcome of this engagement is a simplified, focused, and practical People Plan that aligns with CTM2030 and reflects what matters most to our people. At the heart of the People Plan are four core themes: **Getting the Basics Right, Great Management and Leadership, Building an Inclusive and Healthy Environment and Modern Workforce with skills for the future.** Each theme is underpinned by a clear People Promise.

Since formal launch in June 2025, significant early progress has already been made against our People Priorities. This year has been marked by visible movement in improving the fundamentals of our employee experience, strengthening management capability, and laying the foundations for a modern, inclusive, and future-ready workforce. This is just the beginning. The People Plan is a living document; co-developed and co-delivered with our staff. We will re-engage with our workforce annually to keep the plan relevant and responsive.

Getting the Basics Right

We have made tangible progress toward simplifying core people processes and improving access to essential support. Work has advanced on creating **more concise, user-friendly**

policies, with early drafts moving into consultation and testing. We have launched a new neonatal policy (in line with statutory guidance), introduced support for breastfeeding at work, and implemented a new anti-sexual harassment policy. We have agreed a full policy workbook, with focussed activity on elevating our family friendly support and ongoing simplification of our recruitment and selection approaches.

We have improved the visibility of our vacancies through our revamped approach to attraction and recruitment. This has included a new **Social Media Strategy and branding**, increasing both our online visibility and resources but also our “on the ground” presence in our communities to encourage local employment. In the last financial year CTM attended 10 local **careers fairs** and two national careers events. In March 2026 CTM hosted three local careers fairs for national careers week attracting just under 1000 people across the three days.

We have prioritised support and development for recruiting managers across the Health Board delivering eight **‘Recruitment Deep Dives’** inviting hiring managers to engage in discussions around improving processes and practices in recruitment and selection - and developed an action plan based on these findings.

We have trialled **innovative recruitment** practices to improve advertising and selection with successful ‘on-the-day’ recruitment for facilities, trauma & orthopaedics, and healthcare support workers (HCSWs). These have enabled successful recruitment into hard to fill posts at reduced timescales. We have also trialled, and had positive feedback to, an **alternative application form** which focuses on role requirements rather than a general personal statement.

We have supported **international medical recruitment** for hard to fill posts in Mental Health and Haematology. We have also received additional Welsh Government funding to support additional international recruitment activity, and we are reviewing our requirements for 2026/27.

Efforts to improve **internal communications**, including refining channels and improving the timing and clarity of messages, have started to address the theme repeatedly raised by staff during engagement events. In addition, a new **centrally managed People Services advice phone line** has been launched, to enable quick and simple access to HR advice.

Developing Welsh language skills remain a strategic workforce priority, with progress tracked via a new Welsh Language & Culture Dashboard. The dashboard (baseline 2024/25) informs recruitment, training, and service planning - using data adapted from Canada’s Official Languages Maturity Model. We also have targeted Welsh language courses to staff with a Level 3 and 4 Speaking/Listening on ESR, so that services can support our people to increase their use of Welsh.

Welsh language skills are now defined in over 90% of job adverts, categorised as essential, desirable, or to be learnt on appointment. A default minimum of Level 3+ has been adopted, ensuring patient-facing staff can use Welsh meaningfully in care settings. Over 90% of job adverts are also now published bilingually.

Recruitment training on Welsh language is being offered, and over 180 staff have completed the training to date. Adverts have a welcoming and encouraging wording, specifically disregarding ‘fluency’ to encourage applications.

1.1.1 Great Management and Leadership

We have strengthened the foundations for consistent leadership across CTM. Working in partnership with our Trade Union colleagues we published our inaugural Annual **Social Partnership Report in November 2025**. This demonstrated our ongoing leadership commitment to work collaboratively with trade unions, staff, and partners to embed the principles of fairness, transparency, and co-production across our organisation.

Development of the new **line management induction programme** has concluded and was launched in February 2026, providing a standardised and supportive start for all new managers. **A bite-size learning offer** for managers has been scoped, including modules on key policies and management skills. The offer commenced in October 2025 with 'Honest and Challenging Conversations' 90-minute session. **Peer support arrangements** and early networks for managers have begun with a reference group, responding directly to staff feedback that "great management cannot be the exception to the rule – it is essential".

The **Inspire senior leadership programme** embeds bilingualism within CTM's Leadership Competency Framework under Inclusion. Drawing on **Leading in a Bilingual Country**, it positions leaders as role models for creating a culture where Welsh thrives with explicit links to leadership competencies.

Statutory and mandatory learning compliance for core subjects at level 1 currently sits at **81.71% as of 31 January 2026, up 1.32%** from last year, and **PDR – Your Conversation** compliance is currently **70.79% as of 31 January 2026, up 3.98%** from last year, showing consistent progress in management basics however remaining a significant way off the 85% PDR target.

1.1.2 Building an Inclusive and Healthy Environment

At CTM, we believe that good health and wellbeing are the foundation for a fulfilling life and thriving workplace, which is why we launched a new **Health and Wellbeing action plan** in November 2025 to help people stay well and support them through periods of sickness absence. In line with our People Promises, the Plan outlines practical tools for managers and leaders to manage health and wellbeing effectively and compassionately. We have introduced a new sickness absence dashboard; to help us understand trends and tailor interventions and we are adopting an active case management approach, bringing together managers, HR, Occupational health, and staff to ensure absence is managed with care, consistency, and pace. We have set ourselves an ambitious target to **reduce sickness absence** by 1% by October 2026.

We have also taken important steps to improve psychological safety, inclusion, and wellbeing. Expectations linked to CTM Values have been drafted, supporting the People Plan commitment to "**raise the bar on our behaviours**" and hold each other to account. Clearer **reporting routes for concerns** have been implemented with four people appointed to Speaking Up Safely Guardian roles and the roll out of Work in Confidence for anonymous reporting, ensuring staff feel safe to speak up and be confident that action follows.

We have implemented a new anti-sexual harassment policy and new **Speaking Up Safely** guidance and are rolling out manager briefings and ESR training to raise awareness and improve confidence in calling out inappropriate behaviours. Initial work has also started on expanding **anti-racism awareness**, with 83.85 % of staff completing an anti-racism awareness e-learning module (January 2025).

Furthermore, 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 an All-Wales average of 30%. This represents an additional 1,407 CTM voices who completed the 2025 survey, which in itself is an important indicator of engagement. Our staff engagement index score (derived from seven questions in the survey) is 70.5% which is a slight improvement from last years' 70.4%.

In **September 2025**, we hosted our Seren Annual Awards, bringing together nearly 200 colleagues for an evening dedicated to celebrating staff achievements and contributions. The event featured a red-carpet welcome, performances from the Tenovus Cancer Care Choir and the Race Equality Network dance duo, a raffle which raised nearly £1,200 for our NHS Charity and an awards ceremony recognising outstanding responses and initiatives across CTMUHB. Feedback was positive and the Seren Awards strengthen our ongoing commitment to developing a culture of recognition and belonging.

The People Directorate have partnered with public health and nursing colleagues to trial a new **targeted, behaviour-based campaign for staff flu vaccinations**. Vaccinations have been proactively offered using a combination of bookable and drop in/ roving models. 42.3% of staff have been vaccinated (up from 35.5% in 2024/25).

We have developed our **annual equality report for 2024/25** with key achievements including: introducing gender neutral titles in healthcare records, developing easy-read screening guides for transgender and non-binary individuals, addressing digital exclusion through our Maternity Databank project (sim cards for maternity users).

As part of our commitment to being an **inclusive employer**, in our role as a licenced sponsor we have supported 115 staff with immigration sponsorship to join or remain as part of our CTM workforce.

As part of the CTM Anchor Institution Strategy 2022-25, we have undertaken extensive work through our **pathways to employment and attraction and resourcing** we have continued to positively impact on our community to support widening access and removing barriers to opportunities and employment.

Through hosting **Project SEARCH**, we have supported 69 young people through internship program that helps young adults with learning difficulties and/or autism gain meaningful workplace experience, and positive outcomes. Outcomes are exceptional, with a 94% positive outcome rate (significantly above the national average). These outcomes include employment with CTM or other organisations, volunteering, or progression to further study. Without this program, many of these students could have remained on benefits or NEET (not in education, employment, or training).

Since January 2023, 339 school students have benefited from **work experience** across a range of clinical and non-clinical roles, gaining practical insights that support their future career choices. Since March 2025, 125 school students have accessed work experience during the current financial year.

CTM is the only Health Board in Wales offering **dedicated career days** for young people, which have been hugely successful. These have included: Dentistry Day, NHS Day (hosted by the University of South Wales Simulation Suite), Pharmacy Day, Pathology Day, and Therapies Day. These events enable students to reflect on practice and gain hands-on experience, which is especially vital for clinical roles requiring work experience for entry into Medical and Dental programs.

We have also engaged widely in **career-focused events**, including school and college assemblies, mock interviews, career fairs, and jobs and careers events, reaching an estimated 12,500 young people. These activities are reflected of our commitment as an **anchor institution**. They reflect our ambition to inspire future healthcare professionals and to build a skilled and prepared workforce pipeline, supporting both current and future NHS staffing needs.

1.1.3 Modern Workforce – Skills for the Future

We continue to make progress across our attraction, resourcing, and retention plans - the latter of which enables us to retain expertise. Within our retention plans are a recognition of the emerging requirement to meet the needs of multiple generations in the workforce.

Early enhancements to our **Lateral Moves Scheme** have enabled more internal mobility, flexible career progression and supported staff retention for nursing and midwifery and HCSW Band 2s, with **346 eligible requests, 121 successful moves** since the launch of the scheme in February 2024. Expansion of the Scheme to include Band 3 HCSWs was launched in December 2025. In the past 12 months there has been a 34% reduction in time to hire, which now stands at 51 days.

Our ability to fulfil our ambitions is supported by improvements to **data accuracy, the introduction of establishment reporting and work to ensure robust and fit-for-purpose workforce data systems. Digital enablement projects** have progressed, aiming to reduce reliance on paper and begin shifting to more seamless workflows.

We continue to refine and expand our approach to **workforce planning**, including working closely with stakeholders to support building workforce planning capability, shaping the development of local workforce plans, and continuing to improve data to inform forecasting, modelling and decision making. This sphere of activity spans both our local plans (e.g. the Strategic Clinical Services plan) but also as an active stakeholder and key driver of national/regional workforce plans. Our dedicated mental health workforce planning resource has supported progress in the delivery of all Wales Mental Health Strategic Workforce Plan, and we have a lead or are engaged in all other Southeast Wales (SEW) regional workforce programmes. Work is also underway to address priority skills shortages, particularly in Emergency Medicine, Stroke and Endoscopy and to provide ongoing workforce planning, organisation design and change management support to enable a significant volume of service change across CTM.

Many of the key regional working programmes (including endoscopy, orthopaedics, theatres, radiology, and community diagnostics are aligned to **Llantrisant Health Park (LHP)**, a new development which will be an exemplar facility providing standalone elective diagnostic and surgical capacity. In 2025/26 we submitted the full business case (FBC) for phase 1 and our outline business case (OBC) for phase 2. LHP will be an ongoing area of focus for our teams, with its aim to build a flexible, skilled, and sustainable workforce to support regional orthopaedic services. It provides exciting opportunities for workforce transformation, via regional collaboration, multi-disciplinary teams, digital integration, and innovative working methods.

Our **CTM Apprenticeship Academy** supports a broad range of development opportunities, including traditional apprenticeships, staff upskilling, and pathways to employment. It continues to make a significant impact on workforce development and skills enhancement across the organisation. Since January 2022, 1,001 staff members have successfully completed

formal qualifications through the Academy, with a further 192 staff from January 2026 working towards achieving a qualification.

The Academy also directly supports career progression through **traditional apprenticeships**, since 2022, 29 traditional apprentices have been supported in a variety of permanent roles.

These initiatives have enhanced workforce capability and confidence across a range of roles, providing structured career progression pathways, supporting retention and internal mobility. They have ensured access to flexible learning opportunities that meet the needs of a modern NHS workforce as well as contributed directly to organisational goals by developing a skilled, competent, and adaptable workforce to meet the delivery of high-quality patient care.

Our **Savings Delivery Programme** (including Medical Workforce Productivity and Nurse Productivity Programmes) aligns to the Welsh Government's '*Agency workforce reduction programme and control framework*' ambition to reduce agency expenditure, increase the use of bank instead of agency and improve recruitment to substantive workforce vacancies. Key to these programmes is improving data reporting to understand hotspots and improving rostering efficiencies across nursing, medical and dental staff groups to maximise workforce productivity.

We are undertaking a procurement exercise to tender for a longer-term **Medical and Dental bank and agency managed service solution**. Through a robust tender exercise and scoping of clear and challenging KPIs a new service will aim to support us to ensure the availability of a contingent medical workforce, at the right time, with the right skills and at the right cost, to support service delivery. Since June 2025, we have recruited 196 doctors to the **medical bank** (bank-only and substantive) and 208 Single Lead Employer (SLE) doctors. Furthermore, we have reduced rate escalation caps and focused on exit plans for high-cost agency locums, supported by increased and targeted recruitment support. Our job planning compliance rate has increased from 34% in January 2025 to 44% in January 2026.

Progress to date supporting the **Nurse Productivity Programme** has included the launch of a **nursing dashboard** providing data to nursing and midwifery colleagues on bank and agency spend. From December 2025, we have supported the cessation of registered nursing agency (usage by exception where high-risk area is agreed by the Care Group Nurse Director). Our Health Roster bitesize weekly training sessions for roster managers has also been positively received. We have successfully migrated 6,773 employees over to the rostering application 'Loop', a comprehensive engagement and communication hub, with an increase of 1200 in the last month. Substantive staff can view their roster, request shifts, days off, study leave, annual leave with bank-only and substantive staff able to book bank shifts, view the bank shifts assigned, check their timesheets for payment via mobile phones. There is now also a seamless connection to **Steam (formerly called Wagestream)** which was not previously available. **Stream** now has 3,990 employees enrolled, with £16,379,000 drawn down since the launch in December 2022. 2,201 employees are also using the app for savings as of 31 January 2026.

Significant **data cleansing and automation** work has been undertaken to support access to timely and accurate workforce data – including the development of our **data warehouse**. The development of automated **establishment reporting** across services, workforce, and finance to identify vacancies (and temporary staffing usage) has been developed for the Medical & Dental workforce and is being rolled out to Nursing & Midwifery. This has attracted attention across Wales and gained support from Health Education and Improvement Wales as an approach and standard that could be used adopted across the NHS in Wales.

Further the creation of an automated **sickness absence dashboard** has improved access and ease of analysis of absence data, and the **automation of Planned Additional Activity Rate pay** has improved monitoring, processing, authorisation, and reporting.

Collectively, these achievements demonstrate early but meaningful traction against the People Plan's ambition to create a CTM where everyone can thrive.

1.2 2. PRIORITIES AND MILESTONES FOR 2026/27

The year ahead represents a pivotal period in the People Plan, with several commitments reaching key delivery points across each of the four themes.

1.2.1 Getting the Basics Right – 2026/27 Milestones

- Finalise and implement the first suite of **fully revised people policies** across CTM, with a focus on innovative and enhanced family friendly provision and simplification of our recruitment and selection policy.
- Strengthen **governance simplification**, ensuring accountabilities and decision-making lines are clear for managers.
- Continue to work with Welsh Government on solutions for **fair, consistent access to protected learning time**.
- Refresh and **relaunch of Join CTM** as a central source of information for external job seekers to improve attraction and resourcing.
- **Relaunch of our internal jobs page** to provide careers information for staff and to support recruitment and retention.
- **Implement action plans from recruitment deep dives**, initially to include sharing responses following events with managers supported by FAQs.
- Reduce meeting burden by launching a **coordinated room-booking system** across the estate and further embedding CTM standards for 25/55-minute meetings, clear agendas, and planned breaks.
- Establish and implement the delivery of **a new Medical and Dental managed bank and agency solution** to reduce agency costs, encourage flexible workforce models, improve workforce planning, support service continuity and bring digital transformation.
- Finalise exploration of a **Facilities Bank**: recognising the progress made in substantive recruitment and its potential to improve workforce flexibility, reduce high workforce spend, and improve staff experience, health, and wellbeing.
- Influence design and support implementation of our **Future NHS Workforce Solution** (to replace ESR), enabling user-friendly application and improved data quality.

1.2.2 Great Management and Leadership – 2026/27 Milestones

- Launch the new **line management induction programme** at scale.
- Development of **a structured recruitment training programme** tailored for hiring managers.
- Design a **suite of hints and tips guides** for recruiting managers
- Roll out the full **bite-size managerial development offer**, prioritising challenging conversations, coaching, and key people processes.

- Establish **manager peer networks** and structured support mechanisms.
- Strengthen **communication** routes from the Executive Team to line managers, ensuring a consistent cascade of the CTM vision.

1.2.3 Building an Inclusive and Healthy Environment – 2026/27 Milestones

- Implement new **behavioural expectations**, linked to CTM Values, across all Care Groups focussing on growth, ambition, and improvement.
- Evaluate our enhanced **Speak Up and reporting routes**, including anonymous options and improved feedback loops.
- Deliver Board-level **anti-racism** awareness training and begin rollout of mandatory anti-racism e-learning for all staff.
- Strengthen **sickness support** through more proactive Occupational Health and Wellbeing pathways, achieving a 1% reduction in overall sickness absence.
- Complete the review of **reward and recognition** schemes, with revised approaches implemented by year-end.
- Ensure **inclusive/value-based recruitment** considered through materials and training and across selection.

1.2.4 Modern Workforce – Skills for the Future – 2026/27 Milestones

- Continue to support the delivery of the **Strategic Clinical Services Plan**
- Support the delivery of the **Llantrisant Health Park programme**, including delivery of the full business case (FBC) to maximise opportunities for workforce and digital transformation.
- Further expansion of our **Lateral Moves Scheme**, increasing flexible career pathways, skills development, and retention.
- Building **workforce planning capability** through training and tools.
- Continue to improve the **quality and accessibility of our workforce data** and build our **workforce analytics** offering.
- Continued roll out and embedding of **establishment reporting and control**
- Strengthen our **recruitment strategy** in priority areas targeted at hard-to-fill, high volume recruitment to reduce agency reliance.
- Successfully implement the new **resident doctors contract reform** in line with All Wales implementation timeline
- **Review shift patterns** with initial focus on nursing, midwifery and HCSWs, to ensure consistency across our sites and enable adequate rest and recovery, whilst meeting service needs.
- Continue the **digital transformation** programme, including reducing paper and transforming patient contact.
- Strengthen hybrid and **flexible working** options to improve retention and work-life balance.

2. FORWARD LOOK: 2027–2029

Looking further ahead, the People Plan establishes a transformative trajectory, preparing CTM for the workforce and service models of the future. Key priorities include:

2.1.1 Getting the Basics Right (2027–2030)

- Achieve major step-change improvements in **modern, reliable IT systems**, reducing duplication and enabling single-entry workflows.
- Fully embed and maximise opportunities for automation and workforce data within our **Future NHS Workforce Solution** (to replace ESR).
- Complete full rollout of **simplified policies** in the new CTM format and in line with new employment legislation.

2.1.2 Great Management and Leadership (2027–2030)

- Radical uplift in **change leadership** capability across all levels.
- Review managerial **spans of control** to support sustainable leadership structures.
- Continue to embed and evolve the **Inspire, Ignite and Aspire** programmes, ensuring a pipeline of system-minded leaders.
- Provide **additional specialist recruitment courses for managers** on targeted subjects (e.g. LinkedIn)

2.1.3 Inclusive and Healthy Environment (2027–2030)

- Targeted action on **reducing pay gaps**, beginning with gender in 2026 and expanding to ethnicity and disability pay gap reporting from 2027.
- Strengthen fair and transparent processes to **reduce inequalities in disciplinary** routes and appointments.
- Expand evidence-based **wellbeing initiatives** focused on lifestyle, sleep, hydration, activity, and healthy food.
- Fully embed and hold one another to account for role modelling our **Behaviours and Values**.

2.1.4 Modern Workforce & Future Skills (2027–2030)

- Develop **long-term workforce plans** aligning primary, community, and acute service needs, including Welsh language requirements.
- Publish clear **career pathways**, increasing understanding of routes for development and progression.
- Support the successful implementation of **Llantrisant Health Park**, enabling multidisciplinary teams and accelerated regional collaboration.
- Enable a strategic shift to a **“One Region / One System”** model of workforce collaboration.
- Expand the responsible use of **AI and robotics** to support diagnostics, improve efficiency, and release time for care.

Progress against our People Plan is governed through regular update to our Strategic Development Committee. Please see our [People Plan](#) and [Success Measures](#) for further information.

DRAFT

FINANCE

STATUTORY FINANCIAL DUTY

Cwm Taf Morgannwg University Health Board (CTMUHB) has statutory duties required under the National Health Service (Wales) Act 2014, where section 175 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.

Cwm Taf Morgannwg University Health Board (CTMUHB) has achieved the requirement to have an approved plan for 2025/26 and is forecasting that the 3-year break even position for revenue and capital expenditure will also be achieved in 2025/26.

	2023/24	2024/25	2025/26
Plan approved by Welsh Ministers	No	Yes	Yes
3-year financial balance - Capital	Achieved	Achieved	Forecast Achieved
3-year financial balance - Revenue	Failed	Failed	Forecast Achieved

To achieve the statutory financial duties in 2026/27 the Health Board would be required to prepare an approvable plan and deliver a break-even capital and revenue expenditure position in 2026/27.

FINANCIAL PERFORMANCE IN 2025/26

CTMUHB has recently submitted its M11 Monitoring Return to Welsh Government (WG). This showed a forecast break-even position for 2025/26 and a forecast carry forward financial challenge at the end of 2025/26 of £9.2m. The movement between the break-even forecast and the £9.2m carry forward financial challenge is illustrated below:

	£m
Forecast position 25/26	0
Accountancy gains	5.3
Full Year Effect of Savings	0.2
Band 2/3 Framework	2.1
Non-Recurrent operational benefits	0.7
Other Non-Recurrent items	0.9
Forecast C'fwd Financial challenge 31 March 2025	9.2

The movement between the financial challenge at the start of the year and the carry forward challenge at the end of 2025/26 is summarised below:

	£m
B'fwd Financial challenge 1 April 2025	(1.7)
Savings Shortfall	5.8
Band 2/3 Framework	2.1
Allocation Shortfall (NI & 24/25 Pay award)	3.8
Net other movements	(0.8)
Forecast C'fwd Financial challenge 31 March 2025	9.2

FINANCIAL STRATEGY

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year (excluding the exceptional Welsh Risk Pool contribution), and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven over a reasonable timeframe.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To use financial improvement to re-invest in improving service quality and outcomes where possible.
- To achieve closer alignment over time between the needs based formula funding allocations from WG, and our actual use of resources, and so improve equity of resource use.

FINANCIAL PLAN FOR 2025/26 (YEAR 1)

The financial plan for 2026/27 builds on the current financial plan and is based on the funding confirmed in the 2026/27 Allocation letter. The key assumptions driving the financial plan for 2026/27 are summarised below:

- A brought forward financial challenge from 25/26 of £9.2m, is the starting point for the 26/27 plan.
- Additional recurring allocations from WG for 2026/27 is £20.9m. This includes £15.1m of un-earmarked growth funding (excluding funding for pay awards and contractor professions, which are assumed to be fully funded by WG) plus £4.3m of recurrent funding for Investment in General Medical Services (GMS) and £1.2m of directed funding for NHS Wales Joint Commissioning Committee and Velindre NHS Trust.
- The plan also assumes a net non-recurring WG allocation reduction in 2026/27 of £0.8m.
- Provision for recurring inflation, cost and service pressures of £36.9m. This includes £15.2m for inflationary costs (excluding pay awards and contractor professions) plus £21.7m for other service and demand pressures.
- The plan includes £4.3m for investment in General Medical Services and £1.2m of directed funding for NHS Wales Joint Commissioning Committee and Velindre NHS Trust.
- The plan also includes a £18.4m pressure to recognise the forecast impact of increased Welsh Risk Pool contributions in 2026/27.
- Provision for non-recurring investments and cost pressures of £1.0m, together with £1.5m of non-recurrent benefits.
- Recurring savings of £31.3m are planned in 2026/27. This is circa 3% of the HCCHS allocation for 2026/27.

- Full delivery of the financial plan for 2026/27 would deliver an In year deficit of £9.2m. This would increase the £9.2m brought forward challenge from 25/26 and deliver a deficit of £18.4m. Full delivery of the plan would also improve the recurrent deficit going into 2027/28 by £9.5m.
- The Plan would deliver a balanced financial plan excluding the exceptional £18.4m Welsh Risk Pool contribution.
- The plan includes a number of risks and uncertainties (**see Annex A section 1.11**). These risks and cost estimates will continue to be refined and updated during 2026/27.

The financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non recurring	Financial Challenge 2026/27		
	R	NR	Total
	£m	£m	£m
B'Fwd Core Plan deficit	9.2	0.0	9.2
Brought forward financial challenge at 1 April 2026	9.2	0.0	9.2
Income changes			
Confirmed funding:			
Core Discretionary Funding - 1.11%	(13.8)	0.0	(13.8)
Core MH Funding- 1.11%	(1.3)	0.0	(1.3)
Core GMS Investment Funding 2026/24	(4.6)	0.0	(4.6)
Other Directed Funding	(1.2)	0.0	(1.2)
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	Tbc
Planned Care/Access Targets	tbc	0.0	Tbc
Invest to Save repayments	0.0	0.9	0.9
Robot	0.0	(0.1)	(0.1)
Sub total income changes	(20.9)	0.8	(20.0)
Cost pressures and investments			
Core GMS Investment	4.6	0.0	4.6

NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	15.2	0.0	15.2
Service and demand pressures	19.7	0.0	19.7
Service improvement - locally determined	2.0	0.0	2.0
Other Non-recurring costs	0.0	1.0	1.0
Other Non-recurring benefits	0.0	(1.5)	(1.5)
WG Directed Funding	1.2	0.0	1.2
Contingency	0.0	0.0	0.0
Sub total cost pressures and investments	42.7	(0.5)	42.2
Savings and overspend reduction targets :			
New savings targets - 3%	(31.3)	0.0	(31.3)
Sub total	(31.3)	0.0	(31.3)
Total change on previous year	(9.5)	0.3	9.2
Financial Challenge – Excluding Welsh Risk Pool	(0.3)	0.3	0.0
Welsh Risk Pool Pressures	18.4	0.0	18.4
Revised Financial Challenge – Including Welsh Risk Pool	18.1	0.3	18.4

The key elements of the 25/26 Financial Plan are explained in the following sections:

INCOME CHANGES FOR 2026/27

A summary of the assumed new allocations from WG for 2026/27 is shown in the table below:

	26/27 £m
Recurrent:	
Core un-earmarked – share of £90.9m funding (1.11%)	(13.8)
Core un-earmarked- share of £8.6m Mental Health funding (1.11%)	(1.3)
NHS pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc
Core GMS Investment 2026/27 – Share of £37.9m funding (5.8%)	(4.6)
Directed Funding	(1.2)
Total Recurrent	(20.9)
Non Recurrent:	
Earmarked funding – Robotic surgery	(0.1)
Invest to Save repayments	0.9
Total Non Recurrent	0.8

The key points to highlight are as follows:

Core un-earmarked funding

The Health Board has received a 1.11% uplift for 2026/27 which equates to £13.8m plus a further £1.3m for Mental Health services.

Earmarked funding

The Health Board has received specific ear-marked funding for the following areas, which have corresponding expenditure budgets within the financial plan (See Section 1.7):

- Core GMS Investment of 5.8% - £4.6m
- Directed Funding for NHS Wales Joint Commissioning Committee - £0.6m
- Directed Funding for Velindre NHS Trust - £0.6m

Other funding assumptions

As indicated in the Director General letter to Chief Executives dated 19th December 2025, funding is being retained by WG to support national priorities. This financial plan does not

currently include any anticipated funding for the following programmes, pending agreement on the funding to be provided by WG:

- Hospice Commissioning Framework
- Access Targets Support
- Standardising CHC Information and intelligence
- Central NHS Pensions Employers Contributions

In addition to these national priorities, the following funding has been retained centrally by WG pending agreement on the distribution of funding to Health Boards, this financial plan does not currently assume any funding nor costs relating to these impacts and that these areas will be fully funded and assumed to be neutral to the plan:

- 2025/26 Pay award funding
- 2025/26 Primary care contractor pay & inflation settlements
- 2025/26 Increase in National Insurance impact upon Pay and Primary Care contractors

INFLATIONARY, SERVICE DEMAND AND COST PRESSURES FOR 2026/27

The table below shows the projected inflationary, demand and other cost pressures for 26/27.

	25/26 £m
Inflationary costs (excluding pay awards and contractor professions)	
CHC inflation	3.5
NHSFNC inflation	0.3
Non-pay inflation	6.4
Primary care prescribing inflation	1.4
LTA uplifts (net position between expenditure and income)	2.3
Unfunded pay inflation	1.3
Subtotal	15.2
Service and demand pressures	
CHC growth	1.5
Primary care prescribing- volume growth	4.4
NICE- internal	3.3
NICE- external	3.0
NWJCC demand and cost pressures	1.9
Recurrent LTA settlement agreements	2.1
Other Internal cost/demand/service pressures	3.5
Subtotal	19.7
Total	34.9

The basis for the above estimates is outlined below:

Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC)

The Health Board currently spends circa £70m per annum on external CHC placements. The anticipated cost increases for 2026/27 have been based on average price inflation of circa 5.0% per annum (£3.5m) and volume growth of circa 2.4% per annum (£1.5m). The plan also includes £0.3m for NHSFNC price inflation, which is 3.3% on a base spend of circa £9m. Although Consumer Price Inflation (CPI) has reduced from 2025/26, the impact of inflation upon CHC fee rates remains high due to the above inflation increase of the Real Living Wage (RLW).

Non-Pay Inflation

The plan includes £6.4m for non-pay inflation on a base spend of £200m. This is based upon an estimate of 3.2% for 2026/27.

LTA uplifts (inflation and demand pressures)

Provision has been made for a 1.11% tariff increase on all income and expenditure LTAs at a net cost of £2.3m for 2026/27. This reflects the direction given in the initial allocation letter.

Primary Care Prescribing

The financial plan includes provision for the following cost pressures in 2026/27 based on a forecast out-turn in 2025/26 of £103m. This is the starting point for the 25/26 Plan, which includes:

- Price inflation of 1.4% = £1.4m
- Volume growth 4.3% = £6.9m

Any NCSO or Category M price movements in 2026/27 will represent a risk or opportunity to the Plan.

NICE and New High Cost Drugs

The cost of NICE technical appraisals and nationally adopted high cost drugs has been a significant cost pressure in recent years. The latest planning assumption is an annual increase of £6.3m for 2026/27. This includes:

- Internal NICE growth within CTM (£3.3m)
- Anticipated financial impact of growth in NICE and other high cost drugs for CTM residents at Velindre Trust and other Health Boards (£3.0m).

Welsh Risk Pool (WRP)

The cost of clinical negligence and other claims previously met by the Welsh Risk Pool have been met by Health Boards since 2015/16. A risk sharing arrangement has been put in place such that all costs are shared between LHBs proportionate to their shares of the devolved budget. The latest information from NWSSP is indicating an additional charge to CTM in 2025/26 of a further £0.6m (2024/25: £0.6m).

NWJCC Demand and Cost Pressures

The financial plan includes a sum of £1.9m for NWJCC demand and cost pressures in 2026/27. This is consistent with the latest plans from NWJCC, agreed at the Joint Committee, which require additional investment of £1.9m over and above the £1.9m (1.11%) being provided for the LTA uplift for inflation and demand pressures.

Recurrent LTA Settlement Agreements

Agreement has been reached between CTMUHB and SBUUHB to reflect the under-performance of both the provider and commissioner LTAs over a 3 year period commencing in 2024/25 through to 2026/27. This agreement will reduce the income received from SBU and payments CTM make to SBU. The net impact in 2026/27 will be a cost pressure of £1.5m.

Agreement has been reached between CTMUHB and ABUHB to reflect the under-performance of the CTMUHB provider LTA, the impact of this adjustment will be a cost pressure of £0.6m.

Local Cost, Demand and Service Pressures

A £3.5m provision has been made in the financial plan for 2026/27 to cover local cost, demand and service pressures.

INVESTMENT IN SERVICE IMPROVEMENT IN 2026/27

The following table sets out the planned investments for 2026/27:

Service improvement	2025/29 £m
Earmarked Recurring investment:	£m
Core GMS Investment of 5.8%	4.6
Directed Funding for NHS Wales Joint Commissioning Committee - £0.6m	0.6
Directed Funding for Velindre NHS Trust - £0.6m	0.6
Sub total	5.8
Local Recurring investment:	£m
Prior Approved EPMA Business Case (WG Funding ceases 2025/26)	1.9
Prior Approved Digital Cellular Pathology Business Case	0.1
Sub total	2.0
Total Recurring investment	7.8

OTHER NON RECURRING COSTS AND BENEFITS IN 2026/27

The following table set out the planned non-recurrent costs and benefits for 2026/27:

Non Recurring costs	2025/29 £m
Invest to Save schemes and other investments to support savings delivery	0.5
New retrospective CHC claims settled in year	0.2
DHCW National Programmes	0.2
Leadership & Management development	0.1
Total	1.0

EXCEPTIONAL WELSH RISK POOL (WRP) PRESSURES IN 2026/27

The financial plan has recognised the latest forecast of the Welsh Risk Pool requirements provided by NWSSP of £18.4m for 2026/27. The Welsh Risk Pool is funded by a combination of Direct allocations from WG of £109m per annum plus a further contribution from Welsh Provider Organisations to meet the anticipated full requirement. At 2025/26, the baseline contribution from Welsh Providers was £36m, of which CTMs contribution was £5.3m. The latest forecasts from NWSSP indicate that the forecast funding requirement from Welsh Providers in 2026/27 of £162m an increase of £126m over the 2025/26 baseline of £36m. For CTMUHB the requirement would an additional £18.4m using the latest risk share.

SAVINGS PLAN FOR 2026/27

Recurring savings of £31.3m are planned in 2026/27. This is circa 3.0% of the discretionary HCHS allocation of £1,044m. Further information on the latest savings plans to meet this target in 2026/27 has been provided in a separate Annex and is summarised below:

	2024/25 £m
Recurring savings target for 2026/27	31.3
Forecast savings – Green and Amber schemes only	8.1
Further savings required	23.0

KEY RISKS TO THE 2026/27 FINANCIAL PLAN

The key risks to the 2026/27 financial plan are summarised in the following table:

Risk Assessment of 2025/26 financial plan	Risk and opportunity assessment	£m
Risks:		
Delivery risk on latest savings plans of £8.1m of Identified Plans	M	1.6
Delivery risk on latest savings plans yet to be identified	M	23.0
Delegated risk assessments- High risk (100%)	H	8.2
Delegated risk assessments – Medium risk (50%)	M	3.0
Health Visitors Band 6 Challenge	M	0.8
NWJCC plans not delivering	M	2.0
Deterioration of Welsh Risk Pool forecast	M	Tbc
Primary Care Prescribing growth following new GMS investment	M	Tbc
DHCW Investment Plans	M	Tbc

Risk Assessment of 2025/26 financial plan	Risk and opportunity assessment	£m
CHC Pressures on Growth and Fee rates	M	Tbc
Cross border dispensing with NHS England	H	Tbc
LTA Funding Disputes	H	Tbc
Pressures to maintain Waiting Times Targets	H	Tbc
Industrial action in 26/27	H	Tbc
Opportunities:		
Balance sheet opportunities.	H	Tbc
Retrospective Microsoft vat recoveries.	M	Tbc
NWSSP distribution opportunities	M	Tbc
WG Funding Opportunities	M	Tbc
Welsh Risk Pool Forecast improvement	M	Tbc
Redressing LTA income shortfalls	L	Tbc
Redressing distance from target HCHS revenue shortfall	L	Tbc
Total		38.6

INDICATIVE FINANCIAL PLAN FOR YEARS 2 AND 3

The key assumptions driving Year 2 and Year 3 of the 3 Year financial plan are summarised below:

A brought forward surplus from 26/27 of £(0.3)m excluding exceptional Welsh risk pool, which is the starting point for the Year 2 plan.

Additional recurring allocations from WG for Year 2 and Year 3 of 1.2% per annum.

Pay awards and contractor professions settlements will continue to be fully funded by WG in years 2 & 3.

Provision for recurring inflation, cost and service pressures of £31.2m for Year 2 and Year 3. This compares to £34.9m for Year 1.

The plan includes increased provision for local service improvement schemes, Year 1: £2.0m, Year 2: £3.9m and Year 3: £5.8m. Years 2 and Years 3 reflect approved business cases for the new Velindre Cancer Centre and the Llantrisant Health Park endoscopy and diagnostic Community Diagnostic Hub.

Recurring savings of £23.0m (2.2%) per annum are planned for Year 2 and Year 3. This compares to £31.3m (3.0%) in Year 1.

Full delivery of the 3 year financial plan would deliver an In year surplus each year and a small recurrent surplus at the end of Year 3 excluding the exceptional Welsh Risk Pool contribution.

The latest forecast from NWSSP has indicated that the exceptional Welsh risk pool contributions of £18.4m in Year 1 will increase by a further £2.8m for Year 2 and £2.9m for Year 3.

Full delivery of the recurrent financial plan in Year 1 (2026/27) should therefore present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.

The indicative financial plan for Years 2 and 3 is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non-recurring	2026/27			2027/28			2028/29		
	R	NR	Total	R	NR	Total	R	NR	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
B'Fwd Core Plan deficit	9.2	0.0	9.2	-0.3	0.0	-0.3	-4.7	0.0	-4.7
WG Funding Assumptions	-20.9	0.8	-20.0	-16.5	0.0	-16.5	-16.5	0.0	-16.5
GMS Investment	4.6	0.0	4.6	0.0	0.0	0.0	0.0	0.0	0.0
Inflationary Pressures	15.2	0.0	15.2	14.2	0.0	14.2	14.2	0.0	14.2
Service & Demand Pressures	19.7	0.0	19.7	16.9	0.0	16.9	16.9	0.0	16.9
Non recurrent Pressures/Benefits	0.0	-0.5	-0.5	0.0	1.8	1.8	0.0	1.0	1.0
Prior Commitments/Investments	2.0	0.0	2.0	3.9	0.0	3.9	5.8	0.0	5.8
Directed Expenditure	1.2	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Savings	-31.3	0.0	-31.3	-23.0	0.0	-23.0	-23.0	0.0	-23.0
Planning Position – Excluding WRP	-0.3	0.3	0.0	-4.7	1.8	-2.9	-7.2	1.0	-6.2
Welsh Risk Pool Pressure	18.4	0.0	18.4	21.2	0.0	21.2	24.1	0.0	24.1
Planning Position – Including WRP	18.1	0.3	18.4	16.5	1.8	18.3	16.9	1.0	17.9

R = recurring NR = non-recurring	Financial Challenge 2026/27			Financial Challenge 2027/28			Financial Challenge 2028/29		
	R	NR	Total	R	NR	Total	R	NR	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
B'Fwd Core Plan deficit	9.2	0.0	9.2	(0.3)	0.0	(0.3)	(4.7)	0.0	(4.7)
Brought forward financial challenge at 1 April 2026	9.2	0.0	9.2	(0.3)	0.0	(0.3)	(4.7)	0.0	(4.7)
Income changes									
Confirmed funding:									
Core Discretionary Funding - 1.11%	(13.8)	0.0	(13.8)	(15.1)	0.0	(15.1)	(15.1)	0.0	(15.1)
Core MH Funding- 1.11%	(1.3)	0.0	(1.3)	(1.4)	0.0	(1.4)	(1.4)	0.0	(1.4)
Core GMS Investment Funding 2026/24	(4.6)	0.0	(4.6)	0.0	0.0	0.0	0.0	0.0	0.0
Other Directed Funding	(1.2)	0.0	(1.2)	0.0	0.0	0.0	0.0	0.0	0.0
Assumed funding:									
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc
Planned Care/Access Targets	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc	tbc
Invest to Save repayments	0.0	0.9	0.9	0.0	0.0	0.0	0.0	0.0	0.0
Robot	0.0	(0.1)	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0
Sub total income changes	(20.9)	0.8	(20.0)	(16.5)	0.0	(16.5)	(16.5)	0.0	(16.5)

Cost pressures and investments									
Core GMS Investment	4.6	0.0	4.6	0.0	0.0	0.0	0.0	0.0	0.0
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	15.2	0.0	15.2	14.2	0.0	14.2	14.2	0.0	14.2
Service and demand pressures	19.7	0.0	19.7	16.9	0.0	16.9	16.9	0.0	16.9
Service improvement - locally determined	2.0	0.0	2.0	3.9	0.0	3.9	5.8	0.0	5.8
Other Non-recurring costs	0.0	1.0	1.0	0.0	1.8	1.8	0.0	1.0	1.0
Other Non-recurring benefits	0.0	(1.5)	(1.5)	0.0	0.0	0.0	0.0	0.0	0.0
WG Directed Funding	1.2	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub total cost pressures and investments	42.7	(0.5)	42.2	35.1	1.8	36.8	37.0	1.0	37.9
Savings and overspend reduction targets :									
New savings targets - 3%	(31.3)	0.0	(31.3)	(23.0)	0.0	(23.0)	(23.0)	0.0	(23.0)
Sub total	(31.3)	0.0	(31.3)	(23.0)	0.0	(23.0)	(23.0)	0.0	(23.0)
Total change on previous year	(9.5)	0.3	(9.2)	(4.4)	1.8	(2.6)	(2.5)	1.0	(1.5)

Financial Challenge – Excluding Welsh Risk Pool	(0.3)	0.3	(0.0)	(4.7)	1. 8	(2.9)	(7.2)	1. 0	(6.2)
Welsh Risk Pool Pressures	18.4	0.0	18.4	21.2	0. 0	21.2	24.1	0. 0	24.1
Revised Financial Challenge – Including Welsh Risk Pool	18.1	0.3	18.4	16.5	1. 8	18.3	16.9	1. 0	17.9

The table below shows the projected inflationary, demand and other cost pressures over the 3 years of the plan and explains the key changes from Year 1.

	26/ 27 £m	27/ 28 £m	28/ 29 £m	Assumptions for Year 2 and 3
Inflationary costs (excluding pay awards and contractor professions)				
CHC inflation	3.5	3.5	3.5	No Change in Years 2 and 3
NHSFNC inflation	0.3	0.3	0.3	3.3% Yr1, reducing to 3% in Years 2 and 3
Non-pay inflation	6.4	6.0	6.0	3.2% Yr1, reducing to 3% in Years 2 and 4
Primary care prescribing inflation	1.4	1.4	1.4	No Change in Years 2 and 3
LTA uplifts (inflation & demand pressures)	2.3	2.0	2.0	No Change in Years 2 and 3
Consultant commitment awards	0.3	0.3	0.3	No Change in Years 2 and 3
Agency/Bank inflation	1.0	0.8	0.8	No Change in Years 2 and 3
Subtotal	15.2	14.2	14.2	
Service and demand pressures				
CHC growth	1.5	1.5	1.5	No Change in Years 2 and 3
Primary care prescribing- volume growth	4.4	4.4	4.4	No Change in Years 2 and 3
NICE- internal	3.3	3.0	3.0	Slight reduction in Years 2 and 3
NICE- external	3.0	3.0	3.0	No Change in Years 2 and 3
Other Internal cost/demand/service pressures	3.5	3.0	3.0	Slight reduction in Years 2 and 3
NWJCC demand and cost pressures	1.9	2.0	2.0	Slight increase in Years 2 and 3
Recurrent LTA Settlements	2.1	0.0	0.0	No further impact past Year 1.
Subtotal	19.7	16.9	16.9	
Claims Welsh Risk Pool (WRP)	18.4	2.8	2.9	As per latest NWSSP forecasts
Total	53.3	34.0	34.1	

CAPITAL AND ESTATES

Following the prioritisation exercise undertaken across NHS Wales in 2023/24 and 2024/25, the Welsh Government (WG) endorsed two priority projects for business case development by CTMUHB. The projects are:

- the development of Llantrisant Health Park; and
- the final phase of the Prince Charles Hospital Ground and First Floor Refurbishment Scheme, required to lift the Fire Enforcement Notice on the site.

As directed by WG all other major business case proposals are currently outside the scope of the All-Wales Capital Programme unless they fall within established ring-fenced funding streams. CTM has therefore sought to maximise opportunities through these specific funding sources. Significant additional allocation have been secured through the Targeted Estates Fund (TEF) , Diagnostics Replacement Programme, Digital Priorities Investment Fund (DPIF) and Integrated and Rebalancing Capital Fund (IRCF). In addition, repayable grant funding has been secured for decarbonisation schemes through the Welsh Government Energy Service.

The table below restates priorities submitted as part of the 2024 prioritisation process with an update on progress in securing funding. As can be seen below a substantial number of schemes have progressed despite the restrictions on major business case development. The TEF fund, in particular, has enabled several schemes to progress swiftly without requiring full business cases, noting these schemes primarily address backlog maintenance with limited alternative options beyond replacement of existing infrastructure.

Further discussion will take place in 2026/27 to review and assess the remaining priorities in order that estates priorities are integrated with the clinical services plan. Discussions will also be held with Welsh Government on the next round of priorities for business case development. Where possible, funding will be sought via future TEF rounds and other recurring funding streams such as Mental Health

Priority	Scheme	Update
1	Llantrisant Health Park Infrastructure Programme	Phase 1 FBC approved, awaiting approval of Phase 2 OBC
2	POW Theatres - Fire Safety Requirements	Approved as part of PoWH Roof and Compliance Programme and complete August 2025
3	PCH - Phase 3	Approved Feb 2026
4	POW Programme of infrastructure work	Approved in part with PoWH Roof and Compliance Programme, other priorities also approved through TEF as a phased approach
5	Endoscopy Scope Decontamination POW	Approved through TEF
6	RGH Mechanical Infrastructure	Phase 1 approved through TEF
7	Diagnostic Imaging Replacements	Funding approved in 2025/26 from ringfenced pot

8	Additional ward facilities on 3 major DGH sites	Additional ward facilities provided in community sites (YCC and YGT) linked to PoWH roof
9	Phased Outpatient Reconfiguration	
10	Consolidation of Mental Health Services	Phased approach of elements of this through ringfenced mental health funding
11	ITU - reconfiguration	
12	HSDU Single Site Decontamination	
13	Third Eye Theatre at POW	Initially addressed with Surgicube
14	Regional Pathology	
15	Interventional Cardiology Unit	
16	Emergency Dept South	
17	Reconfiguration of Obs & Gynae South	
18	Mortuary capacity PCH	
19	Diagnostic Imaging Replacements	Ringfenced funding to support
20	Centralised haematology day unit	
21	Expand Central Production Unit	
22	Single CTM Contact Centre	

Approved All Wales Capital Programme – 2026/27

The table below outlines approved schemes for 2026/27. Profiles are subject to confirmation but remain within approved funding limits.

Capital Projects with Approved Funding 2026/27	£'000
Prince Charles Hospital Refurbishment - Phase 2	18,382
Prince Charles Hospital Refurbishment - Phase 3	18,073
Llantrisant Health Park Phase 1	70,167
IRCF - Bridgend HWBC	1,600
IRCF - Maesteg HWBC -Business Case Fees (SOC/OBC)	670
IRCF - Llanilid HWBC Business Case Fees (SOC/OBC)	700
IRCF - Kier Hardie Health Park Learning Disabilities Fees (BJC)	126
REFIT Decarbonisation Project	9,914
Targeted Estates Funding	12,975
National Imaging Academy Wales Discretionary	200

Interventional Radiology (IR) RGH	400
Total AWCP Approved	133,207

Prince Charles Hospital Refurbishment Phase 2– This refurbishment programme was developed to address the statutory requirement to address underlying modern standard fire stopping deficiencies associated with a live Fire Enforcement Notice. Approval of the £220m Full Business Case for Phase 2 was received in October 2020 and work commenced in November 2020. Phase 2 is broken into 6 sections (some of which overlap) and is now estimated to complete October 2026. Over this period the scheme will deliver new Theatres, ITU, Radiology, Pathology and a combination of ambulatory care service accommodation housing Outpatients, Max Facial, Endoscopy, Transfusion as well as some support accommodation.

To date four sections have completed (1, 2,3 and 6). Section 4 is due to complete April 2026 with Section 5 concluding this phase in October 2026. The latter phases include works in ITU, pathology and radiology.

Prince Charles Hospital Refurbishment Phase 3 - this is final phase to deliver the remaining accommodation improvements, asbestos removal and critically- lift the Fire Enforcement Notice. The FBC for this was approved in Feb 2026 securing funding of up to £41.679m. The works start on site March 30th 2026 and are due to complete in May 2028.

Llantrisant Health Park – In 2023 CTM purchased the former BA site in Llantrisant using WG strategic capital funding to enable the development of a diagnostics and treatment centre for the South East Wales Region. During business case development in 2025/26 the programme was split into two phases. Phase 1 is the development of a Community Diagnostics Hub, Phase 2 is the development of a Regional Orthopaedic Hub. As noted, this is a regional programme of work covering the three health boards of Cwm Taf Morgannwg, Cardiff and the Vale, and Aneurin Bevan

Phase 1 received formal FBC approval in February 2026 securing £101.455m of funding for diagnostic MRI, CT, ultrasound, x-ray and endoscopy services alongside a dedicated training centre to support future workforce development.

Phase 2 OBC has been submitted February 2026 and is awaiting approval, FBC submission is anticipated June 2026

IRCF – Bridgend HWBC - Funding for Bridgend Health and Wellbeing Centre was initially approved by WG in October 2020 for this scheme being delivered in partnership with Linc Cymru. In early July 2021 the contractor (WRW) went into administration and hence the scheme has experienced significant delays. A new contractor was finally appointed at the end of 2024/25, a funding uplift was secured from IRCF and works recommenced in June 2024. The scheme has incurred some further delays but is now due to open early summer 2026.

The new facility will provide uplifted capacity for healthcare services currently being delivered from Quarella Road and Bryntirion Clinics, together with Bridgend Group Practice whose premises are no longer fit for purpose. There are also integrated MDT services with a number of linked BCBC services planned to be delivered onsite

IRCF - Maesteg Health and Wellbeing Park -Fees have been secured for SOC/OBC development however the scheme has incurred delays in developing the options and agreeing a preferred way forward. The estimated cost of developing the existing Maesteg Community Hospital far exceeds the funding available through the IRCF. The option to develop a new purpose-built facility is therefore being explored. A decision on the preferred way forward is expected to be considered at the Health Board meeting in May 2026, the OBC is then due to be submitted towards the end of 2026

IRCF - Llanilid HWBC – Fees have been secured for SOC/OBC development for an integrated Health and Wellbeing Hub in Llanilid. Through joint working with Rhondda Cynon Taf County Borough Council (RCT), Bridgend County Borough Council (BCBC) and third sector colleagues, the aim is to develop address the growing challenges residents have accessing primary care provision in Llanilid and surrounding communities (Pencoed, Bryncae and Llanharan) due to the significant housing developments in the area.

IRCF - Kier Hardie Health Park - Learning Disabilities- Fees approved to develop costs for inclusion in BJC for IRCF capital investment of c£2m. The scheme is being driven by the Local Authority to redesign and extend the existing footprint and facilities of the Learning Disabilities Unit based at the Integrated and Health Wellbeing Hub at Keir Hardie Health Park in Merthyr Tydfil. The building is owned by the Health Board, but the service is run by the Local Authority hence they are leading on developing the case. The business case is being written by the Regional Capital Project Manager the Health Board will however manage the design and procurement process to establish the costs for inclusion within the case

REFIT Decarbonisation Project- The Health Board have been working with Local Partnerships and an appointed Partner from the Re:fit framework to develop an initial High-Level Assessment (HLA) followed by a more detailed Investment Grade Proposal (IGP). Based on this IGP a funding application was submitted to the Welsh Government Energy Service to secure repayable grant funding of £11.4m. This was approved in December 2025 and enabled progression of a number of decarbonisation schemes across the Health Board. Works are due to comment in April 2026 and include PV, low carbon heating, LED lighting, BMS optimisation and battery energy storage across a number of the Health Boards main sites, including community.

Targeted Estates Funding (TEF) –Total funding secured of £23.63M for schemes over 2 years as part of programme to upgrade and replace significant elements of the Health Board's Estates infrastructure across various sites.

A total of 52 schemes have been approved all of which come under one of six headings: Infrastructure, Fire Safety, Mental Health, Decarbonisation, IPC & Decarbonisation. By their very nature, each scheme is technically complex, and a number of schemes will cause significant service disruption to enable works to be completed

Key schemes include

- RGH Phase 1 Mechanical Package - AHU replacement theatres 1 – 4, links to priority 6 from prioritisation framework above - complete March 2026
- Negative Pressure Isolation Rooms RGH and PoWH – due to commence in 2026/27
- PoWH Centralised Scope Decontamination, links to priority 5 from prioritisation framework above - design complete, works due to commence early 2026/27
- Significant investment across the Mental Health Estate developing fit for purpose accommodation including IPC improvements as well as anti-ligature works

National Imaging Academy Wales (NIAW) - A recurrent allocation for NIAW was secured in 2024/25 and has been very gratefully received by the Academy and the Health Board . The allocation has enabled a planned programme of works and replacement equipment items to be developed and delivered, rather than relying on year-end slippage funding.

Anticipated All Wales Capital Programme Allocations 2026-27

As per feedback from the All-Wales NHS Prioritisation exercise, no major business cases are in development aside from those with ringfenced funding. This will however be reviewed in discussion with WG 2026/27 and the '10-year plan' updated to ensure a pipeline of schemes are in development going forward.

Unapproved Schemes	£'000
Llantrisant Health Park Phase 2	33,366
IRCF - Maesteg HWBC -Business Case Fees (FBC)	TBC
IRCF - Llanilid HWBC Business Case Fees (FBC)	TBC
IRCF - Kier Hardie Health Park - Learning Disabilities	500
Mental Health Estate Targeted Improvements fund	TBC
Cardiac PACS	600
Diagnostic Equipment Replacement Programme	TBC
Digital Priorities Investment Fund	TBC
Total Unapproved	34,466

Llantrisant Health Park Phase 2– funding estimate assumes FBC is submitted June 2026

IRCF – Maesteg HWBC Business Case Fees (FBC) - assuming submission of the SOC/OBC is achieved in 2026/27 and approved by WG then funding will be required to

develop the FBC. The timing of this and hence value is uncertain with the current review of options being undertaken as mentioned above.

IRCF - Llanilid HWBC Business Case Fees (FBC) – early stages as PM and QS appointed March 2026, SCP to be appointed summer 2026. Depending on programme and approval of the SOC/OBC, further fees may be required in 2026/27 however these will be minimal given the current stage of the scheme.

IRCF - Kier Hardie Health Park - Learning Disabilities – Business case due to be submitted late 2026, scheme could commence towards the end of the financial year but the majority of the spend is anticipated in 2027/28

Mental Health Estate Targeted Improvements fund – Bids submitted March 2026 for consideration. All schemes are to be delivered in year, decision expected early in 2026/27

Cardiac PACS- Awaiting discussion on approach re Cardiac PACS across Wales (may be Discretionary)

Digital Priorities Investment Fund - The Health Board will continue to work with the WG digital team in the allocation of DPIF funding and the development of both national and local ICT initiatives.

Diagnostics Replacement Programme – the Health Board have no major replacements planned for 2026/27 however requests will be made for smaller equipment replacements and upgrades in discussion with Specialist Estates Services.

Discretionary Capital Programme

Confirmation has been received that additional discretionary funding of £1.274m will be received in 2026/27 taking the total discretionary allocation to £13.274m. This is a welcome increase to allow the Health Board to direct funds as appropriate based on risk and service impact whilst addressing statutory compliance and small elements of backlog maintenance across the estate.

In addition, subject to Health Board and WG approval for disposal of Pontypridd Cottage Hospital, there is potential for additional funds to be available for reinvestment in the year.

The latest risk adjusted backlog maintenance position for the Health Board, as reported in the latest EFPMS return is £75.9M, this is based on 2024/25 data. With additional EFAB and

TEF funding received over the years, combined with an increase in discretionary funding, small improvements on this figure are expected over the next few years.

Despite this welcome progress the demand on the discretionary position remains a significant challenge. As previously noted, requirements for equipment replacements as well as the growing digital replacement demands far exceed the current allocation. It is noted that these areas do benefit from slippage allocations to manage some of the in-year risks, however given the uncertainty over timing and quantum, this cannot be relied upon each year to manage the risk.

The internal IMTP process together with organisational risk registers determine how the discretionary funding is utilised to ensure service continuity, compliance and to address smaller scale service change requirements. The Health Board will however still be reliant on additional slippage funding to address the majority of the medical equipment and digital replacement requirements.

DRAFT

DIGITAL & DATA



Digital and Data remain core to organisational transformation across our Health Board. This IMTP chapter describes the strategic direction, progress, and priorities for the next three years, building upon previous planning rounds and aligned to national, regional, and Health Board-wide priorities.

The chapter outlines the growth of digital and data foundations, the continued development of modules of essential digital functions in an integrated ecosystem, enhancements in digital literacy and business change capability, and the strengthening of data and intelligence functions. It reflects the strategic intent to deliver safe, sustainable, integrated, and digitally enabled care across community, primary, and the acute settings.

STRATEGIC CONTEXT

Alignment to National Priorities

This plan aligns with *A Healthier Wales* and the national digital target architecture review. The shift to prudent, digitally enabled, community-centred care forms a critical pillar of future service delivery.

CTM Strategic Direction

The Health Board's Digital & Data strategy sets out that: the Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services. The growing emphasis on interoperability, real-time information and data flow, and high-quality data aligns digital investment directly to clinical and operational priorities.

Population, Workforce and System Pressures

Increasing demand, growing complexity, workforce challenges, and financial constraints highlight the necessity of robust, reliable, and integrated digital tools. Digital infrastructure resilience, data quality, operational efficiency and modernisation of clinical systems are therefore central to the IMTP.

PROGRESS TO DATE (2024–2026)

Strengthening Digital Foundations

Recent work has stabilised core digital infrastructure, improved device and network reliability, and advanced technical standards. Work continues to modernise components, reduce technical debt, and enhance cyber security by eradicating unsupported digital systems and devices.

Advancing Digital Literacy & Workforce Capacity

The establishment of a Head of Digital Business Change and Benefits has strengthened CTM's change-readiness. A multi-year training and digital literacy uplift programme has begun, supporting frontline staff to adopt and maximise the benefit of new tools and systems plus maximizing the use of established tools and systems.

Data, Analytics and Insights Development

Progress has been made in expanding analytic capability, collaborating on national partnerships (including the National Data Resource) and enhancing reporting. Work continues to improve data governance and create the foundations for Population Health Management tools.

Programme Highlights

- **Welsh Patient Administration System (WPAS) Disaggregation from Swansea Bay UHB WPAS and unification of WPAS functionality across CTM UHB:** Completed May 2025. This involved data migration, data validation and cleansing, infrastructure migration, infrastructure and system upgrades, service alignment, medical device and middle reconfiguration, system rationalization, integration work, data reporting, data standards, new hardware deployment.
 - **Essential Clinical Digital Functions:** Continued preparation for the deployment of clinical modules focusing on:
 - **Electronic Prescribing and Medicines Administration (EPMA)**
 - **Digital Maternity functions (Badgernet)**
 - **Intensive care digital system upgrade (ICCA)**
 - **RISP: Radiology Information System Programme**
 - Deployment March 2026
 - **WLIMS (Laboratory Information System - Pathology laboratory tests)**
 - Cellular pathology is live
 - **Digital Eye care solutions beyond glaucoma care**
 - **Electronic test requesting roll out.**
 - **NHS Wales patient app content:**
 - Secondary Care outpatient appointments.

Focusing on system configuration, training, and clinical safety assurance.
 - **Clinical Safety Officer function:** A full time Digital Clinical Safety Officer has been appointed and has commenced work.
 - **Integrations:** Identification of clinical safety-critical dependencies requiring prioritised national delivery and governance or a local solution.
 - **CITO (CIVICA) contract extension:** Strengthen digital patient notes plan and clinical documentation digitisation.
-

KEY CHALLENGES AND LESSONS LEARNED

Workforce Capability and Capacity

Shortages in specialist digital and data roles, competition for skilled staff, and dependency on temporary staffing continue to impact delivery. Developing sustainable capacity, strengthening clinical informatics roles, and growing internal capability are critical.

Financial Constraints

Revenue and capital pressures limit the pace and breadth of digital modernisation efforts. Additional pressures stemming from the expanded health board organisational footprint further increase demand on digital services. Rising inflation is contributing to significant cost pressures across all NHS organisations, including CTMUHB. A key element of these pressures is the increasing digital cost of services and technologies.

Interoperability & Vendor Dependencies

Complex vendor landscapes, national programme timelines, and integrations challenges delivery and create dependencies affecting local delivery schedules.

DIGITAL PRIORITIES FOR 2026–2029 (NOT IN PRIORITY ORDER)

Priority 1: Strengthen Digital Infrastructure, Cyber Resilience & Digital Service Management

- Stabilise and modernise networks, server and device estates.
- Improve business continuity capabilities.
- Scale digital training and competency programmes.
- Deploy business change support across major digital programmes.
- Expand clinical informatics leadership and frontline engagement.
- Improve Digital Service Management tooling and processes.

Priority 2: Progress and Complete the Major System Replacement and Upgrades

- **WLIMS: Laboratory information Management System:**
 - Microbiology May 2026
 - Blood Sciences July 2026
 - Blood transfusion September 2026
- **Cardiac PACS and Cardiovascular Information System (CVIS)**
- **Theatre Management System (TOMS)**
- **Pre-assessment system replacement**
- **Integrate key systems (WPAS/ADT, WLIMS, Electronic Document Transfer).**

Priority 3: Enhance Data, Analytics & Intelligence

- Continue to build the content of the local Clinical Data Repository (CDR)
- Grow analytic capability and toolsets including embracing artificial intelligence tools.
- Strengthen data governance and data quality/ standards.
- Enhance cyber maturity and zero-trust adoption.
- Deploy Population Health Management tools.

Priority 4: Deliver Major Transformation Programmes

Develop and implement a comprehensive suite of essential clinical and patient digital functions.

- **EPMA :** Continue phase 1 roll out to all acute and community sites
implement Phase 2 to paediatrics and outpatients
- **Digital Maternity:** Complete BadgerNet deployment with full safety assurance.

- **Urgent & Emergency Care Digital:** Enhance UEC flow, support national Six Goals frameworks, and progress ED system procurement and deployment in collaboration with local developments.
- **Patient Centred Contact Transformation:**
 - *For the patient:* Deploy a digital service ecosystem that allows a **seamless, consistent customer patient experience** using website, mobile patient apps, email, SMS, social media) or physical (in-person services, phone lines and a service desk.
 - *For the Hospital Clinical teams:* Deploy digital functions to support a consistent consultation experience and eliminate paper-based processes.
 - *Ambient artificial intelligence supported digital dictation and transcription functions.*
 - *Digital consultation information capture*
 - *E-clinic outcome capture*
 - *Clinical pathway decision support*
 - *Increased uptake of deployed digital clinical functions*
 - *For primary care:* Direct updating of the primary care record after consultations
- **NHS Wales App**
 - Deploy agreed and tested functions
 - Utilise as a key enabler for the Patient Centred Contact Programme
- **Referral Management System development**
 - Roll out the Welsh Patient Referral Management Service (WPRS) across all specialties for GP referrals into secondary care
 - Deploy digital referral management functionality across secondary and community care:
 - Hospital Speciality referral to Hospital specialty
 - Patient self-referrals
- **Single Digital Record for Mental Health**
 - Configure and deploy the procured solution across CTMUHB
- **Single Digital Record for Community Care (Connecting Care)**
 - Continue to collaborate with the National Programme
- **E-observations for inpatients and outpatients (Digital Capture and Digital Visibility)**
- **White board functionality**
 - to support in patient flow (and Hospital @ Home)
- **Digital Intensive Care functions roll out to the Princess of Wales site ITU**
- **Proactive Community based remote patient monitoring supported care model.**
 - patients with respiratory disease (Doccla)
- **Remote Patient Monitoring supported virtual wards service.**
 - Heart Failure, NAV hub (SPOA) and SDEC identified patients.
- **Digital and data workstream of the Llantrisant Health Park (LHP) and Community Diagnostic Hub (CDH) Programme in collaboration with the wider regional working task and finish groups.**

Priority 5: Grow Digital Literacy & Business Change Capacity

- **Workforce Digital:** Improve integrated decision support for clinical pathways. Improve recruitment pathways, automate administrative workload, and support workforce planning intelligence.
-

DELIVERY ENABLERS

Governance and Prioritisation Framework

Through collaborative work with Tektology we will refine our prioritisation approach to ensures transparent sequencing, resource allocation, and alignment with care group priorities. Strengthened governance will include clearer escalation routes, updated digital assurance frameworks, and alignment with Board-level risk management.

Workforce & Skills Development

- Expansion of core digital workforce.
- Strengthening of clinical informatics capacity across the Care Groups.
- Reduction in short term contracts to support improved retention and career pathways enhancing digital Organisational Memory.

Financial Plan and Investment Requirements

Planned investment supports:

- Infrastructure and licensing costs.
- National programme alignment.
- Staff capacity and digital workforce uplift.

Risk Management

- Quarterly board assurance framework updates.
 - Strengthened three-year plan risk assurance.
 - Enhanced oversight of national programme dependencies.
-

SUMMARY

Our Digital and Data ambitions for 2026–2029 set the foundation for a sustainable, resilient, and patient-centred integrated intelligent healthcare system. Through investment in digital foundations, strengthened governance, enhanced data and analytic capability, and ongoing workforce development, CTMUHB will continue to embed digital transformation as a core enabler of improved health outcomes.

This chapter reflects the significant role of digital innovation and data-driven decision-making in shaping the future of health and care across the Health Board.

IMPROVEMENT, INNOVATION, VALUE BASED HEALTHCARE, RESEARCH & DEVELOPMENT

QUALITY IMPROVEMENT

This narrative sets out how the Health Board is strengthening its approach to quality improvement in line with the Duty of Quality and in direct support of organisational priorities. Our approach provides targeted, proportionate support tailored to service need, combining strategic advice, coaching and facilitation with practical capacity and capability building. Through investment in training, the development of internal networks and collaboration across services and partners, the Health Board is embedding continuous improvement as part of everyday work and strengthening the foundations of a sustainable Quality Management System.

During 2025/26, the Health Board continued to strengthen its development of improvement culture by providing structured, system-wide support to teams through the ABCDEF model of improvement support (Advice, Brokering, Coaching, Doing, Education and Facilitation). This approach enabled the Quality Improvement team to offer proportionate, needs-led support ranging from strategic advice and problem framing at leadership and service level, through to practical facilitation and capability building within frontline teams. By combining strategic advisory input with scalable, staff-led improvement methods, the Health Board embedded quality improvement more consistently into everyday practice while maintaining a clear focus on patient safety and organisational priorities

A major milestone during 2025/26 was the Health Board-wide rollout of 5 Minute Improvements, which has become a core mechanism for empowering frontline teams to lead their own improvement. Grounded in Lean methodologies, the approach supports teams to identify waste, simplify processes and test small changes rapidly within their day-to-day work. By providing a simple, accessible structure for problem-solving, 5 Minute Improvements enabled teams working in high-pressure clinical environments to make meaningful operational improvements without additional burden. Engagement peaked during a successful Christmas Challenge, demonstrating the model's effectiveness in mobilising rapid, staff-led improvement, strengthening local ownership and supporting staff wellbeing during a period of sustained operational pressure.

The SimplyDo staff ideas and improvement platform continued to scale significantly during 2025/26, with 4,255 registered users, 87% active participation, and 639 ideas submitted across multiple improvement challenges. Importantly, the year saw increased corporate and service-level adoption, with care groups and teams supported to design and deliver their own improvement challenges aligned to organisational priorities. This marked a deliberate shift from a centrally driven model to a sustainable, Health Board-wide mechanism for capturing staff insight, enabling local problem-solving and supporting continuous improvement at scale.

The Health Board's improvement training offer was redesigned and relaunched with a clear focus on flexibility, practical application and capability building. Six Improvement Practitioner cohorts were delivered face-to-face, supported by wrap-around coaching, generating 47 active quality improvement projects. Participant feedback highlighted increased confidence, strong facilitation and the value of hands-on learning. The offer was further strengthened through targeted deep-dive workshops, including Process Mapping, 5S, Standardisation and Human Factors, enabling teams to access improvement skills aligned to service need and operational priorities.

A new “soft support” improvement coaching model was introduced, enabling teams to lead and own their improvement work while receiving light-touch facilitation support. Early case studies demonstrate increased confidence, wider spread of skills, and reduced reliance on central quality improvement resource, supporting longer-term cultural change.

Alongside formal training and targeted support, the Health Board has strengthened improvement in practice by deliberately building networks of improvement enthusiasts and champions across clinical and corporate services. These networks create space for shared learning, peer support and practical problem-solving, enabling staff to apply improvement methods in real settings and to learn from each other’s experience. By connecting practitioners across boundaries and encouraging the spread of effective practice, this approach supports consistent application of improvement methods, reduces reliance on central teams and reinforces continuous improvement as a normal part of day-to-day work.

The Quality Improvement team delivered a highly successful Annual Improvement Showcase, attended by nearly 100 colleagues, alongside support for service-level showcases, including Children and Young People’s Services. These events strengthened organisational learning, visibility and recognition of improvement impact. In addition, the team presented the CTM approach to quality improvement at the national Quality Improvement Week event, sharing learning and practice at a national level and reinforcing the Health Board’s contribution to system-wide improvement across NHS Wales.

During 2025/26, the team provided internal leadership and support to the national Safe Care Partnership, a Welsh Government-led initiative focused on reducing harm and strengthening system safety. This work brought together improvement activity relating to deconditioning, C difficile, acute physical deterioration, and the implementation of Quality Management Systems, ensuring national priorities were translated into coordinated, practical improvement activity within the Health Board.

A key enabler of improvement delivery in 2025/26 was the continued development and evolution of the multidisciplinary improvement faculty, which has been in place for several years and operates in a fellowship-style model. The faculty brings together colleagues from pathology, therapies, medicines and pharmacy, providing protected opportunities to further develop advanced quality improvement skills while applying learning to live patient safety priorities. This approach supports succession planning, spreads improvement expertise into clinical and corporate services, and reduces reliance on central teams by growing local leadership and facilitation capability, remaining a core mechanism for strengthening long-term improvement capacity within CTM.

During 2025/26, the Health Board continued to strengthen its improvement approach through active partnership with academia, industry and other healthcare organisations, recognising the value of learning beyond organisational and sector boundaries. This included collaboration with University of South Wales and Cardiff University to support capability building, evaluation and shared learning. Teams were also supported to undertake visits to industrial settings, including Rototherm, to observe improvement methods and operational excellence in action within non-healthcare contexts; these experiences were consistently reported by teams as highly inspirational and influential in shaping local improvement thinking. In parallel, the Quality Improvement team worked collaboratively with other NHS organisations, including Aneurin Bevan University Health Board, to co-develop a Quality Improvement Coaching course, strengthening regional capability and supporting a more consistent, system-wide approach to improvement across NHS Wales.

Improvement example: Endoscopy Services (Pan-CTM)

Variation in endoscopy pathways across CTM created inefficiency and limited staff confidence to work across sites. Following a process mapping workshop delivered by the Quality

Improvement team, staff collaboratively mapped a single pan-CTM patient pathway from scheduling to discharge.

Teams then independently applied process mapping to standardise pre-assessment questionnaires, align documentation and update patient information materials. As a result, all schedulers are now confident to book patients across CTM sites, variation and duplication have reduced, and processes are clearer for staff and patients. Importantly, the skills developed are now being reused across service redesign, procurement and future pathway reviews without ongoing central support.

Improvement Example: Paediatric Diabetes (Children & Families)

The Paediatric Diabetes service is a small, geographically distributed team across CTM, making consistent communication and coordinated working challenging. With light-touch brokering and networking support from the Quality Improvement team, staff accessed a Lean factory visit at Rototherm, helping them translate improvement principles such as communication, flow and standardisation into their own service context.

Following this, the team introduced a weekly huddle to strengthen communication, team connection and wellbeing, and began standardising and centralising key elements of the service, including school training and structured patient education. This has improved staff confidence, reduced duplication, and enhanced patient experience through more consistent education and opportunities for peer support among children and young people. Improvement activity is continuing without ongoing central support, with further opportunities identified in areas such as stock management and waste reduction.

Plans for 2026–2029

The period 2026–2029 represents a significant phase in the development of Quality Improvement within CTM. The transfer of the Quality Improvement team into the Strategy and Transformation Directorate provides a strengthened platform to align improvement activity more closely with organisational strategy, transformation priorities and system leadership. This repositioning enables Quality Improvement to play a central role in leading the development and embedding of a Quality Management System (QMS) and in positioning quality as a core operating principle across the organisation.

Over the next three years, the focus will be on embedding, scaling and sustaining improvement capability to deliver measurable impact on patient safety, experience and operational effectiveness. This will include a responsive and flexible training offer, continued practitioner development, and expansion of targeted deep-dive learning aligned to service demand and strategic priorities. Improvement will be embedded as business as usual and aligned to our strategy deployment framework, with care groups supported to lead, own and sustain their own improvement activity. We will focus our support on key operational programmes such as Flow, Six Goals, Improving Care and Harm Free Care.

Quality Improvement will support the transition and sustainability of major safety programmes, including the handover of falls and pressure ulcer work into operational ownership, ensuring improvements are embedded, monitored and supported through a QMS. The team will lead the further development and embedding of Quality Management Systems as a coherent framework for assurance, learning and continuous improvement. National and regional links will continue to be strengthened.

Through sustained engagement, visibility and organisational learning—supported by improvement communications, learning sessions, storytelling and annual showcase events—the Health Board will continue to mature its improvement culture. This approach will build sustainable system capability and capacity, enabling staff at all levels to lead change, reduce harm and deliver safer, more efficient and person-centred care

INNOVATION

The Cwm Taf Morgannwg (CTM) Regional Innovation Coordination (RIC) Hub was established in the spring of 2020 originally to co-ordinate and support local innovation activity across CTM regional partnership and is hosted by CTMUHB. This was part of a Welsh Government (WG) policy commitment within 'A Healthier Wales' to establish a nationally co-ordinated network of hubs within each Regional Partnership (RP) footprint.

The innovation landscape continues to develop and grow in Wales and is the current focus of renewed interest, with WG recently publishing *Wales Innovates* a new integrated and streamlined innovation strategy. As an innovation led 'engagement and coordination hub', we continue to support organisations working across the CTM region to collaborate together, share resources, and pioneer new ideas to drive transformational change. The CTM RIC hub has developed a portfolio of key skills and abilities which informs the workstreams set out in our work plan.

Innovations Working at Scale

We continue to support the *Income Maximisation* project (Pension Credit Overview) - the first national adoption under Innovations Working at Scale - sharing learning with partners across Wales on data sharing, governance, and evaluation.

Life Science Industry Mapping and Engagement

Strengthening regional economic growth through health innovation remains a priority. Working with NWSSP and Life Sciences Hub Wales, we're mapping private sector organisations within CTM's life sciences ecosystem. This supports collaboration, funding alignment, and industry-healthcare partnerships.

Women's Health – Use of Lodestar in Pregnancy

We're currently extending the *Lodestar* platform into pregnancy care to evaluate its impact in antenatal pathways — building on our collaboration with Llusern Scientific, a USW spinout.

Sustainability

Our sustainability work focuses on reducing public sector waste and supporting circular economy practices. This includes repurposing materials, lowering UHB carbon emissions, and identifying industry solutions that drive sustainable change. The RIC has previously secured nearly £500k through SBRI Wales to pilot sustainability projects, and we continue to explore SMART FIS Level 2 applications. We are also co-funding a Sustainability Innovation Manager and clinical sustainability lead to identify practical opportunities

VALUE-BASED HEALTHCARE (VBHC)

A dedicated Value-Based Healthcare Team has developed key projects, addressing health priorities like diabetes and heart failure, improving patient pathways and outcomes.

The Value Based Healthcare team will support delivery of the health board's three-year plan by embedding an outcome-focused approach across the organisation and enabling services to use outcomes and experience alongside activity and access measures. This work aligns with national priorities relating to access, population health, community-based care, mental health, women's health, quality and safety, and supports teams across clinical, operational and corporate functions to apply an outcomes lens to pathway design, service configuration and resource use. By embedding this approach consistently, the team will support more informed strategic deployment and operational planning and provide an evidence base to support organisational decisions about prioritisation, investment and commissioning of interventions that deliver meaningful benefit for patients and populations.

A core element of this work is the roll-out of the digital system that enables the routine collection, reporting and use of outcomes and experience data. This will support clinicians and teams to use outcomes at the point of care to enable shared decision-making and more person-centred conversations, while also supporting services and corporate functions to understand the impact of care across pathways and population groups. Through digital enablement and organisational capability building, the Value Based Healthcare team will support the delivery of the Annual Plan by embedding outcome-focused practice into day-to-day decision-making and supporting sustainable, value-based use of resources across the Health Board.

RESEARCH AND DEVELOPMENT

Cwm Taf Morgannwg University Health Board's Research and Development has developed a strategy for 2025-2030 which sets out how the organisation will further develop its vision, infrastructure, research culture and impact, to maximise all opportunities to increase the development and delivery of research across the organisation. Our vision is:

"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 strategic aims and objectives are set across primary care, secondary care, population health, community and social care and are applicable to all specialties and professions, both clinical and non-clinical.

We will work with our partners in Welsh Government, Health and Care Research Wales, NHS organisations, academia, industry, third sector, local authority and the population to deliver the strategic objectives.

Our objectives are to:

- a) *The R&D Department will continue to support and work across the Health Board with all stakeholders, to embed research as a core function in all that we do at CTMUHB.*
- b) *Through re-investment of research income, develop the R&D infra-structure to increase the number of Commercial studies open and recruiting across CTMUHB.*

- c) Develop and secure designated space for clinical and administrative functions of the research department at Prince Charles and Princess of Wales Hospital sites, to provide equitable access to research of the local populations.
- d) R&D department to work closely with the Wales Cancer Research Network (WCRN) to increase cancer research across CTMUHB. This will be facilitated by the identification of a CTMUHB champion for Cancer research.
- e) The R&D department will be monitoring study set up and delivery metrics to ensure compliance with the new and existing nationally agreed measures of performance.
- f) 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.

We have set out our plans for the 2025-2030 period in a plan on a page.

CTMUHB R&D Strategic Action Plan 2025-30		
Possible areas for Care Group consideration and contribution to CTMUHB meeting its R&D objectives The Health Board will continue to develop a culture where research is recognized as a core aspect of its purpose and essential for clinical effectiveness, service redesign and improvement. - Inclusion of research as a regular agenda item in Health Board Executive level meetings within and outside the Health Board. - Inclusion of research in all strategic documentation developed across CTMUHB to include the organisation's annual report. - Development and reporting of R&D metrics at internal and external meetings (e.g. Executive - Care Group performance meetings) to include number of open studies, number of research participants, active researchers by profession, number of research active staff (e.g. Principal / Chief Investigators / Associate PIs), Number of sessions awarded for Research (SRA/ other HCP sessions) (not exhaustive). - Inclusion of research plans in the IMTP for each Department and Care Group.	The Health Board will provide and support the required infrastructure for the sustainable delivery of high-quality research activity and workforce development - Secure additional clinical and administrative space for research activities at Prince Charles and Princess of Wales Hospitals. - Continue to review the R&D infrastructure to further develop research capacity and capability. - Include R&D activity when assessing capacity required for service delivery when undertaking workforce planning. - The R&D Department will facilitate an increase in the number of CTMUHB Chief Investigators, with the aim of having 10 Chief Investigators by March 2027 and 15 Chief Investigators per year by 2030. - Provide dedicated research time for medical staff through the provision of 30% for research. The UHB will have a target of 10% of SRA sessions providing support for research activity by 2026 and 15% by 2030. Research activity (e.g. Studies opened and supported) will be reviewed annually through the Job planning process. - All Job Descriptions at Band 7 (and above) for Advanced Practice roles to include research with associated designated sessions. Research activity (e.g. Studies opened and supported and outputs) will be reviewed annually through the PDR process. - Continue to develop joint clinical and research roles in services critical for research delivery include Pharmacy, Pathology, Allied Health Professions, Healthcare Scientists, Nursing and Midwifery, Public Health, Imaging and Medicine.	The Health Board, with R&D departmental support, will maximise research related income and investment. - Continue to work with Health and Care Research Wales to maximise opportunities to secure additional NHS R&D funding. - Increase the number of grant applications submitted by CTMUHB researchers to 10 per year by 2030. - Secure additional research funding from all non-commercial sources to £2 million to include cost recovery, excess treatment costs, grant funding, government funding schemes and third sector by 2028.
Promote and optimise all opportunities for collaborative working with research partners and public involvement - Increase the number of joint multi-professional and multi-disciplinary projects by 5% year on year with our academic, industry, third sector and local authority partners, signposting our partners to potential Chief Investigator and Principal Investigators. - CTMUHB will continue to provide financial support, through the R&D Department, to continue to run an annual research collaboration funding call to facilitate NHS-Academic partnership working. - CTMUHB will support the development of research partnerships with local businesses. - Develop training and work experience opportunities for all Health care professions seeking experience of research as part of their education and development. - The Health Board will work with Academic Partners to explore the development of Clinical Academic roles with a clinical, education and research portfolio. - Work with Patient and Public Involvement (PPI) networks to ensure the representation, involvement and engagement of patients and the public in the establishment of research priorities and the design, delivery and dissemination of research. This will include the involvement and recruitment of underserved populations. - Continue to work with Health and Care Research Wales towards a Once for Wales and One Site Wales approach, where appropriate.	Develop the Commercial Research Portfolio of the Health Board and support the local and National Life Sciences and Pharmaceutical Industry - Support the implementation of the UK wide commercial site ID system, to include the development of a marketing profile to promote CTMUHB and maximise commercial research opportunities. - Increase the number of Commercial research studies to 25 per year by 2030. - Increase the number of participants recruited to commercial research studies to 100 per year by 2030. - Increase the UHB's generation of commercial research income by 50% by 2030.	Effective dissemination of research opportunities, findings, benefits and impact. - The R&D Department will work with all services to raise patient and population awareness of research activity across the Health Board and utilise their stories and experiences of research participation. - The R&D Department will develop a publicly accessible internet page to promote, support and disseminate the scope of research being undertaken across CTMUHB and the resultant outputs and impact to the NHS. - The R&D Department will further develop its communications plan and work with the communications teams from CTMUHB and Health and Care Research Wales to promote research and research studies across the UHB and partners. - Develop mechanisms for recording, documenting and sharing the impact of research.
	Adopt novel research design, methodologies, digital technologies and advanced therapies to inform future clinical service delivery - Embrace emerging design and technologies for use in the efficient delivery of research (e.g. research registries, recruitment applications and QR codes, virtual research visits, electronic site file platforms, research registries), in accordance with relevant data protection requirements. - Support the development and delivery of research involving the use of routine health data and facilitate access to internal data sources and external repositories e.g. SAIS. - Support the development and delivery of research evaluating the use of applications, digital tools, AI, Genomics and Advanced Therapies, maximising access to innovative treatments, personalised medicine and care pathways for CTMUHB's population.	

GLOSSARY

ABCDEF model	Advice, Brokering, Coaching, Doing, Education and Facilitation
ABUHB	Aneurin Bevan University Health Board
ACD	Accelerated Cluster Development
ACSP	Acute Clinical Services Plan
ACT	Alcohol Care Service
ADHD	Attention Deficit Hyperactivity Disorder
ADT	Admission, Discharge and Transfer
AF	Atrial fibrillation
AFS	Acute Frailty Service
AHP	Allied Health Professionals
AI	Artificial Intelligence
AIG	American International Group
AMD	Age Related Macular Degeneration
ANP	Advanced Nurse Practitioner
APB	Area Planning Board
AWDPP	All Wales Diabetes Prevention Programme
AWTTC	All Wales Therapeutics and Toxicology Centre
BAPM	British Association of Perinatal Medicine
BBV	Blood Borne Virus
BCBC	Bridgend County Council Borough
BPOP	Breast pain only pathway
Cardiac PACS	Premature Atrial Complex
CBD	Community by Design
CNS Workforce	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous positive airway pressure
BSW	Bowel Screening Wales
CAMHS	Child and Adolescent Mental Health Service
CAVUHB	Cardiff and Vale University Health Board
CBD Principles	Community By Design
CCA	Civil Contingencies Act
CDC	Community Diagnostic Centres
CDH	Community Diagnostic Hub
CDR	Clinical Data Repository
CG	Care Group
CITO (CIVICA)	Clinical Information Management System
CMHT	Community Mental Health Teams
CPD	Continuous Professional Development
CROMS	Clinically reported outcome measures
CSSD	Central Sterile Services Department
CSTF	Core Skills Training Framework
CT	Computerised Tomography (scan)
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
CVIS	Cardiovascular Information System
CYP	Children & Young People
D&C	Demand & Capacity
DAP	Decarbonisation Action Plan

DCM	Dementia Care Mapping
DAP	Dementia Action Plan
DES	Directed Enhance Services
D2RA	Discharge to Reassess
DGH	District General Hospital
Digital WL	Digital waiting list
DIST	Dementia Intensive Support Team
DTPS	Diagnostics, Therapies, Pharmacies & Sciences
EASC	Emergency Ambulance Service Committee
EASR	Electronic age-standardised admission rates
ED	Emergency Department
ED&I	Equality, Diversity and Inclusion
EOL	End of Life
EFAB	Estates Funding Advisory Board
EM	Enhanced Monitoring
EMB	Executive Management Board
ENT/ OMFS	Ear Nose & Throat/ Oral & Maxillofacial Surgery
ePMA	Delivering electronic prescribing Medicines Administration
EPRR	Emergency Preparedness, Response and Recovery
EPS	Electronic Prescription Tracker
ESR	Electronic Staff Record
EQIA	Equality, Impact Assessment
FACS	Forensic Adolescent Counselling Service
Faecal PCR	Faecal polymerase chain reaction
FBC	Full business case
FIT Screening	Faecal Immunochemical Test
FROMS	Financially reported outcome measures
FTE	Full Time Equivalent
FYE	Financial Year Ending
GIRFT	Getting It Right First Time
GDS	General Dental service
GDM	Gestational Diabetes Mellitus
GMS	General Medical Services
GP	General Practitioner
GPIC's (Standards)	Guidelines for the Provision of Intensive Care Services
HEIW	Health Education and Improvement Wales
HEPMA	HEPMA is an electronic system used in hospitals
HCS	Healthcare Sciences
HCSW	Healthcare Support Worker
HCT	Hepatitis C Trust
HCW2	Health Child Wales 2
HIR	Hospital Initiated Referral
HIW	Healthcare Inspectorate Wales
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HMP	Her Majesty's Prison
HMQ	Help Me Quit
HMQH	Help Me Quit Hospital
HPT	Health Protection Team

HRT	Hormone Replacement Therapy
HSDU	Hospital Sterilization and Disinfectant Unit
HPV	Human Papillomavirus
HV	Health Visitor
ICCA	IntelliSpace Critical Care & Anaesthesia
ICCS	Integrated Community Care Services
ICP	Integrated Commissioning Plan
ICPC	Individually Commissioned Patient Care
iCTM	Improvement CTM
ID System	?? Identification / Intruder detection
ILD	Interstitial Lung Disease
IMR	Infant Mortality Rate
IMTP	Integrated Medium-Term Plan
IMSOP	Independent Maternity Service Oversight Panel
INNUS	Intervention not normally undertaken
IP&C	Infection, Prevention and Control
ITU	Intensive Therapy Unit
IQLS	Improving quality in Liver Services
IQS	Integrated Quality Statement
ISH	Integrated Sexual Health
IWHH	Integrated Women's Health Hub
JAG	Joint Advisory Group
JCC	Joint Commissioning Committee
JPB	Joint Partnership Board
JPB's	Joint Planning Boards
JVCI	Joint Committee on Vaccination and Immunisation
KPI's	Key Performance Indicators
LATPB	Local Anaesthetic Transperineal Prostate Biopsy
LBW	Low Birth Weight
LDIN	Liver Disease Implementation Network
LIMS	Laboratory Information Management System
LHP	Llantrisant Health Park
LLE	Lived and living experience
LOS	Length of Stay
LPHT	Local Public Health Team
LTA	Long term Agreement
LTC	Long Term Conditions
MAG actions	Ministerial Advisory Group
MAMMS	Models of Access for Maternal Smoking Cessation Services
MAS	Memory Assessment Service
MD's	Minimum Dataset
MDT	Multi-disciplinary Team
MECC	Making Every Contact Count
MH&LD	Mental Health & Learning Disabilities
MIS	Management Information System
MH&WB	Mental Health & Wellbeing
MMR	Measles, Mumps Rubella
MDS	Minimum Data Sets
MDT	Multi-disciplinary Team
MPU	Maternity Pregnancy Unit

MRI	Magnetic Resonance Imaging
MSOA	Middle-layer Super Output Area
NCIG	Neurological Conditions Implemented Group
NRD	National Respiratory Dashboard
NECS	North of England Commissioning Service
NEET	Not in Education, Employment, or Training
NEP	National Endoscopy Programme
ND	Neurodevelopment/ Neurodiversity
NDIP (Funding)	National Neurodivergence Improvement Programme
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NRAP	National Respiratory Audit Programme
NNU	Neonatal Unit
NWSSP	NHS Wales Shared Services Partnership
NYTH/ NEST	A framework to support babies, children and young people's wellbeing and mental health in Wales.
OCP	Operational Change Process
OMB	Operational Management Board
OT	Occupational therapists
PACS (implementation)	Picture, Archiving & Communication System
PADRs	Personal Appraisal Developmental Reviews
PADT	Pain Assessment and Documentation Tool
PALS	Patient Advice and Liaison Service
PCC(T)	Primary and Community Care (Transformation)
PCDAS	Primary Care Drug and Alcohol Service
PDR	Personal Development Review
PEOLC	Palliative End of Life Care
P&I	Performance & Improvement
PFI Scheme	Private Finance initiative
PHM	Population health management
PHW	Public Health Wales
PMH	Past Medical History
PICCU	Psychiatric Intensive Care Units
PIFU (pathways)	Patient Initiated Follow-Up
PIR	Parent-infant relationships
PIT	Productivity, Improvement and Transformation
PPI	Patient & Public Involvement
PTP placements	Practitioner Training Programme
PPPB	Persistent Pain Programme Board
PROMS	Patient Reported Outcome Measure
PREMS	Patient Reported Experience Measures
PSB	Public Services Board
PSRS	A population health management tool
QI(A)	Quality Impact (Assessment)
QMS	Quality Management Systems
QSPE	Quality, Safety & Patient Experience
RAG	Red, Amber, Green
RAT	Rapid Assessment Triage

RC	Recovery College
RCT	Rhonda Cynon Taf
R&D	Research and Development
ReQoL	ReQoL is a tool that helps service users and practitioners to assess and monitor quality of life and recovery progress.
RJC	Regional Joint Committee
RIC	Regional Innovation Coordination
RIF	Regional Integrated Fund
RIS	Radiology Information System
RP	Regional Partnership
RISP	Radiology Information System Programme
RLW	Real Living Wage
RMHN	Registered Mental Health Nurses
RNLD	Registered Nurses – Learning Disabilities
RPB	Regional Partnership Board
RDL	Registered Social Landlords
RSV	Respiratory Syncytial Virus
RSU	Respiratory Support Unit
RTT	Referral to Treatment
RTW	Right to Work
SAIL	Population databank- Swansea University
SALT	Speech and Language Therapist
SB	Swansea Bay
SEPR	Single Electronic Patient Record
SCP	Single Cancer Pathway
SCSP	Strategic Clinical Services Plan
SDEC	Same Day Emergency Care Service
SDP	Strategic Delivery Plan
SEM Medicine	Scanning Electron Microscopy
SEW	South East Wales
SLA's	Service Level Agreement
SLC	Speech, Language & Communication
SLE	Single Lead Employer
SLR	Service Line Reporting
SMART	Specific, Measurable, Achievable, Realistic, and Timed
SMART FIS	SMART Flexible Innovation Support
SMHWP	Strategic Mental Health Workforce Plan
SMS	Short Message Service
SSNAP	Sentinel Stroke National Audit Programme
SPACE model	Sensory needs, Predictability, Acceptance, Communication and Empathy
SPOA	Single Point of Access
SOC	Strategic Outline Case
SOP	Standard Operating Procedure
SOS (Pathways)	See on Symptom
SPC	Specialist Palliative Care
SPC T-Chart	Statistical Process Control T-Chart
SP&SH	Suicide Prevention & Self Harm
STP (placements)	NHS Scientist Training Programme

TI	Targeted Intervention
T1DM	Type 1 Diabetes Mellitus
T2DM	Type 2 Diabetes Mellitus
TB	Tuberculosis
ToMS	Theatre Management System
TrAMs	Transforming Access to Medicines
3 P's	Promote, Prevent and Prepare
UEC	Urgent & Emergency Care
UNCRC	United Nations Convention on the Rights of the Child
UTCs	Urgent Treatment Centres
VIPS	Values, Individuals, Perspectives Social
VBHC	Value Based Health Care
VCS / PTL	Version Control System / Patient Tracking List
WASP	Improving Support for Self-Management
WAST	Welsh Ambulance NHS Trust
WEF 24/2/25	With Effect From
WCP	Welsh Clinical Portal
WCRN	Wales Cancer Research Network
WG	Welsh Government
WGOS	Wales General Ophthalmic Services
WHSSC	Welsh Health Specialised Services Committee
WIDI	Wales Institute of Digital Information
WIMD	Welsh Index of Multiple Deprivation
WISE	Wellness improvement Service
WHO	World Health Organisation
WLIMS	Welsh Laboratory Information Management System
WPAS	Welsh Patient Administration System
WPRS	Welsh Patient Referral Management Service
WREMS	Workforce Reported Experience Measures
WTE	whole-time equivalent
YPDAS	Young Persons Drug and Alcohol Service

Thematic Area: Productivity
Objective:
Summary Statement:

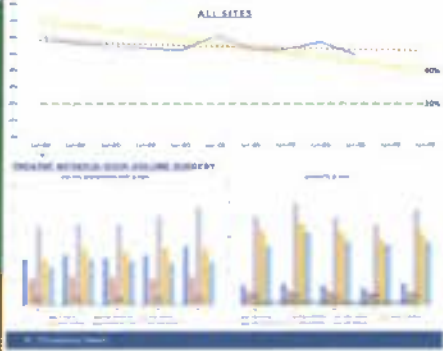
Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	How will we quantify impact (Measures)	Anticipated Impact	Baseline Position - 1 April 2025	Progress report - Q1	Evidence	RAG rating
Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.		The health board will adopt this requirement.	The total factor model will provide the quantification for impact	To be quantified on assessment				

Thematic Area: Mental Health
Objective:
Summary Statement:

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	How will we quantify impact (Measure)	Anticipated Impact	Baseline position - Q4 2026	Progress report	Progress report	Challenges/Risk to delivery	Evidence	RAG rating
							Please enter progress updates	Please add	Please add evidence	
Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.	Mental Health Plan	The health board will adopt this, however there are no externally commissioned acute or PICU beds	The measure would be the number of placements but this is not currently applicable	No impact expected as there are no placements currently	There are no externally commissioned acute or PICU beds. Robust gatekeeping through acute and crisis teams will continue to minimise admissions where possible. Regional capacity meeting demand				Internal bed management procedure for duty escalation and always chaired by senior leadership- this is increased to twice daily if bed crisis and flow	

Thematic Area: Timely care
Objective: Improving timely access to care, reducing unwarranted variation in clinical productivity
Summary Statement: Cam Taf Morgannwg University Health Board's Productivity Improvement and Transformation Board (PIT) provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Planned Care and other care groups providing planned care services). Each service area has a service improvement group within the PIT structure.

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	How will we quantify impact (Measures)	Anticipated Impact	Baseline Position - Q4	Challenges/Risk to delivery	Evidence	RAG rating
Improving timely access to care, reducing unwarranted variation in clinical productivity Theatre session utilisation is improved to achieve GRRFT standard of 85% - late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard	PIT Programme/Planned Care	Adopt The revised requirement aligns with the existing health board internal targets and ongoing improvement work will be delivered and monitored via the Theatre Project within the PIT The CTM/PH team currently reviews all missed opportunities extending beyond the other than the late start/early finish monitoring, to understand the causes and to seek to maximise theatre utilisation.			The position continues to improve but was highlighted as amber at Q4. Please refer to the embedded chart.	Please add	Please add evidence	
Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Arthroscopy 90% compliance with GRRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per by end of Q2 - 80% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or oesophagectomy by end of Q2	PIT Programme/Planned Care	Adopt The health board will adopt these standards and will monitor delivery through the PIT programme The health board anticipates a longer delivery timeframe due to current constraints in the health board estate that impact on operational delivery Arthroscopy - The health board continues to monitor delivery. Currently the remains at 1.5 against a target of 1.8 Cataracts - the health board currently operates an average of 4/5 per list. The mean is improving and work continues to improve this performance. Case complexity is a factor affecting delivery with many of the late complete cases having been treated through other provision	Delivery of the high-volume procedure targets	There is still scope for performance improvement, with the caveat that case complexity impacts on this	Arthroscopy (Jan 26) - Ave Cases per session = 1.5 cases against a target of 1.8 cases Cataracts (Jan 2026) - Ave Cases per session = 4.8 cases against a target of 5.3 cases		Refer to embedded data (right)	
Consistent clinical and clinical validation should be in place using the national SCP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored and proxy supported by National Programme team visits	PIT Programme/Planned Care	Adopt The health board has adopted this action and work remains ongoing. This will continue to be facilitated and monitored through operational and PIT monitoring processes			We have in place clinical validation in place for the stage 1 element of the waiting list managed by Medical Records		Validation is undertaken. Score of amber to reflect the reporting status and the need for centralised validation team for administrative validation	A
Each Health Board should see a referral return rate of 20% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.	PIT Programme/Planned Care	Adopt The health board will work towards delivery of this target			The CTM/PH Health Pathways team met the 2025/26 target of localising 234 pathways by 7 February 2026 in October 2025. The team has continued to localise pathways with 260 live by the end of December 2025 Work on the localisation of CINVSM priority pathways has also continued to progress well with 82% of the 45 available pathways localised and 18% in progress Progress continues to be monitored and reported on a regular basis to CTM's PIT Outpatient cross-cutting group (monthly) and the National Health Pathways Programme Board (bi-weekly) Page visits have remained consistent since the last report with just over 6,000 page visits per month (September, October and November 2025) (increased from 4-6,000 in the previous quarter) with an expected decrease to 5,000 in December due to the holiday period			A
Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer	PIT Programme/Planned Care	Adopt The health board has an improvement plan to cancer aligned to NOPs	Delivery of pathways and achievement of SCP requirements	Planned improvement to 75% compliance Quarter 1: Quarter 2: Quarter 3: Quarter 4 67.6% 70% 72.9% 75%	Current performance is at 64% with improvement plans for 25-27 incorporating continuous improvement to reduce component waits at: -First and follow up outpatient appointments -Radiology turnaround time -Radiology scan and reporting -Chemotherapy -From decision to treat to treatment -Specialist diagnosis (particularly urology and gynaecology) Working with other providers to improve: -Start of pathway for patients waiting from screening -Referring to tertiary providers as soon as possible -Time from referral to tertiary provider to tertiary treatment -Overseeing 3rd/4th secondary turnaround time			



Thematic Area: Timely care
Objective: Improving timely access to care, reducing unwanted variation in clinical productivity
Summary Statement: Cwm Taf Morgannwg UHB's 36 Goals Programme will oversee

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	How will we quantify impact (Measure)	Anticipated Impact	Baseline Position - 1 April 2020	Challenges/Risk to delivery	Evidence	RAG rating
Improving timely access to care, reducing unwanted variation in clinical productivity					LY Baseline was based off of March data which is currently unavailable. Also including 25/26 data by month to understand seasonal fluctuations and impact on service provision. To be updated as further data becomes available	Please add	Please add evidence	Please update for Q3
Through effective streaming of patients on arrival at the front door aimed to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2020/2021	Sts Gwastr UHEC	Adoption Status: Delivery Phase Governance and Monitoring: Workstream 2.6 Goals UEC Programme Board Key Deliverables: - Develop rapid performance improvement plan for 12-hour breaches with a specific focus on addressing long waits in chairs and GP input to accelerate releases - Implementation of WECOB data set and supporting software to enable data capture - Review of implementation of GPST recommendations and delivery of any outstanding actions - Development of Phase 2 of ED Huddle including integration into flow and escalation processes Outcomes: - 100% of ambulance patient handovers at hospital are completed within 45 minutes, >90% in 15 minutes by the end of 2020/2021 From 1 April 2020, all NHS health boards must achieve: o 2am Ambulance Handover Delay Chair 45 Minutes o Ambulance arrivals must be handed over to Emergency Department teams within 45 minutes without exception o Any handover exceeding 45 minutes will be treated as a performance failure, requiring immediate escalation, investigation, and corrective action o Health boards must ensure that site-level leadership, patient flow systems, and operational processes are designed and staffed to prevent any handover delay beyond the threshold - From 1 April 2020, all NHS health boards must achieve: o 2am 12-hour waits in Emergency Departments o No patient must wait more than 12 hours from arrival to admission, interstate, or discharge without exception o A breach of the 12-hour standard from April 2020 onwards is unacceptable	100% of ambulance patient handovers at hospital are completed within 45 minutes >90% in 15 minutes by the end of 2020/2021 From 1 April 2020 -0% patients breach 12 hours in ED	Unblock the hospital front door, preventing queues of ambulances and ensuring patients are transferred rapidly into clinical areas when appropriate Reduce wait times inside ED, because faster handovers require matching discharge throughput and timely movement to appropriate units and wards Release ambulances more quickly, expanding community response capacity Significantly cut last ambulance hours, which currently drive long community wait times and risk to patients awaiting emergency responses Remove exposure to the well-documented clinical risks associated with 12-hour delays (increased mortality, deterioration, corridor care harm) Reduce overcrowding pressures within ED, enabling clinicians to maintain safer rates and deliver more timely diagnosis and treatment	Ambulance Handover Delay exceeding 45 minutes (National Guidance) data from WAST April - 1184 (31.3%) May-1016 (49.2%) June-410 (21.9%) July-302 (14.8%) August-334 (15.8%) September - 358 (17.3%) October - 118 (6.8%) November - 123 (6.0%) December - 211 (10.4%) January - 488 (23.3%) Waste 16 Mar Ambulance Handover Delays (National Guidance) data from WAST April - 330 (16.2%) May-448 (21.7%) June-880 (47.3%) July-1187 (57.4%) August-1115 (54.4%) September-1112 (54.2%) October - 133 (6.5%) November - 132 (6.2%) December - 1182 (56.1%) January - 608 (46.3%)	At the service around any discharges from acute sites is not addressed, then the appropriate flow might not be in place to support the current journey from ED which will impact on the effectiveness of any actions developed in the 12-hour breach action plan At specialty teams continue to respond to localities or slowly, with unclear acceptance criteria and delayed clinical review from patients will wait longer for decisions, which will add ED length of stay, increase 4, 12 and 24 hour breaches and undermine safe flow At the number of breaches remains high whilst improvements are embedding, then the volume of breach reports will be consistently high which will create an additional administrative burden on		
Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme: Optimal Hospital Flow Framework with a focus on 7-day working with better acute hospital processes and more efficient discharge transport services to facilitate faster discharges and increasing weekend discharges		Adoption Status: Delivery Phase Governance and Monitoring: Workstream 3.6 Goals UEC Programme Board Key Deliverables: - Continue delivery of Optimal Hospital Flow Framework and plan-CTM signing and monitoring programme (Optimal) including embedding of adding value in every day care through Real 2 Green principles and increase capacity and knowledge around decongestion - Launch and monitor compliance for EBP training update 'Optimise' modules RUG, SAFER, deconditioning, DZRA - Platform across investment in site and flow processes to be implemented to provide site based support for OHFF principles to provide assurance from ward to board - Produce optimal standards for linked assessment (Electronic Transfer of Care - eTCC) for P1, P2 and P3 and how data is a memorandum of Understanding between acute, community and social care services - Redesign of Discharge Liaison Service to provide registration overnight and security of P3 transfer assessment and support further transfer of care into community hospitals/beds for P3 assessments and long-term care placements - Establish a working group for DGT/CAC process and produce standard standards for implementation across CTM UHB Outcomes: - Consistently reduce 33% of discharges by midday - Achieve a minimum of 30% of total weekly discharges on weekends (Saturday and Sunday) by the end of December 2020, and exceed 25% by the end of March 2021, while maintaining mid-week discharge volumes at current levels - POCO targets	33% Discharges by midday 20% weekly discharges taking place over the weekend 15% reduction in total delays 20% reduction in days delayed 15% reduction in weekend delays	Stabilise patient flow across all seven days, reducing peaks and troughs in activity Release significant back capacity, improving acute flow and reducing ambulance handovers and ED crowding Reduce long stay harm, deconditioning, and unnecessary inpatient days Strengthen cross-sector coordination between acute, community, social care and regional partners Improve patient staff experience, reduce burnout, and align CTM's system with the Optimal Hospital Flow Framework	% Discharges by mid-day Acute sites April - 14.2% May - 12.4% June-12.7% July-12.7% August-12.0% September-12.7% October-12.6% November - 12.2% December - 13.2% January - 12.8% % Discharges by mid-day Community sites April - 25.5% May-30.1% June-34.9% July-35.7% August-43.2% September-34.3% October-31.9% November -25.6% December - 31.1% January - 43.0% POCO Targets (Last Delayed Days Delayed/ Assessment Dates) April - 284/1318/116 May-245/1631/106 June-277/1172/138 July-234/948/114	At acute sites and care group leaders do not actively sponsor and promote the Optimal programme than ward teams will not embed Optimal Hospital Flow Framework (OHFF) principles or treat the program me as business as usual, which will lead to inconsistent implementation, reduced compliance with SAFER processes, and limited improvement in patient flow At funding for Optimal scale (including key improvement and coaching roles) is not secured beyond current short term allocations from the team may be lost to other roles, which will cause delays while new staff are trained, loss of expertise slow the improvement cycle, and reduce momentum in delivering OHFF compliance at scale		
Deliver medical same day emergency care (SDEC) and acute triage services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme: Front Door Acute Triage Service (AFS) Framework for Acute Hospitals		Adoption Status: Delivery Phase Governance and Monitoring: Workstream 1.6.2.6 Goals UEC Programme Board Key Deliverables: - Implementation of SDEC improvement plan including development of a new governance structure to ensure data validation and align with national reporting cycles - Development of Acute Triage model across PCH and RCH to replicate the ACE model in PCH - Redesign of Triage Unit @ Hama Model in RCH and PCH in line with DZRA model and integrated community data (Hospital @ Home) - Review of suitability of EWB for assessment units and design of appropriate specification - Development of Acute Triage Dashboard to monitor and improve performance Outcomes: - Deliver the recommendations set out in the NHS P3 local health board SDEC report (November 2020) by end of Q2 - Increase community and ED referrals to medical SDEC services, discharging at least 60% on the same day of referral - Reduce emergency admissions of >75h from emergency departments to hospital by 10-15% on the 2020/2020 baseline by the end of December, sustained until the end of March 2021	80% SDEC patients discharged on the same day Reduction of emergency admissions by 10-15% of >75h from emergency departments	Significant reduction in avoidable admissions, as SDEC provides an alternative to inpatient care for suitable patients At faster turnaround of patients, improving ED flow and reducing crowding through rapid senior-level assessment and early diagnosis Improved patient experience, as people 'take in their own hand' and avoid harm associated with unnecessary hospital stays (deconditioning, delirium, hospital-acquired complications) Reduced bed occupancy, enabling more capacity for genuinely acute admissions, with direct flow benefits for AMU, ED and downstream wards Efficient ambulance flow, as faster triaging into SDEC prevents ED bottlenecks and reduces need for conveyance to inpatient beds Improved safety and outcomes, as avoiding unnecessary admission for older adults reduces exposure to infection, deconditioning, delirium, and long ED waits More appropriate, community-based care, signposting older people with frailty to assessment units, SDEC, hospital@home, instead of wait for inpatient admission	Minimum of 80% of SDEC referrals discharged on same day April - 80% May-80% June-80% July-80% August-80% September-80% October-80% November-80% December - 80% January - 80% Number admissions aged by emergency admissions 65+ April - 830 May-882 June-880 July-1054 August-928 September - 909 October-1081 November - 897 December - 1197 January - 1278	At the Acute Triage Service continues to operate with a limited workforce model than the service will be unable to accurately deliver triage triage assessment and intervention at the front door, reducing compliance with national metrics and limiting same day discharge, which will contribute to ED congestion, poorer patient flow, longer LOS for older adults, and reduced overall impact of the triage model At digital systems remain incomplete, inconsistently applied, or unable to support comprehensive performance reporting than the program me will lack the data needed to monitor quality, activity, and outcomes, which will weaken governance, hinder service improvement, and limit compliance with national reporting requirements, including Sts Gwastr tracking		
Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme: community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management		Adoption Status: Delivery Phase Governance and Monitoring: Workstream 1.6 Goals UEC Programme Board Key Deliverables: - Evaluation of identify pilot for feasibility of addressing provision (Dependency/ Reablement or RfC funding) - Implementation of Enhanced Care in Community Level 4 Phase 3 - 'Admission Avoidance' - urgent responses in community to include falls (item - Ben/7 days a week) to supplement T triage and LA-funded mobile response team's and clinical triage via Navigation Hub - Produce Directory of Services (DofS) for community and secondary care services to ensure clear referral pathways for initial response including local authority services Outcomes: - Reduce ambulance conveyance of level 1 and level 2 falls to emergency departments by 10-15% on the 2020/2020 baseline; and - Reduce emergency admissions of level 1 and level 2 falls by 10-15% on the 2020/2020 baseline	- Reduce ambulance conveyance of level 1 and level 2 falls to emergency departments by 10-15% on the 2020/2020 baseline; - Reduce emergency admissions of level 1 and level 2 falls by 10-15% on the 2020/2020 baseline	Still care from hospital to community, ensuring that clinically appropriate Level 1 (no injury) and Level 2 (minor injury) falls are supported safely at home At faster access to the 'right' care, and time, with a significant shift from automatic ED referral to clinically triggered pathways led by senior decision makers within the SPOA Lower ED attendances, easing congestion and improving flow by preventing conveyance that routinely involves long waits, long waits, and self-back for older people	- Reduce ambulance conveyance of level 1 and level 2 falls to emergency departments by 10-15% on the 2020/2020 baseline April - 17% May-18% June-18% July-20% August-21% September-20% October-20% November -19% December - 16% January - 16%	At the funding for the identify pilot is not realigned from the RfC fund then there has been no other funding identified to support the locality which could result in a disparity in service across the locality At falls training is not facilitated across the care homes then the involvement made in training and equipment will eventually be eroded by staff turnover which will result in a regression of progress		
Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme: single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission (Priority-based interventions for frail and older adults, scaling up 'call before convey' as a business-as-usual model and referrals to community nursing services enabling urgent responses. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway		Adoption Status: Delivery Phase Governance and Monitoring: Workstream 1.6 Goals UEC Programme Board Key Deliverables: - Development of POCO Testing - Activation of 24/7 GP Coverage in addition to expanding the wider MDT - Development of 7-day RAAP OT Model Outcomes: - 100% patients referred to health board SPOAs will safely avoid direction to major emergency departments following the Clinical Consultation before Conveyance pathway (CCBC), with progress measured by achieving at least a 10% reduction in the number of conveyances from the 2020/2020 baseline - Increase the number of community referrals of >75h by 10-15% on the 2020/2020 baseline by the end of December 2020, sustained until the end of March 2021 - Increase direct referral pathways from SPOAs into community services including but not limited to LPOCH, UT Co, SPOC by 10-15% on the 2020/2020 baseline by the end of December 2020, sustained until the end of March 2021 - All health boards must have in place referral pathway from SPOA into wider community by design with supported 7-day community nursing, supported by robust data collection of response times by Q4 2020/21	- 100% patients referred to health board SPOAs will safely avoid direction to major emergency departments following the Clinical Consultation before Conveyance pathway (CCBC), with progress measured by achieving at least a 10% reduction in the number of conveyances from the 2020/2020 baseline - Increase the number of community referrals of >75h by 10-15% on the 2020/2020 baseline by the end of December 2020, sustained until the end of March 2021 - Increase direct referral pathways from SPOAs into community services including but not limited to LPOCH, UT Co, SPOC by 10-15% on the 2020/2020 baseline by the end of December 2020, sustained until the end of March 2021	Reduced avoidable ED demand and ambulance conveyance, as CCBC enables WAST clinicians to consult with SPOA clinicians before dispatching a vehicle, ensuring only clinically appropriate cases are conveyed Faster access to the 'right' care, and time, with a significant shift from automatic ED referral to clinically triggered pathways led by senior decision makers within the SPOA Improved ambulance availability, as fewer low-acuity cases require emergency transport Enhanced patient outcomes, with more people receiving an early, appropriate community-based care and fewer people entering the high-risk ED environment Strengthened whole-system urgent care navigation, embedding CCBC as a business-as-usual model and reducing 'default to ED' behaviours Earlier, proactive intervention for older adults, ensuring that individuals are directed into community services earlier in their episode of need rather than entering hospital pathways Reduction in ED attendances and subsequent admissions among >75s, who are disproportionately affected by long waits, deconditioning, institutionalisation risk, and long lengths of stay Improved low-risk reduced hospital pressure, as community referrals move care away from the acute front door and support older adults in safer, more appropriate settings Better continuity of care, enabled by stronger links between SPOA, community nursing teams, Hospital@home, UT Co, and LA-funded community response services System-level shift towards prevention and anticipatory care, consistent with national policy aims for timely-urgent care	Reduce conveyance from care home by ambulance to ED, no higher than 50% rate by end of December 2020, sustained until the end of March 2020 April - 25% May-25% June-25% July-25% August-25% September-21% October-22% November-22% December -19% January -21% Other metrics TBD	At additional GP and clinical resources is not secured to extend SPOA operational hours and deliver the 'call before convey' model then SPOA will be unable to manage projected demand or reliably act as the first point of contact for care homes, which will lead to continued high volume of avoidable conveyances and admissions at EDs across CTM UHB At implementation of a 7 day SPOA model draws staff away from critical services (e.g. GP Out of Hours), then staffing gaps will emerge in other parts of the unscheduled care system, which will create service instability and compromise safe delivery of both SPOA and OHFF services At the infrastructure required to host a larger SPOA team including appropriate space, equipment, and location		

		2024	2025	2026	2027	2028	2029	2030	2031	2032
		Date 1			Date 1			Date 1		
Target		2024	2025	2026	2027	2028	2029	2030	2031	2032
0.0	100% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.1	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.2	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.3	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.4	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.5	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.6	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.7	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.8	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
0.9	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0
1.0	10% improvement in 12 hours	0	0	0	0	0	0	0	0	0

Thematic Area: Workforce Productivity
Objective: Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.
Summary Statement: Cwm Taf Morgannwg University Health Board's Corporate People Team will provide the structure for delivery and governance for the workforce productivity actions

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	How will we quantify impact (Measures)	Anticipated impact	Baseline position 25/26	Challenges/risk to delivery	Evidence	RAG rating
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	People Chapter Monitoring via Operational Delivery Committee/ Savings Delivery Programme	Adopt We will continue to progress actions under our People Plan • Enhancing quality and safety of patient experience by delivering more care by our own workforce who are employed in and familiar with our organisations and processes. • Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual or agreed national rate. • Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those people who work flexibly through the NHS Staff Bank. • Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups). • Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs • Identify measures to address long standing hard to fill roles which are reliant on agency cover			Through 2025 the Health Board's FTE in post has continued to increase. The main increases are in Nursing and Midwifery Registered, Administrative and Clerical, and Additional Clinical Services staff groups. There have also been increases in the Estates and Ancillary staff group. The Savings Delivery Programme continues to progress, and the agency by exception for registered nurses/midwives continues. As at M10, Nursing and Midwifery Registered is forecasting a 35% reduction. Additional Clinical Services (which is mainly HCSWs) is currently forecasting a 56% reduction. The reduction in the agency rates in the Nursing contract has contributed to this reduction, as has the Agency by Exception approach adopted from 1 December 2025. These reductions are not replicated in Medical and Dental however, which is showing a slight increase (£7.716k @ M10 2024/5 compared to £7.771k at M10 2025/6) Preparation work continues to prepare for the rollout of the new Agenda for Change Terms of Engagement and the cost impact of the training arrangements in the new T The Lateral Moves Scheme was relaunched in December 2025 with a new system and expansion to include band 3 HCSWs. At 1 February 2026, 56% of eligible requests have completed transfers (115 staff) with a time to transfer of 51 days. Discussions are underway to further expand the Scheme Work is progressing in relation to the tender exercise for a managed service to support the M&D bank and agency provision. Establishment reporting is in place for medical vacancies, and targeted work underway to roll this out to Nursing and Midwifery Registered staff We continue to use the reduced ADH rate cap escalation rates that were introduced in the summer of 2025 (up to 5% can be authorised by the Care Group Leadership team, to a maximum of 10% via the Executive Medical Director's office). To further support medical staffing stability, CTM participated in an international recruitment event in early 2026 and is looking to secure 4 middle grade doctors for ITU/Anaesthetics who would arrive in 2026/7. CTM has further submitted a request for 2 x Consultants for M&I and 1 Consultant Haematologist for 2026/27. We have also requested support for Dietetics Band 6/7, Speech and Language Therapist Band 6 and Orthotics Band 5.6 or 7 (numbers to be confirmed) - AHPs have not previously been explored overseas via NWSSP so this will need to be	Inability to recruit to hard to fill posts due to lack of appropriately skilled resources available locally, nationally or internationally. Potential for increased costs and impact on resources to fully role out the revised All Wales Bank Terms of Engagement.	ESR Staff in Post Lateral Moves transfers completed Effective rostering and optimisation in Nursing Dashboard and Nurse and Midwifery Productivity Programme Full roll out of TOE within funded resources Vacancies filled SDP Programme M&D and Nursing and Midwifery programme documentation, including financial position as reported in Productivity Programmes M&D Long term locum usage tracker	
Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure	People plans Monitored via the Value and Sustainability Board	Adopt During 25/26 the health board made significant progress and has 29% forecast savings to year-end 25/26. Assessment is ongoing for the 26/27 requirements CTM already has in place a targeted programme of work to drive down agency spend across all hard to fill posts The governance structure for driving down agency spend in CTM is overseen by the CTM Values and Effectiveness Portfolio Board	Nursing Productivity: Reduction in agency usage and spend will be monitored by the workforce and finance teams, reporting via the Dashboard and into the operational boards and Nursing Productivity Board monthly. Baseline figure will be April 2025-26 measured against monthly average in the finance returns along side year to date forecast. Full month rolling targets set for each care group as per the 	Nursing Productivity: anticipated impact continue reduction in agency usage, with other workforce initiatives and enabling actions (roster training, improved agency by exception process and approval, sickness absence management improvements) expected impact is that wards are primarily utilising substantive staff and CTM nurse bank, further reducing costs	When agency spend from 2024/5 is compared to our 2025/6 position and forecast, there is a predicted 30% reduction Nursing and Midwifery Registered agency spend YTD M10 is £11.67 (compared to £18.4 at M10 in 2024/5)* There continues to be no use of off-contract/premium rate agencies. Current forecast YE for 2025/6 is £13.982k, forecast reduction of 35% Medical and Dental agency spend YTD M10 is £7.771 (compared to £7.716 at M10 in 2024/5) Current forecast YE for 2025/6 is £9.437k, forecast increase of 3% - this will therefore require further action to rectify this position as a key agency spend reduction efforts continue in other areas, however some spend continues	Inability to fill vacancies Increased turnover Inability to attract and recruit due to competitive pay rates in the market	Medical and Dental Workforce Productivity Programme reporting on job planning, vacancies, recruitment, turnover, sickness, bank and agency usage and spend	
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2026.	People plan Monitoring is at Nursing Productivity Board for HCSW and Admin & Clerical and Estates & Ancillary agency spend is monitored at Operational Delivery Committee	Adopt During 25/26 the health board made significant progress across all staff groups. Assessment is ongoing for the 26/27 requirements CTM already has in place a targeted programme of work to drive down agency spend across all hard to fill posts The governance structure for driving down agency spend in CTM is overseen by the CTM Values and Effectiveness Portfolio Board Two programmes are in place • Medical and Dental agency reduction is managed via our monthly Medical Workforce Productivity Programme • Nursing agency reduction is managed via our Nurse Productivity Programme The Health Board is actively working towards delivery of this requirement. It is anticipated there is an opportunity for the further reduction in M&D in 2025/26 from the 2024/25 outturn. A continued and sustained reduction in nursing agency expenditure is likely to take longer due to the complexity service demands and the HB specific challenges which will continue to impact 2025/26 (e.g. POW critical incident, stroke services, A&E, LHP etc.)	Nurse Productivity: HCSW agency ceased except in very key areas where specific skills are required, i.e. Mental Health and Parc Prison. Recruitment to Nurse Bank drives for high use areas ongoing alongside other enabling initiatives such as roster management. Measure to be recorded against the overall nursing spend, baseline 2024/25 and monthly forecast and year end forecast, as per the finance submissions.	Nursing Productivity: Reduction of agency usage in those high use areas, through requirement to Nurse Bank, improved roster management. Impact expected is better usage of staff who are familiar with the areas on client group	Admin and Clerical - £421K at M10 in 2024/5 reduced to £318K at M10 in 2025/6 - decrease of c23% (M10 2025/6 compared to M10 2024/5 average) Additional Clinical Services - £1.609K at M10 in 2024/5 reduced to £668K at M10 in 2025/6 - decrease of c56% (M10 2025/6 compared to M10 2024/5 average) Estates and Ancillary - £2.751K at M10 in 2024/5 reduced to £907K at M10 in 2025/6 - decrease of c68% (M10 2025/6 compared to M10 2024/5 average) A considerable proportion of the E&A Agency spend is associated with the provision of Facilities services. This Directorate has been undertaking a significant service review supported by proactive recruitment to reduce the reliance on agency resource. They are also assessing the potential to establish a Facilities Bank to support service flexibility options before securing agency services The M10 overall position for total agency spend in 2025/6 is £22.4 compared to £32.326 at M10 of 2024/5	Inability to fill vacancies High levels of sickness absence Insufficient skills available to meet service at the right time	HCSWs via the Nursing and Midwifery Productivity Programme Via Directorate Performance Meetings Via Service Performance Meetings	
Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.	People plan Monitoring is via Medical Workforce Productivity Programme Board	Adopt The Health Board has an existing structure to oversee the delivery and compliance of job planning. This is overseen by the Executive Director for People and the Executive Medical Director The Health Board is actively working towards delivery of this requirement. It is however anticipated that the time to achieve a completion rate of 90% of job plans, is likely to be later than 30 September 2025	MWPP 90% of all eligible consultants to be job planned by 1st October 26	MWPP Achieving 90% consultant job-planning compliance provides the governance, clarity, financial control and capacity transparency needed to reduce premium spend, stabilise rosters, improve patient safety, enable service redesign and ensure consultants are deployed efficiently and fairly. High% job-planning compliance ensures that: Each consultant has an agreed, up-to-date, signed-off timetable and outcome plan, aligning work to service needs, as required by national consultant contract expectations Risks related to rota gaps, workload imbalance, uncommissioned capacity and safety can be identified and escalated earlier Recruitment, rota design, on-call arrangements and seasonal commitments can be reliably matched to what consultants are actually delivering DCC and SPA allocations become accurate and useable for planning Variation in activity and session delivery reduces, because expectations are clear and contractually agreed Job plan data can be linked to activity, enabling Care Groups to track under/over-delivery and reassign capacity more effectively Ability to reduce ADH, agency and WLI spend by understanding genuine rota gaps versus poor planning Standardised practice across specialties, reducing unwarranted variation	Job Planning compliance within CTM continues to increase but not at the pace required to meet internal or external targets set. Internal targets and trajectories to be refreshed for 2026/27 with ongoing focus on improvement. Incremental total increase (Consultants and SAS doctors combined), in compliance from April 2025 34% to January 2026 44%. Variation across Care Groups: highest level of completed job plans was Children and Families with 77%. DTPS and Mental Health have exceeded the September target of 60%. The remaining Care Groups are continuing to work towards the set target of 60% as the next key milestone with a further review at the end of Q4. Job plans and increases to compliance remain a key area of focus and discussion at the MWPP Delivery Group, with ongoing consideration of further incentives to increase compliance.	Inability to conduct job planning due to service pressures (winter pressures/surge capacity) Engagement of D&S and services in the process Sickness absence rates impacting on timely job planning activity	M&D job planning activity is reported via Medical and Dental Workforce Productivity Programme	
Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the All-Wales Occupational Health minimum service levels.	People plan Monitoring is via Operational Delivery Committee	Adopt To support a reduction in sickness absence, CTM is focussing activities under three areas: • Policy awareness • Skills development • Case management This will be monitored by Care Groups, via People Directorate. The People Directorate produce weekly sickness absence monitoring reports. This data forms part of the Care Group's monthly Performance Dashboard and is reviewed at Senior Leadership Team meetings, to identify hot spots and interventions. The People Services Team hold regular case management meetings with the Care Group Heads of People, to ensure action is taken CTM is also part of the national working group reviewing the current All-Wales Managing Attendance at Work policy. It is anticipated that there is currently some under-reporting of sickness absence on ESR, so an increased focus on sickness absence is anticipated to result in an initial spike in absence rates. CTM is making good progress implementing the All-Wales Occupational Health Minimum Service Levels and KPIs			The rolling twelve-month sickness rate to December 2025 is 7.34%. This is compared to 6.91% rolling 12 month sickness at Mar 25 and 6.89% rolling twelve-month sickness rate to December 2024 A programme of work continues with the following priorities under a Health and Wellbeing action plan. Q3/4 actions included • A key focus of the plan is return to work interview compliance which is currently 61.08% for December 2025, an increase from 54.73% for December 2024. • Internal advisory audit into the recording of Medical and Dental sickness absence commenced. This is likely to result in an increase in absence rates initially. Rates increased to 3.79% in December. • All absences of 12 months plus have a forward plan in place. • A newly developed Managing Attendance at Work training course launched in February 2026. Plans are also in place to target specific staff groups and hot spot areas. • Development of three manager guides for Sickness absence recording, RTW and Prompts to launch in March 2026 • Occupational Health feedback survey launched in January and Focus Groups have been undertaken during January, February and March 2026 to inform future training and guidance. • Sickness prompt data report has been developed to enable the commencement of an audit into action taken under the policy for those that have prompted. • Focused case support for all absences 6-12 month in duration with all centrally tracked within People Services commenced in February 2026. Work is underway to plan the next phase of focused case support for absences less than 3 months in duration which is our biggest target area for sickness absence. • Monitoring of data to include no. of third formal and people services engagement for absence related advice and guidance. • Increased Governance and Assurance with regular reports generated for Executive Leadership meetings and additional scrutiny placed on Care/Service groups via performance and assurance meetings	Addressing the under reporting of sickness absence (especially Medical and Dental) could initially lead to increased rates.	Sickness dashboard available to monitor rates and trends. People Services are tracking no. of third formal, case management and usage information to gauge the level of manager engagement with the MAAW policy.	A

Thematic Area: Maximising Value for Money
Objective: Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness
Summary Statement: The Value and Effectiveness Programme (formerly) Savings Delivery Programme will oversee delivery of these programmes and projects, including the Individual Commissioned Patient Care Programme, with the exception of Medicines Management.

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	How will we quantify impact (Measures)	Anticipated Impact	Baseline Q4 25/26	Challenges/risk to delivery	Evidence	RAG rating
Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	Governance					Please add	Please add evidence	Please update for Q3
Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value	Value and Effectiveness Programme	Adopt – Implementation of Value & Sustainability Board recommendations is embedded within the Value & Effectiveness Programme and care group planning processes. Procurement teams work collaboratively with operational services to support adoption of clinically endorsed and mandated product choices. Monitoring is undertaken through procurement reporting and engagement with care groups to support alignment with agreed product standards.	Impact will be measured through increased adoption of clinically endorsed product choices and reduction in variation of product selection across services. Measures include percentage of organisational spend aligned to mandated product choices, procurement savings achieved through supplier standardisation and aggregation of demand, improved contract compliance and increased utilisation of national procurement frameworks.	Implementation of Value & Sustainability Board recommendations will reduce unwarranted variation in product choice, strengthen purchasing leverage and maximise value from procurement contracts while maintaining clinical quality and safety.	Value & Sustainability Board recommendations are established; however implementation across services remains variable. Product selection and procurement practices differ across care groups, limiting opportunities to maximise purchasing leverage and standardisation across high-spend product areas.	Resource constraints. Procurement needs to be involved at the start of the process. Lack of clarity on the Value & Sustainability Board recommendations may impact consistent implementation across services, increased workload, regulatory requirements and staff absence may also impact delivery. The later Procurement is engaged, the less value can be added and the greater the risk of non-compliance.	Value & Sustainability Board recommendations shared with NWSSP (CTM) Procurement Services and CTM Contract Managers. Procurement governance reporting, framework utilisation monitoring and engagement with care groups provide supporting evidence.	
Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	Medicines Management	Adopt The Medicines Management Group aims to optimise the value, safety, and clinical effectiveness of medicines. The programme will focus on ensuring appropriate medicine use, reducing waste, improving patient outcomes, and delivering cost savings for healthcare systems. A PID has been developed for the 2025-26 work plan.		There is a structure in place for monitoring and the latest status update confirms that the majority of trends are in line with expectations. Progress continues to be made.	There is a structure in place for monitoring and the latest status update confirms that the majority of trends are in line with expectations. Progress continues to be made.			
CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis	Individual Commissioned Patient Care Programme (within the V&E programme infrastructure)	Adopt The Individual Commissioned Patient Care Programme has been reviewed and refreshed. •A robust short, medium and long term action plan for the development and delivery of the ICPC across CTMUHB plan has now been agreed by the ICPC Board encompassing SOP development, financial controls, quality plans, benchmarking, and the move towards a unified digital system. oShort-Term Actions: Immediate priorities include finalising the draft SDP, improving data reconciliation, routine scrutiny of disputes, and improving the financial control procedure. oMedium-Term Actions: These include developing a quality plan, reviewing panel operations, improving forecasting of spend, and the benchmarking central capacity across teams. oLong-Term Actions: These priorities will focus on contract compliance, developing a unified digital system to replace fragmented manual processes, and creating a comprehensive commissioning plan based on needs assessment and market scoping.	•Number of referrals received (completed assessment and MDT recommendation) •Date package starts (track timescale between approval and start) •Number of appeals resolved in month •Number of disputes resolved in month •Stage at which dispute resolved (informal, formal or arbitration) •% with names case manager (Commissioning) •How many new patients presented to panel •Number of JCC framework packages approved •Number of care home framework packages approved •Number of spot purchase/off framework approved •% 3 months reviews completed within timescale •% 12 months reviews completed within timescale •Number of packages reviewed - no change •Number of packages increased •Number of packaged decreased	Detailed ICPC work plan agreed through ICPC board. Short, medium and long term actions designed to provide greater transparency and oversight of ICPC commissioning to improve quality and understanding of cost pressures.	•A robust short, medium and long term action plan for the development and delivery of the ICPC across CTMUHB plan has now been agreed by the ICPC Board encompassing SOP development, financial controls, quality plans, benchmarking, and the move towards a unified digital system. oShort-Term Actions: Immediate priorities include finalising the draft SOP, improving data reconciliation, routine scrutiny of disputes, and improving the financial control procedure. oMedium-Term Actions: These include developing a quality plan, reviewing panel operations, improving forecasting of spend, and the benchmarking central capacity across teams. oLong-Term Actions: These priorities will focus on contract compliance, developing a unified digital system to replace fragmented manual processes, and creating a comprehensive commissioning plan based on needs assessment and market scoping. Note new performance measures set for 2026/27. These align with the commissioning cycle. Baselines not available. Information will be collated quarterly.			
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate	Estates Management and Strategic Planning	Adopt The health board will continue to review and revise the use of its estate in alignment with both the Strategic Clinical Services Plan and the Integrating Community Services Programme. The ongoing work on Prince Charles Hospital and Princess of Wales Hospital, the Maesteg Programme and the Llantrisant Health Park Programme will be significant contributors to this work.	Where estates are identified for disposal, the impact will be in reduction of costs associated with the running of the site and any income from sale. Benefits associated with enhanced utilisation of spaces already in use (e.g. clinics/ theatres) will be recorded through the associated mechanism.	No further sites identified beyond the current work.	Pontypridd Health Centre. The property has been sold. (RAG Light Green). Pontypridd Cottage Hospital - The final stages of the consultation process are nearing completion, once this has been confirmed as being complete the property will be declared surplus to requirements to the Board and Welsh Government, when approved the disposal process will commence (RAG Amber)			

Thematic Area: Population Health and Prevention and Improving Value
Objective:
Summary Statement:

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	How will we quantify impact (Measures)	Anticipated Impact	Baseline Q4	Progress report Q1	Progress report Q2	Challenges to delivery	Evidence	RAG Rating
Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes							Please enter progress update	Please add	Please add evidence	Please update for Q3
Ensure progress of the Incused Diabetes High Value High Impact pathway	Diabetes Strategic Programme Board (Chair: CEO)	Adopt The Diabetes Programme Board has adopted the high-impact diabetes pathway as part of its broader mission to monitor progress against the developing 5x Diabetes plan	A SLR logic model has been developed and presented to the Diabetes Programme Board. This sets out the inputs, activities, outputs and outcomes with a focus over a 10-year period for outcomes. This will inform the SLR suite of measures. Key measures include currently include: Delivery of the care processes Cloud care system ongoing validation	Year one outcomes identified include the following. Further work is ongoing on the key areas of focus	1-year results of the SLR logic model presented at the Diabetes Board meeting in March 2024 (including prior to the Diabetes Board meeting). Diabetes dashboard programme - work supporting National Diabetes Network approach to integrate primary and secondary care data in relation to the 5x care processes. Workstreams fully established with virtual planning, monitoring and reporting embedded within Operational and Strategic Programme Board. The SLR was completed with the approval of the 8 core processes in December					
Ensure progress with the Implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Strategy group chapter	Adopt The Fracture Liaison service has commenced and adopted the high-impact Bone Health pathway and data reporting has commenced on the National audit platform. The team is working with the CTM/MSIC team and ADL/IB to develop a National PROM which will be implemented during 2025	Adopt The Fracture Liaison service has commenced and adopted the high-impact Bone Health pathway and data reporting has commenced on the National audit platform. The team has worked with the CTM/MSIC team and ADL/IB to develop a National PROM during 2024 and progress will continue under BAU arrangements in 2025		CTM/MSIC FLS has commenced mainly on spine fractures to date with 1137 articles in total in the FLS database. A model for an orthopaedic service has been developed. Two Orthopaedic services are in place across the health board with ongoing recruitment in a third place.					
Support the implementation and rollout of the NHS Wales app for minimum impact and benefits to include the update of its use for recent prescriptions		Adopt The health board is team working with the national programme to ensure alignment and development of core capabilities that will drive benefits across NHS Wales			Progress continues with the rollout of the NHS App and use such as repeat prescriptions. It is a snapshot of users in the CTM area that are registered in the app, legends for the past three months and repeat prescriptions ordered in the last three months. Since the Phase 2 rollout, which included Secondary Care notifications in October 2024, there has been a 22.67% increase in CTM patients registered on the app, rising to 85,440 CTM patients as of 16/02/2025.					
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation		Cyber Security Assurance Plan will be a key priority for the Health Board through the lifetime of this RUP			Work is ongoing to eradicate legacy from the managed desktop assets. Windows 10 and Office 365 have been reduced through a dedicated programme of work. Any remaining Windows 10 (EOL) have now got extended security updates available through a 12 month Microsoft contract. Other legacy assets across Clinical engineering, Service, network and application areas. These are being managed through relevant teams. The CTM Cyber Incident Response plan is under review from the SPRI team with a view to ensuring it fits in organisational plans and terminology in a consistent manner. Work is underway to modernise the legacy core networking, firewall, and server assets, supported by significant Welsh Government funding to replace end-of-life equipment. Planning has commenced to establish a coordinated programme of replacement activity. Testing of the Cyber Response Plan remains ongoing, with monthly focused exercises and additional ad-hoc tests of specific systems completed in January and February. A testing schedule has been agreed for the next three months.	The work programme is ongoing throughout the year				

(Agenda Item 6.3)	26 th March 2026	Public Board	Strategy Deployment Framework 2026/27

Report Details:		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	Connecting our strategic intent to in year performance metrics, including quality and safety domains, is anticipated to have a positive effect.
Prepared By:	Claire Thompson, Executive Director Strategy & Transformation	Related Health and Care Standard	All standards are relevant but the use of a SDF primarily relates to that of Governance, Leadership & Accountability.
Presented By:	Claire Thompson, Executive Director Strategy & Transformation	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes – in draft with positive impact
Approving Executive Sponsor:	Claire Thompson, Executive Director Strategy & Transformation	Are there any legal implications /impact.	No
Report Purpose	For Approval	Are there any resource (Capital/Revenue/Workforce Implications / Impact?	No – this is intended to ensure we make best use of resources and deliver on our resource commitments
Engagement undertaken to date:	Public engagement has been undertaken around the CTM ‘Building Healthier Communities Together’ strategy. Extensive internal engagement has been undertaken on the concept and content of a Strategy Deployment Framework (SDF) in Q3 & 4 2025/26, including the Improving Care Board, Executive Management Board / Leadership Group, Care Group / Executive Team away days, Strategic Development Committee and Board meeting.	Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health



**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

Strategy deployment framework outline

Vision – what we want to achieve in the long term

“Building Healthier Communities Together”

Strategic goals – the high-level objectives that guide our work

Sustaining our future

Inspiring people

Improving care

Creating health

In year metrics have been selected based on feedback from care groups, corporate teams & 26/27 planning guidance

Corporate projects – in year programmes of that drive delivery of IMTP and improvement

Strategic initiatives – multi-year, whole organisation priorities that will deliver transformed services

Enabling plans – thematic plans e.g. R&D, estates, people



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CYMRU
NHS

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Strategic initiatives

Strategic initiatives – multi year whole organisation priorities – 26/27 deliverables			
Sustaining our future	Inspiring people	Improving care	Creating health
Digital & data			
Patient contact transformation Proactive care solution roll out Re-platforming of legacy systems	Mental health single record Modular EPR development (ED) Maternity / Open Eyes optimisation	EPMA, RISP & LIMs Data sharing capability	
Strategic clinical services plan			
PCCT & ICCS: Q1 NHS locality leadership teams, Q3 <u>Maesteg</u> OBC, Q4 integrated locality leadership teams Mental health transformation: Older Adult service redesign (inpatient and dementia intensive support team), Over 18 Unscheduled Care Review, Adult Community Open Access redesign phase 1, Adult Rehabilitation Model Fragile services: Q1 baseline case for change and priority areas (temporary changes) Q2 pre-consultation engagement & workstreams, Q3 options and model development, Q4 public consultation activity			
SE Wales Regional working			
Llantrisant Health Park : Q1-4 construction of diagnostic centre; Q1 orthopaedic hub FBC, Q3-4 orthopaedic hub construction Clinical programmes: Q2 FBC cellular pathology; Q3 regional model endoscopy units, single regional cataract service & shared cancer PTL.			
Working in partnership			
Public Services Board: Community cohesion, climate adaptation & health inequalities workstreams Regional Partnership Board: Commence delivery of Children's Strategy Q1; re-set Adults Board programme of work Q2; scenario plans for revenue & capital Q2; new population needs assessment (delivery 2027)			



STARTING
WELL



GROWING
WELL



LIVING
WELL



AGEING
WELL



DYING
WELL



Strategic goals - in year performance metrics

Sustaining our future	Inspiring People	Improving Care	Creating Health
Energy consumption	PADR/job plan compliance >90%	Zero >12 hour waits or > <u>45 minute</u> 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 > <u>8 week</u> 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	

Specific Matters for Consideration:

- The development and content of an organisational strategy is an item reserved to the Board for decision making. The deployment, management and measurement of strategy delivery is the responsibility of the executive and senior management team of the organisation.
- A strategy deployment framework is:
 - A central mechanism to operationalise our strategy
 - A way to connect the delivery of our strategy to the work of our frontline teams
 - A route to create coherence for internal and external stakeholders
 - A way to help us understand how we will know we are succeeding
 - A structured method to define how our work (individual & collective) supports delivery of our key objectives
- This SDF is intended to provide clarity of key strategic priorities and performance standards for management by care groups and corporate teams during 2026/27, and the concept was agreed by Strategic Development Committee and Board during Q3 & 4 2025/26.
- The content of this SDF has been tested with care groups, corporate teams and the executives during the development of the 2026/29 IMTP.
- The **strategic initiatives** laid out in this report are those whole organisation, multi year key priorities, that are considered to be 'must do cannot fail' and are presented here with milestones associated.
- The **operational metrics** laid out in this report are not the only the metrics we will measure or report on but are the focus for improvement and assurance during 2026/27, and are complemented by strategic outcome measures over a longer time period (such as healthy life expectancy) that are not amenable to regular short term measurement.
- It is not wholly exhaustive and can be adapted during the year (it will be subject to annual refresh) but acts as a guiding framework to outline our key strategic priorities and operational standards.

Agenda Item 6.3b	26 March 2026	CTM Board	SCSP – Fragile Priority Services

Report Details:	
FOI Status:	Open/ Public
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Atif Ali ACSP Programme Director
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Atif Ali ACSP Programme Director
Approving Executive Sponsor:	Claire Thompson Executive Director of Strategy & Transformation
Report Purpose	For Noting
Engagement undertaken to date:	EMB 24 th November 2025 ICB 12 th November 2025

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Standardise pathways, improve access, reduce variation and improve overall quality of care
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Not at this stage – will be required for any specific change proposals
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Not at this stage
Link to Strategic Goals	Please Select: Improving Care

SCSP – Fragile/Priority Services SDC update

February 2026

Foundational Components

- Vision & strategic pillars – agreed
- Design principles – agreed and being tested
- Priority areas & Case for Change framework – in development
- Strategy deployment framework & operational management system – in design
- Metrics & reporting – core SCSP dashboard to be designed and agreed
- Change management tools & culture / corporate identity – to be aligned with SCSP roll-out
- Engagement, co-production and clinical voice – framework to be developed with clinical leaders

Fragile services – A priority area within the SCSP

- Fragile services are symptoms of wider system pressure, not isolated service issues.
- They provide early insight into sustainability risks across:
 - Workforce availability and resilience
 - Patient flow and operational stability
 - Quality and safety assurance
 - Financial sustainability
- The Strategic Clinical Services Plan provides the safe and coherent route to move from temporary mitigation to longer-term decisions.
- Fragile services are treated as part of the SCSP evidence base, not as a parallel programme.

What we mean by “fragile services”

Indicative scope – for context only

- Gastroenterology
- General Surgery (Emergency)
- Cardiology
- Children & Families (Paed's, Maternity, neonatal)
- Mental Health (adult inpatient)
- Diagnostic, imaging
- Urgent and emergency care (flow)
- Cancer (pathway, acute oncology)
- Critical Care (ITU)
- Chronic conditions (diabetes, Kidney disease)

Services in italics are temporary service change

- *Trauma & Ortho.*
- *Palliative & end of life care*
- *Urology*
- *Stroke*
- *Head & Neck (Max. Fax.)*

Fragile services are those where delivery is increasingly dependent on short-term mitigations and where sustainability risks are emerging or persistent.

This definition focuses on risk characteristics, not individual service labels.

Key characteristics:

- Persistent workforce fragility
 - rota gaps, reliance on locums or goodwill, recruitment and retention challenges
- Operational dependency on temporary measures
 - service consolidations, temporary relocations, short-term staffing solutions
- Service quality and resilience risk
 - increased escalation, reduced flexibility, vulnerability to shocks

Temporary service changes: risk and concerns

Context:

- Temporary service changes have been necessary to maintain safety and continuity
- Many have been implemented due to POW estate issues or workforce pressure

Current risk:

- Evaluation of temporary changes particularly to evaluate
 - Clinical impact
 - Operational performance
 - Workforce sustainability
 - Financial consequences
- As temporary changes persist, risk accumulates
- Without a consistent framework, decisions become harder to evidence and assure

From fragility signals to structured options within the SCSP

A structured, consistent approach is required before any longer-term conclusions are drawn.

Suggested flow:

- Fragility signal identified
 - Standardised evaluation (safety, workforce, activity, finance)
 - Comparison against the Do-Nothing baseline
 - Options developed through the SCSP framework
 - Board Development before any reconfiguration consideration

Key reassurance:

- Fragility does not equal pre-determined outcomes
- Sequencing and governance are explicit and controlled

Recommendation

The Committee are asked to

- Note the role of fragile services as part of the SCSP evidence base.
- Note the risks associated with unmanaged temporary-to-permanent solution
- Support the use of a single SCSP framework to structure future options work

Primary Care & Community Transformation (PCCT) Programme

- Primary Care and Community Services 'Vision and Ambition Paper' currently being drafted by the National Association of Primary Care (NAPC):
 - sets out service vision and care model
 - includes outcomes and measures to determine success
- Plans on a page agreed and key activities, such as governance and finance, will be underpinned by above paper currently in draft
 - PCCT engaging positively with Directors of Social Services from Bridgend, Merthyr and RCT
- February 2026 PCCT Board to consider Urgent Care and Primary Care Same Day Emergency Care – reflecting current discussions at a national level
- PCCT linking closely with CTM UHB mental health programmes currently in progress

Integrated Community Care System (ICCS)

Portfolio Item: Claire Thompson, Strategy and Transformation

SUMMARY REPORT

Date: 26/01/26

KEY HIGHLIGHTS / SUMMARY STATUS:

The Regional Partnership Agreement (RPA) which was approved by Cwm Taf Morgannwg University Health Board (CTMUHB) and the three Local Authorities at respective Board and Cabinet meetings in July has now been signed and sealed. The development of a demand and capacity model, to help shape services within the ICCS, is also proceeding on plan. CTMUHB Hospital at Home Service has been launched - this has had an impact on the timing of integration of community teams with social care, however planning to commence this in February. The Clinical Navigation Hub (CNH) is supporting Care Homes and there has been increased joint working between the CNH and the Rhondda Cynon Taff County Borough Council (RCTCBC) Single Point of Access (SPA) in the Ty Elai site and a pathway has been established for local authority Mobile Responders in RCT and Merthyr Tydfil.

RISKS, ISSUES & OPPORTUNITIES:

- Issue 1 – Changes to local delivery structures creates disruption. This risk has been reduced with a timeline to commence work on integrating teams on a local footprint currently being developed between service leads.
- Opportunity 1 – seize the new opportunities created by the Regional Partnership Agreement (RPA) in terms of joint planning, strategic commissioning, performance accountability, data sharing and more efficient operating approaches.

ESCALATIONS / DECISIONS REQUIRED:

- No escalation at this stage.

WORKSTREAM TIMELINE (MILESTONES, SCHEDULE, ETC.)

- Executive Director Workshop held on 28 October to agree priorities going forwards. Meet with Chief Execs early in February 2026.
- Putting Regional Partnership Agreement into practice through to support governance, strategic commissioning and exploring information sharing opportunities. Aligning plans and joining up through a revised Regional Area Plan.
- Demand and capacity model specification completed as planned during October. CTMUHB informatics have provided support. Model build proposal to follow.
- ICCS Business Case is under development. Will shape Regional Investment Fund decisions and wider.

DOCUMENT ATTACHMENTS

- None

6.3e	26 March 2026	CTM Board	SCSP – mental Health Transformation

Report Details:		Impact Assessment:	
FOI Status:	Please select: Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	Improved model of care
Prepared By:	Clare Williams, Care Group Director	Related Health and Care Standard	Duty of Quality
Presented By:	Clare Williams, Care Group Director	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes (include date) No (Explain why)
Approving Executive Sponsor:	Claire Thompson, Executive Director Strategy & Transformation and Gethin Hughes, Chief Operating Officer	Are there any Legal Implications /Impact.	No
Report Purpose	For Noting	Are there any resource (capital/Revenue/Workforce Implications / Impact?	Not in this report
Engagement undertaken to date:	Community Leaders Network October 2025	Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health



Llywodraeth Cymru
Welsh Government

The Mental Health and Wellbeing Strategy

2025–2035

gov.wales

Strategic Programme For Mental Health – Strategic Goals 26/27



Strategic Goal 1: Improve performance against the national mental health performance metrics



Strategic Goal 2: Improve access, experience and outcomes across all mental health services by starting to implement the Flexible Open Access Model (Stepped Care 2.0)



Strategic Goal 3: Improve safety in secondary care mental health



Strategic Goal 4: Co-produce a plan to improve the physical health of people with long term mental health problems

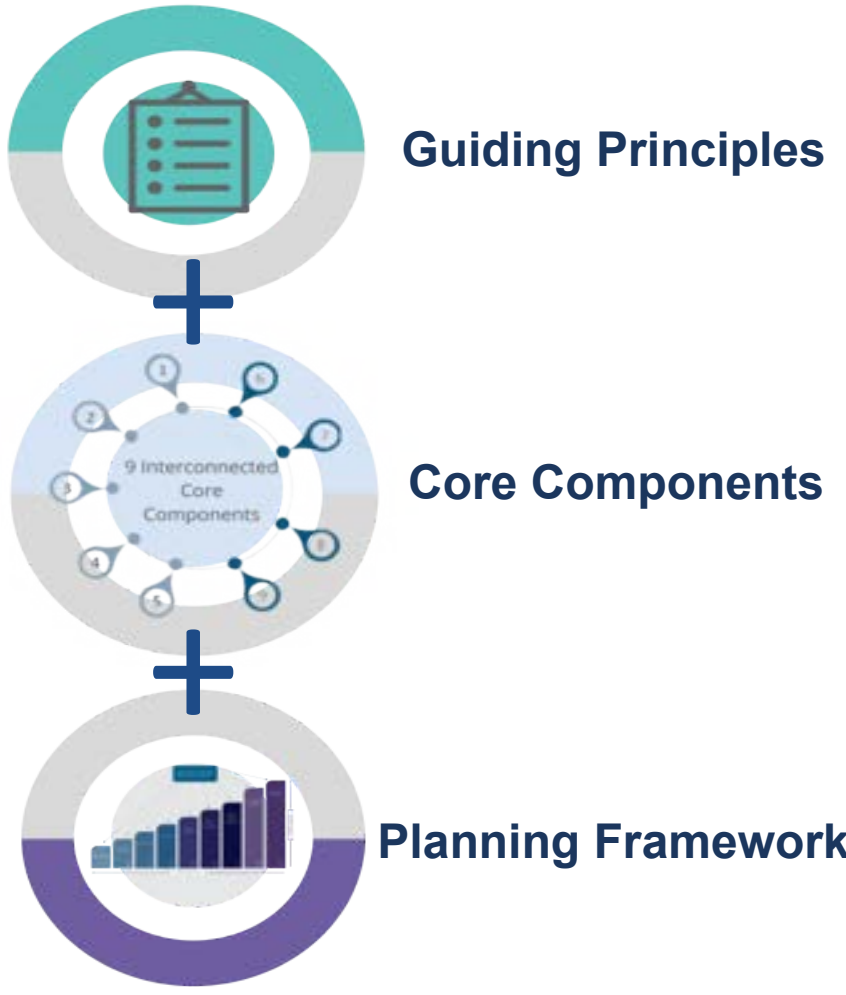
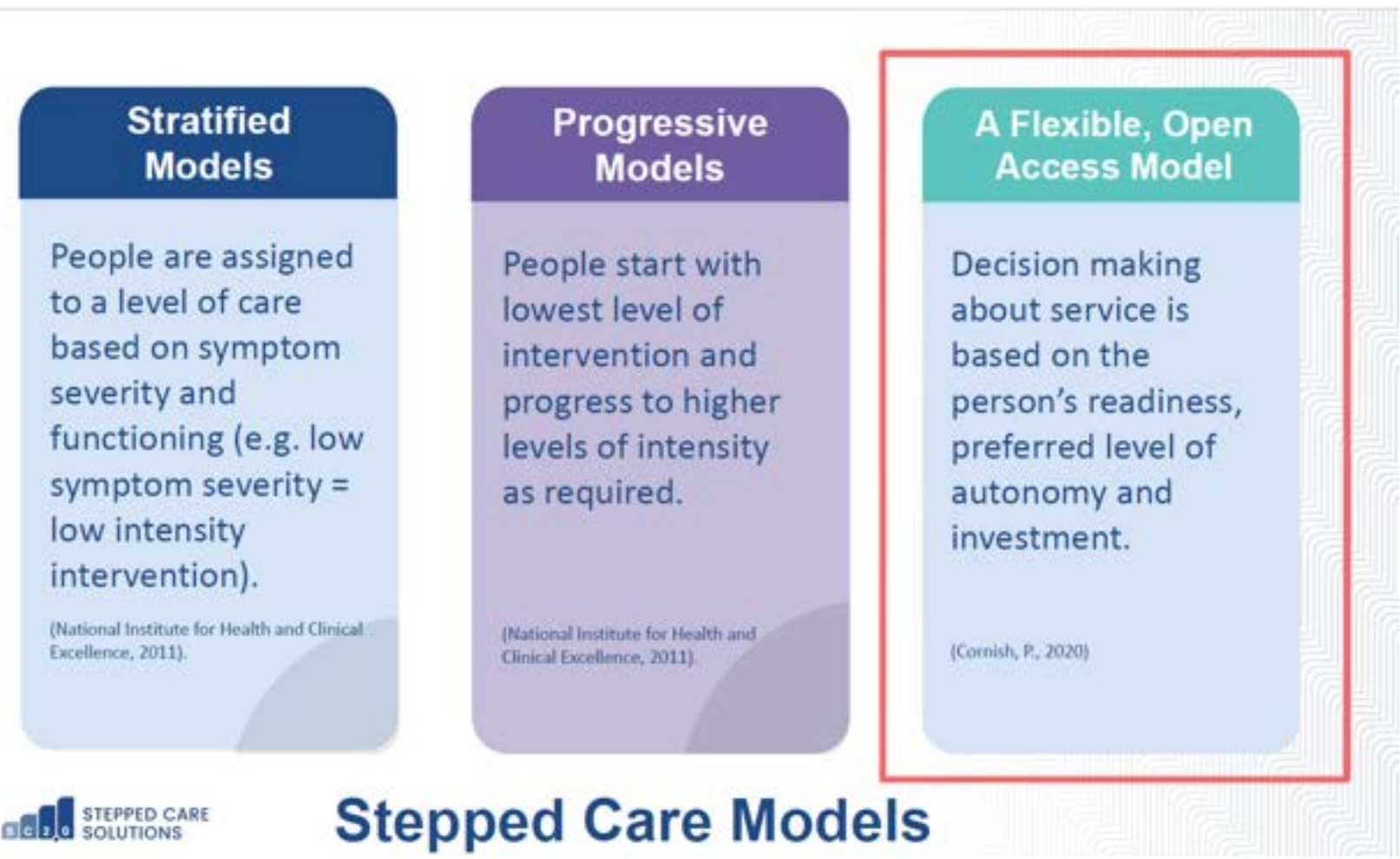


Enablers: digital, data, finance, research & evidence, co-production, communications and engagement, and quality management systems





Strategic Goal 2: Improve access, experience and outcomes across all mental health services by starting to implement the Flexible Open Access Model (Stepped Care 2.0)



Guiding Principles



Social justice drives effective care systems transformation and is an intervention in itself



Mental health literacy is required for people to make informed decisions



Multiple and diverse care options are required as one approach will not work for everyone



An effective care system ensures people have access to care when and where it is needed



All individuals and communities have strength and capacity



The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration



Gold standard intervention are what best fits the service user at any given time



Minimal interventions can produce powerful results

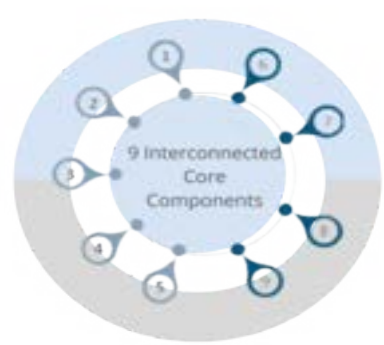


Professionals do not carry all the wisdom; people often know what is best for them



There is no ideal solution; trial-and-error leads to growth and change

Core Components



Components that support system design



- Co-designed with people holding diverse perspectives
- A range of diverse services are included
- Distributed management of risk
- Continuous improvement
- Recovery-oriented

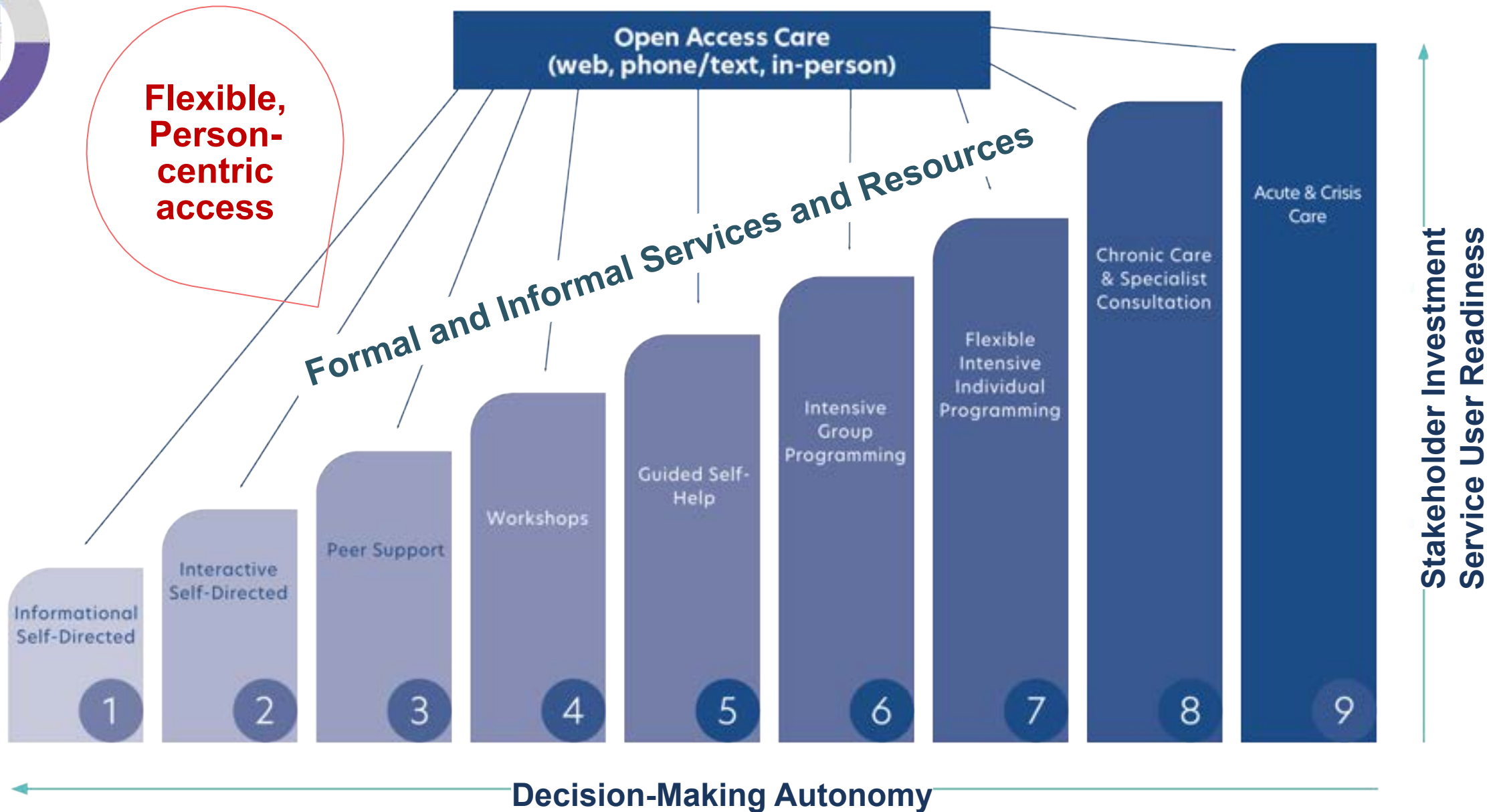
Components that support people's experience

- Care is person-centric and collaborative (not a one-size fits all approach)
- Services are flexible, and data-informed
- Access to same-day support
- A one-at-a-time approach, ensuring a helpful intervention at each interaction





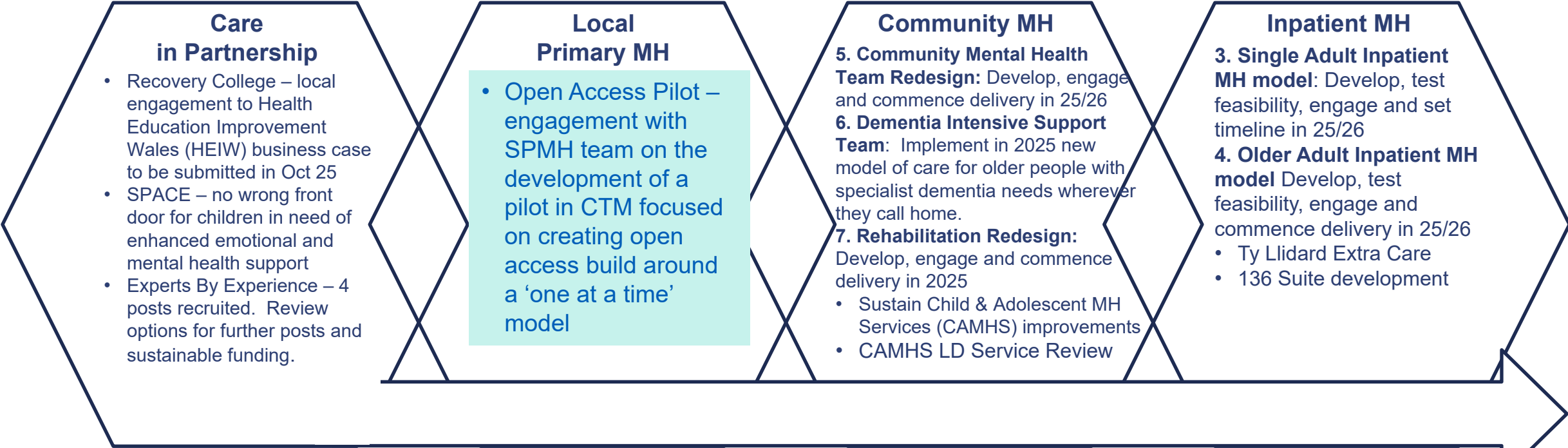
Planning Framework



Mental Health (MH) and Learning Disabilities (LD) Transformation 25/26

Coproduced Seamless Mental Health Services

Person centred, needs led and guided to the right support first time without delay.



Continuous Quality and Safety Improvement - pilot Compassionate Leadership workshops with support from HEIW have commenced within Ward 21 and Ward 22, National Relational Safety Workstream, Ward 14 is one of five wards to participate in the Safe Wards

2. Workforce Sustainability: recruitment and retention in Nursing and Psychology staff having a positive effect; medical recruitment, retention and diversification – overseas recruitment to train consultants, Physicians Associates, Advance Nurse Practitioner

1. Single Electronic Patient Record: procurement underway, contract award Autumn 25, full implementation ambition Spring 2027

Young People and Families One At a Time Test of Change

- Referrals for psychological interventions in CTMUHB community CAMHS have historically been low.
- The aim of the test of change is to improve access to psychological interventions in community CAMHS by diversifying ways of working psychologically.
 - A One At A Time (OAAT) offer will run for up to 40-60 children and families identified by the SHINE team (all schools in-reach) over a 10-month period.
 - A single session child and family consultation will be offered using a psychological approach informed by the work of Professor Windy Dryden of Goldsmiths University of London. The session will focus on children and families' key concerns, personal goals, strengths, readiness and capacity to change.
 - OAAT offers a brief and intensive approach. It will be delivered by two Psychologists working jointly to: provide a reflecting team conversation live during the session, provide capacity and flexibility to see a child/young person and their caregiving adults separately if needed; and facilitating the rapid co-construction of a psychological formulation and change plan to share with the family.
 - OAAT sessions will involve four Psychologists working pairs, will run one day per month and be open to all children and families engaged in the test of change and.

Open Access Adult Test of Change

- 111#2 is national promoted service, locally delivered which supports individuals with a mental health concern or who are concerned about the mental health of a loved one.
- Calls received by the local 111#2 team are triaged, using the UK triage scale and offered an outcome aligned to their level of need. This is prioritised A-G, with A being the highest level of crisis and G the lowest.
- Between 1st June 25 and 30th November 2025 the CTM 111#2 team received 7319 calls. Following triage, the priority volumes for each category were:
- The highest volume of calls are for the lowest level of need where the individuals are signposted to contact a 3rd sector organisation themselves. The Wellbeing Practitioner who takes the call determines the most suitable organisation for the individuals.
- Adopting the principle of open access for calls categorised as priority F and G moves the pathway from signposting to more direct access. At present there are several barriers which: prevent direct access to parties outside of the NHS; and which require people to communicate the same information to multiple practitioners.

Priority	A	B	C	D	E	F	G
Contacts	587	51	98	60	207	2860	2855

Open Access Adult Test of Change

- The aim of this test of change is to:
 - Provide a person-centred, needs-led service for adults who are determined by 111#2 to be priority F and G and provide direct access to support, minimising the requirement for people to communicate the same information to multiple practitioners.
- CTM UHB and MIND will jointly deliver a service for appropriately prioritised individuals, which will enable direct access from 111#2 to a MIND one-at-a-time offer as follows:
 - Provides a short-term intervention (usually no more than 3 sessions) based on what might best help a client at that time. This might be just someone to talk to, provision of self-help resources, guided self-help sessions, group workshops, or talking therapies. What type of intervention is provided at each session is agreed by the client and practitioner and support can be intermittent.
- Calls will initially be directed from a small geographical area clearly aligned to a GP practice in our most deprived communities.
- A team of 3 MIND staff will support non-urgent calls to 111#2.
- Callers will get immediate support instead of a referral to another service or being sign-posted elsewhere

One at a time approach

We are intending to offer a one at a time approach, primarily for low to mild mental health, where we:

Meet a client at a drop-in clinic or self-referred, pre-booked appointment and quickly assess and support their immediate/most pressing needs.

Through partnership work, try and support with any specific issues they may have that are contributing to poor mental health (finance, housing, abuse, addiction, etc).

Provide short-term interventions (usually no more than 3 sessions) based on what might best help a client at that time. This might be just someone to talk to, provision of self-help resources, one to three guided self-help sessions, or one to three therapeutic sessions. What type of intervention is provided at each session is agreed by the client and practitioner and support can be intermittent.

Where mental health is moderate to severe or where we feel people would benefit from continued support, we will link them into more structured, higher intensity support.



Agenda Item

6.4

CTM BOARD

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	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

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Risk Owner updates	February / March 2026	Reviewed and signed Off
Executive Leadership Group	16 March 2026	Risks reviewed and management sign off received.
Post ELG Changes		

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework
ELG	Executive Leadership Group

1. Situation /Background

- 1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.

2. Specific Matters for Consideration

- 2.1 The BAF has been developed to ensure it appropriately reflects;
- the four strategic goals of the Health Board;
 - assurance reporting that supports a streamlined and effective committee and reporting structure;
 - a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
 - international best practice; and
 - the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.
- 2.2 The Organisational Risk Register is received in its entirety by the Audit, Risk & Assurance Committee and the assigned risks to the other Board Committees as appropriate.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red. In summary:
- No new risks were added this period.
 - No risks were proposed for closure this period.
 - There were no changes to risk scores this period.
- 3.2 As highlighted in the BAF report to the November 2025 Board meeting, the 'Control Measures' section in relation to Strategic Risk 2 – 'Ability to deliver improvements which transform care and enhance outcomes' has been streamlined as highlighted in red in Appendix 1.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Dying Well, Growing Well, Living Well, Starting Well

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 Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below: Culture and Valuing People, Data to knowledge, Learning, Improving and Research, Whole- system Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☐
	Outcome:	Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	See detail captured for each risk	

5. Recommendation

5.1 The Board is asked to:

- **Approve amendments** made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory	Risk Treatment
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)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
		b) Enough capacity to meet emergency demand			20 (C4xL5)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
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)	No change to risk scores this period. ↔	Treat
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)	No change to risk scores this period. ↔	Treat
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)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
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)	No change to risk scores this period. ↔	Treat
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)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
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)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
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)	No change to risk scores this period. ↔	Treat
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)	No change to risk scores this period	Treat
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)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
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)	No change to risk scores this period. ↔	Treat

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

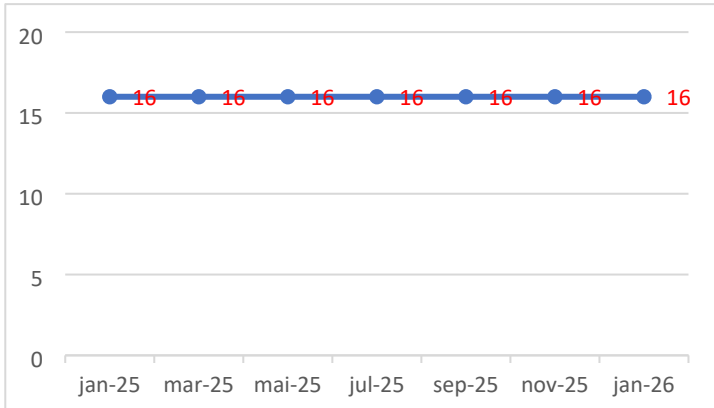
Target risk scores in *grey italic*

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

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):  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			Risk score 16
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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				- Cancer SCP maintained >63% and the service received automatic de-escalation to level 1 routine monitoring. - National orthopaedic Cement supply issue has delayed the orthopaedic recovery plan by approximately 2.5 weeks. - Progress made in theatre start times and in outpatient SOS and PIFU rates. - Insourcing support for weekend elective Orthopaedics commenced on 13th December at Princess of Wales hospital. Contract for an additional 240 cases to be completed by end of March 2026. - HBSUK continues to have significant reduction on Waiting list each week. Total waiting list has decreased by >12,000 since June 2025. - Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics. - Vascular short-term issue. This is being resolved via implementation of the network criteria. - The Vascular Network INNU process has been adopted by CTMUHB.

	- Regional Outpatient Insourcing commenced at CTMUHB on 6th September 2025. Aiming to reduce Outpatient waiting times across all specialities - The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds. ~~Princess of Wales Theatres fully opened on the 1st September 2025.~~ - All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC. - Regional Cataract Plan continues through Q2-Q4 to reduce Cataracts waits further. 4 theatres across CTMUHB (RGH) will be moved to Vanguard in November. - Endoscopy recovery plan commencing August to December 2025. - PIT Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS. 4 Mobile theatres opened Mid-April and closed in August 2025. 2 Prince Charles Hospital (PCH) theatres opened end of April 2025 1 Theatre and Ward at PCH dedicated to Orthopaedic Inpatient surgery from May – July 2025 - Critical incident declared at Princess of Wales (POW) on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc. cardiac) and trauma capacity - There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system. - There had been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. - There has also been significant reallocation of internal capacity at POW and Royal Glamorgan Hospital (RGH) to respond to the critical incident. - Planning continues recovery phase following critical incident with the impact not yet quantified. - There has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities. - The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. - The large-scale capital programme at PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. - The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres. - Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. - Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	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	
Productivity, improvement and transformation programme (PIT) - Increase Planned Care Capacity - Transform the way Planned Care is delivered - Prioritise both diagnosis and treatment - Provide better information and support to patients	

Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve.

In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource.

The key areas for improvement each Health board are expected to incorporate into their improvement programme are:

1. Effective Waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatient & Preoperative Modernisation: utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics
3. Theatre Capacity: reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity
4. GiRFT & Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery
5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

All areas of the programme will focus on the following crosscutting themes:

1. Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays, and ensure all services are delivered in a cost-effective manner.
2. Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services.
3. Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste.
4. Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed.
5. Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent and high-quality care.
6. Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement
7. Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.

All elective care services will hold a monthly Service Improvement Group.

Planned Care Recovery Programme

- Enhanced monitoring process for Cancer Services –weekly focussed meetings
- Llantrisant Health Park site plans under development
- Clinical Services Plan Group being established
- Speciality Specific and Cancer Improvement Trajectories Completed.

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

- PIT programme
- Planned Care recovery
- Service Improvement Groups
- Cross Cutting Improvement Groups – Theatre, Pre assessment, Diagnostics, Outpatients and therapies.

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

Lessons learnt from Winter Planning process - currently being analysed from a lesson learnt perspective.

Partnership Leadership Team established with Local Authority and NHS representation to look at planning across the region.

Commissioning Group established to oversee the delivery of the optimised integrated care model Additional 'South Theatre' at the Royal Glamorgan Hospital - An old obstetric theatre has been recommissioned to support the SBUHB disaggregation and increase capacity and efficiency. This alongside the 'Snowdrop Centre' has transformed the delivery of Breast services across CTMUHB. Specific Improvement Groups/Boards • PIT programme • Planned Care recovery • Service Improvement Groups • Cross Cutting Improvement Groups – Theatre, Pre assessment, Diagnostics, Outpatients and Therapies & Audiology. All updates feed into the Improving Care Board. Annual Planning Process Annual Demand and Capacity Plan established to manage demand and making best use of capacity. Escalation Status programme work Regional Working • A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented. • Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making. • Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge. • Regional Pathology Programme Board (Formerly Regional Pathology Steering Group). • South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams. Governance Structures • Operational Services Management Board (Health Board wide) • Improving Care Board (Health Board wide) • Six Goals/Unscheduled Care Board • Cancer Board • Weekly Cancer Meetings • Planned Care Recovery Board/ Planned Care Recovery Operations Board. • Innovation Board Operational Processes • Clear criteria to prioritise based on clinical need • Centralised decision-making around use of spare capacity across the organisation. • Robust Interventions Not Normally Undertaken (INNU) application. • Weekly performance tracking. • Robust Demand and Capacity with mitigating actions. • Service improvement and transformation

Sources of Assurance (Internal and External)

• Integrated Performance Report • Harm Reviews • Assessment Dashboard • Update reports on specific services experiencing pressure, e.g. Ophthalmology, Urology • Performance RTT, Cancer trajectories • Follow-up reports on outpatients not booked • PIT Programme reports • Planned Care Recovery Update report • Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings. • Organisational Risk Register via Care Group Risk Registers. • Planning, Performance & Finance monthly report. • TI meetings • Audit Wales commencing a Planned Care Audit in August 2024. • Audit Wales commencing a Health Protection Audit in August 2024.			
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. CTMUHB digitally based enabling systems	• Manual processes in areas of no system. • Scope of digital Pre-assessment system • Digital dictation consolidation and standardisation • Theatre system update • Need for digital outpatient system • Consultant connect implementation • Attend anywhere use for virtual activity • WPRS full roll out	• Increased utilisation • Reduction in patient attendances • Reduction in patient follow up appointments • Reduction in demand • Reduced paper and manual process • Increase in data information	• Decreased CAN/DNA rate • Increased utilisation • Decreased missed opportunities • Reduction in referral demand - Reduction in waiting list
2. Robustness of cancer tracking and specialty-specific elective data	• Weekly performance meeting • Implementation of online escalation process for all patients outside of agreed component waiting times. • Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets • Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance	• Performance monitoring • Patient identification • Improved pathway monitoring	• Increase in performance SCP - Decrease in waiting list back log
3. Improvements being made in elective care trajectories albeit not fully embedded.	• Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024 • Regional Ophthalmology service with increased activity across the region for CTMUHB patients. • Reconfiguration of elective surgery has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. • Reconfiguration of Trauma ongoing assessment • In sourced additional staff to open additional theatre activity until theatre plan fully recruited to. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • In Development – Clinical Services Plan.	• More capacity • Reduced waste • Consolidated pathways • Increase in workforce - Increased utilisation	• Increase in activity • Reduced fellow sessions • Reduction in waiting times - Reduction in >104 week wait

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

Latest RTT Performance not available at time of reporting – will be included in future BAF iterations when available.

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

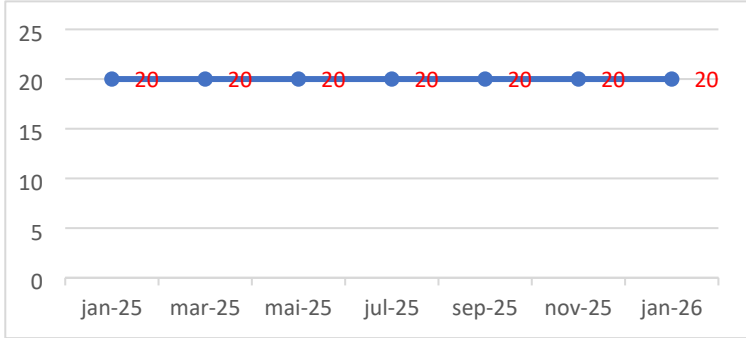
Critical incident declared at Princess of Wales on 9th October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity.

Associated Risks escalated to the Organisational Risk Register

5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	20
5961	Remedial roof works to resolve the water ingress at POWH.	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
~~5417~~	Risk de-escalated from the Organisational Risk Register in January 2026 as risk score reduced to a 12.	~~20~~
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model.	16

Strategic Goal(s): 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			Risk score 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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i> • Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity • Impact of a temporary centralisation of stroke into one site. • There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. • Planning continues on recovery phase following critical incident with the impact not yet quantified. • There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours. • The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts. ◦ There has been a reduction and re-alignment of bed capacity at POW and RGH. ◦ There has been a diversion of emergency intakes from POW to RGH.				

	- There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. - The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. - Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority. - Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	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

Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023): - Admission Avoidance - Integrated Front Door - Acute Hospital Flow and Discharge - Integrated Discharge In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for urgent care with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are: - Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management - Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services - Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice - GiRFT/SEDIT: Clinical Implementation Networks: Emergency Medicine All areas of the programme will focus on the following crosscutting themes: - Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays. Ensuring patients receive the care in the lowest acuity setting for their needs. - Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services. Reducing overcrowding within the UEC system to reduce harm and improve patients and staff experience. - Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste. Lowering the number of avoidable attended to ED by directing patients to more appropriate urgent and community settings. - Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed. - Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent high-quality care and minimising harm. - Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement. - Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working. Programme 6 Goals Programme Board - Diabetes Programme Board

- Stroke Programme Board. **South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.**
- Orthogeriatric Programme
- MTC Programme Board
- Strategic Transformation of Acute Medicine (STAMP)
- Improving Care Board
- Operational Management Board
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

- Optimise Project Board
- Orthogeriatric Project
- SDEC Project Board
- UTC Project Board
- FLS Project Board
- Frailty Project Board
- Diabetes Project Board
- Single Point of Access Project Board

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW

Lessons learnt from Winter Planning process currently being analysed from a lesson learnt perspective.

Partnership Leadership Team established with LA and NHS representation to look at planning across the region.

Commissioning Group established to oversee the delivery of the optimised integrated care model

Annual Demand and Capacity Plan established to manage demand and making best use of capacity.

Escalation Status programme work

Regional Working

- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.
- Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.
- Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge.
- South Central Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams e.g., Stroke

Governance Structures

- Operational Services Management Board (Health Board wide)
- Improving Care Board (Health Board wide)
- Six Goals/Unscheduled Care Board
- Cancer Board
- Weekly Cancer Meetings
- Planned Care Recovery Board

Operational Processes

- Clear criteria to prioritise based on clinical need
- Centralised decision-making around use of spare capacity across the organisation.
- Robust Interventions Not Normally Undertaken (INNU) application.
- Weekly performance tracking.

- Robust Demand and Capacity with mitigating actions
- Service improvement and transformation.

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Neurology, Stroke
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.
- SDEC Programme
- Optimise
- Ambulance Handover and ED Improvement Plan
- Escalation processes leading to Chief Operating Officer Report to Quality &
- Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing an Urgent and Emergent Care Audit.
- Reset fortnight commenced week commencing 19th August 2024 – sets out Care Group plans with an aim to resetting and de-escalating sites ahead of winter.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Mitigating Actions	Impact of	Indicators of Success (following implementation of mitigating actions)
1. Improvements being made in urgent care trajectories albeit not fully embedded.	• Whole system learning through engagement and collaboration across the health board to mitigate the impact other factors may have on emergency demand, such as flow and discharge. • Sprint learning analysis to understand if this has an impact on emergency demand capacity. • Engagement in a health board session reflecting on winter planning, site flow teams, and extraordinary BCI actions. • Rapid Improvement Action Plan developed, supported by ED Action Cards to achieve Ministerial Advisory Group target of 45 minutes for handover Ambulance. (Welsh Government has a clear expectation that an ambulance handed over is within 15 minutes, MAG target is an interim measure). • Internal action plan in development to achieve a reduction in 12-hour Emergency Department Performance. • Review of all patients in ambulatory areas over 24 hours. Planning meeting to be established across Care Groups to facilitate all GP expected patients not attending via ED and establish ambulatory pathways to improve 12 hour waits. • STAMP roll out across all sites including remodelling of acute medicine footprint/flow in POW and implementation of an 'SDEC First' model for GP expected patients at PCH (planned for early February 2026)	• Improved Experience • Improved patient flow • Sustainable workforce • Care closer to home	Patient	• Improved performance • Reduction in patients >12hrs • Improved community response • Reduced LoS in the Emergency Department • Reduced harm associated with increased waiting times • Improved patient experience

- Unite Programme Launch to provide a robust governance framework for all Unscheduled Care transformation projects.
- UTC Pilot PCH
- Single Point of Access Board
- Reconfiguration of ED footprint – ambulatory footprints at POW
- Re-alignment of clinical pathways
- Internal Professional Standards
- Re-alignment of ward capacity
- Establish un-commissioned capacity with agency staff to support winter pressures/BCI
- Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).
- In Development – Clinical Services Plan.
- Task Group established with Chief Executive Officer Leadership to address clinically optimised patients in Pathway 1 – with a view to creating a model of care delivery for patients closer to home.
- Urgent Care Summit to develop a whole system approach to improvement in:
 - Admission Avoidance
 - Integrated Front Door
 - Acute Hospital Flow and Discharge
 - Integrated Discharge
- Agree improvement trajectories for 2025/26

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

- 45 mins ambulance handover by October 2025
- 50% reduction in 12 hr ED waits by July 2025
- Zero tolerance for any ED wait over 12 hours by October 2025

Access to Timely Planned Care Services in USC

- As per Planned Care BAF

Current Performance Highlights

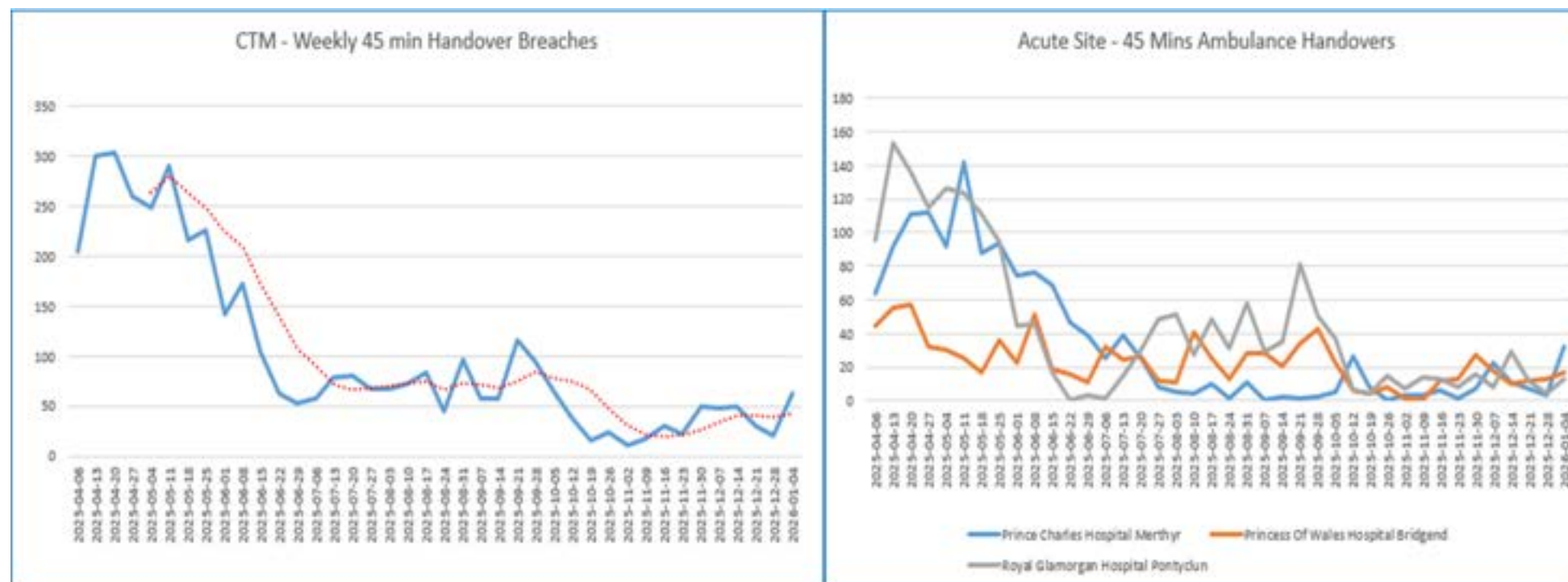
January 2026 Note: Due to site pressures with capacity and flow this risk was not updated at the time of the BAF for January being finalised. The Chief Operating Officers Business Team are seeking an update, and this will be reflected in the next iteration. Updates prior to this can be sought from the COO Business Team.

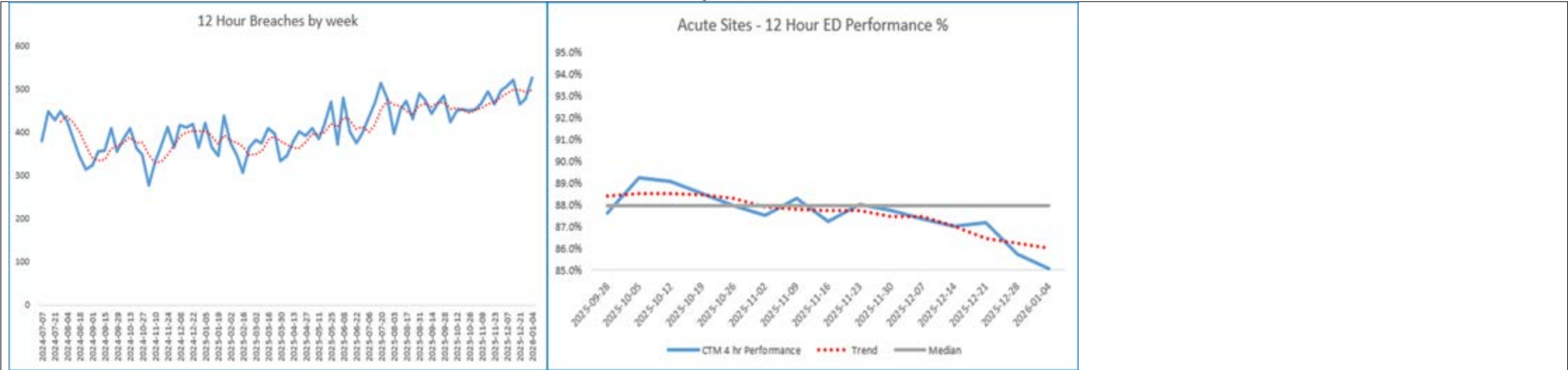
Handover 45 Report
(Hospital Emergency Department Handovers)



Monthly Handovers Within 45 Minutes % by Hospital - Previous 12 Months to Date (Dec 2024 to Dec 2025)

Hospital Name	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25
Bronglais General Hospital Aberystwyth	36%	36%	34%	45%	47%	40%	55%	75%	59%	63%	61%	49%	71%
Glangwili Hospital Carmarthen	35%	32%	39%	33%	36%	34%	36%	43%	54%	78%	80%	61%	59%
Grange University Hospital Cwmbran	33%	31%	30%	36%	33%	41%	41%	45%	37%	68%	65%	50%	43%
Morriston Hospital Swansea	33%	33%	32%	37%	33%	37%	73%	84%	87%	82%	82%	81%	66%
Prince Charles Hosp Merthyr	41%	41%	52%	46%	42%	42%	64%	88%	96%	99%	95%	97%	89%
Princess Of Wales Bridgend	38%	48%	54%	48%	48%	67%	77%	75%	74%	70%	95%	89%	84%
Royal Glamorgan Hosp Pontyclun	46%	36%	51%	43%	39%	50%	91%	87%	79%	76%	93%	94%	92%
University Hospital Of Wales Cardiff	53%	50%	56%	56%	53%	60%	62%	64%	92%	95%	87%	86%	83%
Withybush Hospital Haverfordwest	34%	49%	67%	53%	58%	52%	47%	48%	51%	56%	64%	71%	72%
Wrexham Maelor Hospital Wrexham	35%	26%	29%	31%	31%	29%	34%	52%	29%	30%	28%	29%	48%
Ysbyty Glan Clwyd Hospital	37%	31%	38%	30%	35%	50%	41%	43%	55%	47%	55%	37%	66%
Ysbyty Gwynedd	33%	26%	33%	32%	31%	30%	36%	33%	33%	27%	30%	27%	37%





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

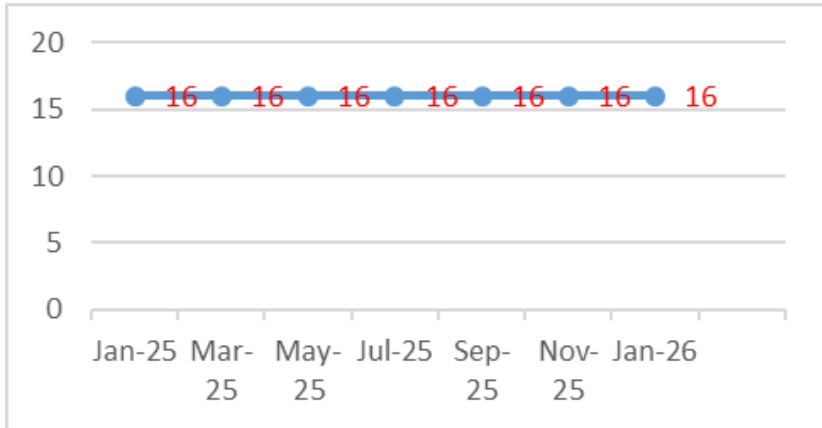
Critical incident declared at Princess of Wales on 9th October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity.
 An urgent temporary move of the Stroke Services was agreed due to the fragility of the Consultant workforce at PCH. The Stroke Service moved from PCH to RGH on Wednesday 8th January 2025
 A consultation with the stroke workforce to extend their base on the RGH site for up to 2 months was implemented on the 21st April 2025. 1x substantive consultant recruited June 2025. Start date in Jan 2026. 1x Stroke Consultant long term phased return. 1x Consultant returned from maternity leave.

Associated Risks escalated to the Organisational Risk Register

4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation). Risk score reviewed and decreased in September 2025 review of the Organisational Risk Register.	16
3826	Emergency Department (ED) Overcrowding	20

Strategic Goal(s):  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			Risk score 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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				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. This is planned to be ready for March 2026.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				CTM is seeking to achieve a treated risk score of 12, reflecting a level that is organisationally tolerated and aligned with our commitment to safe, effective and compassionate care.

Current Control Measures

1. Strategic Frameworks & Governance

- a) Quality Strategic Plan: Replace expiring Quality Strategy with a measurable plan aligned to CTM2030 and Duty of Quality reporting. KPIs embedded in Annual Duty of Quality Report.
- b) Infection Prevention & Control Strategy (2024–2027): Fully implemented with quarterly progress reports to QSEC and annual Board assurance. Work plan and new operating model in place.
- c) Safeguarding Strategy (2024–2027): Endorsed and embedded with compliance monitored through annual audits and safeguarding dashboards.
- d) Clinical Governance Frameworks:
 - i. Clinical Guidelines and SOPs are maintained with an annual review cycle.
 - ii. CTM Learning Academy launched with four strategic aims: workforce development, governance, sustainability, and interprofessional learning.
- e) Clinical Effectiveness Committee: Oversight of clinical audit programme, NICE guideline compliance, and escalation of issues to QSEC and Board.
- f) Advanced Clinical Practice Board: Governance for advanced practice professionals.

2. Assurance & Improvement Mechanisms

- a) Ward Accreditation Programme: Rolling programme across all wards, maternity, and mental health. Targets: 100% accreditation by Dec 2026. Quarterly progress reporting.
- b) Mortality Governance: Mortality Board operational with standardised dashboard, monthly mortality reviews, and integration of Medical Examiner reports.
- c) Harm-Free Care Programme: Steering groups for hydration, nutrition, falls, and pressure damage embedded in Improving Care Board. Bi-annual reporting to QSEC.
- d) RADAR Committee: Training standards and compliance monitored quarterly. Framework under review for enhanced governance.
- e) End-of-Life Care Plan: Managed by Primary Care and Palliative Care teams with assurance through Care Group governance.
- f) Duty of Quality & Candour:
 - i. Annual Duty of Quality Report with measurable improvement actions.
 - ii. Duty of Candour training embedded in ESR; compliance monitored weekly via Executive-led patient safety meetings.

3. Learning from Experience & Engagement

- a) Patient Experience Framework: Operational forums with bi-annual reports to QSEC.
- b) Listening & Learning Programme: Minimum four Shared Learning Forums and two major events annually. Attendance and action tracking reported to QSEC.
- c) Executive Patient Safety Walkabouts: Monthly walkabouts with documented findings and improvement actions logged and monitored.
- d) Citizen Voice (Llais): Monthly meetings and outreach clinics with escalation within 5 working days.
- e) Real-Time Feedback (PREMS/PROMS):
 - i. PREMS live in Emergency Departments.
 - ii. PROMS piloted in Heart Failure/Cardiology and now feature areas such as support for victims of domestic violence, rollout plan in development.
 - iii. Quarterly dashboard reporting to QSEC.
- f) Staff Ideas Scheme: >1,800 staff registered, >270 ideas generated; quarterly reporting on implementation and impact.
- g) Launch of the new visiting policy on 1 April 2026
- h) Will be launching the Carers Passport 1 April 2026

4. Innovation & Improvement

- a) Improvement Community of Practice: >30 QI champions in place.
- b) Monthly QI Training: >490 staff trained; ongoing programme.
- c) Leading for Patient Safety Programme: Phase 2 launched Oct 2024 focusing on acute deterioration and quality management systems.
- d) iCTM Business Plan (2025–2028): Aligned to CTM2030, focusing on experience, efficiency, and effectiveness.
- e) Value-Based Healthcare Programme: Business cases under review; aligned to national priorities.
- f) Care Group Service Improvement Groups: Operational since end of 2024; monthly meetings with improvement teams.
- g) National Safe Care Collaborative Programme: Commenced with CTM participation.
- h) Bereavement Clinical Lead: Implementing All Wales Care of the Bereaved Framework.
- i) Carers Lead who will lead on the Carers agenda
- j) PTR Training: Updated to incorporate Duty of Candour; compliance monitored.
- k) One year trial of a court of protection lead aligned to Safeguarding
- l) Recruitment of a Domestic and sexual violence Health advocate funded for 2 years

5. Research, Flow & Productivity

- a) Research & Development Strategy: Approved and embedded; oversight at Operational Management Board.

- b) Optimise Flow Programme: Rolled out across all acute sites to improve patient flow.
- c) Workforce Productivity Programmes: Medical and Nursing workforce productivity frameworks established with performance monitoring.

Sources of Assurance (Internal and External)

External Reports

HIW Deprivation of Liberty Safeguards Report 2024 - The Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2022-23 provides an overview of the implementation of DoLS in Wales. The report highlights a significant increase in the number of applications received by local authorities and health boards, with ongoing delays in allocation, assessment, and authorisation processes. These delays result in many individuals being deprived of their liberty without legal protection. The report also notes variations in the use of conditions and the need for improved procedures for urgent authorisations. The Welsh Government is considering strengthening the current DoLS system to better protect the human rights of individuals who lack mental capacity. CTMUEB has been actively addressing the Deprivation of Liberty Safeguards (DoLS) through various measures to oversee and respond to the increasing demand.

Healthcare Inspectorate Wales (HIW)/2025/261 Appendix B - Immediate Improvement Plan Diagnostic Imaging Department, Prince Charles Hospital (Ref: 03900) (Link to Healthcare Inspectorate Wales (HIW)/2025/264 Appendix C) - There were 3 Immediate Assurances that were identified as part of the inspection. 1 Remains outstanding due to the nature of the action however good progress has been made and appears close to being completed.

Healthcare Inspectorate Wales (HIW) 2025/264 Appendix C – Immediate Improvement Plan Diagnostic Imaging Department, Prince Charles Hospital (Ref:03900) (Link to Healthcare Inspectorate Wales (HIW)/2025/261 Appendix B) – Overall the Inspection found that there was good governance and compliance to key Welsh Government guidance such as providing safe, effective and timely care, bilingualism an active lessons learned from user feedback methods. A key recommendation and area for improvement was the implementation of DRLs as well as out of hours staffing.

Healthcare Inspectorate Wales (HIW)/2025/241 Appendix C - Improvement Plan_ Ward 7, Ysbyty Cwm Cynon Hospital - The inspection noted significant improvements from the previous inspection and subsequent local review. Noteworthy practice was mentioned including a falls working group as well as a “Stop and Think board” and a change to the colour and text of name badges allowing patients with reduced cognition and visual acuity to read the badges more easily. Areas for improvement included compliance rates for mandatory training requirements for the use of restraint and also staffing with bank and agency staff who may not be fully compliant with this level of training.

Healthcare Inspectorate Wales (HIW)/2025/277 Appendix C - Improvement Plan Emergency Department, Royal Glamorgan Hospital (Ref: 03472) - The inspection found examples of good practice and dedicated staff working hard to provide safe and compassionate care in a demanding environment. The ED was generally well managed, with timely and effective triage, and ambulance handover processes that supported prompt clinical assessment. However, systemic challenges were found, common to many Eds such as patient flow issues, delays in patient discharge, long waits and overcrowding which impacts the dignity and safety of patients. Areas of good practice included a secure area for children attending the ED separate from the general waiting area.

Healthcare Inspectorate Wales (HIW)/2025/276 Appendix C - Improvement Plan Maternity Unit, Princess of Wales Hospital (Ref: 03988) - The inspection overall noted high levels of compliance to mandatory training as well as good governance procedures. Some areas of noteworthy, good practice including kind and helpful staff who encouraged individualised care of the women as well as a dedicated bereavement service. Documentation within patient records were noted to be of a good standard. Some areas of improvement were around the provision of postnatal analgesia, theming of complaints and improving the Welsh language Active offer.

Internal Audit review on “Embedding the Quality Framework” completed and final report has been received. Reasonable assurance has been provided by the Audit, recommendations are being acted upon and managed via the audit tracker.

Internal Audit – Peoples Experience – resulted in Substantial Assurance.

Annual Reports

- Clinical Audit Annual Report;
- Clinical Education Annual Report;
- Safeguarding Annual Report;
- Putting Things Right Annual Report;

- Infection Prevention and Control Annual Report;
- Medicines Management Expenditure Committee Annual Report;
- Organ Donation Annual Report.
- Health and Care Standards Annual Report; (incorporating patient survey)
- GMC Survey
- Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board;
- ICTM (Improvement and Innovation) Annual Report
- Annual Duty of Quality Report

Quarterly Reports

- Quality Dashboard;
- Integrated Performance Dashboard;
- Quality Governance – Regulatory review progress updates;
- IPC Highlight reports;
- Care Group reports;
- High level update on mortality indicators;
- Research and Development Update;
- National Clinical Audit and NCEPOD studies;
- Maternity and Neonatal Improvement Programme Highlight Report;
- Llais briefing papers;
- RADAR Reports;
- Improvement portfolio report;
- Multiple engagement events underway.

Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- Health Inspectorate Wales unannounced visits;
- Medication Prescription and Administration incident update, which reports into the Medication Steering Forum.
- All Safeguarding Hubs working collaborative across CTM population;
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); partially complete. New Directors now require training, safeguarding team leading a short review to ensure appropriate level of training, L2/3 for clinical and non-clinical directors (**completed** May 2025).
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3;
- Harm Free Care Agenda
- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- Internal Audit undertook a review which considered the processes and procedures implemented by the Health Board to ensure compliance with the Duty of Candour. The final report is awaited, and any recommendations will be acted upon and managed via the Audit Tracker
- Internal Audit review undertaken on embedding the Quality Framework. Final report received and reasonable assurance allocated. Recommendations are being acted on and being managed via the Audit Tracker

- Staff survey closed. Higher response rate received than in previous years. The final CTM response rate was 26.7% which equates to 3553 members of staff. This is the highest rate among the Health Boards of our size in Wales and CTM's highest response rate to date.
- Ward Accreditation Programme is embedded across the Health Board in Inpatient Areas.
- Medical Workforce Delivery Group for Medical Workforce Matters.
- Action Plan is in place to address the backlog of open coroner cases caused by a significant increase of number of inquests of the last 12 months.
- Legal Services Recovery Plan in place which will consider if there is enough capacity to manage all legal activity and if internal processes and systems need to be revisited to make changes and identify areas for further improvement.
- CTM Pathology services accredited to ISO 15189:2022 the international standard that specifies requirements for quality and competence in medical laboratories, ensuring accurate and reliable test results essential for patient diagnosis and treatment.
- Cardiac Physiology services in PoW are accredited to British Society of Echocardiography for TTE, Training, Stress, TOE.
- New group being constructed which supports Physician Associates in line with new National Guidance.
- All Wales Medical Directors Meeting has discussed requirement to implement a more robust process for Professional Standards. Professional Advisory Group (PAG) and Responsible Officer Advisory Group (ROAG) to commence imminently as part of the process in CTM with Medical Directorate Office to support

Qualitative Intelligence

- Monthly PREMS qualitative feedback received.
- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators;
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed clinical area visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive/deputy executive led patient safety meetings;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at **Duty of Candour Safety & Learning Network, including currently chairing the Network meetings; the Duty of Quality & Duty of Candour all Wales meetings which concluded in March 2024; however, additional meetings will be held in the future as required to benchmark and share learning;**
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- ~~Discussions are urgently progressing in relation to regional stroke services developments. Stroke monitoring and evaluation dashboard established to identify potential impact of moving to a temporary single site stroke service for CTM. Teams have established daily huddles to monitor qualitative feedback from Teams in terms of impact of moves.~~
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.
- External audit in June 2024 in collaboration with Arjo Huntleigh regarding pressure ulcer prevalence has been completed and considered at the January 2025 Quality, Safety & Experience Committee.
- Health Education Improvement Wales (HEIW)– undertake regular reviews of services with respect to medical training of resident doctors.
- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans;
The AmAT Inspection Module is being implemented for HIW Audit Recommendations with the first report received in May 2024 at the Quality & Safety Committee, which will be a hybrid approach as CTM fully transitions to the new automated system.
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) governance and incident management;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;

- A Medical Education Governance Meeting has been constructed to monitor Health Education Improvement Wales (HEIW) visits and recommendations. The first meeting commenced 27/10/2025.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced.	Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024. The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards) Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.	Currently 35 wards completed. 8 white and 19 reaching Bronze accreditation. There is a review of the assurance framework being undertaken. While this is completed, the team has continued to undertake targeted short assurance visits focused on key quality and safety indicators. While these visits are not scored for accreditation purposes, they provide ongoing visibility of ward standards and emerging risks, and are used to inform local actions and escalation where required Results reviewed via panels to provide assurance to the Board, and further the wards involvement. Develop a bespoke Power App to: - o Simplify data capture - o Streamline reporting - o Provide real-time visibility of ward performance - o Reduce manual processes and consolidate information onto one platform Implementation continues and will now extend outside of acute physical health areas to include mental health settings and community care.
2. Strategy & Framework Reviews and Development Safeguarding Strategy - o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 - o Development of a safeguarding dashboard	Complete in terms of Safeguarding Strategy. Timeframe for Safeguarding dashboard is planned to be available in draft by the end of May 2025.	The Safeguarding strategy and framework give a comprehensive approach to Safeguarding. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.	Pilot dashboard has been developed and is in the pilot stage for user ability data presentation There is a national launch of the safeguarding module on the once for wales Datix site which is being piloted to capture professional concerns 1.9.25. This will not capture all safeguarding only professional concerns currently There is a robust work plan which is in place to support implementation of the safeguarding strategy and framework. The monitoring of these actions will be overseen thorough the safeguarding executive committee Work continues in line with strategic plan. The risk associated with previous backlog of look after children health assessments now being reviewed as a number of actions have been undertaken to ensure the service is robust such as appointment

			of a new team leader, a live tracker implemented and improved governance arrangements with the.
3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	Mortality Data Improving – CTMUHB are now collecting data on mortality with a plan to standardise the way mortality is reported through the Care Groups with oversight from a Mortality Board, which is now established. Agreement with Archus to establish a robust process for data monitoring.	Visibility and granularity of data will be available to support clinical decision making and learning, as well as identifying areas that may require greater focus.	Monitoring the performance data dashboards to determine if improvements are being made and sustained.
	CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Wales Performance & Improvement's (formerly NHS Executive) rollout of the National Quality & Safety Framework. This Framework ensures we measure quality across the six domains of quality and is consistent with all NHS Wales organisations. The domains being: • Safe Care • Timely Care • Equitable Care • Effective Care • Efficient Care • Person-Centred Care The Framework enables CTMUHB to benchmark our quality performance indicators against other NHS Wales organisations. In addition to the Framework, the Q&S team utilises the NHS Wales Performance & Improvement's (formerly NHS Executive) Beacon Dashboard to maintain alignment with other organisations across NHS Wales. The NHS Wales Performance & Improvement (formerly NHS Executive) workstream has also supported benchmarking of our Annual Q&S Report, thus ensuring a level of consistency with other organisations across NHS Wales.	CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda. Our Learning Processes, including the Listening & Learning Framework with its central repository and bi-annual Listening & Learning event, have supported improvements in cascading learning across CTMUHB. By focusing on timeliness and effective care, CTMUHB has significantly enhanced its concerns response compliance. CTMUHB is now recognised as an exemplar for concerns management across NHS Wales. Our team regularly benchmarks our performance against similar NHS organisations. CTMUHB's position in relation to NRI compliance has also improved ~~over-significantly~~ over the last year.
	Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas.	• Improved decision making and therefore improved patient care • Improved oversight of patient care form ward / team to Board against evidence-based standards and local indicators • Stimulate clinical team discussion and quality improvement areas • Decision making	Action complete for Maternity. This action will be revised to reflect other areas across CTM in due course.

		Real time insights to ensure mobilisation of support, adjustments and actions where needed	
4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;	- Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme. - Improvement into practice training taking place every other month. - Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the “Have Your Say” process. Recruited and appointed to posts.	Embed Quality Improvement into everyone’s day to day jobs, providing them with the tools, skills and ability to make improvements within their areas. Ensuring our people have the skills and empowerment to make changes and improvements. To ensure as a Health Board we have the ability to track patient experience and use this data to continually improve our services to patients, families and communities.	Simply Do is implemented across CTM and actively promoted by the ICTM Improvement Team Viva Engagement Platform Launch December 2025 Rolling programme of challenges for staff with measures around ideas, engagement and implementation. PREMS data now being routinely provided to Care Groups and to Q&S Committee. Working though potential for improved integration between planning, engagement and peoples experience with external stakeholders (e.g. Llais) Support and adjustment in transition to new PREMS/PROMS platform being led through VBHC.
5. Improving flow and efficiencies and productivity	Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.	Medical: Medical Workforce Productivity Programmes - Ensuring that the workforce meets the requirements of the Health Board – job planning, financial prudence (monitoring medical spend and exploration of potential savings and efficiencies), workforce establishment. Nursing: CTMUHB has been actively working on the Nursing Workforce Productivity Programme as part of its broader strategy to improve efficiency and effectiveness within the health board. Key actions under this programme include: - Bank Modernisation Action Plan: This includes proactive recruitment across 12 months. - Flexible Working Policy: Launched with accompanying promotion and implementation of an oversight mechanism in place which aligns to retention as a key initiative. - Internal Lateral Moves Scheme: For Band 5 Nurse and Midwives, launched in February 2024, and expanded to include Band 2 Health	Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Ensuring appropriate management of contracts Nursing: Nursing productivity: - Processes and installing of KPIs for the bank service (partially achieved). - Implementation and use of flexible working policy (implemented and active). - Implementation of lateral moves scheme (implemented and being actively utilised). Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position). - Comms issued to start agency via exception from December 2025. - Working with finance, workforce and operations on reporting and surveillance model on quality, operations and finance combined.

		Care Support Workers and Band 5 Midwives in December 2024/5. Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses	- Joint work with workforce colleagues on sickness absence reduction, implementation of approach, reporting and management support. This programme is being updated for both Medical and Nursing productivity as part of CTM's approach to IMTP, formative update will be provided in the new financial year
6. Fragility of the Legal Services Directorate	- Legal Services Recovery Plan in place which will consider if there is enough capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. - Recovery plan also considering the stability of the Legal Services Directorate.	- Improved patient and stakeholder experience. - Improved compliance and performance. - Sustainable service fit for the future. - Robust systems and processes.	- Compliance and performance metrics within the Integrated Performance Dashboard. - Decrease in cases being referred or escalated to next stages in the relevant process. - Increased compliance in KPI across legal and PTR. - Reduction in recovery measures in line with improving performance - Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure. - Implementation of the revised operating procedures and process maps. - Work has restarted in collaboration with workforce colleagues in implementation of the new structure following OCP. - Improving reporting and engagement with external stakeholders. - Working with finance colleagues on clinical negligence position and forecasting associated CTM share for 2026/27

Linked National Priority Measures

Care Closer to Home

- 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes;
- 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months.

Patient Safety Solutions

Infection Prevention and Control

- Six Tier One IP&C Targets;
- National IP&C Guidance – to include implementation of respiratory and non- respiratory pathways;

NHS Wales National Framework – **provides a unified, evidence-based structure for infection prevention and control, ensuring robust governance, surveillance, training, decontamination standards, and board-level assurance across all healthcare settings**

Children's Charter

To reinforce children's rights and endorse CTM's commitment to upholding these rights within its services.

Safeguarding

- National Improvement Plan;
- Further Mental Capacity Act (MCA) awareness being funded by Welsh Government along with measures to strengthen current Deprivation of Liberty Safeguards until MCA becomes the dominant legislation.
- Independent Review (by HIW/CIW) being undertaken of CTM Region Safeguarding Boards in relation to Child Protection Practices including the sharing of information.

Chief Nursing Officer's Launch of the Nursing and Midwifery Priorities – 2023-2024 – Development of a Nursing and Midwifery vision underway.

National Patient Experience Framework.

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.
NHS Wales Quality and Safety Framework: Learning & Improving. Published by WG September 2021.
The Health & Social Care (Quality & Engagement) (Wales) Act 2020 - Improving quality and public engagement in health and social care.
National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities

Full engagement in the Chief Medical Officers priority to strengthen clinical leadership and the Medical Director closely involved with the National Work (Ministerial Advisory Group Report)

Current Performance Highlights

Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance:

- Quality Dashboard
- Maternity & Neonatal Dashboard
- Cancer Standards;
- Unscheduled Care;
- Six Goals Programme (Emergency & Urgent Care, D2RA);
- Waiting List Delays;
- Mortality Indicators;
- Tier 1 IP&C Indicators;
- Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration;
- Sepsis;
- Mental Health Measures;
- Putting Things Right Compliance;
- Patient Safety Solutions compliance

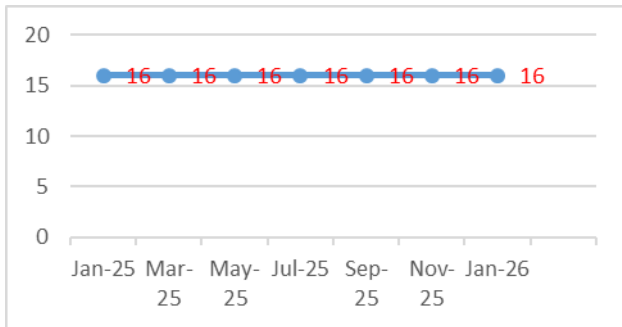
Were there any significant incidents affecting this strategic Risk this period:

Significant incidents (NRI or LRI) are managed in according with the Incident Framework and reported to the Quality & Safety Committee.

Associated Risks escalated to the Organisational Risk Register		
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
4417	Management of Security Doors in All Hospital Settings	16
6228	Effective and efficient management of requests from the HM Coroner. Risk score reduced to a 12. De-escalated from the Organisational Risk Register in January 2026.	16
6229	Timely development of, management and response to Learning from Event Reports (LFERs).	16
6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.	16
6232	Stability of the Legal Services Function.	15
6217	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity.	15
4691	New Mental Health Unit	15
1793	Lack of isolation facilities available – negative pressure rooms. New risk escalated to the Organisational Risk Register in September 2025.	16
6052	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts). New risk escalated to the Organisational Risk Register in September 2025.	20

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 - Viable 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 <i>(including culture, values and behaviours)</i> (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: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				This risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. Patient safety and quality could be compromised or delayed, increasing waiting times, because of workforce gaps due to lack of available skilled workers either in local or national labour market to meet demands and to avoid and reduce high cost variable pay. This could also impact on the delivery of planned activity to meet targets leading to increased performance scrutiny. Staff wellbeing and morale is still a concern. Sickness rates increased to 8.79% in December 2025, compared to 8.05% in December 2024. The rolling 12 months sickness rate was 7.34%. There remains a risk to the financial impact if this continues with agency spend at M10 at £7.771m for M&D and £11.67m for Nursing and Midwifery staff groups.

	Turnover slightly decreased to 8.50% in January 2026 from 8.54% in November 2025. Job Planning compliance remains at 44% as at January 2026. Rates did increase to 46% in December 2025 but reduced due to the expiry of other job plans during this period. While turnover has continued to steadily fall over the last 12 months increasing our retention, and our approach to recruitment has been strengthened, we still have areas to improve, including solutions for hard to fill posts and improved time to hire. High sickness rates also continues to significantly impact on workforce availability. The workforce risk remains significant and remains at 16 based on the following: • Late delivery of key objective/service due to lack of staff – waiting list and capacity issues • Unsafe staffing level (>1 day)/competence. • Low staff morale. • Sickness rates • Poor staff attendance for mandatory/key professional training. •
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will continue to be treated through targeted action under the CTM People Plan, working with Care Groups and professional leads to strengthen workforce planning, recruitment, retention and wellbeing, and embed improvements into business-as-usual. Key activity includes improving access to workforce data and dashboards, building workforce planning capability, delivering targeted and international recruitment, strengthening retention through employee experience and career development, supporting wellbeing and reducing sickness absence, and reducing agency reliance through sustainable workforce productivity measures. These actions are expected to progressively reduce the risk, though progress remains influenced by national workforce supply constraints. Work is also underway with staff and Trade Union colleagues to agree consistent nursing, midwifery and HealthCare Support Worker shift patterns that support patient safety, staff wellbeing, workforce availability and financial sustainability.

Current Control Measures

Strategic Alignment

- People Plan launched – sets out People priorities and promises aligned to CTM2030 to drive cultural and workforce transformation.
- Integrated Medium-Term Plan (IMTP) and Education & Training Plans (ETPs) – professionally assured and approved at Executive level prior to submission to HEIW **each March**, ensuring alignment with national workforce plans.
- Savings Delivery Plan (SDP) – identifies workforce productivity priorities for 2025/26 with named leads across Nursing, Medical, and wider workforce groups.

Recruitment and Resourcing

- Vacancy Scrutiny Panel – ensures recruitment aligns to strategic priorities, maintains financial probity, and supports safe service delivery.
- Job Evaluation / Matching – maintains internal equity and compliance with national pay frameworks.
- Standardised Recruitment Process – delivered via *Trac* and supported by NWSSP Recruitment Services to ensure consistency, transparency, and legislative compliance.
- Medical Workforce Recruitment Plan – includes international recruitment, job description standardisation, and productivity actions **reported through to Medical Workforce Productivity Programme Delivery Group**.
- Time to Hire – monitored monthly through Care Group Senior Teams.
- Advertising and Agency Controls – all adverts and social media recruitment coordinated via Communications and Attraction teams; agency use governed by Procurement (Proc4 / DOI).
- Living Wage Employer – ensures fair pay and equity across CTM.
- **Annual Service Level Agreement with Educ8 training to fund full time band 4 role to support apprenticeship academy.**

Retention and Employee Experience

- Retention Programme – re-established with clear vision, governance, and measurable objectives.
- Stakeholder Engagement – ongoing collaboration with Care Groups, People Services, and HEIW.
- Nursing Retention Plan – tracked through RAG status and monitored monthly.
- Manual Retention Dashboard – monitors turnover, attrition, and stability.
- 'Moving On' and 'Joining Well' Surveys – provide insight into onboarding and exit experiences, with dashboards to inform improvement actions.
- Lateral Moves Scheme – supports internal mobility and retention for Band 2 HCSWs, Band 3 HCSWs from December 2025, and Band 5 nursing and midwifery roles.
- Flexible Working Policy (All Wales) – governs equitable decision-making and recording via ESR.
- Corporate Induction and PDR ("Your Conversation") – support early engagement, wellbeing, and feedback.

Workforce Productivity and Temporary Staffing

- Nursing & Midwifery Productivity Programme – includes bank and roster optimisation workstreams to reduce agency usage and spend (**introduction of agency by exception for registered nursing and midwifery from December 2025**).
- Medical Workforce Productivity Programme – includes recruitment and agency reduction plans.
- Locum Management via Locum's Nest – provides visibility and control over medical and dental agency usage.
- 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.

Day-to-Day Workforce Management

- HealthRoster – used across all staff groups with established "golden rules" for safe, efficient scheduling.
- Job Planning Guidance – supports fair allocation of medical time and resources.
- ~~Resident Doctor Rota Monitoring – provides assurance on compliance and equity.~~
- Sickness Management Framework – scoping of organisation-wide project underway to reduce sickness rates by 1% by October 2026 (baseline target July 2025 (rolling 12 months) rate 6.98% to 5.98%).
- Fixed Term Contract Policy (**ongoing** review) – will strengthen compliance with employment legislation.

Workforce Planning

- Strategic Workforce Planning Framework – underpins all planning activity, aligned to IMTP and HEIW standards.
- Active participation in All-Wales Workforce Planning Networks – across Nursing, AHP, Pharmacy, Mental Health, Perinatal, and Primary Care.
- **Implementation of new Wales Resident Doctor contract, both for resident doctors and clinical fellows (LEDs) employed by CTM.**
- Engagement in national student and PA recruitment streamlining processes – ensures future workforce pipeline sustainability.
- Audit Wales SWP recommendations – tracked through the Audit Tracker and monitored by the Audit, **Risk & Assurance** Committee. **Majority are now business as usual.**

Workforce Data, Analytics and Systems

- Electronic Staff Record (ESR) – master workforce system ensuring national data alignment and accurate reporting.
- Establishment Reporting – developed for medical workforce, with nursing, midwifery and HCSW dashboards in progress.
- Ongoing collaboration with HEIW – to enhance data accuracy and analytics capability.
- System Integration – ESR, HealthRoster and Locums Nest aligned to improve interoperability and efficiency.

Culture, Values and Behaviours (CVB)

- Organisational Values published – underpin all people practices.
- Leadership Development Programmes – focused on compassionate, inclusive leadership.
- Staff Engagement and Recognition – mechanisms include surveys, listening events, Seren Awards, and focus groups.
- Equality, Diversity and Inclusion Strategy – with staff networks and mandatory anti-racism training.
- 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

- M&D Establishment Reporting (substantive in-post, ledger, variable pay, job planning compliance) - reviewed by Medical Workforce leadership **and Care Groups.**

- People/Workforce Metrics Report (staff-in-post, turnover, sickness, PDR) to Operational Delivery Committee (ODC) and Local Partnership Forum (LPF); included in the Integrated Performance Report (IPR) to Board and into Values & Effectiveness Board via Nursing & Medical Productivity programmes.
- As at **Jan 2026**: staff-in-post +3.4% YoY (mainly **E&A**); turnover 8.50% (down from 10.17% in 2024); sickness **8.79%** Dec 25 (vs **8.05%** 2024); PDR 70.79% (target 85%); M&D appraisals **80.95%** (**Oct – Dec 2025**).
- Ongoing People Metrics uplift to align with the People Plan.
- *External assurance*
- Quarterly vacancy returns submitted to Welsh Government for NHS vacancy statistics.

Medical Workforce Productivity Programme Board

Internal Assurance

- Medical Workforce Productivity Programme (MWPP): Delivery Group dashboards - Bank and Agency spend increased from £2.3m (**Dec-24**) to £2.9m (**Dec-25**)
- Job planning compliance
- Audit Updates
 - Medical & Dental Variable Pay Audit and M&D Job Planning Audit- recommendations on Audit Tracker (reported to ARC Nov-25 and updated in readiness for February 2026)
 - Majority of actions are incorporated into the FCP and SOP draft **submitted** to ARAC in **February 2026**.
 - Medical & Dental Medical Rostering Audit – this process is being revisited in light of the implementation of the new Resident Doctor contract.
- SAS doctors regrading launches (process agreed between Finance, People and Executive Medical Director's office) first cases considered in Oct-25.
- ~~Rota monitoring calendar in place (all resident doctor rotas twice yearly). The current cycle shows failed monitoring due to lack of resident doctor engagement.~~
- Resident Doctor contract changes escalated to Executive Leadership Group (ELG) for information and awareness. **CTM** Implementation Group is **established, alongside CTM membership at both NWSSP and NHS Employers led All Wales groups.**

Nurse Productivity Programme Board

Internal Assurance

- Nurse Productivity Programme Board - Agency spend reduced from £2m (**Dec-24**) to £1.3m (**Dec-25**). **This reduction is due to three factors: the reduction in hourly agency rates for RN shifts following the renewed All Wales Consolidated Agency Contract March 2025, agency by exception work and reduced annual leave during Christmas and New Year.**
- Agency usage trending report - RN and HCSW agency usage for **January 2026** and across the year shows a general downward trend
- Bank usage remains steady across RN and HCSWs).
- HealthRoster optimisation and data quality improvements underway; Month-5 pay arrears flagged in variance commentary.

External Assurance

- None mandated beyond audit reporting to ARC; benchmarking available via national productivity references where applicable.
- **A revised all Wales Bank Terms of Engagement and an implementation plan is being updated to roll out April 2026.**

Workforce Planning

Internal assurance

- Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-26) to HEIW.
- Workforce Shape & Supply Steering Group with task & finish groups; alignment to Care Group plans and IMTP.
- Audit Tracker oversight of actions.

External assurance

- Audit Wales SWP audit- six recommendations tracked via ARC.
- Participation in HEIW All-Wales SWP Network (access to standards, guidance, peer comparison).
- HEIW-funded workforce planning support for Mental Health (to 31 Mar 2026).
- Engagement with All-Wales PA/MAPs frameworks and recruitment groups.
- HEIW feedback on Education Training Plan (ETP) submission (on receipt).
- (SCPs) to ensure adherence to all Wales governance and employment standards.
- LHP OBC submitted to Welsh Government on 7 Dec 2025 which includes a Workforce Planning and OD section; **workforce section for the FBC is in development for submission June 2026.**

Attraction, Resourcing and Recruitment

Internal assurance

- Recruitment & Selection Policy (under review) and SOPs; monitored compliance via People governance.
- Time-to-Hire performance: **80.1** days (**Jan-26**) vs target 71; YTD **74.3** (AfC + M&D combined).

- Attraction & Resourcing Working Group; senior oversight for key/critical posts.
- Pathways to Employment (Project Search/Supported Internships, apprenticeships, Network75, JGW+, graduate schemes).
External assurance
- Attraction questionnaire (125 AfC new-starter responses) to inform strategy; extension to M&D starters.

Retention

- Internal assurance*
- Monthly Retention Dashboard (turnover, attrition, stability) **January 2026** turnover 8.50% (down from 8.54% **Nov** 2025).
- Lateral Moves Scheme monitoring: 346 eligible applications at **January 2026**
- Reasons-for-leaving data quality actions (definitions, guidance) via intranet; Retention pages updated regularly.
External assurance
- (Where available) triangulation with HEIW retention insights / all-Wales benchmarks.

Culture, Values and Behaviours

- Internal assurance*
- NHS Staff Survey results reported to Board and all CTM committees; local action plans in Care Groups.
- Partnership forums: LPF and LNC listening and engagement reviews.
External assurance
- All-Wales NHS Staff Survey benchmarks: response rate in 2024 was 26.7% (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 an All-Wales average of 30%. This represents an additional 1,407 CTM voices. Our staff engagement index score (derived from seven questions in the survey) is 70.5% which is a slight improvement from last years 70.4%**
- ~~Staff survey 2025 final response rate for CTM was 35.6% (a 9% increase/additional 1407 voices from 2024)~~

Gaps in Controls / Assurances		Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Strategic Workforce Planning				
Absence of clear, sustainable workforce plans aligned to CTM2030.	Absence of clear, sustainable workforce plans aligned to CTM2030.	A sustainable and skilled workforce capable of delivering CTM2030 priorities with reduced reliance on agency staff. To support better alignment between service transformation and workforce capacity.	Implementation of workforce planning strategy with agreed KPIs to support sustainable workforce plans aligned to CTM2030.	
Regional Service & Site Workforce Planning				
Lack of coordinated regional workforce plans.	• Development of LHP Workforce Plan (FBC (draft March 2026) due May 2026). • Workshops to develop Perinatal, Ophthalmology and Theatres workforce plans.	Ensure right skills, roles and staffing models across regional services.	Ensure right skills, roles and staffing models across regional services.	
New and Extended Roles				
Inconsistent governance for new and extended roles (PAs, ACPs, RNAs).	• Developed Framework and PA Working Group. • Supported rollout of ACP and RNA roles aligned to national standards.	Strengthen workforce governance, ensure appropriate deployment and maximise skill mix.	• Governance framework in place. • Positive use of PAs, ACPs and RNAs • reducing workforce gaps and agency reliance.	
Workforce Productivity				
Inefficient roster and temporary staffing models; agency dependency.	• Nurse Productivity Programme (Roster & Bank optimisation). • Medical Workforce Productivity Programme (£3m target).	Reduce agency reliance and optimise workforce efficiency.	• Improved rostering efficiency and bank utilisation. • Reduced long-term agency usage.	
Sickness Absence				
High sickness absence rates impacting availability.	• Comprehensive data review and organisation-wide action plan	Co-ordinated improvement in attendance and wellbeing.	• 1% reduction in sickness absence in 25/26 vs 24/25.	

Workforce Data and Analytics			
Limited establishment reporting and analytics capability.	- Developed Nursing & Midwifery establishment reports. - Developing dashboards and robotics strategy.	Improved workforce visibility, data-driven decisions and capability.	- Live reporting accessible. - Improved workforce data quality and analytical use.
Workforce Systems			
Limited interoperability across systems.	- M&D Bank/Agency Tender and ESR Go implementation. - People Systems Group established. - Preparation for Future ESR 2.	Improve efficiency, reduce agency spend and strengthen system integration.	- ESR Go implemented. - Reduced agency usage. - Readiness for national system transition.
Attraction, Resourcing and Recruitment			
No signed-off Recruitment & Retention Plan; inconsistent processes.	- Draft Recruitment & Retention Plan. - Updated policy and SOPs. - Recruitment training and SharePoint resources. - Active attraction and social media strategy.	Standardise processes, strengthen employer brand and improve fill rates.	- Policy/SOPs approved. - Increased site traffic and engagement. - Reduced vacancy rates.
Timescale for implementation of new Resident Doctor contract in August 2026	- Participation in All Wales workstreams - CTM Resident Doctor Contract Implementation Group	CTM being up to date with the rest of Wales on this project	- Contract implementation in August 2026 - Accurate rota build and roster – payroll systems
Retention			
Low participation in exit process and limited retention data.	- Relaunched Lateral Moves Scheme and “Moving On” process. - Re-established Retention Steering Group. - Improved retention data analytics.	Improve staff experience, reduce turnover and inform targeted interventions.	- Higher exit feedback response rate (target 30%). - Visible retention metrics. - Reduced voluntary turnover.
Culture, Values & Behaviours			
Seen as corporate not locally owned	- Divisional datasets shared quarterly. - Directorate-level leadership accountability. - Measures embedded in People Plan	Strengthen local ownership and connect values to daily behaviours.	- Improved staff survey results on “values in action.” - Increased participation in CVB activities. - Reduced variation in staff experience.

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: - A revised All Wales Bank Terms of Engagement and an implementation plan is being updated to roll out April 2026. - Work is underway to address the skills, establishment and pay arrangements for bank staff following the Band 2-2 changes to ensure a viable, appropriately skilled and available bank workforce by July 2026 - Workforce Planning: LHP OBC Phase 2 Workforce Planning section completed and included in the submission to WG on 7 December 2025. Responses to scrutiny questions sent in January 2026 and work underway to develop the workforce section of the FBC in partnership with key stakeholders. - Workforce Planning: IMTP Education Commissioning for draft submission sent to HEIW 31 January 2026, People Chapter being finalised and Minimum Data Set (MDS) discussions across strategic planning, activity, finance and people in place. - Workforce Data & Analytics: Enhanced reporting via establishment dashboards, improved data quality, and interoperability between ESR, HealthRoster and Locum systems to strengthen evidence-based decision making. - Productivity & Agency Reduction: Tender progressing regarding Managed Service provision for M&D bank and agency staff. - Recruitment & Retention: international recruitment for hard-to-fill medical roles 2025/26 with NWSPP progressed , with two specialist grade psychiatrist starting. A further Haematology doctor onboard and four ITU doctors being offered to targeted overseas campaign in Jan/Feb 2026. Actions to improve internal recruitment resources and training for hiring managers are under way. Focus on building healthier communities and inspiring people, CTM have partnered with local authority employability teams, DWP and Careers Wales to provide 3 x career events in March 2026 supporting potential applicants to apply for roles in CTM. Retention initiatives strengthened through the re-established Retention Programme; Lateral Moves Scheme extended to Band 3 HCSWs.	

- Recruitment: work underway with Care Groups and Corporate nursing to confirm vacancies for nursing and midwifery student streamlining for September 2026.
- Retention: Lateral Moves Scheme monitoring: Register cleansed. 346 eligible transfer requests (Jan 2025), scheme widened to include Band 3 HCSWs and time to hire has reduced by 34% since October 2025 (77 days to 51). 56% of eligible requests have successfully resulted in a transfer. Conversations to further widen access are planned with Facilities and AHPs.
- Productivity & Agency Reduction: Phase 2 of the agency by exception for Nursing and Midwifery launched on 1 February 2026 supporting Care Group nursing and midwifery to approve and action agency requirements in line with standards agreed at Nursing and Midwifery Productivity Programme improving efficiency and accountability.
- Wellbeing & Attendance: Sickness absence M&D internal advisory audit launched.
- Culture, values and behaviours: engagement campaign for 2025 NHS Staff Survey has resulted in a 9% improvement response rate, landing 35.6% completion. Values in recruitment continues to be a focus, with values based interview questions in development for testing in Q4.
- Promoted and delivered a positive CTM Apprenticeship Week 9 Feb to 13 Feb 2026.
- Reframed leadership approach to NHS Staff Survey 2025 with activation of care group leadership response to local results enabled by corporate teams.

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

None identified.

Associated Risks escalated to the Organisational Risk Register

5753	Inadequate Special School Nurse Provision.	20
4973	Clinical Medical Cover within CTM Adult Mental Health Services.	16
5576	Palliative Medicine Staffing	16
6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department. Risk likelihood score has been reduced from a 4 to a 3 and the risk de-escalated from the Organisational Risk Register in January 2026.	16
6294	Insufficient Consultant Workforce - Endoscopy / Gastroenterology. New risk escalated in October 2025	16
2713	Backlog of Reporting Radiology Examinations. New risk escalated in October 2025.	16
6318	Tier 3 SHED Team Service Delivery. New risk escalated in October 2025	16
5877	New Worker Contract for Out of Hour GPs. New risk escalated in November 2025.	16
6232	Stability of the Legal Services Function.	15
6397	Shortage of GPs to deliver urgent primary care services for escalation. New risk escalated to the Organisational Risk Register in January 2026.	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

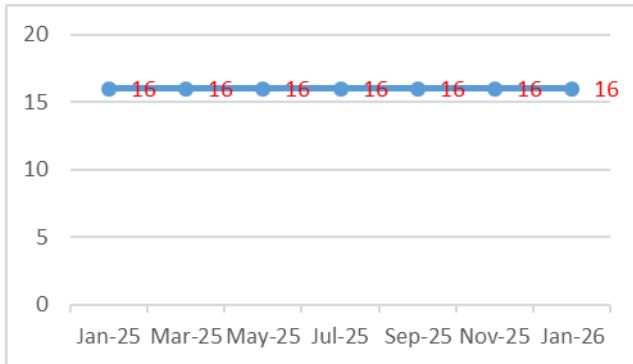
- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

Risk score
16

Strategic Risk: **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	Risk Score Trend this Period: No change to risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				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 has been increased in terms of likelihood to a 4 in July 2025. The gaps are captured in the mitigating action plan section of this risk.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				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.

Current Control Measures

Strategies & Plans

- 2030 Strategy – 'Our Health Our Future'
- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed*
- Public Engagement Plan for 'Our Health Our Future'
- Becoming an Engaging Organisation
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Acute Clinical Services Plan – Senior Leaders Group
- CTM Leaders Forum - New Terms of Reference developed with a further review scheduled for 2025.
- Staff Q&A
- (Staff) Leaders' Forum
- Stakeholder Reference Group
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- Links with Llais including representation on Board
- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities
- Community Voluntary Councils (Interlink RCT, BAVO, VAMT)
- OPAG (Older Person's Advisory Committee)
- CTM 50+ Forums
- Maesteg Stakeholder Reference Group
- Partnership with CTM WISE (Wellness Improvement Service)
- Regional Mental Health Forum
- Partnerships with colleges and education providers
- CTM Strategic Engagement Forum (established Sept 24). Chaired by Head of Engagement and Involvement.
- A collaboration with Veterans is being established through the development of a forum with partners from the Veteran Hubs, wider Armed Forces community, third sector organisations, Primary Care and CTMUHB.
- Working group for health protection and vaccination, including members of the community leaders' network

Needs Assessment & Consultation Processes

- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars

Sources of Assurance (Internal and External)

Board Development Session – held on the 14th December 2023 in relation to community engagement and the maturity journey for the Health Board in further developing its approach to being an engaging organisation.

Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan.

On the 7 April 2025, the Welsh Language Commissioner published her five-Year Plan, within which she encouraged others to speak with CTM as an example of good practice, this endorsement provided CTMUHB with the opportunity to showcase the work being done across the health board to enable our staff to learn and use the Welsh language.

Reports to other committees

- Community Health Council briefing papers to Quality, Safety & Experience Committee.

External

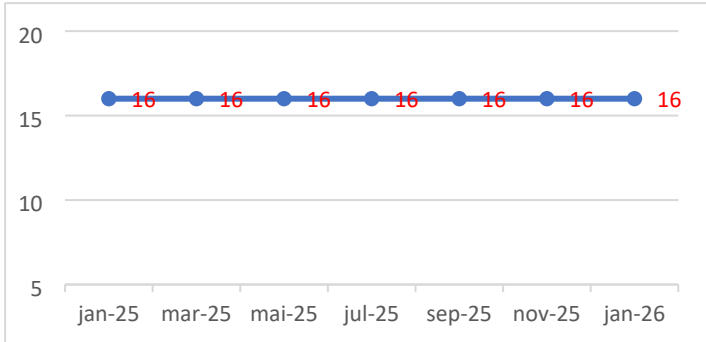
Activity commissioned from Opinion Research Services will provide detailed intelligence of stakeholders within CTM communities, including those at the hyperlocal level, enabling greater effectiveness and efficiency of public engagement and involvement activities.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Review the Becoming an Engaging Organisation Strategy	- Revisit to ensure the principles support the direction of travel, particularly their consistency and alignment with the ACSP engagement strategy, - Board Development Session reviewed the strategy on the 14th December 2023, outputs of which will now be taken forward. - Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders and the risks associated with service change. Consultation desk review now complete. This will be removed on the next iteration. The content of the review is informing engagement planning going forward. - Development of specification for procurement of consultation partner to support creation of hyperlocal stakeholder mapping to enable improved targeting of engagement activities and resources. Collaboration with Regional Partnership Board on use of stakeholder management system to provide increased rigor and improved data capture. - External expertise commissioned from Opinion Research Services (ORS) in October '24, to develop stakeholder mapping. Outputs will provide broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Outputs will be delivered in last quarter 24/25. This work has begun, and interviews are scheduled to take place with Independent Members and key senior Health Board staff throughout January 2025. - Collaboration with South East Wales Health Boards to formalise Regional Communication and Engagement plans and activity. - Defining the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements. - Discussions to identify opportunities to improve robustness of partnership between Communications and Engagement and planning and transformation, and development of better-defined processes and procedures for supporting transformation and service change. - Closer, more formalised working relationships between Strategy and Planning and Communications and	- Alignment across health board strategy and change programmes. - Ensure Board awareness and continued relevance of strategy with current strategic and operational ambitions and objectives. - A more informed approach to public engagement and consultation activities relating to significant services change, based upon legal precedence and best practice and resulting in reduced risk of judicial review. - Identification and commissioning of an external provider with requisite experience and ability to lead development of stakeholder mapping to inform strategic service change. - Increased efficiency of public engagement planning and actions through shared data, targeting and delivery. Development of shared objectives and identification of opportunities for collaborative engagement activities. - Broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement Joined up working and efficient and effective use of shared capacity across the three South East Wales Health Boards. - Adequate capacity to engage and involve the population and wider stakeholders in ACSP and service change programmes. - More effective, efficient and sustainable support for service change and transformation with lower risk. - Closer working with the Strategy & Planning directorate will enable	- Consistency of narrative across strategic resources and change plans. - Continued Board support for BHT strategy and for development of involvement. Engagement and consultation resources aligned accordingly. - Delivery of a best-practice effective engagement and consultation plan to support strategic service change with minimal challenge and mitigating against judicial review. - Securing of partner to delivery through procurement process on budget and against expected schedule. - Delivery of shared engagement and involvement plans and delivery, realised through partnership working. Greater reach/traction of activities, with higher rates of participation/interaction. - Provision of a stakeholder map by ORS to be used for targeted involvement/engagement/consultation - Development and implementation of a Regional Communication and Engagement Plan. - Development of the ACSP and service change public engagement/involvement strategy for CTMUHB - A single policy/process for support of service change and transformation. - An annual plan for public and community engagement activities and objectives. - Improved vaccination uptake rates across CTM communities, and engagement with, and ownership of health messaging by third-sector groups (e.g. promotion through third sector owned channels and fora) - Improved patient feedback measures indicating improved access and experience of veterans when accessing CTM services. Increased engagement of veterans in future opportunities to influence and inform the development of health services.

	Engagement, including Head of Internal Engagement attendance at Strategy & Planning team meetings. • Development of a community working group to collaboratively tackle low vaccination uptake in CTM. • Delivery of Wales' first veterans' health event, in partnership with Valley Veterans and community partners. Sharing of learning within CTM and the wider Welsh health system. • Recruitment to increase capacity of engagement and involvement function	the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives. • Development of closer working relationships with community groups and populations, and improved insight into barriers experienced by communities in relation to their health and wellbeing. • Improved understanding of barrier facing veterans residing within CTM and development of improved information, processes, and support to improved veterans' health and wellbeing. • Increased capacity and broaden expertise/experience to manage increasing demand upon function	
Linked National Priority Measures			
Nil			
Current Performance Highlights			
• Survey shared with all CTMUHB staff, to audit effectiveness of internal communications and engagement and opportunities to improve, including implementation of new engagement platforms. • CTMUHB chaired Stakeholder Engagement Forum creating productive outputs, developing single plan for engagement priorities for 25/26 with Public Health, People, Welsh language, RPB. • Revised approach to CTM2030 Leaders' Network to be implemented in April, to improve focus on enabling community groups to take actions that improve health and wellbeing of communities. • Definition and costing of the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements.			
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	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Trajectory and Next Steps - The risk score remains unchanged this period due to the balance between progress and persistent vulnerabilities. However, the trajectory is cautiously optimistic, with mitigating actions underway: - Renewal of CTMUHB’s strategy for AI, data and digital transformation, - Continued implementation of the Cyber Improvement Plan and Information Security Policy. - Strengthening of governance frameworks for AI, supplier management and digital inclusion - Ongoing collaboration with NHS Wales organisations and internal stakeholders to refine strategic oversight and assurance. Improvements - CTMUHB continues to make tangible progress across several dimensions of digital transformation: - Digitisation of Medical Records: Ongoing rollout and integration across sites. - Cyber Resilience and Security: Deployment of a new network monitoring tool and enhanced reporting functionality. Monthly reviews by the Cyber Security & Availability Board ensure proactive threat management.

	- Advanced Technologies: Operational use of 15 AI applications across the UHB such as Dragon Medical One, IBEX, Heartflow, and CTMUHB's own CCLLM and ED Attendance Prediction tools. Interim Governance frameworks for AI are in place, prior to formal endorsement by the Board. - Infrastructure and Standardisation: Improvements in digital infrastructure across sites, consolidation of clinical systems post-Bridgend disaggregation, and standardisation of digital tools and processes. - Strategic Enablers: Mobilisation of contracts for e-prescribing, formalisation of shared care record agreements, and development of a patient-centred contact programme. Remaining Vulnerabilities and Risk Justification Several factors justify maintaining the current risk score: - Cyber Threats: Indicators of compromise were identified in May 2025. Although managed without service disruption, the National Cyber Security Centre continues to advise caution. The risk of cyber-attacks remains high and is scored at 20. - Resource Constraints: The Digital & Data team is required to balance the increasing organisation demand and expectation, against the current financial envelope for capital and revenue allocations. Staffing challenges persist, and some national programmes do not have approved business cases or funding alignment. - Operational Sustainability: While strategic clarity is improving, gaps remain in asset registers, policy adherence, and workforce capacity to fully embed digital culture and agility. - Low Maturity Against International Benchmarks: CTMUHB remains at a low level of maturity and capability when assessed against international benchmarking frameworks such as HIMSS for Electronic Patient Records (EPR), and similarly for AI and Business Intelligence. This limits our ability for our patients to interact with us digitally, for our staff to work digitally and thus is limiting the expected returns and benefits we anticipate from our digital programme.

Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	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

- Population Health Strategy – Aligns digital infrastructure with population health priorities. - Digital & Data Delivery Programme – Oversees implementation of digital initiatives and transformation projects. - IT Infrastructure Review – Ongoing assessment of infrastructure resilience, availability, and scalability. - Digital Investment Fund – Supports strategic digital projects and innovation. - Information Security, Records Management and Information Governance Policies & Improvement Programmes – Includes the Cyber Improvement Plan, Information Security Policy, and governance frameworks for AI and data protection. - Project Portfolio Board – Monitors delivery of digital projects and ensures alignment with strategic goals. - Cyber Security & Availability Board – Monthly review of threat landscape and mitigation actions. - AI Governance Framework – Endorsed by SIRO, Caldicott Guardian, and DPO; supports safe deployment of AI tools. - Digital Maturity Benchmarking – Recognition of low maturity against international standards such as HIMSS for EPR, AI, and BI; informs capability development planning. - E-Prescribing Mobilisation – Contract and project mobilisation underway. - Shared Care Record Agreements – Formalised data controllership arrangements for NHS Wales. - Non-Corporate Communication Channels Policies – Strengthens governance of informal digital communications. - Bridgend Clinical Systems Consolidation – Supports operational continuity post-disaggregation. - Patient-Centred Contact Programme – Development of digital tools to improve patient engagement and communication. - Risk-Based Management of Digital Debt – Prioritised approach to legacy systems and technical debt. - Incident Response Capability – Proven ability to manage cyber incidents without service disruption (e.g. May 2025 hostile actor compromise). - Digital Inclusion and Accessibility Workstreams – Ensures equitable access to digital services across communities.	

Sources of Assurance (Internal and External)

Reports to Operational Delivery Committee incorporating

- Periodic audits by Wales Audit and regular audit from Internal Audit
- All-Wales Information Governance Toolkit and ICO Audit Review.
- NIS-D Cyber Assessment Framework and Improvement Plan (CRU).
- Digital Programme Assurance Report covering digital and data elements of the IMTP
- Medical Records Assurance Report

Reports to other committees

- Progress updates against Population Health Strategy
- Clinical Safety
- Planning, Performance & Finance

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Closing the gap in Digital Literacy	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. The Head of Digital Business Change is progressing with the development of an overarching strategy to support digital and data literacy. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk. Easier to deploy new digital solutions.
2. Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3-year programme of work. Across the programmes funded by Welsh Government and the IMTP e.g. ePMA, we are working with Workforce colleagues to develop an approach to digital clinical training. Additional business change facilitators will support this activity. The Chief Nursing Information has been appointed, they will be working collaboratively with the Head of Digital Business Change & Benefits to develop a strategy on developing digital and data clinical skills fit for today and the future.	Developing capabilities to support service change enabled by digital and data technology.	We are building our wider Digital training capability and skills facilitate training Increase confidence and capability of all our staff in the use of digital and data technology for all the workforce. Develop a clinical digital skills strategy and framework adopting national and UK best practice to ensure that our colleagues feel confident in the increased reliance of technology in their day-to-day practice.

3. Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms
4. Tested and integrated cyber incident management plan	All Wales Cyber Incident Response exercise has been developed and was undertaken in September 2025. Lessons learnt report has been presented to CTM Civil contingencies/ EPRR group. The CTM Cyber Incident Response plan is under review from the Emergency Planning Response & Resilience (EPRR) team with a view to ensuring it links to organisational plans and terminology in a consistent manner. Testing of the Cyber Response Plan remains ongoing, with monthly focused exercises and additional ad-hoc tests of specific systems completed in January and February 2026. A testing schedule has been agreed for the next three months.	Improved response to cyber threat	Awareness and improvement to the cyber improvement
5. Develop a baseline Asset Register and product catalogue.	Architectural components (including digital applications) are being captured on the all Wales Ardoq system - a centralised repository that continuously connects and updates data about our business strategy, processes, software systems and integrations. (A digital plumbing map) The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network and contributes to the Ardoq system. A replacement to our current IT Service Management tooling (Service Point) noted in Internal Audit - CTMUHB-2324-18 - is needed to fully manage this in the most effective way.	Greater insight into digital assets Greater understanding of risk profile	Improved cyber posture
6. Poor adherence to policies	Recognised requirement for policies to balance enablement with protection and for national digital strategies to place greater value on indirect clinical risk.	Standardisation of working practises and processes.	Reduction in variation in working practises and processes across CTMUHB

	National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.		
7. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming. A list of Digital capital requirements has been created and shared with WG totalling £10.8m. There are several high value assets that will become end of life in FY25/26 and FY26/27 that were purchased in the past via end of year slippage with no currently identified funding routes for replacement. To date for 2025/2026 we have been awarded £9,909,000 in Capital. This enables us to replace end-of-life legacy core networking, firewall, and server equipment. Work to upgrade infrastructure is prioritised within Digital and Data team, aligned to availability of skillsets. As a result, there is a delay in some equipment being replaced or deployed. Timeframe: N/A - Rolling Annual Replacement. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider improvement opportunities, which is a continuing National challenge that all organisations are facing.	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.	Improved project and programme delivery timeframes. Improved user experience with BAU digital services. Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.
8. Immaturity of the existing Electronic Health Record, which is difficult to integrate with, does not adhere to WG data and technical standards and whose Critical supplier(s) are unable to respond to CTMUHB's requirements and ministerial priorities within defined timescales.	WG have received endorsement from DDAT to proceed with the development of a needs assessment for an EHR for Wales, which they anticipate will be ready to go to the external (private sector) market in September. A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review.	Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements. Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.

	Timeframe: End of Quarter 4 2025/2026		
9. Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. A draft supplier and contract management framework has been created alongside Cyber to create a tiered approach to supplier management with a variety of controls based on the tier. This has been approved by the Digital and Data Leadership Group and be submitted for Health Board governance approvals. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)	Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality	Improved system availability Increased productivity
10.Capacity within current team to deliver digital transformation agenda	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW Recruitment for the roles that have been funded by national and local programmes is ongoing. Majority of post are now filled with the last few members of staff starting Q4 of 2025/2026. Unable to recruit some technical roles to support programme roll out.	Increased capacity facilitated through various Digital programme	Working with ChangeHub to broaden understanding of transformation that is enabled via Digital. Successful delivered transformation through the implementation of digital solutions.
11.Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme. The current contract for patient record scanning (Cito) is due to expire in March 2026,	Large volumes of paper are still required to be stored. Historical records are not being scanned and there for will still require accessible storage areas	Remains a key element for our digital journey / alongside reduction and removal of paper from day-to-day clinical use.

	the Digital Transformation (Medical Records) and the Executive Team have approved the approach for re-procurement. Procurement on track to complete by expiry date (March 2026). We are backfilling a medical records role to create more capacity on the business case. We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability. Timeframe: 2-3-year programme of work.		The introduction of new technologies designed to reduce the creation of paper at source will overtime reduce the level of digitisation (scanning) required e.g. once ePMA is completed rolled it in estimated that this will reduce our scanning activity by 7%.The team current scan around 350k documents a month (creating 700k images).
12.No resourced function within CTMUHB focussing on benefits realisation	The Head of Digital Business Change and Benefits is currently drafting a Digital Benefits Framework, accompanied with a Toolkit that will standardise how and what we measure in terms of benefits. The learning will be shared across the Digital & Data Directorate to ensure that benefits can be captured across all D&D functions. The majority of staff focusing on benefits realisation have now been recruited, however not all post are permanent and therefore work will need to continue on how we sustain this activity long term.	Invest in enhancing benefits realisation capability within the Digital function – working with ChangeHub to ensure standardised approach across the wider Health Board	Improved ability to articulate, track, monitor and realise benefits of digital transformation programme
13.Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record. National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with	Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow. Reusable digital data to enhance decision making	Improved productivity Reduction in errors associated with paper-based records and processes

	technical, information and clinical safety standards. Patient Centred Contact Transformation has continued at pace. Recruitment is now almost complete, significant progress has been made with patient engagement. The procurement documentation has been completed for the technical solutions that are key enablers to deliver the programme benefits. Approval has been granted to proceed with procurement of digital tools in Q4. Timeframe: 2-3-year programme of work.		
14. Recruitment challenges due to short term funding allocations leading to an increased use of 3 rd party contractors and fixed term contract arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National/Local Programmes.	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs
15. CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to the community and closer to home, which underpin ACSP.	Business case for the Mental Health EHR has been approved and funded. Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow
16. Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	The Digital and Data IMTP submission has now been approved, this includes funding to engage a strategic partner to support and develop our digital and data strategic roadmap, and a procurement activity is underway. The Ministerial Advisory Group (MAG) report has now been published which highlights challenges with Digital Transformation across NHS Wales, the UHB is analysing the detail of the report.	Speed up delivery of digital transformation. Improved utilisation of cutting-edge clinical technologies e.g. AI. Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).	Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management. Improved patient access to clinical services. Enabling staff to deliver high quality care.

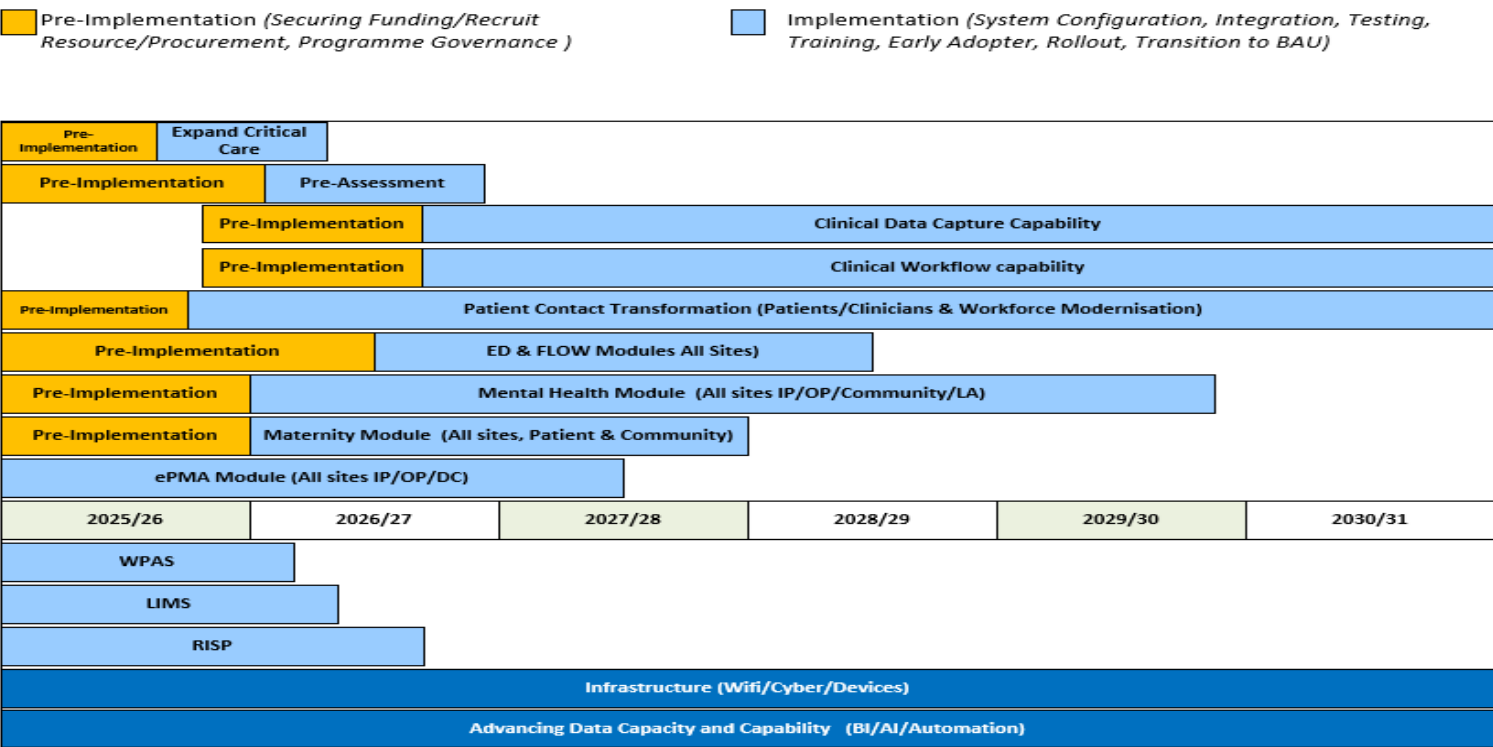
Linked National Priority Measures

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

- **Electronic Prescribing (ePMA)** - Planned go-live during November 2026 in Princess of Wales in Bridgend. **Implementation Timescale:** March 2026 and throughout 2026
- **NHS Wales APP** -A Ministerial priority in October 2025 was deploy referral information in the NHS Wales App. This has been delivered. Since the Phase 2 rollout, which included Secondary Care notifications in October 2025, there has been a 22.97% increase in CTM patients registered on the app, rising to 93,460 CTM patients as of 16 February 2026.
- **Medical Records & Patient Contact Services Operations** - The demand on the operational service remains high, with a high turnover of staff impacting our capability to deliver the current increased demand.
- **Llantrisant Health Park (LHP) Digital Workstream** - A new LHP Digital Workstream has now been stood up to the support the programme. A Digital by Design narrative have been developed for the Business Case. The workstream will now be extended to include colleagues from Aneurin Bevan University Health Board and Cardiff and Vale University Health Board as well as Tektology, our strategy digital partner.
- **Mental Health Procurement** - The evaluation has been completed and we are awaiting the final procurement outcome report. A newly appointed Programme Manager and the established Project Manager are undertaking site visits and have started a baseline assessment.
- **Radiology** - The implementation of the Radiology Information System Programme is progressing to plan with a go live of 16 March 2026
- **Pathology** - The programme has shifted from a Health Board Go Live to a per-discipline Go Live approach. Each discipline has been assigned a tranche (Tx) and deployment order. The programme will not be completed by March 2026, with 542 severe 1 and 2 defects still open. The deployment timelines for tranches T3 and T4 have not been scheduled to meet the March 2026 deadline. Blood Transfusion (BT) is likely to be implemented in 2026/2027, after Microbiology and Blood Sciences.
- **Clinical Coding** - is currently undergoing Service Change as we upskill our team to meet the requirement of Artificial Intelligence (AI) and digitised ways of working. In the first phase we are seeking to train 4 of the 7 Support Staff to qualify as clinical coders. Coding performance is presently at 81% compared with the Welsh Government target of 95%. This is attributable to needing to prioritise the data science resource away from maintaining the Auto coder to focus on ePMA integration. As a consequence, we are having to manually code all FCE until capacity is released from supporting the EPMA and 6 goals programmes. We are currently at 95% for the first quarter (April-June) and predict we will hit the 95% coded completion for the second quarter by December 2025.
- **AI Development and Strategy** - Infrastructure is being developed which will enable services to use Large Language Models (LLMs) for clinical care support in a manner that is secure and lawful. Alongside this expertise has been sourced with the intention of assisting services gaining the requisite Medicines & Healthcare products Regulatory Agency (MHRA) approvals for ‘software as a medical device’. This should enable innovators across the UHB develop and test their applications in a performant and secure sandbox environment.
- **Six Goals** - Work on the digitised and fully interoperable Emergency Department huddle has progressed to the stage of User acceptance testing, with early feedback again being positive.
- **High-Level Work Plan is outlined below:**



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

Critical incidents under NIS-D: - A problem with the cooling systems in the DHCW CDC National Data centre resulting in Welsh Clinical Portal (WCP) and Welsh Patient Administration Services being affected resulting in service downtime. This was reported under NIS-D. Integration Services have experienced ongoing and unresolved messaging delays, affecting most national systems (including LIMS, MPI, Radiology, Scan4Safety and ICNET), with incidents occurring at least weekly for over three months and delays of up to seven hours. These issues have repeatedly triggered Business

Continuity SOPs, causing significant disruption to clinical workflows and information flows, and are now assessed by the CTM MDT as having a material functional impact at a time of sustained clinical pressure

Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully	
Impact	5	4	4	3	3	3	
Likelihood	4	2	2	4	4	5	
Risk	20	8	8	12	12	15	

Associated Risks escalated to the Organisational Risk Register

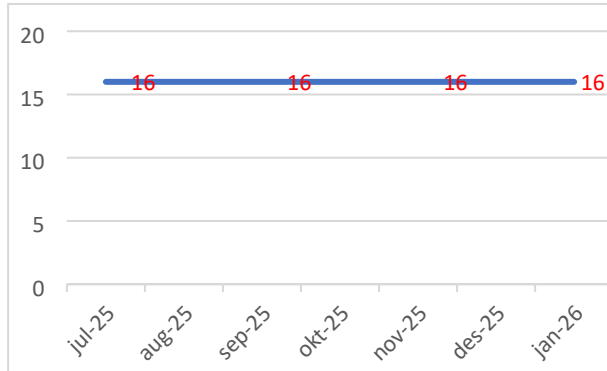
5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
5226	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025. Risk de-escalated from the Organisational Risk Register in May 2025.	20
4671	NHS Computer Network Infrastructure unable to meet demand	16
6039	Increased cost of VMWare Licensing.	16
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	15
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and 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 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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				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 January 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>i.e. Treat, Tolerate, Transfer etc.</i>	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)
1. National Skills shortage in Estates Roles (<i>Private sector salaries are impacting the CTMUHB’s ability to be competitive in the recruitment market</i>) results in staffing challenges to deliver the estates functions.	• 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. • Ongoing activity continues with the support of the People Directorate to explore routes to further promote and attract candidates to roles advertised particularly around the	• Competitor in the market. • Successful recruitment to roles when advertised	• Full establishment and retention of Estates Workforce. • Estates Maintenance performance activity will demonstrate an improvement. • Whilst recognising that there continues to be a National UK skills shortage the Health Board has had recent success in appointing to two Senior Estate Manager roles, and due to robust succession planning filled other gaps within the team which has provided stability.

	Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge.		•
2. Increasing Backlog Maintenance position.	- Secured Targeted Estates Funding (TEF) - Proactive in securing additional funding from Welsh Government when available.	Reduced backlog maintenance	- Targeted schemes delivered - Improved patient environment - Reduced estate risks.
3. Secure Funding to deliver Capital Schemes	Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	Reduction in backlog maintenance and lifting of Fire Enforcement Notice.	Funding secured to deliver the project
4. Deliver schemes within a live environment	- Dialogue with service leads. - Secure decant where appropriate.	Minimal impact on service whilst project is delivered.	Business continuity is maintained whilst the project is delivered.

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 when available.

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

Associated Risks escalated to the Organisational Risk Register

6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department. Risk score reduced to a 12 in January 2026, therefore risk de-escalated from the Organisational Risk Register.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16
6379	CT Scanners at RGH damaged by power outage and manual generator/UPS switch over.	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

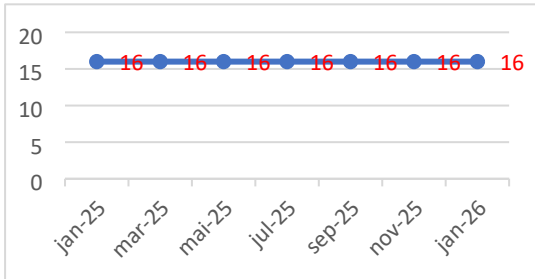
- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				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

Building Healthier Communities

The Building Healthier Communities Steering Group aims to support delivery of the Socio-Economic Duty - for example, procurement, foundational economy, employability, probation.

Wellbeing and Socio-economic duties

- Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.
- ‘CTM 2030’ delivery focusses on community developments, employment and local procurement where possible.
- CTM becoming established as an Anchor Organisation.

Socio-economic duties are also considered as part of the controls and impact captured within the following Strategic Risks St 8, St 3 and St 4.

Environmental Sustainability – Net Zero

- **Climate Action Plan will be presented to March 2026 Board for approval**
- Established a CTM Environmental Sustainability Group as part of transformation agenda.
- 'CTM 2030' seeks to ensure that services take account of the impact on the environment
- All-Wales approach to sustainable procurement
- Green CTM Staff Forum
- Waste management – elimination of landfill for foodstuffs
- Use of less environmentally impactful anaesthetic gases
- Workshop delivered to Board Members in 2025. **The Board will be provided with regular briefings through SDC updates and future briefings.**
- **High level** adaptation risks **have been approved** with a plan developed to address some of the challenges we **will** face – **these are included in the Climate Action Plan**
- **The programme is managed by** a Sustainability Manager

Public Services Board Climate Change Action Group (Director Level) has been **established**

The Targeted Estates Fund (TEF) application for "Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture" has been awarded. Project manager **has been assigned** to oversee the works. The project is scheduled **to be complete within** the 2025-2026 financial year.

Innovation Activity – Sustainability Manager exploring opportunities around innovation and sustainability.

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan
- Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement
- Building Healthier Communities Steering Group
- Healthy Housing Alliance

Environmental Sustainability – Net Zero

- Environmental Sustainability Annual Report
- ISO 14001 (Certified Environmental Management System) accreditation
- NWSSP Internal Audit Services – Decarbonisation (Follow Up) Internal Audit Review.

Board / Committee Assurance mechanisms

The Decarbonisation **programme** updates are assigned to the Strategic Development Committee for reporting and assurance / scrutiny purposes. **The Climate Action plan has received comments and assurance from Executive Leadership Group and Strategic Development Committee, seeking final approval through Board on 26th March 2026.**

Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery has been undertaken. All Health Boards are subject to this review. Outcomes **have been** reported to the appropriate committee and associated actions added to the strategic risk as appropriate. Copy of the report available upon request from the Corporate Governance Team. **Requirements for the audit have been incorporated into the new climate action programme to ensure compliance.**

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Adaptation Plan. Plan to be produced in line with Climate Adaptation plan due to be published April 2026.	Board sessions have been presented to the board to increase awareness and knowledge. The PSB have developed a CCRA for the region. Climate Action requirements are being established and risks developed in line with WG policy.	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to the current and expected impacts of climate change.	Long term success indicators due to the nature of the risk.

2. Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	The procurement team are included within the ~~part~~ of Environmental Sustainability Group and wider decarbonisation networks. This is ongoing, however, pace of progress likely to be slowed as financial considerations become more dominant.	Procurement processes always consider the carbon impact as part of the decision-making process.	Reduction in carbon footprint associated with procurement processes over the medium to long term.
3. Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021.	To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.	Tackling inequality is a focus of decision making.	Long term success indicators due to the nature of the risk.
4. Global energy crisis will impact on service delivery for our communities and staff; this is being closely monitored, as it will impact upon health and wellbeing.	CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Working alongside community partners to access identify and access opportunities for community support. Ongoing.	Impact of cost of living rises are reduced where possible.	Long term success indicators due to the nature of the risk.
5. Access to the necessary capital needed to deliver decarbonisation plan is limited	Climate Action Plan will be costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the Climate action plan are completed when funding is secured.	Long term success indicators due to the nature of the risk.
6. There are organisational policies which will be required (i.e. building and estates strategic plan) to feed into the decarbonisation programme	This has been flagged as a risk; however, policies will be managed under alternative programmes.	Through flagging these risk the aim is to influence the development of plans which impact on the decarbonisation programme.	Long term success indicators due to the nature of the risk.

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 Reporting has taken place of the course of the year.
- Annual Carbon Emissions report. Data has been reported for Carbon Emissions and submitted to Welsh Government in September 2025.
- The annual CTMUHB Annual Report & Accounts has captured the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).
- CTMUHB won 2 NHS Wales Sustainability awards and was shortlisted for several others. Significant funding was secured through SBRI and SFIS programmes developing solutions to waste sustainability challenges.
- All 3 of the ED's across the organisation have achieved Bronze GreenED accredited status.
- The Solar Panel Installation at Coed Ely Solar Farm is complete. This will help lower CTMUHB's emissions as it will receive 1MW of low-carbon power through an innovative power purchase agreement. The Coed Ely Solar Farm will provide enough energy to power approximately 8,000 homes annually while supplying low-carbon electricity directly to the Royal Glamorgan Hospital via a private wire network spanning three kilometres. This innovative approach ensures that up to 15% of the hospital's annual electricity demand is met sustainably rising to 100% on peak summer days. **Funding has been awarded through the ReFIT programme to fund efficiency and carbon reduction activities across the Health Board.**

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

Associated Risks escalated to the Organisational Risk Register

5374	Fulfilling our environmental and social duties.	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

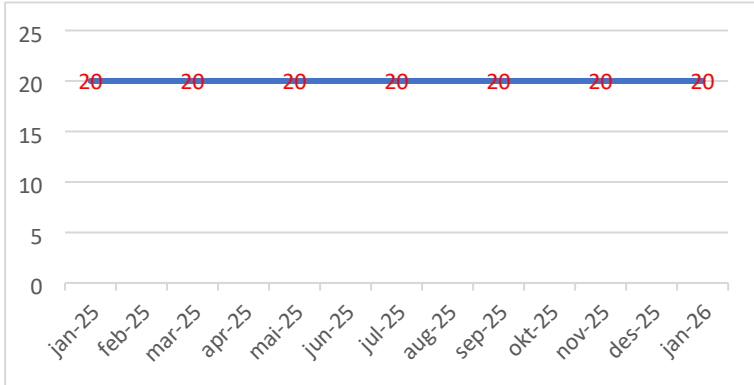
- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

Risk score
20

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	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  <table><tr><td>25</td><td></td></tr><tr><td>20</td><td>20</td></tr><tr><td>15</td><td></td></tr><tr><td>10</td><td></td></tr><tr><td>5</td><td></td></tr><tr><td>0</td><td></td></tr></table>	25		20	20	15		10		5		0	
25																
20	20															
15																
10																
5																
0																
Initial	5	4	20													
Current	5	4	20													
Target	4*	2	8													
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)															
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>																

The risk score has remained unchanged. Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change, For example: ○ Delays to the funding of the children’s weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited. ○ Delays in recruitment of Public Health (PH) posts presented challenges in delivering PH interventions such as Income maximisation work for at risk groups ahead of winter Also, despite funding being made available via the IMTP for the continuation of Children’s services such as Pipyn, a gap still remains in the wider provision of weight management services and resulted in a slower than anticipated start to the programme.

	Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities. CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with 51.9% of the population in CTM are 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. 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 and health board budgets 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>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be 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	
Strategies & Plans - Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales". - CTM 2030 Strategy – 'Our Health Our Future' - Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021, updated November 2022. - Public Service Board – Well Being Plans. - Creating Health delivery plan approved. - CTM Health Protection Strategy drafted and approved. - Development of Acute Clinical Service Plan (ACSP). - Business case developed as part of IMTP process for child weight management but not yet approved Engagement Forums - CTM Creating Health Portfolio Board - Regional Partnership Board - Public Service Board - Area Partnership Board - CTM2030 Leaders Groups - Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well - Engagement with community groups by Lead Independent Members - meetings with the three local authorities - Accelerated Cluster Development Programme Board – engagement across Primary Care - Health and Social Care Integration Board - Forum with local authority Chief Executives to address health inequalities. - CTM Health Protection Board	

- Welsh Government Health protection Operational and Resilience Group

Needs Assessment & Consultation Processes

- Population Segmentation & Risk Stratification
- Pharmaceutical Needs Assessment
- Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing
- Wellbeing Assessment (PSB)
- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- CTM Leaders Network
- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars
- Primary Care clusters

Services:

- Integrated Level 2 and Level 3 Weight Management Services – established in September 2022.
- Smoking Cessation Service
- All hazards Health protection Service
- **Pipyn Service**

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

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

Reports to Board

- Creating Health Programme
- Annual Director of Public Health Annual Report
- Creating Health Portfolio Board reports to the transformation board

Reports to Population Health & Partnerships Committee

- Population Health Management Programme
- Health Protection Programme
- Vaccination Programme Reports
- Regional Partnership Board Annual Report
- Transformation Fund and Leadership Board Updates
- Mental Health Strategic Update
- ACSP updates provided to the Committee.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. Increase in allocation of £1.06ms, however, total allocation remains below the Welsh "Fair Shares value". All Hazards Health Protection plan signed off for implementation. Development of a HP strategy and associated priorities.	The funding for Health Protection would be sufficient to deliver all key priorities in the Health Protection strategic plan.	Priority areas allocated identified and fully funded Any residual gaps in funding the strategic plan identified

	Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for 2025-2026. A case made to Welsh Government for additional funding to further close the gap in funding per head between CTM and the rest of Wales.		An uplift in funding to a sufficient level to enable full delivery of the Health Protection strategic plan for 26/27 onwards.
2. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan drafted in Q4 2023/24. Creating Health Delivery Plan refresh planned for April 2026 Health Protection Strategy. Vaccine equity strategy CTM Population Health Framework under development	Decreased variation in access and outcomes across the population of CTM. Increased prevention activities will avoid harm and reduce the financial burden of chronic disease. Clear focus and strategic aims to help develop CTM as a Population Health Organisation Improved understanding of requirements for change Embedding of Marmot principles in all core activities of the health board	Delivery of the outcomes associated with the Health Protection strategic plan Delivery of the milestones in the Creating Health Delivery Plan Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard Measurable increase in investment in prevention activities/programmes across the Health Board. Deliverables articulated related to CTM Population Framework with performance monitored against them. Measurable improvement in the difference in outcomes between least and most deprived as reported in the creating health dashboard
3. Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board Review of resource options underway, consideration for external short-term capacity Work underway to consolidate a shared clinical record.	The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.	PHM priorities defined as part of the Local Public Health Team portfolio. A clearly defined strategic plan for the delivery of PHM in CTM. A robustly resourced PHM function in CTM.
4. Impactful action to address health inequalities	- Whole system approach to Healthy weight - Help me quit/ hospital programme - WISE - Cancer inequalities group - Implementation of Stroke equity Audit recommendations. - HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events - Vaccination equity strategic plan in place	Decreased variation in access and outcomes across the population of CTM Increased focus and alignment of resources to meet the needs of vulnerable groups	Measurable improvements in outcomes for vulnerable groups. Less variation in access and outcomes across the CTM population. Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan.

			Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.
5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as; diabetes, cardiovascular disease, etc	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc. A business case submitted as part of the IMTP to fund a children's weight management service	Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease. Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate. Resources moving into prevention strategies	CTM representation at all relevant partnership boards and programmes of work. Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio Improvement in outcomes for patients with chronic disease A funded child weight management service agreed A funded child weight management service in place
6. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population.	CTM representation at all relevant partnership boards and programmes of work. Collaborative projects delivered in partnership influence wider determinants.

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 COVID-19 vaccination for those eligible
- 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 well babies entering the new-born hearing screening programme who complete screening within 4 weeks
- Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

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

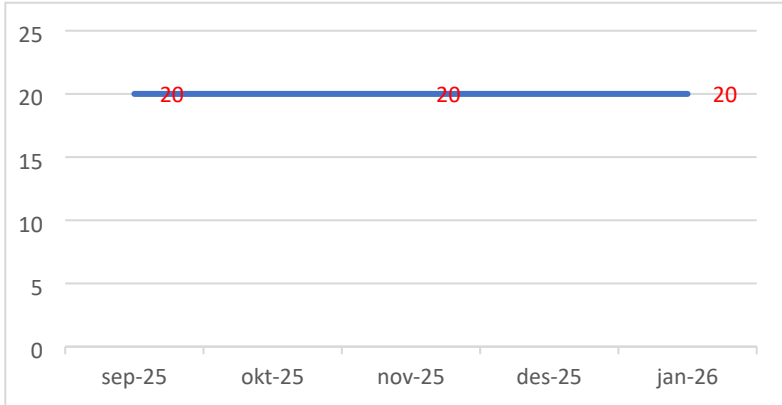
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16
5726	Public Health Funding for Microbiology Testing	15

5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	12
6179	High and increasing prevalence of overweight and obesity in children and adults	20

Strategic Goal(s)			Risk score 20
 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: 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

The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The Health Board has submitted a balanced financial plan for 25/26 but this plan includes significant risks, including the delivery of £31.3m of efficiency savings together with anticipated allocation risks. The Month 10 Year To Date (YTD) position was a £1.4m deficit with a savings shortfall of £5.2m. Welsh Government (WG) have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in an unplanned £3.8m recurrent cost pressure and ~~£5.1m recurrently.~~ Following confirmation from WG of funding to support the increase in Welsh Risk Pool contributions together with the impact of the Band 2/3 Healthcare Support Worker settlements, the level of risk in achieving a breakeven position for 2025/26 is now minimal. ~~The latest forecast reduced the level of further mitigating actions required to £1m.~~

	M10 YTD	Year-end Forecast	Recurrent Forecast
	£m	£m	£m
Savings Shortfall	5.2	5.6	4.8
Operating Variances	(0.5)	0.7	1.2
Plan Phasing adjustments	2.8	0	0
Financial Plan Improvements	(4.0)	(4.8)	(2.7)
Accountancy Gains	(5.3)	(5.3)	0
Financial Allocation Adjustments	3.2	3.8	3.8
Band 2/3 Framework	0	0	2.8
Other Mitigating Actions	0	0	0
Grand Total	1.4	0	9.9

The latest assessment of the recurrent forecast indicates a deterioration from a planned £1.7m surplus to a £9.9m deficit. ~~which assumes £3m of mitigating actions to be achieved~~. The full year effect of the Welsh Risk Pool ~~and Band 2/3 Healthcare Support Worker settlement~~ which were supported for 2025/26 non recurrently remains a risk to this position if no further support is confirmed by WG.

Following the publication of the Welsh Government draft budget, the financial outlook for 2026/27 looks very challenging and there is a significant risk to achieving a balanced financial plan for 2026/27. Therefore, the risk score remains unchanged on this review.

Risk Treatment Assessment
i.e. Treat, Tolerate, Transfer etc.

The financial plan highlights a low level of risk for in year achievement but with a far more significant level of risk for 2026/27 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 issued by CEO. - Budget setting process and Budgetary control - 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 – <i>Ongoing throughout 2025-2026.</i>	Budget holders, through regular training, will be better informed in terms of process and best practice.	Improved Budget Management.

	Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2025-2026.</i>	Greater focus on compliance. Informed decision making through confidence gained through training and experience.	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 project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 26/27. - 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 M10 YTD position was a £1.4m deficit.
- WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in an unplanned £3.8m cost pressure.
- ~~There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit.~~
- There is minimal risk to delivering a balanced financial plan for 2025/26

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

WG not fully funding National Insurance Changes and 2024/25 pay awards has resulted in an unplanned £3.8m cost pressure, in addition NWSSP have indicated a potential £6.1m risk to the Welsh Risk Pool contribution for 2025/26 in addition to the £1.5m already provided within the IMTP.

Associated Risks escalated to the Organisational Risk Register

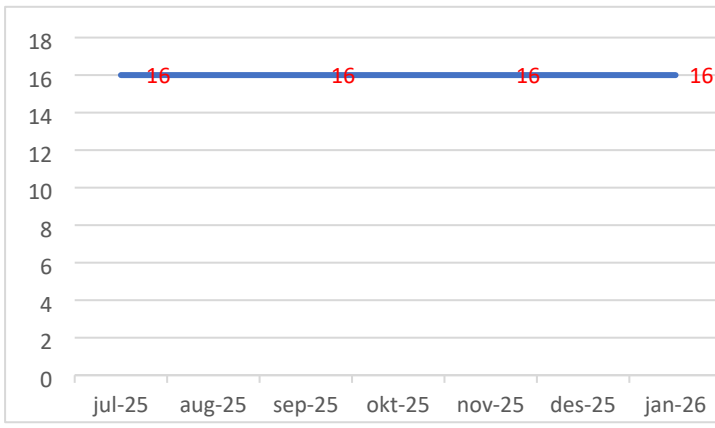
6239	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26	20
6240	~~Failure to achieve the planned break-even position in 2025/26.~~ Risk score reduced in terms of likelihood in January 2026 and therefore de-escalated from the Organisational Risk Register.	16

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 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 its 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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

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 February 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>i.e. Treat, Tolerate, Transfer etc.</i>	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	Indicators of Success (following implementation of mitigating actions)
1. Estate strategy to be developed on completion of the Clinical Service Strategy.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.
2. Enough Funding to deliver Capital Schemes.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.

Linked National Priority Measures

Current Performance Highlights

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

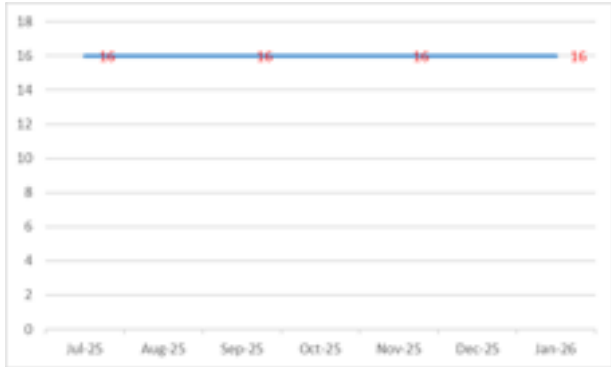
Associated Risks escalated to the Organisational Risk Register

6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department. Risk score reduced to a 12 in January 2026, and therefore risk de-escalated from the Organisational Risk Register.	16
6235	Insufficient funding to address backlog maintenance across the estate.	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	 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	Risk Score Trend this Period:
Initial	4	4	16	No change to risk scores this period.
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			Risk Score Trajectory 
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The current score remains unchanged, although there has been progress with control measures since the risk was originally scored. This includes the establishment of Hospital at Home, the Regional Partnership Agreement and progressing Locality delivery options.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

The Integrated Community Care System Program – **work to support the development of an integrated services set of metrics in order to progress building of performance score cards**, which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed. A Regional Partnership (Section 33) Agreement has just been signed off by CTMUHB and the three local authorities, has been signed and sealed by all organisations.

Commissioned National Association of Primary Care to work with key stakeholders to develop a clear model for delivery. Current work includes preparing narrative to incorporate into CM and Regional Strategy documents.

Established Primary Care & Community Transformation Board with high Executive leadership.
 Strengthening cluster clinical leadership capacity to help inform, influence and engage others on future models.
 Continuously reviewing leadership capacity in Primary Care and Community Care Group. Strong medical leadership structure now in place.
 Reviewing Locality delivery options and governance as complex regional landscape. The intention is to commence engagement amongst front-line teams about closer joint working. Work to refine Joint Partnership Board structures is ongoing.

Primary and Community Care Transformation Programme established. Its main purpose is to establish a sustainable model for primary and community care that underpins the future model of care across the Cwm Taf Morgannwg region **under the Strategic Clinical Services Plan (SCSP)**. The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

Alignment and integration opportunities will be explored in relation to mental health and substance misuse services, children’s and families’ services as the work matures. **The Service Director of Mental Health is also a member of the Board, as are Clinical Director for Therapies and the Chief Pharmacist.**

Undertake comprehensive listening exercise to understand the issues to inform the improvement programmes.

CTM Regional Partnership – Local Authority, NHS and Third Sector leadership meeting bi-monthly. Regional Integration Fund (RIF) allocation supports regional working initiatives, including integrated care. Regional Partnership oversees production of Needs Assessment and Care Sector Market Stability Report. Establishment of a number of Boards/Working Groups to deliver against needs assessment.

Integrated Leadership Board – Senior level board underpinning the CTM Regional Partnership, established to provide integrated Executive-level leadership across health and social care across the region.

Partnership Leadership Team – established with Local Authority and NHS representation to spot challenges and progress opportunities across the partnership – meets monthly.

Implementation of the National Single Point of Access (SPOA) Framework as directed by the National 6 Goals Framework informing the Primary Care Transformation Programme.

Connectivity and alignment of this programme with other programmes such as Frailty Board, 6 Goals is a key remit of the Integrated Care Board.

The 3Ps programme is supporting people to make informed decisions about their health care, supporting them to manage their health while waiting for treatment. This work is being taken forward via a partnership approach in CTM, including the Community Voluntary Councils.

Sources of Assurance (Internal and External)

Reports

- Integrated Performance Report
- Regional Partnership and Integrated Leadership Board – highlight reports
- Strategic Development Committee reports
- Regional Integration Fund reports
- **WG Integration accountability meeting report on 12 February 2026 which identified areas of strength and pointed to areas where further focus is advised:**
 - **Inconsistent integrated working across the region;**
 - **Assessment delays and hospital flow constraints;**
 - **Workforce pressures and specialist capacity gaps;**
 - **Process redesign and model modernisation;**

- Domiciliary Care and reablement capacity;
- Seven-day service delivery;
- Falls and care-home conveyance pressures;
- Cultural change and practice improvement;
- Strengthening hospital avoidance and early intervention capacity;
- Improving real-time system oversight.

Board and Committee Assurance

The Board and the Strategic Development Committee are provided with updates on the developments with regards the Integrated Care Model as required within their respective cycles of business.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Data and digital solutions will be needed alongside strategic ambitions	Scoping for new community care digital record which is integrated with GP practices and interface with social care. Work with Local Authorities on the introduction of 'MOSAIC' which is replacing WCCIS as the social care records platform	The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the different population groups and the drivers of health inequalities.	Integrated records and data sharing agreements in place
Evidence base for alternative delivery models for practices	Commissioned to address gap Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK. The Primary Care & Community Transformation Board is providing the system leadership and governance needed to move the Health Board with an evidence-led approach to alternative delivery models for integrated community service.	To support sustainability of GP practices and support robust primary care services	Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care A Strategic plan for primary and community services
There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist.	Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models. Workforce and Digital leads to be convened to support progress.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain leading measures which will indicate if we are chancing the shape of our system to get better results.
Achieving a sufficiency of social care provision is essential. We need to build on our initial steps and develop a strategic commissioning approach for example for care home places. The re-setting of Joint Partnership Boards as county-level planning and doing fora is critical to effective delivery though local integrated teams.	JPBs being reset through the Primary and Community Care Transformation Program. Development of Regional Needs Assessment and evolution of the Regional Area Plan is an opportunity to gain agreement across the partnership.	Shared space for decision making and constructive challenge. A regional Area Plan with shared commissioning priorities, objectives and outputs.	Primary care transformation programme Joint working with local authority and regional development of integrated approach
Necessary prioritisation of internal transformation activity within the health board has knocked onto the planned timeline for structural integration.	Continued discussion with partner agencies and reprofiling/reassignment of action owners within the integration plan.	Greater internal coherence in terms CTMUHB transformation and reworked for programme for next steps on structural integration.	Greater confidence in CTMUHB's ability to deliver the programme.

Linked National Priority Measures

Ministerial Priorities

- Timely access to care
- Population health and prevention
- Building community capacity
- 6 Goals for Urgent and Emergency Care

Current Performance Highlights

- Focus has been on integrating health services within the Rhondda Cynon Taf (RCT) and Merthyr Tydfil localities as they are separate services at present. Commenced Organisational Change Process August 2025 to integrate health services in the first instance to create intermediate care services to prevent patients from entering acute hospitals where not appropriate and supporting discharge, is now complete. The next stage to create closer joint working with local authority front-line teams is scheduled to commence from February 2026.
- Focus on the development of the Navigation Hub for admission avoidance, e.g. virtual ward for Same Day Emergency Care and Respiratory; oversight of the Wales Ambulance Service Trust stack to intervene where patients can be triaged and signposted to Primary Care and Community; Care Home intervention service (87% success rate); and also falls service in collaboration with RCT Local Authority.
- Series of engagement & learning events taken place with GPs. Summary of key actions has been included in a communication newsletter to Primary Care.
- Mapping exercise of all the community services.
- Action plan devised by NAPC together with the leadership team and present and agree priorities and infrastructure at the next Primary and Community Care Board.
- CTM Regional Partnership has defined a target model an Integrated Community Care System (ICCS) for our older population. An implementation plan, program delivery team and clear governance route is in place.
- Regional Partnership structures provide the main governance fora for integration with social care. There are generally good working relationships and there have been successes for example in retendering domiciliary care in RCT aligned to D2RA pathways.
- A Regional Partnership (Section 33/Part 9) Agreement signed by CTMUHB and the three Local Authorities - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard. **The Regional Integrated Services Director along with the regional team will collaborate with the two Local Authorities and Health Board to create Local Authority level dashboards of key metrics, providing integrated managers with essential information to support statutory agency deliverables and regional priority measures.**
- Impact from the actions and work of the transformation programmes.

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 care 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

4491	Failure to meet the demand for patient care at all points of the patient journey	20
6179	High and increasing prevalence of overweight and obesity in children and adults.	20
6053	Failure to secure an alternative Clinical System for GP practices on Vision	20
3826	Emergency Department (ED) Overcrowding	20
5753	Inadequate Special School Nurse Provision	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
5646	The impact of "Right Care Right Person" (RCRP) approach.	16
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16

**Agenda Item**

6.5

Cwm Taf Morgannwg Health Board**Highlight Report from the South East Wales Regional Joint Committee**

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary – Cwm Taf Morgannwg UHB
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
SEWRJC	South East Wales Regional Joint Committee



1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the SEWRJC at its meeting on 24 February 2026.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The SEWRJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.

3. Highlight Report

Alert / Escalate	No items identified for escalation to Boards on this occasion.
Advise	Current Work Programme Updates - A comprehensive update on ongoing regional programmes was provided to the SEWRJC, including orthopaedics, diagnostics, ophthalmology, stroke, and cancer services, highlighting progress, challenges, and plans for service delivery and capacity building across South-East Wales.
Assure	Approval of Minutes and Actions: The unconfirmed minutes from the previous meeting on 19 th November 2025 were approved with no objections; the committee also closed the only outstanding action, which was the update of the terms of reference, as these had been approved by three health boards in their January meetings. Governance Structure: Regional Director, Chris Dawson Morris explained the governance model to the RJC. The model includes an executive management group, a development group for monthly programme reporting, programme boards, and the aforementioned task and finish groups, representing an evolution of previous regional structures. Business Case Approvals: Chris Dawson Morris reported that the full business case and outline Full Business Case for Phase One and Outline Business Case for Phase Two of Llantrisant Health Park (LHP) had been taken through the three boards, with formal Welsh Government approval received for Phase One.



	Diagnostic Centre Procurement: Paul Mears, CEO Cwm Taf Morgannwg UHB, confirmed that, after three and a half years, the procurement process for the diagnostic centre was completed, with Alliance Healthcare selected as the successful supplier and work commencing on site for phase one. Cataract Programme Achievements: Chris Dawson Morris highlighted the cataract programme's success in delivering a large number of procedures across the region, involving multiple partners and achieving regional equity, with lessons learned for future programmes.
Inform	Delegation for Full Business Case Approval: It was proposed that there was an opportunity for all three Health Boards to delegate the approval of the LHP Full Business Case for Phase 2 (Orthopaedics) to the RJC. Chris Dawson Morris would work with the Directors of Corporate Governance and the three Boards would make the decision on whether to delegate this decision making in due course.

3. Assessment

Objectives / Strategy	
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 Healthier Wales If more than one applies please list below: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable If more than one applies please list below: Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	Yes - Reduce If more than one applies please list below:



Environmental /Sustainability Impact (5Rs)	As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
	There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	

4. Recommendation

4.1 The Board is asked to:

- to **NOTE** the highlights outlined in section 3 of this report.

2025-26 Finance Report

Month 11

Summary

Situation	Background
This Finance report outlines our financial performance for Month 11 (i.e. the period to 28th February 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 11 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.	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 25/26 was submitted to Welsh Government (WG) at the end of March 2025. This plan showed a breakeven position with a net risk to the plan of £41.8m. This plan has subsequently been approved by WG. As the Health Board has an approved plan and has achieved a breakeven position over the last 2 financial years (2023/24 & 2024/25), delivering the breakeven plan in 2025/26 would allow the Health Board to meet its financial duties.

Summary

Assessment	Recommendation
Overall revenue position - 2025/26: • The M11 position reported a £1.3m surplus for the period with a year-to-date deficit of £0.1m against our plan. • The current year forecast break-even position has been maintained at M11. • The risks to the breakeven forecast have improved during Month 11 following confirmation from WG that funding support would be provided for the Welsh Risk Pool and the Band 2/3 framework. Recurrent revenue position: • The submitted IMTP for 2025/26 planned for an underlying recurrent surplus of £1.7m by the end of 2025/26. • As at M11 we are reporting a forecast underlying deficit at the end of 2025/26 of £9.2m. This £9.2m recurrent deficit reflects lower than anticipated allocations along with a shortfall in savings achievement and increasing cost pressures including the Band 2/3 framework. Cashflow: • The cash balance at the end of M11 was £6.9m. Capital position: • The capital resource limit is currently £103.8m and the forecast is to achieve a breakeven position.	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 28th February 2026.

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20	Savings
21	Risks & Opportunities
22	Capital Expenditure
23	Statement of Financial Position
24	Cash Flow Forecast
25	Public Sector Payment Policy Compliance

Overall Revenue Position

- The M11 position reported a £1.3m surplus with a year-to-date deficit of £0.1m.
- The forecast current year break-even position has been maintained at M11.
- The forecast recurrent position has decreased to £9.2m deficit at M11.
- The net opportunities/risks to the forecast break even position have improved at M11 at £0.1m (IMTP: £41.8m) which are summarised on Page 21.

Savings Position

- Actual savings in M11 was £2.1m which was £0.5m below the M11 target of £2.6m.
- The M11 forecast in year savings is £25.7m, which is £5.6m below the £31.3m target.
- The M11 forecast recurrent savings is £25.5m, which is £5.8m below the £31.3m target

Cash

- The cash balance at the end of M11 was £6.9m, this is above our target balance of keeping cash balances below £6m.
- The current cash flow forecast is showing a breakeven position after assuming working balance cash adjustment of £9.0m.

Capital

- The capital resource limit for 2025-26 of £103.8m was issued on the 26th February 2026.
- Expenditure to M11 amounted to £69.6m.
- The outturn capital position is breakeven.

Summary Income & Expenditure Account



	M11 Actual	M11 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(130.4)	(1414.7)	(1552.9)
02. Capital Donation / Government Grant Income	(0.1)	(2.5)	(2.6)
03. Welsh NHS Local Health Boards & Trusts Income	(6.8)	(68.7)	(74.9)
04. WHSSC Income	(1.3)	(13.3)	(14.5)
05. Welsh Government Income (Non RRL)	0.1	(2.2)	(2.3)
06. Other Income	(5.1)	(50.0)	(54.5)
Total Allocations & Income	(143.6)	(1551.4)	(1701.7)
08. Primary Care Contractor	14.9	160.3	177.7
09. Primary Care - Drugs & Appliances	9.1	93.5	103.0
10. Provided Services - Pay	64.6	705.4	771.3
11. Provider Services - Non-Pay	9.8	111.4	123.7
12. Secondary Care - Drugs	4.6	55.0	60.8
13. Healthcare Services Provided by Other NHS Bodies	25.9	281.1	309.6
14. Non-Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.0	72.6	80.0
16. Other Private & Voluntary Sector	1.5	14.2	17.7
17. Joint Financing and Other	1.6	17.1	20.0
18. Losses Special Payments and Irrecoverable Debts	0.4	3.2	12.2
22. DEL Depreciation\Accelerated Depreciation\Impairments	3.2	37.4	40.6
23. AME Donated Depreciation\Impairments	0.0	0.5	(14.9)
25. Profit\Loss Disposal of Assets	(0.3)	(0.3)	(0.0)
Total Expenditure	142.3	1551.5	1701.7
Grand total	1.3	(0.1)	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 M11 year to date position is reporting a deficit of £0.1m.
- We are currently forecasting a year end break-even position.
- With the exception of AME Depreciation, there are no material changes to future expenditure levels compared to the year-to-date average monthly expenditure.



Year-to-Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 2	2.0	3.7	0.0
Month 3	1.1	4.8	0.0
Month 4	1.5	6.3	0.0
Month 5	0.1	6.3	0.0
Month 6	(2.0)	4.3	0.0
Month 7	0.0	4.3	0.0
Month 8	(0.3)	4.0	0.0
Month 9	(0.6)	3.4	0.0
Month 10	(2.0)	1.4	0.0
Month 11	(1.3)	0.1	0.0

- Key Points:**
- The M11 YTD overspend of £0.1m includes a £10.7m shortfall in savings.
 - Following confirmation of lower than anticipated allocations for the 24/25 pay award (£1.7m lower than anticipated) and national insurance changes (£2.1m lower than anticipated), the YTD position has recognised a £3.5m adverse impact.
 - As at M11 the Health Board has confirmed accountancy gains of £5.3m which has been recognised.
 - Following a further executive review of the remaining plans for cost pressures and investments together with actions to improve the financial position, an additional £2.1m of plans have been released at M9 increasing the total revised financial plan release to £4.8m and giving a year-to-date benefit of £4.4m.
 - 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 M11 Year-to-Date £m	M11 Forecast £m	M10 Forecast £m	IMTP £m
Savings Shortfall	5.6	0.1	5.7	5.6	5.6	0.0
Operational Variances	8.9	(10.2)	(1.3)	1.2	0.7	0.0
Plan Phasing Adjustments	0.0	2.4	2.4	0.0	0.0	0.0
Financial Plan Improvements	0.0	(4.9)	(4.9)	(5.3)	(4.8)	0.0
Accountancy Gains	0.0	(5.3)	(5.3)	(5.3)	(5.3)	0.0
Additional Financial Allocation	0.0	3.5	3.5	3.8	3.8	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	14.5	(14.4)	0.1	0.0	0.0	0.0

Key Points:

- The M11 position is reporting a £0.1m deficit (overspend) against the plan, of which £14.5m relates to delegated budgets, partially offset by an £14.4m surplus position within non-delegated budgets and reserves.
- The main driver of the deficit position is the £5.7m shortfall in savings delivery.
- The YTD accountancy gain recognised at M11 is £5.3m.
- All mitigating actions have now been identified, and it is essential that no further deterioration in operating variances materialise in the final quarter.
- 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 11 (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 @ M11 £m	Non-Delegated Recurrent @ M11 £m	Total Recurrent @ M11 £m	Total Recurrent @ M10 £m
Initial Financial Plan	(1.7)	0	(1.7)	(1.7)	(1.7)
Savings Variances	0.0	5.1	0.7	5.8	4.8
Operational Variances	0.0	14.7	(12.8)	1.9	2.9
Financial Plan Variances	0.0	0.0	(2.7)	(2.7)	(2.7)
Additional Financial Allocations	0.0	0.0	3.8	3.8	3.8
Band 2/3 Framework - TBC	0.0	0.0	2.1	2.1	2.8
Accountancy Gains	0.0	0.0	0	0	0
Other Mitigating Actions	0.0	0.0	0	0	0
Grand Total	(1.7)	19.8	(10.6)	9.2	9.9

Key Points:

- The B/fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 planned for an in-year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26. The latest assessment is reporting a £9.2m underlying deficit (£9.9m M10).
- The latest savings returns have indicated recurrent savings of £25.5m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £5.8m.
- The recurrent adverse impact of lower than anticipated allocations for 24/25 pay awards and 25/26 national insurance changes is £3.8m.
- As at M11 the underlying position recognises an estimated £2.1m impact of the Band 2/3 Framework.

Non-Delegated Reserves



Reserves	Plan £m	Issued @ M11	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
Brought Forward Commitments	3.2	(4.5)	(1.3)	2.6	(1.3)	(0.8)
Brought Forward Planned Care	11.9	(11.2)	0.9	(0.9)	0.0	0.0
Recurrent Investment Plans	6.3	(3.4)	2.9	(0.3)	(2.6)	0.0
Non-Recurrent Investment Plans	1.0	0.2	1.2	(0.2)	(1.0)	0.0
Cost Pressures – Inflation	3.8	(2.0)	1.8	(0.2)	(1.6)	(2.2)
Cost Pressures – Growth/Demand	3.2	(1.6)	1.6	(0.0)	(1.6)	(1.5)
Cost Pressures – POW Non-Rec	10.0	(9.1)	0.9	(0.9)	0.0	0.0
Savings Target Yet to be Identified	(9.6)	9.4	(0.2)	0.0	0.2	0.7
Planned Deficit/Surplus	0.0	1.4	1.4	0.0	(1.4)	(3.1)
Grand Total	29.8	(20.6)	9.2	0.1	(9.3)	(6.9)

Key Points:

- The approved plan identified £39.4m of reserves yet to be issued to delegated budgets, as at M11 £30m has been issued with £9.4m remaining. As at M11, there has been £9.5m of favourable variances forecast for the year end.
- The Savings target of £31.3m identified £21.7m to be issued to Delegated budgets with the remaining £9.6m to be issued as central executive led programmes to be identified as opportunities for the care groups/directorates to deliver. As at M11 £9.4m has been identified giving a £0.2m under achievement.

IMTP Discretionary Investment Plans



Investment Plans	Plan	Issued @ M11	Balance Remaining	Anticipated Commitments	Current Year Forecast	Recurrent Forecast
	£m					
Health Protection	1.1	(1.1)	0	0	0	0
PCH ITU	0.3	(0.3)	0	0	0	0
Fracture Liaison Service	0.2	(0.2)	0	0	0	0
Consultant Recruitment	0.3	(0.3)	0	0	0	0
NICE Diabetes (CLPS)	0.9	(0.3)	0.6	0	(0.6)	0
PMVA Training	0.1	0	0.1	(0.1)	0	0
Speak Out Guardians	0.1	(0.1)	0	0	0	0
Childrens Weight Management	0.4	0	0.4	0	(0.4)	0
Digital Investment	1.0	(0.3)	0.7	(0.2)	(0.5)	0
Velindre Business Cases	0.6	(0.6)	0	0	0	0
Strategies Support	0.3	(0.3)	0	0	0	0
Other Not Yet Committed	1.0	0	1.0	0.0	(1.1)	0
Grand Total	6.3	(3.4)	2.9	(0.3)	2.6	0.0

Key Points:

- The approved plan identified £6.3m of new investments, as at M11, £3.4m has been confirmed and issued with £2.9m remaining unallocated of which £2.6m remains uncommitted.



IMTP Discretionary Investment Plans

Key Points:

- The approved plan identified £6.3m of new investments, £1.1m related to additional WG funding for Health Protection and the remaining £5.3m was predicated upon delivery of the £31.3m savings plan. Given the WG funding settlement for 2025/26, the delivery of the £31.3m savings plan was essential to support the investment fund.
- As at M11, the savings delivery is forecast to be £5.7m less than plan, this creates a pressure if the full investment plan is committed and delivered.
- As at M11, £2.4m of the £5.3m discretionary local investment plan has been confirmed and issued with £2.9m remaining unallocated of which £2.6m remains uncommitted. The committed plans yet to be issued include:
 - PMVA Training £0.1m.
 - Digital Investment Plans £0.2
- Given the forecast underachievement of the savings plan along with a deterioration in the delegated operating variances, the uncommitted £2.6m has been assumed to be slippage to support assurance upon achieving the forecast breakeven position.

Pay Expenditure Trends



Staff Group	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m	Jan-26 £'m	Feb-26 £'m
Administrative & Clerical	8.8	8.8	8.8	8.6	8.8
Medical And Dental	18.3	18.3	18.4	18.2	17.5
Nursing And Midwifery Registered	20.4	20.2	20.4	20.6	21.0
Add Prof Scientific And Technical	2.0	2.0	2.0	2.1	2.1
Additional Clinical Services	8.3	8.2	8.3	8.4	8.5
Allied Health Professionals	4.2	4.1	4.1	4.2	4.2
Healthcare Scientists	1.2	1.1	1.2	1.1	1.2
Estates And Ancillary	3.6	3.6	3.6	3.6	3.6
Students	0.0	0.0	0.0	0.0	0.0
Grand Total	66.9	66.4	66.8	66.7	66.9

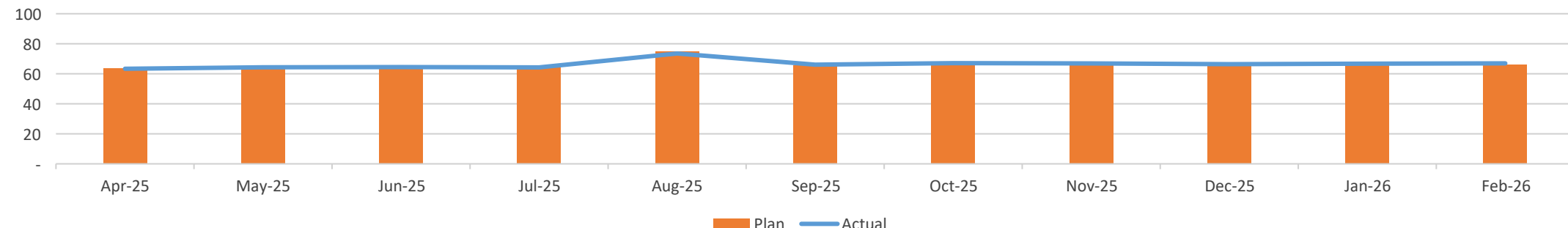
Key Points:

- Total pay expenditure in M11 was £66.9m. This is an increase of £0.2m compared to M10.
- When compared with the M10 actual, the following variable pay movements occurred:
 - Increase in Core costs of £0.4m
 - Decrease in Agency of £0.2m
 - Increase in Overtime of £0.1m
 - Decrease in ADHs of £0.5m
 - Increase in WLIs of £0.4m
 - All other variable pay has remained consistent with M10.

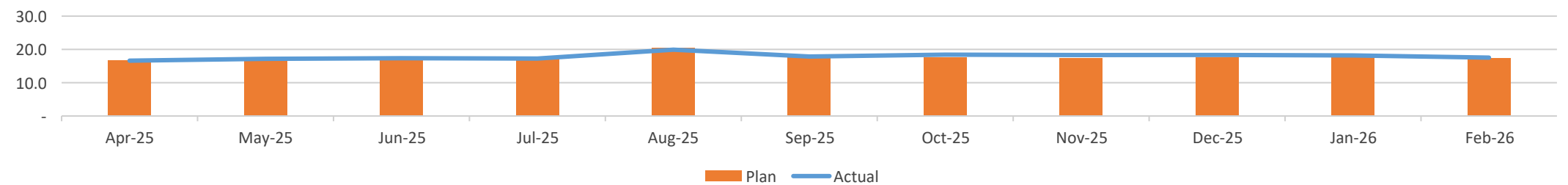
Spend category	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m	Jan-26 £'m	Feb-26 £'m
Core	59.6	59.7	59.5	59.5	59.9
Agency	2.0	2.0	2.1	2.0	1.8
Overtime	1.8	1.3	1.6	1.7	1.8
ADH	2.0	1.6	1.9	1.9	1.4
Bank	1.6	1.5	1.5	1.6	1.6
WLI	(0.1)	0.3	0.1	0.0	0.4
Grand Total	66.9	66.4	66.8	66.7	66.9

Pay Expenditure Trends

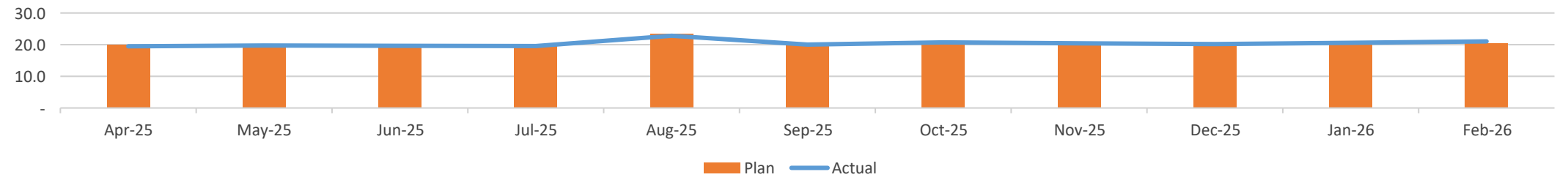
Total Pay Expenditure Trend (£'m)



Medical & Dental Pay Expenditure Trend (£'m)

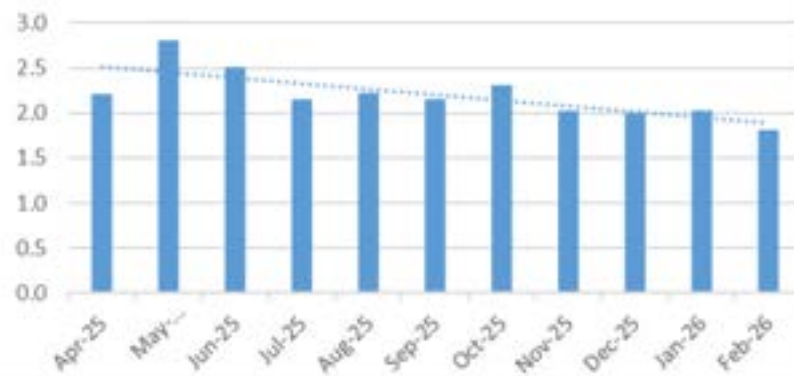


Nursing & Midwifery Pay Expenditure Trend (£'m)

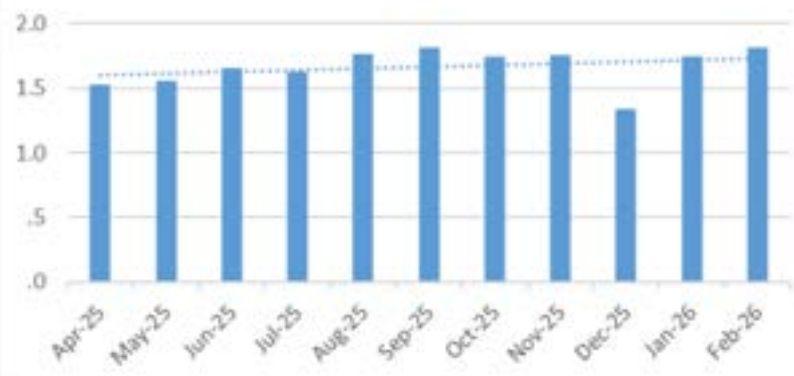


Variable Pay Expenditure Trends

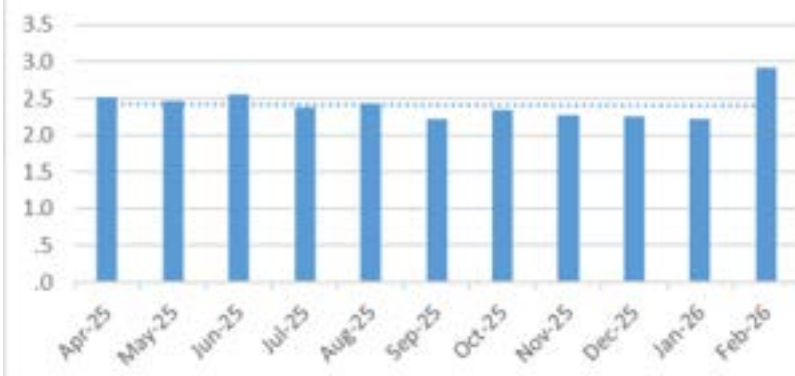
Total Agency Expenditure (£'m)



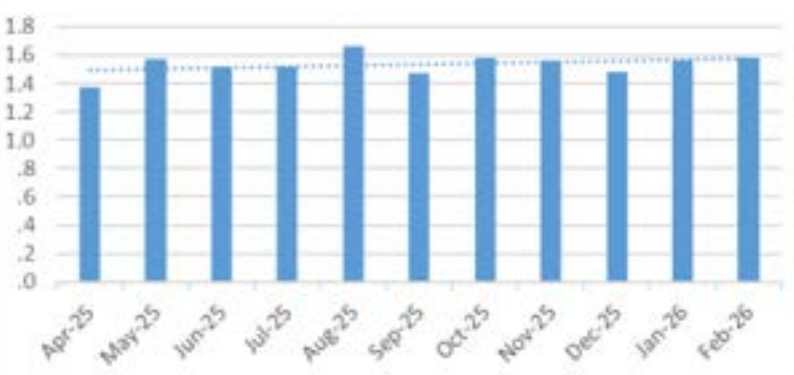
Total Overtime (£'m)



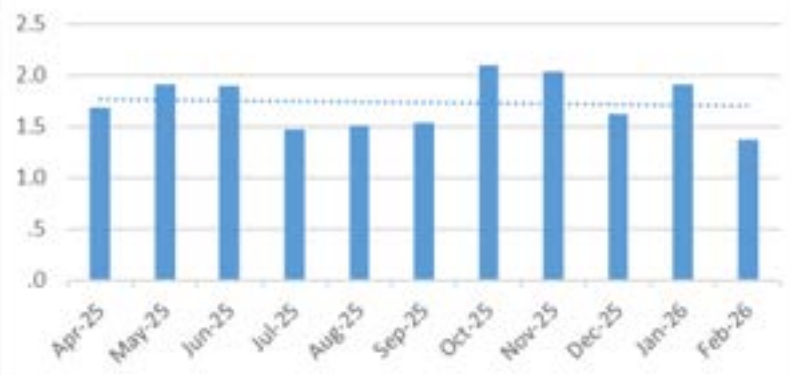
Core Enhancements Expenditure (£'m)



Total Bank Expenditure (£'m)



Total ADH (£'m)



Key Points :

- Agency spend – no material change but overall, a reduction in trend.
- Overtime – has increased by £0.1m when compared to M10, with an increasing trend.
- Core enhancements – has increase by £0.4m when compared to M10, but a flat trend overall.
- Bank – no material change, with an increasing trend.
- ADH spend – has decreased by £0.5m but overall, a flat trend.

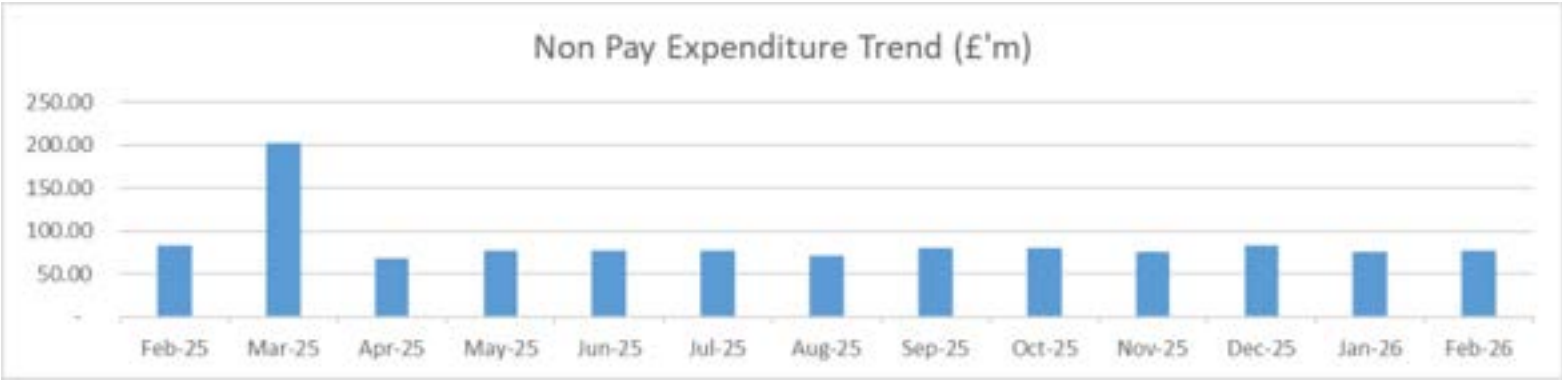
Non Pay Expenditure Trends



Non Pay Group	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m	Jan-26 £'m	Feb-26 £'m
Primary Care Contractors	13.1	18.3	15.0	13.7	14.1
Primary Care Drugs	7.6	7.9	7.9	7.6	9.1
Provider Non Pay	11.1	11.2	11.1	10.5	10.1
Secondary Care Drugs	5.2	4.9	5.4	4.3	4.6
Healthcare Commissioning	25.7	26.9	26.2	25.9	25.9
CHC & FNC	7.4	8.0	7.6	7.6	7.3
Other	6.0	5.7	6.4	6.1	6.3
Total Expenditure	76.2	82.8	79.6	75.6	77.3

Key Points:

- The total spend in M11 of £77.3m was £1.7m higher than M10. The main movements were:
 - Increase in Primary Care Drugs by £1.5m due to an increase in PAR and prescribing days in month.



Income Trends



Income Group	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m	Jan-26 £'m	Feb-26 £'m
Welsh NHS Income	6.2	6.0	6.2	6.5	6.2
JCC Income	1.2	1.2	1.2	1.1	1.9
Primary Care Contractor Income	1.2	1.2	1.2	1.4	1.3
CHC Income	0.7	0.8	0.8	0.9	0.5
Other Income	5.3	4.7	4.9	7.3	5.3
Total Income	14.7	13.8	14.3	17.2	15.1



Key Points:

- The total income in M11 of £15.1m was £2.1m lower than M10.
- The main movements were:
 - Other Income - £2.0m decrease as a result of M10 increases returning to prior month levels, which include:
 - Patient Care & Safety Nurse Education income was fully released in M10, along with additional income for Advanced Practitioner courses.
 - Contract & Commissioning increased income catch up from December relating to RTA.
 - Meds Mgt increased rebates for Mounjaro.
 - JCC Income - £0.8m increase as a result of miscoding, will be reflected in M12 in Other Income.

Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,381	32.2	27.8	96.8	1,537.8
Anticipated Allocations:					
Capital	0.5				0.5
IFRS 16 Revenue Adjustment	(2.6)				(2.6)
Outpatient National Programme	3.4				3.4
104 Weeks T&O Plan	1.0				1.0
RTT Waiting Times - Phase 5	1.0				1.0
Planned Care Plan Phase 4 Diagnostics	1.1				1.1
Discovering a Digital Solution	1.0				1.0
Band 2/3 Retrospective Payment	8.8				8.8
Other	1.1				1.1
Total Allocations	1,396	32.2	27.8	96.7	1,552.9

Key Points:

- As at M11 the confirmed Revenue Resource Limit (RRL) allocation was £1,537.8m.
- We are anticipating a further £15.3m of funding.
- During M8 the 2025/26 pay award funding was allocated in full.
- WG have confirmed that the Welsh Risk Pool increase over initial plans will be supported with allocations so will remain neutral to our forecast. This is estimated as £7.2m.
- POW Critical Incident funding of £9.1m has now been received.



Income Assumptions - NHS

	Contracted Income	Non Contracted Income	Total Income
	£m	£m	£m
Swansea Bay University	24.5	(4.1)	20.5
Aneurin Bevan University	18.1	0.1	18.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	18.4	(1.2)	17.2
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.4	0.9
Powys	5.1	2.9	8.1
Public Health Wales	1.2	3.7	4.9
Velindre	0.0	9.3	9.3
DHCW	2.1	0.1	2.2
Wales Ambulance Services	0.0	0.1	0.1
JCC	13.7	(0.0)	13.7
HEIW	0.0	19.8	19.8
NHS Wales Executive	0.0	0.0	0.0
Total	83.7	31.5	115.2

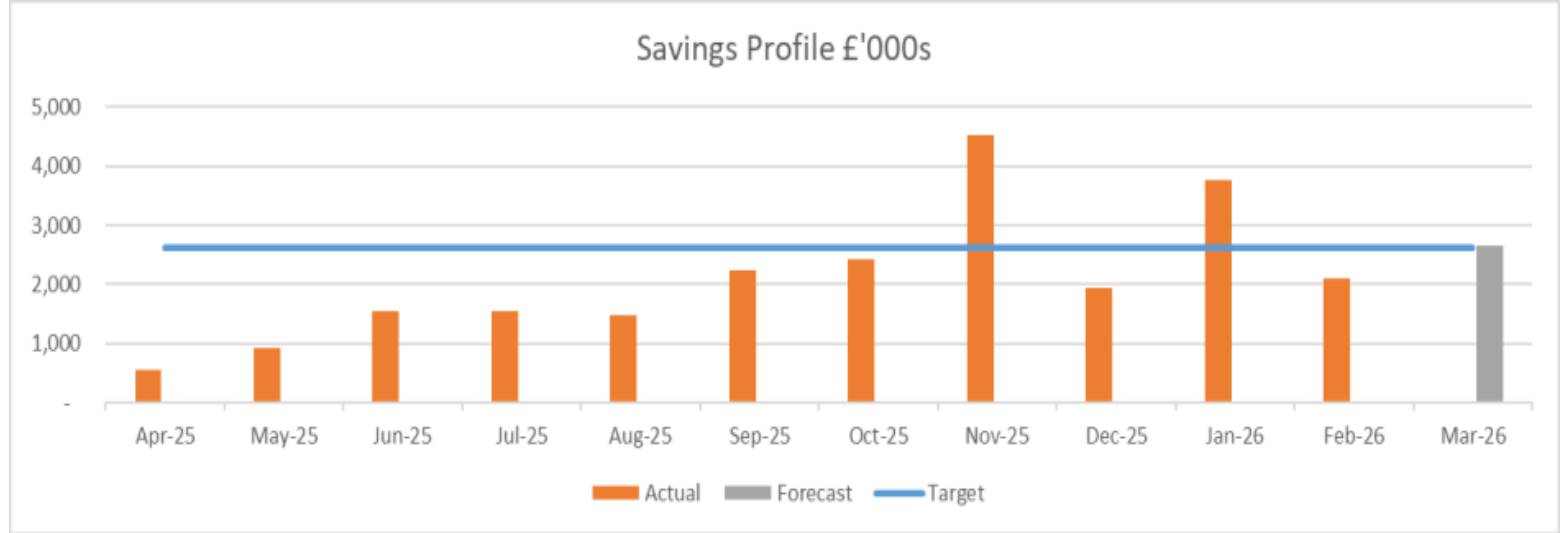
Key Points :

- Income assumptions have been agreed with the corresponding organisations.
- All LTAs have been agreed with both commissioners and providers.
- The HB has recently been advised that ABUHB are disputing the 2025/26 LTA performance related to Zero length of stay admissions via our SDEC units, this equates to circa £400k risk.

	Month 11			Month 10		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M11	28.7	31.3	31.3	26.1	31.3	31.3
Actual and Forecast Savings	(23.0)	(25.7)	(25.5)	(20.9)	(25.7)	(26.5)
Total	5.7	5.6	5.8	5.2	5.6	4.8

Key Points:

- The M11 YTD savings is reporting £23.0m of identified savings, which is £5.7m below the YTD target of £28.7m.
- The forecast in year savings of £25.7m is £5.6m below the £31.3m target.
- The M11 forecast recurrent savings of £25.5m is £5.8m below the £31.3m target.

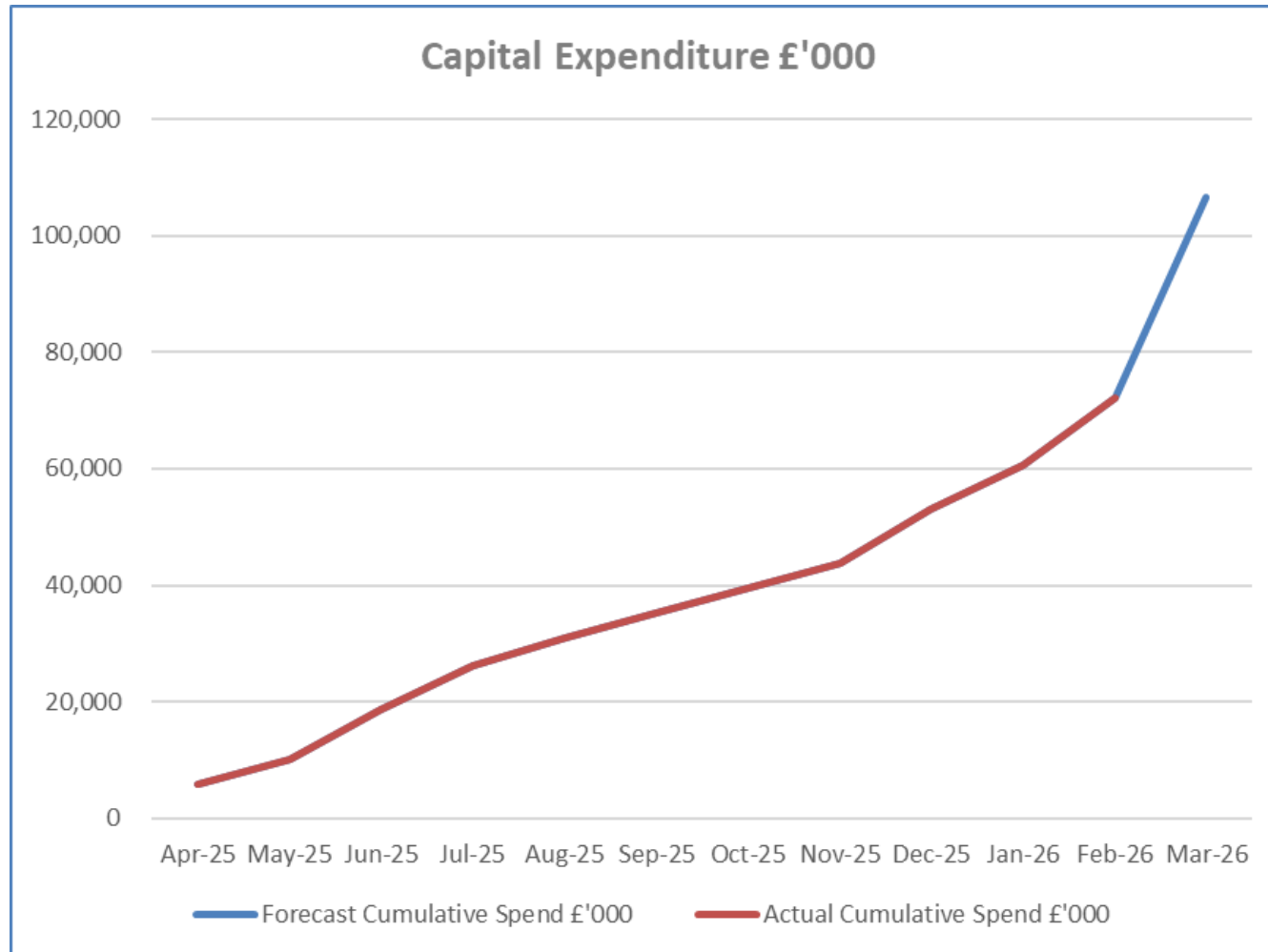




	M11 £m	M10 £m	Comment
Funding risks:			
Other risks:			
Delivery Risk on Identified Savings Plans	0	0	Table C3
Delegated Risk Assessments – High Risk	0	0.2	Revised assessment
Delegated Risk Assessments – Medium Risk	0	0.5	Revised assessment
NWJCC Risks not included in Forecast	0	0.3	NWJCC risks @M10
Band 6/7 HV Dispute	0	0.3	HV's voted to take industrial action
Further industrial action in 25/26.	0	Tbc	
ABUHB LTA Dispute	0.4	Tbc	Dispute on zero LoS activity
Total Risks	0.4	1.3	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Further IMTP Planning slippage	0.0	Tbc	Final review completed M11.
JCC Opportunities	0.0	(0.1)	NWJCC opportunities @M10
Velindre NHST NICE Forecast	(0.1)	(0.4)	Difference between forecast and recent trend.
HV Industrial Action – Reduction in Pay	(0.2)	0.0	HV industrial action resulting in reduced pay costs but offset by reduced LA income.
Total opportunities	(0.3)	(0.5)	
Net Risk	0.1	0.9	

- As at M11 we have identified risks to the forecast, amounting to £0.4m.
- There is a small number of potential opportunities that could help mitigate the identified risks by £0.3m.

Capital Expenditure



Key Points:

- The Capital Resource Limit for 2025-26 of £103.75m was issued on the 26th February 2026
- This is supplemented by a forecast of £2.579m of donated funds and £0.31m of NBV of assets disposed of in this financial year giving an overall programme of £106.639m.
- Expenditure to M11 amounted to £72.2M.
- The outturn capital position is balanced against the CRL target.

Statement of Financial Position

Balance Sheet	Closing Balance as at M10 £'000	Closing Balance as at M11 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	712,838	721,263	721,263
Intangible Assets	2,010	2,010	2,010
Trade and Other Receivables	94,247	94,247	94,247
Total Non-Current Assets	809,095	817,520	817,520
Current Assets			
Inventories	7,269	7,157	7,157
Trade and Other Receivables	139,468	150,690	128,964
Cash and Cash Equivalents	4,296	6,854	218
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	151,033	164,701	136,339
Current Liabilities			
Trade and Other Payables	190,924	190,924	189,576
Provisions	44,210	44,210	44,210
Total Current Liabilities	235,134	235,134	233,786
Non-Current Liabilities			
Trade and Other Payables	3,333	11,008	11,008
Provisions	111,013	120,066	120,066
Total Non-Current Liabilities	114,346	131,074	131,074
TOTAL ASSETS EMPLOYED	610,648	616,013	588,999
Financed By:			
General Fund	509,806	515,172	488,158
Revaluation Reserve	100,841	100,841	100,841
TOTAL	610,647	616,013	588,999

Key Points :

The main changes in the balance sheet figures from M10 to M11 include the following:

- Provisions have increased by £9.1m since M10, this is mainly due to an increase in the level of provision required for clinical negligence cases.
- Trade and Other Receivables have increased by £11.2m.
 - The Welsh Risk Pool debtor for clinical negligence has increased by £5.7m.
 - The remainder of the variance is due to an increase of £6.4m in of general receivables and an increase of £3.1m of NHS manual accruals.
 - The increases detailed above are offset by a reduction in the Nursing Home Pooled Budget debtor of £3.5m.
- Creditors have increased by £7.7m from M10, there has been an increases in Non-NHS accruals of £3.1m and an increases in trade and capital payables of £5.0m.
- Fixed Assets have increased by £8.4m, capital expenditure has been incurred in several areas, the most significant being £4.2m on various IT schemes, £2.9m on the PCH G&FF Phase 2 scheme and £1.2m on Llantrisant Health Park.

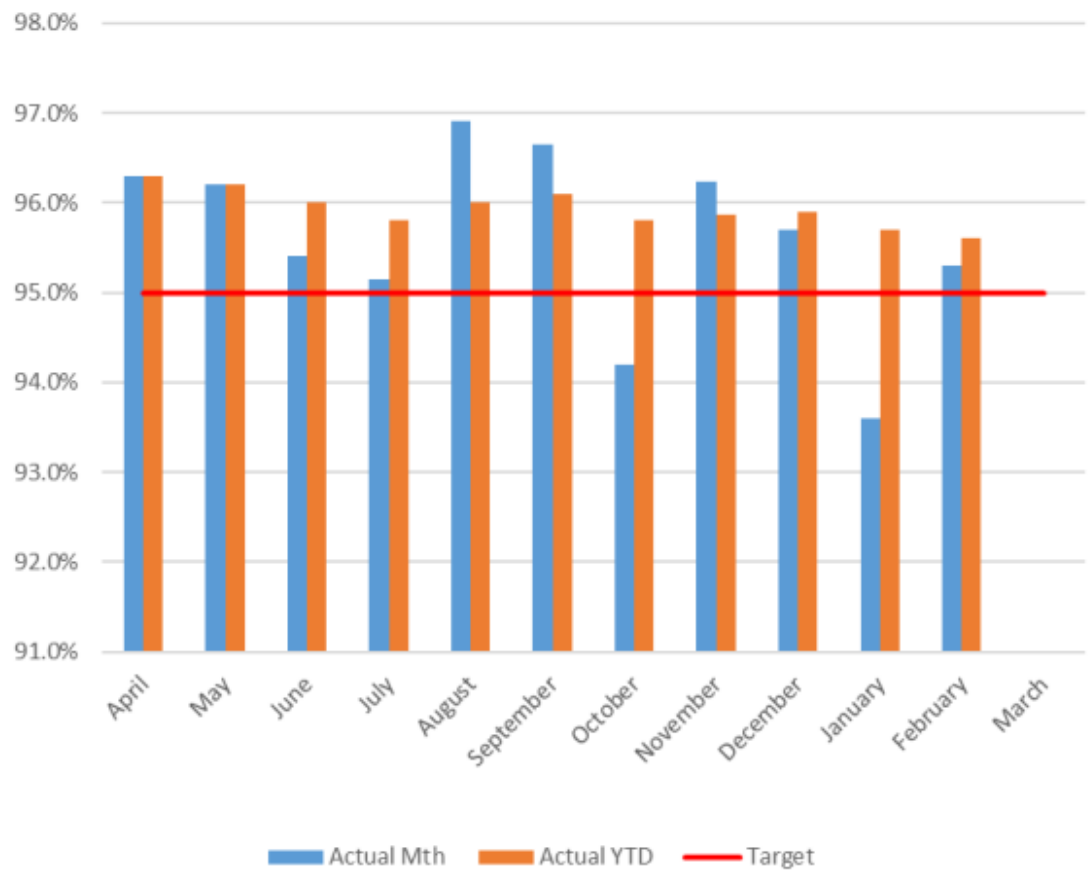
Cash flow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	125,821	129,267	109,434	135,697	144,727	136,034	134,274	112,997	135,697	134,172	126,368	118,089	1,542,577
WG Capital Funding	11,000	5,000	4,700	5,100	6,600	6,400	6,100	5,300	5,840	5,460	8,400	25,342	95,242
Sale of Assets	0	0	0	0	11	0	8	0	0	0	300	0	319
Welsh NHS Org'ns	11,825	12,178	12,971	9,690	10,199	10,124	14,105	11,582	23,777	9,187	11,500	9,700	146,838
Other	5,152	8,326	2,908	2,147	4,511	2,306	6,299	4,428	7,343	7,076	2,702	6,300	59,498
Total Receipts	153,798	154,771	130,013	152,634	166,048	154,864	160,786	134,307	172,657	155,895	149,270	159,431	1,844,474
Payments													
Primary Care Services	20,053	30,973	11,632	18,986	19,660	21,566	29,677	9,251	36,232	22,225	19,787	11,224	251,266
Salaries and Wages	55,847	62,858	62,476	63,219	67,868	68,374	65,703	66,544	66,587	65,869	65,321	66,500	777,166
Non Pay Expenditure	66,690	54,927	52,665	60,239	69,891	51,318	75,281	48,366	62,678	62,027	55,255	62,532	721,869
Capital Payments	8,289	8,474	6,383	6,282	8,087	6,320	2,437	5,634	7,964	7,150	6,349	25,811	99,180
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	150,879	157,232	133,156	148,726	165,506	147,578	173,098	129,795	173,461	157,271	146,712	166,067	1,849,481
Net Cash In/Out	2,919	(2,461)	(3,143)	3,908	542	7,286	(12,312)	4,512	(804)	(1,376)	2,558	(6,636)	
Balance B/F	5,225	8,144	5,683	2,540	6,448	6,990	14,276	1,964	6,476	5,672	4,296	6,854	
Balance C/F	8,144	5,683	2,540	6,448	6,990	14,276	1,964	6,476	5,672	4,296	6,854	218	

Key Points within the Cash Flow Forecast :

- In M11 the cash balance was £6.9m, with a split of revenue and capital of £6.3m and deficit of £0.5m respectively. The capital balance will be brought back to a surplus in February.
- At year end we are projecting a cash deficit of £9m for which there will be a requirement of working balances cash. We have anticipated that this £9m working balance requirement in the Cash Flow table.

Public Sector Payment Policy

30 Day Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30-day target in December was 95.3%.
- The cumulative percentage year to date is 95.6%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.



Agenda Item

7.2

CTM Health Board

CTM UHB Climate Action Plan 2026-2030

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Calum Shaw, Sustainability Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Calum Shaw, Sustainability Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Committee / Group / Individuals	Date	Outcome
This plan has been reviewed by ELG and SDC	11/02/2026	Endorsed

Acronyms / Glossary of Terms

ELG	Executive Leadership Group
SDP	NHS Wales Decarbonisation Strategic Delivery Plan

1. Background

- 1.1 Since 2016, there has been a strong commitment in Wales to tackle climate change. Welsh Government has set a national target for achieving Net Zero by 2050, alongside an ambition for the Public Sector to reach Net Zero by 2030.
- 1.2 To support the Public Sector ambition, Welsh Government has published two NHS Wales decarbonisation strategic delivery plans (SDP), first covering 2021-2025 and most recently 2025-2030. These plans set out actions for NHS organisations to accelerate decarbonisation action.
- 1.3 In addition, Welsh Government published a Climate Adaptation Strategy for Wales (2024), which outlines the high-level expectations for Health and Social care to prepare, manage and respond to the growing impacts climate change will have on our populations.

2. Matters for consideration

- 2.1 CTMUHB's strategy of 'Building Healthier Communities Together' is underpinned by 4 strategic goals, of which one is 'Sustaining our Future'. The plan presented today and associated governance outlines a key element of the approach to support this strategic goal.
- 2.2 CTMUHB previously published a decarbonisation strategy to demonstrate how it would meet the SDP (2021-25). A refreshed plan is required by April 2026.
- 2.3 Significant progress has been made since the last plan, including improvement in estates efficiency, reductions in waste and increased levels of clinical engagement and leadership on the agenda.
- 2.4 Following the publication of the new SDP and the Climate Adaptation strategy, NHS organisations are required to set out their actions, through a Climate Action plan detailing how it will meet national requirements.

3. Purpose of this paper

- 3.1 The purpose of this paper is to inform and seek approval from the Board for the Climate Action Plan 2026-2030 (Annex 1).
- 3.2 The plan sets out 50 actions which have been set out to deliver in line with national milestones and timescales.
- 3.3 Strategic and delivery leads have been allocated to each of the actions to build ownership.
- 3.4 Refreshed governance arrangements for the Climate Action Programme have been endorsed by ELG and SDC. Formal sign off of the terms of reference will go to SDC at the next meeting.

4. Key Risks / Matters for Escalation

- 4.1 A failure to publish a climate action plan would leave the organisation exposed in relation to our commitments on climate action. The proposed plan aims to mitigate this risk by providing clear direction, leadership and structured programme of activity.
- 4.2 There is a considerable work plan associated with these requirements which will be drawn from existing resource within teams and SDC has already endorsed the principle of either prioritising those initiatives with greatest impact, or deprioritising other initiatives, given the limited resources available.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: All
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 Healthier Wales
	If more than one applies please list below: Prosperous Resilient Equal Globally responsible
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Efficient
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	Yes - Reuse
	If more than one applies please list below: All

**Environmental
/Sustainability Impact
(5Rs)**

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Specific schemes would be subject to quality impact assessments as required.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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: There is no impact from a Welsh language perspective. Specific schemes would be subject to Equality & Welsh language impact assessments as required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	There are no specific legal issues, however, we would be accountable to Ministers for not delivering national requirements.	
Enw da / Reputational	Yes (Include further detail below)	
	There is significant reputational risk to the organisation if it does not meet its commitments to reduced carbon emission.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
	It should be noted that the requirement to work on this programme will require internal resources currently deployed on other activity and therefore prioritisation of activity will be required on an individual and departmental basis.	

6. Recommendation

- 6.1 It is recommended the Board approves the Climate Action Plan 2026-30, and the principle in relation to resourcing outlined in section 4.2.

7. Next Steps

- 7.1 Following approval, the Climate Action Plan will be published on the UHB website.
- 7.2 Following agreement of the plan the actions will be centrally managed and co-ordinated by the Sustainability manager. Update reports will be provided to SDC twice a year and to Board as appropriate.



Cwm Taf Morgannwg University Health Board **Climate Action Plan 2026-2030**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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Foreword

Welcome to our new Climate Action Plan for Cwm Taf Morgannwg University Health Board (CTMUHB). This plan supports our strategic aim of 'Building Healthier Communities Together' for the people of Cwm Taf Morgannwg. One of our four strategic aims is about 'Sustaining our Future' and our Climate Action Plan is a key element of delivering this aim. The plan sets out how we are responding to the challenges posed by climate change, by reducing our emissions and preparing for the climate risks that will affect our organisation.

The evidence is clearly established that climate change is one of the greatest public health challenges of our time. We are already experiencing its impacts on the health and wellbeing of our communities. In 2025, severe flooding caused significant disruption and damage across our local areas, and we know events like this will become more frequent and more intense in the years ahead. Across our region, over **12,500 undefended homes** are at risk of flooding, posing a substantial challenge to the people we serve and the services we provide.

This plan outlines a strategic and coordinated approach to reducing our environmental impact while ensuring we are prepared for future climate pressures. Our work is strongly aligned with the **NHS Wales Decarbonisation Strategic Delivery Plan (2025–30)** and the **Climate Adaptation Strategy for Wales**, ensuring we achieve a consistent and collaborative national approach.

We recognise population health is inseparable from the health of our environment. Climate action is one of our most important preventative opportunities. As a provider of essential public services, we must ensure climate change does not worsen health inequalities or negatively impact the people of Cwm Taf Morgannwg.

Delivering this plan will require commitment and collaboration from our staff, partners, patients and local communities. Through shared effort and collective ambition, we can lead on this agenda and play our full part in achieving the NHS Wales target of Net Zero carbon emissions by 2030.

Together, we can create a healthier, more resilient Cwm Taf Morgannwg for everyone.

Claire Thompson

Executive Director of Strategy and Transformation



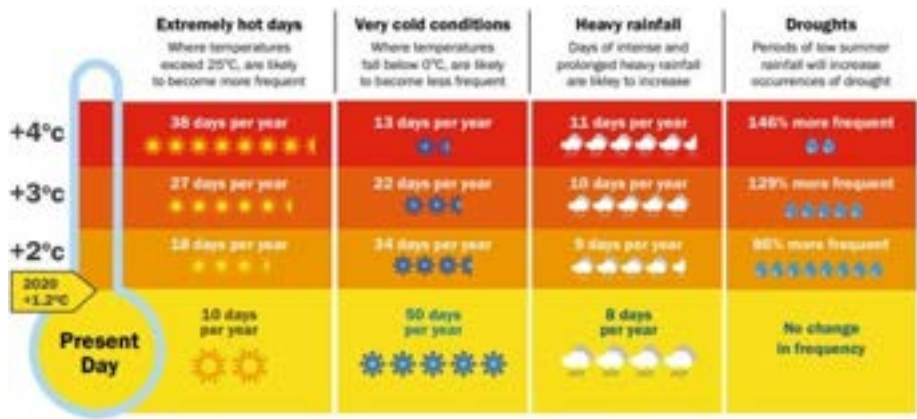
Introduction

Climate change is a major and growing threat to human health, and we are already seeing its impacts on both our planet and our populations. The health sector has a critical role to play in raising awareness, reducing emissions, and helping communities prepare for the challenges ahead.

This Climate Action Plan outlines how we will continue to deliver our essential decarbonisation programme by reducing carbon, saving money, and improving efficiency. We need to also assess the climate risks facing our organisation. It sets out the adaptations required to strengthen the resilience of our infrastructure, services and the health of our population.

Globally, the health sector is the fifth-largest contributor to greenhouse gas emissions. In Wales, the NHS Wales carbon footprint for 2024/25 was estimated at over 1.3 million tCO₂e, representing 34% of total public sector emissions. As a major public service, we therefore have both a responsibility and an opportunity to drive meaningful change.

Climate risks are also increasing. The UK Climate Change Committee (UKCCC), in its 2023 assessment, projected that average temperatures in Wales could rise by 1.2°C by 2050 and by up to 2.3°C by the 2080s. This means we will face more frequent periods of extreme heat, prolonged drought, and heavier rainfall events—each with significant implications for health services, communities and the resilience of our estate.



1

This plan provides a strategic and coordinated framework to achieve our goals. Our aim is to reduce emissions across our buildings, fleet, procurement and clinical services, while also assessing local climate risks and strengthening our adaptation measures. By doing so, we aim to ensure that our estate, services and workforce are prepared for the challenges ahead and we can continue to deliver safe, effective and sustainable healthcare to our population.

¹ [Climate Adaptation Strategy for Wales](#)

Climate and Health

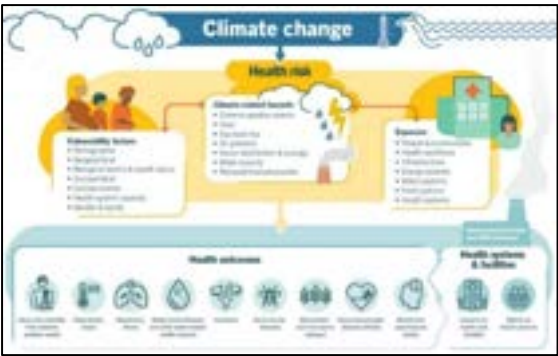
Climate change is not just an environmental issue, it is one of the most significant public health threats of our time. Changes in our climate will affect all aspects of people's lives, influencing both physical and mental health. The health risks associated with climate change will worsen existing conditions across our population, driven by increasing temperatures, extreme weather events, deteriorating air quality and changes in patterns of disease exposure. As with many health challenges, the impacts will fall disproportionately on the most vulnerable in our society.

Reducing greenhouse gas emissions (GHGs) through more sustainable transport, food systems and energy use can bring substantial health benefits. Improvements in air quality, increased levels of physical activity and reduced exposure to pollutants all support better long-term health outcomes. Many of the same actions needed for a low-carbon economy also help prevent illness and ease pressure on health services. For example, promoting active travel not only reduces emissions and improves air quality, but also supports healthier lifestyles and reduces the risk of chronic diseases.

The World Health Organization (WHO) estimates climate change will cause approximately **250,000 additional deaths every year** and create global health-related costs of **\$2–4 billion annually by 2030**. More locally, Public Health Wales, in its Climate Change Health Impact Assessment, has highlighted that: **“Climate change will have a major long-term impact on health, wellbeing and equity. These impacts are multifaceted, are not static and will affect the population of Wales in the immediate and long-term.”**

Within CTM, we have some of the highest levels of deprivation in Wales. Many of the communities we serve already experience poorer health, greater financial hardship and reduced access to quality housing. With climate change, there will be increased impact on our populations, as their conditions are exacerbated. As an organisation this deepens our responsibility to act. By working to lower emissions, enhance resilience, and support healthier environments, it will help ensure our communities most at risk are not left further behind.

It is therefore, vital we continue to highlight these impacts, work collaboratively with partners and communities, and take decisive action to address this monumental challenge. By doing so, we can protect health, reduce inequities, and build a more resilient future for the populations we serve.



Marmot Nation

In June 2025, Welsh Government announced that ambition that Wales will become the World’s first “Marmot Nation”, adopting public health expert Sir Michael Marmot’s eight principles, which aim to eliminate unfair and avoidable differences in health which can be caused by where people live, what kind of job they do and how they are treated in society.

These principles emphasise the interconnectedness of environmental and human health, highlighting the need to protect the environment, whilst promoting health equity.

Marmot's eight principles	
Principle	Focus
1. Give every child the best start in life	Ensuring children to have access to quality care, education and support to reach their full potential.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives	Empowering individuals with the skills, knowledge and resources to make healthy choices and participate fully in society.
3. Create fair employment and good work for all	Recognising the importance of decent work, fair wages and safe working conditions as social determinants of health.
4. Ensure a healthy standard of living for all	Addressing poverty and ensuring everyone has access to basic necessities like adequate housing, food and healthcare.
5. Create and develop healthy and sustainable places and communities	Need for well-designed, safe, and resource-rich environments that support physical and mental well-being.
6. Strengthen the role and impact of ill health prevention	Proactive measures to prevent disease and promote healthy behaviours, such as vaccination programmes and public health campaigns.
7. Tackle racism, discrimination and their outcomes	Impact of social injustices on health and calls for addressing systemic inequalities.
8. Pursue environmental sustainability and health equity together	Interconnectedness of environmental health and human health, emphasizing the need to protect the environment while promoting health equity.

Climate Mitigation vs Adaptation

Climate mitigation, often referred to as decarbonisation is the prevention of GHG emissions into the environment.

****Measures such as installing solar panels and building insulation, are examples of mitigation. Reducing the amount of energy needed through combustion of fossil fuels.****

As a result of emissions already released into the atmosphere we are seeing the impact on the climate.

To ensure the impacts are reduced, there needs to be action to combat the change which is going to take place. This is referred to as Climate Adaptation and aims to lower the risk to the UHB now and in the future.

****Installation of a flood defences, next to a river which often bursts its banks is an example of adaptation.****

National Policy and Legislative context

Wales has a legally binding commitment to achieve Net Zero emissions by 2050, as set out in the Environment (Wales) Act 2016². In addition, there is an ambitious target for the public sector to reach Net Zero by 2030, reflecting the urgent need for action and the leadership role public bodies must play.

Welsh Government has published a number of plans to guide the health and social care sector in reducing emissions, improving resilience and embedding sustainability into everyday practice:

- **NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030**
This plan outlines the priority actions and initiatives required to reduce emissions across NHS Wales, covering estates, energy, transport, digital transformation, procurement and clinical pathways.
- **Decarbonising Social Care in Wales**
This route map sets out **15 key initiatives** designed to help the social care sector respond to the climate emergency. It provides guidance on sustainable commissioning, energy efficiency, workforce engagement and reducing emissions linked to service delivery.
- **Greener Primary Care Framework**
A toolkit which supports primary care contractors, community pharmacies, optometric practices and dental practices, to improve their environmental performance and reduce carbon emissions.
- **A Healthier Wales: Long-Term Plan for Health and Social Care**
This national strategy emphasises the need to embed climate action across all health and social care planning and decision-making, recognising that sustainability and resilience are fundamental to delivering high-quality care.

² [Environment \(Wales\) Act 2016](#)

These policies make up the national direction for decarbonisation and climate adaptation across the Welsh health and care system. They provide the framework for CTMUHB for our Climate Action Plan, so we can play our role in contributing to Wales's wider Net Zero ambitions.

Refreshed NHS Wales Decarbonisation Strategic Delivery Plan

In 2025, a refreshed *NHS Wales Decarbonisation Strategic Delivery Plan* (SDP) was published, setting out how the NHS will reduce its environmental impact and support Welsh Government's ambition for a Net Zero public sector. The SDP provides pathway for emission reduction across the whole system, recognising the scale of transformation required.

The plan contains 25 initiatives, across 7 areas, supported by 78 actions for NHS organisations to take forward. These actions include estates, energy, digital, procurement, clinical services, transport and workforce engagement.

A core requirement of the SDP is that each NHS Wales organisation must develop and implement a Climate Action Plan, with clearly defined accountability for delivering initiatives and reporting progress at organisational level. This ensures decarbonisation is embedded within governance processes and becomes an integrated part of operational and strategic decision-making.

The actions outlined in the SDP have shaped the overarching principles and structure of this Climate Action Plan. They provide the structure for our local priorities, ensuring alignment with the national direction while enabling us to respond to our specific organisational and population needs, challenges and opportunities.

Progress to date

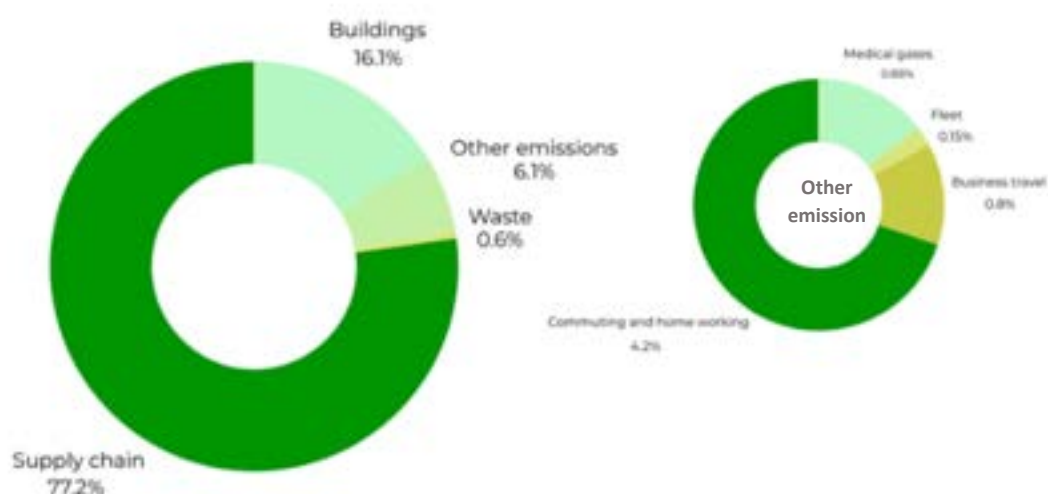
Emissions profile CTMUHB

Significant efforts have been made across our whole system to reduce our environmental impact. However, these actions have not yet translated into a reduction in our overall carbon emissions. In 2024/25, CTMUHB's total carbon footprint was 172,356 tCO₂e.

This increase is largely driven by higher levels of organisational spend, which in turn raises our supply chain emissions, the largest and most challenging part of our footprint.

The aim of this plan is to continue implementing actions to reduce the emissions directly within our control such as energy, waste, fleet and anaesthetic gases, while also strengthening our influence over the emissions embedded in the products and services we procure. By improving decision

making, engaging with suppliers, and embedding sustainability within procurement processes, we will work to reduce our supply chain emissions over the duration of this plan.



Successes

Over the past two years, CTMUHB has made significant progress in advancing our climate and sustainability agenda. Key achievements include:

- Strengthening the CTMUHB Green Group - Membership has continued to grow, creating a strong network for sharing knowledge, expertise and best practice. The group has delivered real and tangible sustainability improvements across the organisation. Through implementing programme such as localised energy efficiency, reducing waste at source and increasing the uptake of reusable and remanufacture devices.
- GreenED Accreditation across all Emergency Departments - There has been a concerted effort to implement the GreenED programme across the UHB. All three of our Emergency Departments, Royal Glamorgan Hospital, Prince of Wales Hospital and Prince Charles Hospital, have achieved Bronze accreditation. CTMUHB now accounts for three of the seven accredited EDs in Wales, demonstrating sector-leading progress.
- Connection to Coed Ely Solar Farm - In partnership with Rhondda Cynon Taf Council, we successfully connected the Royal Glamorgan Hospital to the Coed Ely solar farm. At peak summer output, the solar farm has the potential to meet up to 100% of the site's electricity demand, significantly reducing reliance on the grid and lowering emissions.
- Regional Collaboration on Climate Risk Assessment - We have worked closely with the Public Services Board (PSB) to assess climate risks across the region. This collaboration resulted in the development of a comprehensive CTM Climate Change Risk Assessment (CCRA).
- Innovation in Waste Reduction and Reprocessing - We have successfully secured funding for innovative projects aimed at reducing and reprocessing waste generated by the Health

Board. These Wales leading projects have provided valuable insights into our waste streams, improved segregation practices, and helped shift the perception of “waste” towards recognising its potential as a resource.

- Strengthened Climate Governance - We have refreshed and implemented a new governance structure to provide robust oversight of the climate action programme, ensuring clear accountability and enhanced decision-making.
- Heatwave Preparedness - Heat plans have been developed for all acute sites, enabling us to better manage extreme heat events and protect patient and staff wellbeing.
- Participation in the Welsh Government Climate Adaptation Accelerator - CTMUHB has actively engaged in this national programme, helping to shape and strengthen adaptation capability across Wales.
- Reducing Anaesthetic Gas Emissions - We have commenced the decommissioning of a nitrous oxide manifold at one of our acute hospital sites, contributing to reductions in high-impact anaesthetic gas emissions.
- Recognition at the NHS Wales Sustainability Awards (2025)
CTMUHB staff achieved significant success, winning awards in:
 - Capital Project of the Year
 - Well-being of Future Generations Act Award
 - Chief Nursing Officer Sustainability Award

These achievements highlight the commitment and leadership shown by staff across the organisation.



Challenges

There are significant challenges in fully embedding climate action into our organisational systems and processes. At present, awareness and resources for this agenda remain limited. Key challenges include:

- **Financial constraints** limiting the delivery of sustainability initiatives.
- **Competing operational pressures** which reduce capacity for long-term climate action.
- **An ageing estate** requiring substantial investment and modernisation.
- **Data and measurement gaps** that restrict effective planning and performance tracking.
- **Limited skills and resources** to manage, coordinate and deliver the required changes.

Despite these challenges, this plan sets out a clear approach to make tangible progress by integrating climate action into the organisation's core functions, culture and decision-making.

Collaboration

As an organisation we know this is a huge challenge which cannot be resolved in isolation. The value of collaboration on this agenda has been invaluable to progress to date. We have been actively involved in a number of programmes with partner organisations, locally, regionally and nationally. This has created significant value for the organisation in our knowledge, skills and insights to support the development of this programme and delivery of actions.

Climate Adaptation

Adaptation requirements

Adapting to a changing climate presents a significant and long-term challenge, which we cannot underestimate. It will require us to review and reassess all aspects of operations, ensuring we understand both the current and future risks that climate change poses to our services, our estate and the population we serve.

As a health board, we will need to consider climate risks and opportunities across key areas, including:

- **Buildings and infrastructure** – ensuring our estate is resilient to temperature changes, flooding, extreme weather and service disruptions.
- **Population health and wellbeing** – preparing for increased health impacts such as heat-related illness, poor air quality, vector-borne disease and mental health pressures.

- **Access to medicines** – securing supply chains and maintaining the safe storage, distribution and availability of critical medicines.
- **Business continuity** – strengthening our capacity to maintain essential services during climate-related events and shocks.

Many of these considerations are already embedded within existing organisational mechanisms, plans and risk processes. There will be some elements of climate adaptation which have been addressed through this work. As an organisation, we will continue to gather, review and consolidate this information and use it to shape a coordinated climate adaptation programme.

PSB adaptation planning

Through a collaborative arrangement with CTM PSB, we supported the development of a Climate Change Risk Assessment³ (CCRA) and workplan for climate adaptation across the region. The assessment sought to enable the PSB and partners to better understand public services, communities and institutional implications of climate risk for CTM and its partnerships. This collaborative approach engaged over 220 individuals across 33 organisations, including experts from partnership organisations and local community members.

Through this process 11 priority Climate Risk areas were identified, these are:-

- A. Post-industrial landscape
- B. Climate resilient communities
- C. Infrastructural pinch points
- D. Transport networks (road, rail, bridge)
- E. Wildfire management
- F. Asset management
- G. Social care and health provision
- H. Maintaining utilities (energy, water, food. ICT)
- I. Nature conservation management
- J. Institutional responses to climate risk
- K. Resource and finance for climate adaptation

A detailed work programme has been established to develop work on the first 3 priority areas within 2025-26.

High level risks

Given the breath and complexity of the challenges we face, it is essential that we map out the risk and opportunities, which will impact the organisation. Detailed risk assessment planning has commenced and will continue to evolve over time, helping to increase our understanding, and providing clarity for our adaptation planning process.

³ <https://www.ctmpublicservicesboard.wales/SharedFiles/Download.aspx?pageid=286&mid=613&fileid=1329>

To guide this work, we have developed 10 high level strategic risks, summarising the key areas which require assessment and action across the health board. These are:-



Climate Actions 2025-2030

Our plan

Our aim is to ensure that Climate Action is part of all that we do, working collaboratively with our staff, communities and partners to implement our ambitions of a becoming a green organisation.

Our overall ambition for this plan is to:-

- Raise awareness and share knowledge on the Climate agenda.
- Enhance governance and decision making to take account of climate actions
- Reduce emissions across the organisation and ensure we have sufficient evidence and data around climate risk
- Work with our partner organisations to build capacity across our region and nationally.
- Establish a clear process for building knowledge and commencement of actions on climate adaptation

Governance and communication

Effective governance and strong communication are essential to embedding decarbonisation and climate adaptation across CTMUHB. To ensure climate action is integrated into core organisational processes and decision-making, we will:

- Develop an operational planning process which supports staff-led environmental sustainability initiatives.
- Create a communications strategy to maintain engagement and build momentum for climate action.
- Embed sustainable healthcare within the People Plan 2025–2030, ensuring each annual refresh includes clear and practical calls to action supporting behaviour change and collective responsibility.
- Build organisational capacity and awareness, equipping staff with the knowledge, skills and confidence needed to act on climate change in their roles.
- Integrate climate adaptation requirements into our strategy, governance and performance processes.
- Work with partner organisations to share best practice and develop solutions to adaptation challenges.

Buildings and land

Our buildings and estate play a central role in both our decarbonisation efforts and our climate adaptation planning. Around 20% of the health board's total emissions come from our estate. Whilst significant work has already taken place, we recognise much more is required to meet our long term goals. This plan outlines the actions we will take to reduce emissions, strengthen energy efficiency and ensure our infrastructure is resilient to future climate impacts. They are:-

- Monitor site energy consumption and use data to identify opportunities for energy saving projects.
- Conduct seasonal reviews of building controls to optimise efficiency and reduce unnecessary energy use.
- Embed energy efficiency practices into staff day-to-day behaviours.
- Share and scale decarbonisation projects, which have been proven to support the decarbonisation of the NHS Wales estate.
- Review electrical capacities across sites to understand limitations for electrification.
- Implement space rationalisation, where possible.
- Plan and implement targeted decarbonisation projects, aligned with national principles and required standards.

- Manage current Combined Heat and Power (CHP) systems to the end of their current working life and replace with low carbon alternatives by 2035.
- Undertake renewable energy opportunities assessments to identify viable schemes.
- Support localised initiatives to expand and maintain green spaces on hospital and community sites.
- Ensure all new buildings and major refurbishments meet necessary standards.
- Where buildings are leased, ensure buildings are operate as efficiently as possible.
- Assess climate risk vulnerability for our services and estates.
- Embed climate resilience into our infrastructure and operations, ensuring our estates remain safe in future conditions.
- Deliver the £11.4m REFIT programme over the next two years to fund PV, LED lighting , BMS optimisation as well as a small ASHP and battery storage project

Transport

As an organisation we travelled over 4 million business miles during 2024/25. This is the equivalent of driving around the equator 160 times, highlighting the scale of the travel emission generated by our activities. We are actively assessing how we can, where possible, reduce the travel needs and increase the low carbon alternatives for our staff and patients. We will:-

- Provide efficient or eco driving training to staff who are required to drive regularly as part of their job.
- Ensure all new owned or leased NHS vehicles will have a telematics system installed at the point of sale or lease.
- Define our approach and plan for Electric Vehicle Charging Infrastructure (EVCI) for staff and visitors at NHS sites.
- Identify current and future requirements for electric vehicle charging infrastructure.
- Develop our policy for funding the installation of home charging and providing convenient means to access charging, where employees are provided with NHS owned or leased EVs for their job roles.
- Attend the All Wales Fleet and Transport Group
- Align vehicle purchasing or leasing with SDP targets

- Explore localised opportunities for low carbon transport infrastructure where feasible
- Conduct an organisational travel survey, travel plan and maps to support the uptake of low carbon travel solutions.
- Continue to deliver on the organisation Health Travel Charter.
- Highlight low-carbon transport options for staff and the public.
- Work across the NHS to identify and implement requirements for NHS front-line electric vehicle charging at our sites.
- Assess how climate will impact on our ability to implement services and delivery, using existing fleet.

Procurement

As an organisation the majority of our carbon footprint comes from the goods and services we purchase. This is currently quantified by our spend, which for 2025/26 was over £620 million. In order to reduce these emissions, we need to be conscious of how, what and why we are purchasing to limit our impact. We will:-

- Develop a procurement criteria to advance low-carbon and resource efficient delivery.
- Include an organisational environmental sustainability representative in any procurement exercise exceeding £6 million.
- Create and maintain a log of Power Purchase Agreements (PPAs) opportunities.
- Develop an emissions quantification methodology for surplus stock and report quarterly.

Clinical services

To meet the sustainability agenda we need to deliver high-quality care whilst minimising the environmental harm, increasing resilience and improving long term outcomes for patients. Clinical services hold the greatest opportunity to transform the system and adapt solutions which lower our impacts. We will:-

- Incorporate key performance indicators (KPIs) to support monitoring of the implementation of desired clinical behaviours.
- Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.
- Develop an organisational waste management plan.
- Assign a Your Medicines, Your Health (YMYH) programme lead for primary and secondary care to embed the principles of YMYH in reducing medicines waste and improving adherence.
- Initiate an 'Only Order What You Need' Campaign.
- Work with partners across health to understand climate risks to our populations.
- Develop a greater understanding of the adaptation risks and challenges facing clinical teams.

Financial requirements

Delivering sustainable healthcare presents a significant challenge as healthcare systems are already under considerable financial pressures. There are many actions which will take limited or reasonably small funding requirements. Where these exist we will look to accelerate action.

To support financial delivery whilst meeting our sustainability challenges, we look to utilise external opportunities when appropriate. There are many projects in progress and under development which have obtained external funding to deliver large scale change, such as the REFIT programme.

As part of delivery of this plan, we will map out the financial requirements, where possible, and continue to seek funding solutions to implement actions and support uptake of climate action across the organisation.

Conclusion

This ambitious plan sets out a clear pathway for how we will reduce emissions and process work to strengthen our resilience. Through these targeted actions, increasing scrutiny of decision making and commitment to implement improvements, we can reduce our emissions while supporting wider organisational priorities.

Achieving these goals will require ongoing collaboration across teams, strong governance, and active engagement of staff, partners, and stakeholders. By embedding sustainability into everyday practice we can create a health system which is both environmentally responsible and operationally resilient.

This plan is not just responding to risk of climate change, but an opportunity: to enhance public health, modernise infrastructure, and deliver long-term value for future generations. With sustained leadership and collective effort, we can deliver meaningful progress towards a climate-resilient future.

Glossary

Active Travel	Walking, cycling, and other forms of human-powered transport used for everyday journeys such as commuting, school, or accessing services.
Anaesthetic Gases	Specialised medical gases (e.g., Desflurane, Sevoflurane, Nitrous Oxide) used during surgery, some of which are potent greenhouse gases with high global warming potential.
Carbon footprint	The total amount of greenhouse gases emitted directly or indirectly, expressed in carbon dioxide equivalent (CO ₂ e).
Climate Action	Measures taken to reduce greenhouse gas emissions, build resilience, and limit the impacts of climate change.
Climate Adaptation	Adjusting systems, infrastructure, and behaviours to minimise damage and maintain functionality in response to current or expected climate impacts.
Climate Change	Long-term shifts in temperature, weather patterns, and environmental conditions driven primarily by human activities such as burning fossil fuels and deforestation.
Climate Change Risk Assessment	A structured process to identify, assess, and prioritise the risks posed by climate change to buildings, services, infrastructure, supply chains, and people.
Combined Heat and Power (CHP)	An energy technology that simultaneously generates electricity and useful heat from the same fuel source, offering higher efficiency than traditional generation.
Critical Infrastructure	Essential assets, systems, or services required for health, safety, security, or economic stability (e.g., hospitals, power supply, water systems).

Cwm Taf Morgannwg	This is defined by the region which includes Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas
Decarbonisation	The process of reducing or eliminating carbon emissions across activities, operations, and supply chains to transition towards a low-carbon future.
Emissions	Greenhouse gases released into the atmosphere from sources such as energy use, transport, industrial processes, and waste.
Electric Vehicle Charging Infrastructure (EVCI)	The network of chargers and associated electrical systems required to support electric vehicles.
Extreme weather	Unusual or severe weather events, such as heatwaves, flooding, storms, or droughts, that are becoming more frequent due to climate change.
Green House Gases (GHGs)	Gases such as carbon dioxide (CO ₂), methane (CH ₄), nitrous oxide (N ₂ O), and fluorinated gases that trap heat in the atmosphere and contribute to global warming.
Healthy Travel Charter	A joint commitment between public sector organisations to promote sustainable travel, reduce carbon emissions, and improve health and wellbeing through collective action.
Low carbon	Activities, technologies, or behaviours that result in lower greenhouse gas emissions compared to conventional alternatives.
Net Zero	A state where emissions produced are balanced by emissions removed from the atmosphere, achieved through reductions and carefully limited offsets.
NHS Wales Decarbonisation Strategic Delivery Plan (SDP)	This refers to the overall Welsh NHS Strategy, as set out by Welsh Government, on the actions required for NHS Wales organisations to deliver against the Decarbonisation agenda and support the Public Sector Net Zero ambition.
Power Purchase Agreement (PPA)	A long-term contract to buy electricity directly from a renewable energy generator at an agreed price, providing financial certainty and supporting clean energy development.
Public Service Board (PSB)	A partnership of public bodies in a local area (as required under the Well-being of Future Generations Act) working together to improve social, environmental, economic, and cultural wellbeing.
Supply Chain	The network of organisations, processes, and materials involved in producing and delivering goods and services; a major source of indirect (Scope 3) emissions.

Appendix 1 - Action Plan detail

The plan below showcases the actions, where they sit within the corporate structure and when they need to be delivered. Actions have been allocated a unique reference number in accordance with the type of intervention.

- G - Governance
- T - Transport, fleet, staff travel and homeworking
- B - Buildings and land
- P- Procurement and Supply Chain
- C – Clinical services

In addition, the Well-Being of Future Generations Act's seven goals have been mapped against each action. This is references using the diagram below. For each of the actions the coloured sections remain in place where the goals apply.



Action Category	UHB ref	Action	Climate Action type	Complete by	Corporate Directorate	WFG Goals	National plan (reference)
Governance	G1	Embed climate action into operational planning processes to support staff-led initiatives.	Decarbonisation	Jun-26	Strategy & Transformation		SDP (1b)
Governance	G2	Create an organisational communication approach, to maintain support and build momentum for climate action.	Decarbonisation	Jun-26	Strategy & Transformation		SDP (3c)
Governance	G3	Develop a workforce strategy to support delivery of the 'Delivering sustainable healthcare: position statement'.	Decarbonisation	Dec-26	People		SDP (3d)
Governance	G4	Incorporate climate considerations within objectives, decision making and plans at all levels.	Both	Jun-26	Strategy & Transformation		CASfW
Governance	G5	Assess the climate risks and opportunities to health and health services delivery	Adaptation	Jun-26	Strategy & Transformation		CASfW
Governance	G6	Work in collaboration with partners to evolve plans, share best practice, skills and experience, with a focus on protecting those who are most exposed to climate risk.	Both	Ongoing	Strategy & Transformation		CASfW
Governance	G7	Work with the PSB and partner organisations to develop solutions to the regional adaptation challenges	Adaptation	Ongoing	Strategy & Transformation		CCRA
Buildings and Land	B1	Establish and embed a process to actively monitor each building's (or site's) energy consumption to identify and address excess consumption and inform development of energy saving projects.	Decarbonisation	Sep-26	Estates and Capital		SDP- 5a
Buildings and Land	B2	Conduct seasonal reviews of building controls (i.e. BMS, heating timers, thermostats) to optimise efficiency and ensure standard operating procedures (SOPs) are being followed.	Decarbonisation	Mar-26	Estates and Capital		SDP- 5b
Buildings and Land	B3	Embed energy management practices in day-to-day healthcare practice through energy reduction campaigns (e.g. posters, labels, intranet campaigns, etc.)	Decarbonisation	Sep-26	Estates and Capital		SDP- 5d
Buildings and Land	B4	Provide NWSSP with a list of scalable reference decarbonisation projects and measures across the NHS Wales estate and align with All-Wales contract frameworks to enable efficient procurement and delivery. This should include the outcomes from 9a.	Decarbonisation	Dec-26	Estates and Capital		SDP- 6b
Buildings and Land	B5	Estates and facilities teams will actively engage with transport teams across the NHS (e.g. WAST, NWSSP) to identify and implement requirements for NHS front-line electric vehicle charging at their sites to enable vehicle electrification, and actively engage with Welsh Government to identify funding opportunities for implementation.	Decarbonisation	To align with F19	Estates and Capital/ Facilities		SDP- 6c
Buildings and Land	B6	Review electrical capacities across sites to determine limitations for electrification and identify priority locations for electrical supply upgrades.	Decarbonisation	Mar-27	Estates and Capital		SDP- 6d

Buildings and Land	B7	Where opportunities for space rationalisation (e.g. office space) may exist, monitor utilisation through smart technologies (e.g. occupancy sensors) to inform decisions on estate rationalisation, shared workspaces, and energy-efficient building use.	Decarbonisation	Mar-28	Estates and Capital		SDP- 6e
Buildings and Land	B8	For non-acute sites (e.g. community hospitals, health centres or clinics, offices), plan and implement targeted decarbonisation projects aligned with the principles of the UKGBC Net Zero Carbon Buildings Framework (e.g. optimisation, energy efficiency upgrades) to meet building decarbonisation targets. Larger projects should follow a fabric first approach (thermal surveys may be beneficial) and include the replacement of fossil fuel heating systems with low carbon alternatives.	Decarbonisation	Dec-26	Estates and Capital		SDP- 7a
Buildings and Land	B9	For acute sites and large hospitals, plan and implement targeted decarbonisation projects (e.g. optimisation, energy efficiency upgrades) to meet building decarbonisation targets. Larger projects, where viable and operationally effective opportunities exist, should follow a fabric-first approach aligned with the principles of the UKGBC Net Zero Carbon Buildings Framework.	Decarbonisation	Dec-26	Estates and Capital		SDP- 7b
Buildings and Land	B10	Continue to operate all current CHP plant to the end of its current working life without major refurbishment and certify to the CHPQA programme to ensure efficient operation.	Decarbonisation	Annual	Estates and Capital		SDP- 8a
Buildings and Land	B11	Decommission fossil fuel CHP in line with plant life expiry, prioritising decommissioning over major refurbishment (e.g. engine replacement), with all fossil fuel CHP to be decommissioned by 2035.	Decarbonisation	2035	Estates and Capital		SDP- 8b
Buildings and Land	B12	New renewable CHP (e.g. biomass) and emerging sustainable technologies will be supported (subject to feasibility and air quality impacts). No new fossil fuel or 'hydrogen-ready' CHP units will be installed.	Decarbonisation	N/A	Estates and Capital		SDP- 8c
Buildings and Land	B13	Undertake renewable energy opportunities assessments (e.g. roof-mounted solar PV, solar car ports, waste heat recovery, etc.) for all sites to identify on-site and off-site private wire opportunities. Viable opportunities should be progressed or installed to ensure each organisation meets their renewable energy generation targets.	Decarbonisation	Dec-28	Estates and Capital		SDP- 9a
Buildings and Land	B14	Support localised initiatives to expand or maintain green spaces on hospital and community sites (e.g. NHS Forest) for use by staff, the public and patients, to enhance well-being and aid recovery and social prescribing.	Decarbonisation	Dec-26	Estates and Capital		SDP- 9c
Buildings and Land	B15	Ensure organisational alignment with the guidance on all new buildings and major refurbishments and will report compliance where required.	Decarbonisation	Dec-26	Estates and Capital		SDP- 11b
Buildings and Land	B16	Health boards and trusts will work with NHS partners (e.g. WAST, NWSSP) throughout new projects to identify current and future requirements for	Decarbonisation	Mar-26	Estates and Capital		SDP- 11c

		electric vehicle charging infrastructure for delivery of NHS front-line services.					
Buildings and Land	B17	Where a new or renewed building lease is being explored (both as a tenant and a landlord), Health boards and trusts will follow the NWSSP guidance during discussions to ensure buildings will operate as efficiently as possible.	Decarbonisation	Dec-26	Estates and Capital		SDP- 12b
Building and Land	B18	Develop a plan to make buildings more resilient to climate change impacts, particularly heat, storms and flooding, and ensure that new buildings are designed to meet future climate challenges.	Adaptation	Mar-27	Estates and Capital		CASfW
Fleet	T1	Provide efficient or eco driving training to staff who are required to drive regularly (i.e. more than once per week) as part of their job role (including work travel in an employee-owned vehicle).	Decarbonisation	Mar-27	Facilities		SDP- 13a
Fleet	T2	All new owned or leased NHS vehicles will have a telematics system installed at the point of sale or lease.	Decarbonisation	Dec-25	Facilities		SDP- 13b
Fleet	T3	Define each organisation's own approach to facilitating and leveraging funding for EVCI for staff and visitors at NHS sites. This will account for available grid capacity at sites and the requirement to prioritise front-line services. HS organisations will define their approach to electric vehicle charging infrastructure (EVCI) to identify, prioritise and install EVCI	Decarbonisation	Mar-27	Estates and Capital/ People		SDP- 14a
Fleet	T4	Transport teams and estates teams will collaborate to develop a clear Electric Vehicle Charging Infrastructure (EVCI) Plan, tailored to the organisation's specific requirements and aligning with the ZEV procurement requirements in initiative 15a. This will include the approach to meeting the following sub-actions:	Decarbonisation	Dec-27	Estates and Capital		SDP- 14b
Fleet	T5	Install EVCI infrastructure at NHS sites as identified in the Electric Vehicle Charging Infrastructure Plan in line with the NHS Wales Electric Vehicle Charge Point Best Practice Guidance (where applicable).	Decarbonisation	See initiative 15a	Estates and Capital		SDP- 14c
Fleet	T6	Develop clear policy outlining each organisation's approach to funding the installation of home charging where employees are provided with NHS owned or leased EVs for their job roles.	Decarbonisation	Mar-27	Estates and Capital		SDP- 14d
Fleet	T7	Provide employees who will drive an EV for their job with a convenient means to access charging points across the areas in which they work.	Decarbonisation	Sep-26	Estates and Capital		SDP- 14e
Fleet	T8	Retain the All-Wales Fleet and Transport Group to help jointly identify EVCI opportunities, support allocation of funding, share best practice, and plan implementation, particularly in instances where there is shared use of sites (e.g. ambulances visiting multiple A&Es).	Decarbonisation	Mar-26	Estates and Capital		SDP- 14f

Fleet	T9	Align vehicle purchasing or leasing with the following targets: 2025: New standard vehicles (<3.5t or <4.25t electric) will be ZEVs (hybrid by exception). • Where ZEVs are not practical due to range limitations, full hybrids should be procured. • PHEVs should only be considered where it can be demonstrated that the vehicle will use EV-only mode for at least 75% of its mileage • Where none neither ZEV, Full Hybrid or PHEV of the above options are feasible or available, a vehicle with demonstrably lower GHG emissions than others in its class should be purchased or leased (i.e. best-in-class). • New light and heavy goods vehicles will meet the future modern standard of ultra-low emission vehicles in their class and be ZEVs where circumstances allow (e.g. regular transportation of lighter goods). 2026: New specialist vehicles (<3.5t or <4.25t electric) (e.g. refrigerated vans) will be at least hybrid or LCEVs, but ZEVs wherever practically possible. Vehicles shall continue to utilise innovative technology for specialist requirements (e.g. solar PV auxiliary systems). 2027: All new single responder vehicles will be ZEVs (hybrid by exception). Vehicles procured before this date should be ZEVs where possible. 2030: New emergency ambulances will be ZEVs (hybrid or LCEV by exception). Health boards and trusts should continue to explore localised opportunities for low carbon transport infrastructure as they arise (e.g. localised sources of low carbon transport, electric mowers, etc.) and implement if deemed feasible.	Decarbonisation	As highlighted in action	Facilities		SDP- 15a
Fleet	T10	Assess how climate will impact on our ability to delivery services and delivery, using existing fleet.	Adaptation		Facilities		CCRA
Staff Travel and homeworking	T11	Conduct an organisational staff travel, commuting and homeworking survey to collect baseline data and identify opportunities to increase uptake in low-carbon travel and homeworking practices.	Decarbonisation	May-27	People/ Facilities and Public Health		SDP- 16b
Staff Travel and homeworking	T12	Develop a staff travel plan outlining an organisational approach to encouraging the Sustainable Transport Hierarchy and embedding Healthy Travel Charters across staff travel, including commuting and business travel.	Decarbonisation	May-28	Facilities		SDP- 17a
Staff Travel and homeworking	T13	Create a user-friendly guide that maps out practical low-carbon transport options for staff and the public, including routes, accessibility details, and sustainable travel tips.	Decarbonisation	Sep-26	Facilities		SDP- 17b

Procurement and supply chain	P1	Develop a streamlined and transparent approach in collaboration with key stakeholders to assess the effectiveness of procurement criteria in advancing low-carbon and resource efficient delivery	Decarbonisation	Dec-26	Procurement		SDP- 19b
Procurement and supply chain	P2	Include an organisational environmental sustainability representative in any procurement exercise exceeding £6 million (inc. VAT)	Both	Sep-26	Procurement		SDP- 19d/ CASfW
Procurement and supply chain	P3	Create and maintain a log of Power Purchase Agreements (PPAs) opportunities; in partnership with the Welsh Government Energy Service, engage with community groups and other public sector bodies to understand local generation-supply opportunities.	Decarbonisation	Sep-26	Procurement/ Estates and Capital		SDP- 21b
Procurement and supply chain	P4	Develop an emissions quantification methodology for surplus stock (including central warehousing and organisational stock) leading to write-offs and disposal, including non-catalogue orders, overstocked PPE, and food wastage.	Decarbonisation	Sep-26	Procurement		SDP- 22a
Procurement and supply chain	P5	Report quarterly on surplus stock emissions within existing reporting mechanisms to support and inform initiatives focused on optimising resource consumption.	Decarbonisation	Quarterly reports from Sept 2026	Procurement		SDP- 22b
Procurement and supply chain	P6	Integrate environmental impact reporting into stock management and consumption programmes – e.g., Your Medicines Your Health, Scan4Safety, Gloves Off – to support their design, communication and implementation and ensure that environmental outcomes are considered alongside other key priorities.	Decarbonisation	Dependent on P5	Procurement		SDP- 22c
Clinical Services	C1	Assign a Your Medicines, Your Health (YMYH) Programme Lead(s) for primary and secondary care to embed the principles of YMYH in reducing medicines waste and improving adherence, with regular attendance at YMYH Programme Lead meetings.	Decarbonisation	Sep-26	Pharmacy		SDP- 22d
Clinical Services	C2	Initiate an Only Order What You Need Campaign.	Decarbonisation	Sep-27	Pharmacy		SDP- 22e
Clinical Services	C3	Incorporate key performance indicators (KPIs) where possible to support monitoring of the implementation of desired clinical behaviours outlined in the guidelines – for example, through national prescribing indicators, dashboards, or similar tools.	Decarbonisation	Annual reporting	Strategy & Transformation		SDP- 23d
Clinical Services	C4	Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.	Decarbonisation	Annual reporting	Digital		SDP- 24d
Clinical Services	C5	Work with partners across health to understand the climate risks to the health of our populations	Adaptation	Ongoing	Public Health		CCRA

Clinical Services	C6	Develop a greater understanding of the adaptation risks and challenges facing clinical teams.	Adaptation	Ongoing	Strategy & Transformation		CCRA
Waste	C7	Develop a tailored organisational waste management plan considering the waste hierarchy and circular economy principles. As well as ensuring compliance with Natural Resources Wales regulations, this plan should outline: • A communication strategy to promote effective waste segregation at the source across all departments. • Collaboration arrangements involving internal stakeholders (e.g., procurement managers) and external partners (e.g., licensed waste management contractors). • Defined roles and responsibilities within the NHS organisation	Decarbonisation	Sep-26	Facilities		SDP- 25b



Agenda Item

7.3

CTM Health Board

Cwm Taf Morgannwg NHS Charity Branding

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
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	Not Applicable
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Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Abe Sampson, Head of Charity & Income Generation / Simon Blackburn, Director of Communications, Engagement & Fundraising
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Simon Blackburn, Director of Communications, Engagement & Fundraising

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
CTM Leaders' Network	18/07/2025	Introduction to brand discovery phase, identifying community partners to support development work.

Brand discovery workshops (CTM UHB staff)	08/09/2025 – 12/09/2025	Gathering information to develop brand strategy and initial visual concepts.
Brand discovery workshops (Community partners)	15/09/2025 – 19/09/2025	Gathering information to develop brand strategy and initial visual concepts.
CTM Leaders' Network	24/10/2025	Revision of stylescapes and visual identity.
Charitable Funds Committee & Board Member engagement	09/12/2025	Further revision following latest feedback.
Charitable Funds Committee	21/01/2026	Finalise agreed brand narrative and visual identity.

Acronyms / Glossary of Terms

1. Situation/Background

1.1 The purpose of this paper is to provide the Board with an overview of the refreshed brand identity for Cwm Taf Morgannwg NHS Charity, following development work undertaken between July 2025 and February 2026, and to outline next steps for rollout.

1.2 The refreshed branding will help strengthen the Charity's visibility, improve public understanding of its role, and support future fundraising, engagement and development of new partnerships.

A stronger and more clearly understood charity brand will also support the Charity's ambition to increase voluntary income and build stronger relationships with communities, supporters and partners across Cwm Taf Morgannwg.

1.3 Cwm Taf Morgannwg NHS Charity supports projects and improvements that enhance patient experience, support staff wellbeing and enable innovation across the Health Board.

While the Charity has supported impactful initiatives previously, internal feedback and external insight identified several challenges with the current identity:

- Limited public awareness of the Charity and its role.
- Inconsistent messaging and visual presentation.
- The complexity of the Cwm Taf Morgannwg name for external audiences.
- A lack of a clear emotional narrative about the impact of charitable funding.

To address this, a brand development programme was commissioned in July 2025, supported by the creative agency Jamjar, with the aim of developing a clearer and more engaging identity for the Charity.

1.4 Development Process

The brand development work has progressed through several phases.

Insight and Discovery

(July – September 2025)

Stakeholder workshops, desk research and engagement with staff and community partners were undertaken to understand perceptions of the Charity and motivations for giving.

Key insights included:

- A strong sense of pride in local NHS services and communities.
- The motivation among CTM UHB staff and communities to want to 'give something back'.
- The importance of showing visible, practical impact.
- A need for simpler, more people-centred language.

Brand Strategy and Narrative

(Autumn 2025 – February 2026)

Following the discovery phase, a charity narrative was developed to explain more clearly the purpose and impact of the Charity.

The narrative focuses on how charitable support enables improvements across local NHS services that go beyond what NHS funding alone can provide.

This narrative framework now underpins the Charity's communications, fundraising activity and public engagement.

1.5 Charity Narrative Framework

The narrative developed through the brand work clearly explains the role and impact of the Charity.

Our Purpose

CTM NHS Charity exists to support NHS care across Cwm Taf Morgannwg.

We raise money to help make care better for patients, families and NHS staff. Our funding supports the things that can make difficult days a little easier, going beyond what NHS funding alone can provide. Every pound donated stays local, helping transform care and make a real and lasting difference to people across Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.

Our role is simple but vital: helping care go further, when and where it matters most.

How We Help

CTM NHS Charity works alongside Cwm Taf Morgannwg University Health Board to help transform care through charitable support.

The Charity supports:

- Patients and families, particularly at vulnerable moments
- NHS staff, whose wellbeing underpins high-quality care
- Services and environments that improve comfort and experience

Charitable support enables improvements that can transform everyday NHS care. Examples include: calming spaces for children in emergency departments, specialist equipment that supports more precise surgery, and spaces that support staff wellbeing.

Our Symbol

The refreshed identity introduces a butterfly symbol representing positive change and transformation made possible through charitable support.

In healthcare, transformation rarely happens instantly. It often happens through thoughtful improvements over time. Calmer spaces, better equipment and improved environments may appear small in isolation, but together they can have a powerful impact on patient care.

The butterfly symbol reflects the idea that small acts of generosity can lead to meaningful and lasting change.

Our Brand Idea

The brand idea underpinning the charity's communications is:

Together, we make good things happen.

This reflects the collective effort behind the Charity's work, where community generosity, NHS staff and supporters combine to make improvements that benefit patients and families.

The Charity does not replace NHS services. Instead, it supports care by funding improvements that enhance everyday experiences.

How We Communicate

The tone of voice for the Charity has been developed to reflect the values of the NHS and the communities it serves.

Communications are:

- Warm but grounded
- Clear and plain-speaking
- Inclusive and respectful
- Confident and trustworthy

The emphasis is on real stories and visible improvements to patient care.

1.6 **Brand Identity**

Alongside the narrative work, visual identity concepts were developed and tested with stakeholders.

Two primary directions were explored:

- A new conceptual name and identity
- An evolved identity retaining 'Cwm Taf Morgannwg NHS Charity'

Feedback from Board members and stakeholders highlighted the importance of maintaining a clear and immediate connection to the NHS and the Health Board.

Donors and community partners also identified this as one of the Charity's key strengths. The conceptual naming approach reduced this clarity and required greater reliance on accompanying messaging and explanation.

As a result, the proposed brand direction retains the name Cwm Taf Morgannwg NHS Charity, using the abbreviated CTM NHS Charity in communications, while introducing a refreshed visual identity.

This approach maintains the trust and recognition associated with the NHS while introducing a more distinctive and engaging identity for the Charity.

The final visual designs are presented alongside this paper (appendix a).

1.7 **Proposed Approach**

Following the development work and stakeholder engagement undertaken during the brand programme, the proposed direction is to retain the established Cwm Taf Morgannwg NHS Charity name, while introducing a refreshed visual identity and narrative framework.

This approach reflects the importance of maintaining a clear connection between the Charity and the NHS, which stakeholders identified as a key source of trust and credibility.

The refreshed identity introduces a clearer narrative about the role of the Charity, supported by a distinctive visual identity designed to strengthen recognition and engagement.

Together, these elements will support the Charity's ability to:

- improve public understanding of the Charity's role
- strengthen engagement with communities, supporters and partners
- support future fundraising and development activity

The visual designs accompanying this paper demonstrate how the refreshed brand will be applied across communications, fundraising and public engagement.

2. Specific Matters for Consideration

The board is asked to consider the following points in relation to Charity brand direction:

2.1 Strategic Alignment

The refreshed brand aims to strengthen the visibility and understanding of CTM NHS Charity and its role in supporting NHS services across the region.

The narrative framework and visual identity have been developed to better communicate the Charity's impact, support future fundraising and engagement, and strengthen connections with staff, patients and communities.

2.2 Maintaining the NHS Connection

Feedback from stakeholders highlighted the importance of maintaining a clear and immediate connection between the Charity and Cwm Taf Morgannwg University Health Board.

Retaining the Cwm Taf Morgannwg NHS Charity name, while adopting the shortened CTM NHS Charity for communications, ensures this connection remains clear while allowing for a more accessible and recognisable public identity.

2.3 Strengthening Public Engagement and Fundraising

A clearer narrative and visual identity will support the Charity's ambition to increase public awareness, strengthen engagement with communities and partners, and support future fundraising activity.

The brand framework has been designed to support storytelling about the impact of charitable funding and provide a consistent approach across communications, campaigns and fundraising initiatives.

2.4 Implementation and Rollout

Subject to Board support, the refreshed identity will be introduced through a phased rollout beginning in April 2026.

This will align with the launch of the Charity's new fundraising lottery and will allow the Charity to integrate the refreshed brand across digital platforms, fundraising activity and public communications.

3. Key Risks / Matters for Escalation

- 3.1 No significant risks requiring escalation have been identified.
- 3.2 However, the following considerations have been noted as the brand is introduced:

Clarity of the Charity's Relationship with the NHS

It is important that the refreshed identity clearly maintains the link between the Charity and Cwm Taf Morgannwg University Health Board. This has been addressed by retaining the CTM NHS Charity name and ensuring the identity continues to sit alongside other NHS Wales Health Board charities.

Consistency of Implementation

Introducing a refreshed identity will require consistent use across digital platforms, fundraising materials, and communications. Implementation will therefore be phased and supported by clear guidance to ensure consistent use of the Charity brand.

Public Understanding During Transition

As the updated identity is introduced, there may be a short period where audiences are unfamiliar with the refreshed branding. This will be mitigated through clear messaging explaining the role of the Charity and highlighting examples of impact.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
	Potential links across all strategic goals.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	Potential links across all strategic areas.
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:
	Potential links across all strategic goals.



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) The Charity is actively engaging in proactive communications around charitable activity in order to raise its profile and achieve a positive reputational impact.	
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. Charity activity and projects may have resource & financial implications, which will be outlined individually or in separate Committee reports.	

5. Recommendation

5.1 The Board is asked to:

- Note the work undertaken to develop a refreshed narrative and visual identity for Cwm Taf Morgannwg NHS Charity.
- Endorse the proposed brand direction, retaining the CTM NHS Charity name while introducing a refreshed visual identity and narrative framework.
- Support the phased rollout of the refreshed brand from April 2026.

6. Next Steps

6.1 Over the coming months the Charity team will:

- Begin a phased rollout of the refreshed brand across communications and digital channels.
- Update fundraising materials and platforms.
- Support staff and community ambassadors to promote the Charity.
- Develop new storytelling and impact communications aligned to the brand narrative.

NHS Charity Branding

Cwm Taf Morgannwg University Health Board

Chosen logomark

Stacked



Primary logomark - Full colour - Stacked - English



Primary logomark - Reversed colour - Stacked - English



Primary logomark - Full colour - Stacked - Welsh



Primary logomark - Full colour - Stacked - Bilingual



Primary logomark - Reversed colour - Stacked - Welsh



Primary logomark - Reversed colour - Stacked - Bilingual

Chosen logomark

Landscape



Primary logomark - Full colour - Landscape - English



Primary logomark - Reversed colour - Landscape - English



Primary logomark - Full colour - Landscape - Welsh



Primary logomark - Full colour - Landscape - Bilingual



Primary logomark - Reversed colour - Landscape - Welsh



Primary logomark - Reversed colour - Landscape - Bilingual



Sitting with other Health Board charities

Transforming lives in
Cwm Taf Morgannwg.

Strapline / Sign off message

Brand Applications



Transforming calmer spaces
for children like Ellis at Prince Charles Hospital.
[Find out more >](#)

We are **CTM NHS Charity**, raising funds to support health services across Cwm Taf Morgannwg. Every pound we raise stays local, helping to enhance patient care, support NHS staff, and fund vital projects in our hospitals and communities. By working together, we can make a lasting difference for people across **Bridgend**, **Rhondda Cynon Taf** and **Merthyr Tydfil**.

Fundraise
 From coffee mornings to marathons, every fundraiser helps support NHS care across Cwm Taf Morgannwg. Get involved, have fun, and make a real local difference.
[Start fundraising >](#)

Campaigns
 From hospital appeals to community initiatives, our campaigns bring people together to support NHS care across Cwm Taf Morgannwg.
[Our campaigns >](#)

Volunteer
 Join our volunteer community and help support patients, staff and NHS services across Cwm Taf Morgannwg.
[Get involved today >](#)



Contact the team
 Our dedicated charity team is here to support you every step of the way. Whether you're looking to donate, fundraise, volunteer or simply find out more, our staff are happy to answer your questions and offer guidance. Get in touch with the charity team today.
[Contact us](#)

Keep up to date with CTM NHS Charity by joining our mailing list.

[Sign up](#)

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At Prince Charles Hospital, a new immersive room is helping to change that. Using calming light, sound and movement, the space helps children feel safer, reduces distress, and supports staff to deliver more compassionate care, especially for neurodivergent children and those with additional needs.

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Cwm Taf Morgannwg NHS Charity supports our local hospitals, staff, patients and volunteers.

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Secondary colour palette



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Diolch Thank you

Thank you for your time and input.
We look forward to *jammin'* with you.



jamjar



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Unapproved Minutes of the Public Board

Date and Time of Meeting	Thursday 29 January 2026 at 9:00am
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Dilys Jouvenat	Independent Member – Third Sector
	Carolyn Donoghue	Independent Member – University
	Hayley Proctor	Independent Member – Trade Union
	Patsy Roseblade	Independent Member – Finance/Audit (Virtually)
	Neil Mesher	Independent Member – Commercial Business
	Kathy Mason	Independent Member – Digital
	Helen Lentle	Independent Member – Legal
	Rachel Rowlands	Independent Member – Community
	Rhys Goode	Independent Member – Local Authority
	Paul Mears	Chief Executive Officer
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director for Allied Health Professionals and Health Sciences
	Philip Daniels	Executive Director of Public Health
	Claire Thompson	Executive Director of Strategy & Transformation
	Sally May	Executive Director of Finance
	Richard Hughes	Interim Executive Director of Nursing
	Lisa Curtis-Jones	Associate Board Member (Virtually – In part)
	Paul Deenik	Associate Board Member
	Sarah Medlicott	Associate Board Member



In Attendance	Alex Brown	Associate Member (Virtually)
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement & Fundraising (Virtually)
	Daniel Price	Regional Director, Llais Cymru (In part - Virtually)
	Emma Walters	Head of Corporate Governance & Board Business
	Natasha Davies	Sister, Paediatrics Emergency Department (In part)
	Donna Seldon	Senior Nurse, Emergency Department (In part)
	Abe Sampson	Head of Charity & Income Generation (In part)
	Robert Cummings	Clinical Skills Equipment Officer (In part)
	Gemma Cummings	Business Support Manager (In part)
	Jenny Oliver	Head of People's Experience (In part)
	Owen James	Head of Corporate Finance (In part)
	Mark Jones	Audit Wales (In part)
Meeting Observers	Kathrine Davies	Corporate Governance Manager (Virtually)
	Sharon Edwards	Corporate Governance Officer (Virtually)
	Tajwar Md Naqib Farhan	Aspiring Board Member Programme (Virtually)
	Sarah James	Deputy Chief Operating Officer (Virtually)

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
	No apologies for absence were received.
1.3	Declarations of Interest
	There were no interests declared.



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. The Chair advised that he would be changing the running order of the agenda and would be taking item 4.1, the Shared Listening & Learning Story, as the next item.
4. QUALITY, SAFETY & EXPERIENCE	
4.1	Shared Listening and Learning Story – Interactive Sensory Room Paediatrics Emergency Department Robert and Gemma Cummings shared the story of their son Ellis, a seven-year-old with autism who is non-verbal and highly sensory-driven. During the presentation, the following key matters were highlighted: • The significant challenges faced during medical appointments, especially in emergency care, due to sensory overload and the resulting meltdowns, which often made it impossible to administer care. • After a particularly difficult A&E visit, a GoFundMe campaign was started, initially aiming to raise a few hundred pounds for sensory equipment. The local community responded enthusiastically, raising £13,000 in a year which enabled a collaboration to be undertaken with CTM charitable funds and hospital management to create a dedicated sensory/immersive room at Prince Charles Hospital A&E, which opened in December 2025. • The immersive room had received overwhelmingly positive feedback from families and staff. It provides a calming, familiar environment for children with additional learning needs, reducing stress for both children and parents, and enabling staff to deliver care more effectively. The room is already being used regularly, and its benefits extend beyond A&E to other clinical areas. From a Clinical perspective N Davies, Senior Nurse within the Paediatrics Emergency Department highlighted the increasing number of children with additional learning needs and the broad applicability of the sensory room and emphasised that the room not only benefited children but also improved staff morale and care quality. Members noted that plans include developing portable sensory kits and bespoke video content to support children in other hospital areas, such as for scans or theatre visits. A Sampson, Head of Charity & Income Generation highlighted the importance of community-driven projects and the potential to replicate this model across other sites and services. A Sampson advised there was significant interest from other organisations, and added the charity aims to support similar initiatives, emphasising co-production with families as a key to success. The Chair extended his thanks to colleagues for sharing the presentation and encouraged colleagues to undertake a visit to the immersive room.

R Hughes highlighted that whilst true co-production was challenging, he emphasised that this project was clear evidence of how it can work and deliver benefits and added that co-production enhances the sustainability of initiatives when they were rooted in genuine collaboration. R Hughes mentioned that such approaches helped the organisation to clearly see the significant impact these projects can have, encouraging broader thinking about how similar methods could benefit other clinical areas, suggested exploring local research to assess the positive impact of sensory initiatives on the local population and proposed strengthening the project by evaluating what it means for those affected and using local evidence to support and expand the initiative.

G Hughes acknowledged the significant impact of the sensory room initiative, describing its positive effect on emergency department functioning and questioned how the evidence base could be used to expand the initiative to other hospital sites, including the Royal Glamorgan and Princess of Wales Hospitals. G Hughes also emphasised the need to create similar therapeutic environments in other stressful areas, operating theatres for example, for both children and adults with learning development challenges and suggested considering broader applications, such as for patients with dementia, to make hospital environments as therapeutic as possible.

C Donoghue welcomed the presentation, highlighted the importance of evaluating and understanding the impact of the sensory room initiative to effectively spread and demonstrate its benefits in other areas and emphasised linking the project with research and evaluation to measure its outcomes. C Donoghue also suggested that learning from the initiative should inform the design of new hospital areas, incorporating principles that benefit everyone, not just those with specific needs and noted that whilst not every area can have a dedicated sensory room, applying some of its principles in general design would be beneficial.

R Goode discussed the idea of creating bespoke videos, such as social stories, to help individuals navigate hospital experiences, which can be produced using AI and are already used at home to ease anxiety and emphasised the potential to roll out these types of lower-cost, easily accessible solutions across the CTM footprint while seeking higher-level funding for immersive rooms, for example, software-generated social stories or sensory bags which could quickly provide support in all clinical areas, not just those with dedicated sensory spaces.

P Daniels echoed the importance of learning from the sensory room principles, noting their relevance to work with veterans, especially those with complex Post Traumatic Stress Disorder (PTSD), and the need for supportive clinical environments. P Daniels highlighted that as the health board aims to move care closer to people's homes, it is important to design facilities that are welcoming, pleasant and fit for purpose.

In response to a suggestion made by P Mears that learning from the sensory room project should be taken into the patient experience or people's experience

	group to further explore user experience across pathways, J Oliver confirmed that as a result of the work undertaken in this project, there is engagement with a charity that has developed sensory bags and had expressed an interest in collaborating with the Health Board. J Oliver added that there were plans to set up a working group across specialties and care groups, and to test and learn from families' experiences to improve pathways and staff understanding. A Sampson added that the charity had a well-established network of families, including parents of children with a variety of additional learning needs, which presents a valuable learning opportunity to gather feedback and understand experiences across different sites. S Blackburn stated that the sensory room project was an indication of the maturing of the charity, highlighting that with A Sampson now in post, there was expertise and capacity to turn opportunities into plans and reality. S Blackburn emphasised that this reflected the charity's progress and its ability to apply learning to other parts of the Health Board, opening doors for further positive work. H Lentle expressed the need to ensure that the Board is kept updated on progress regarding the spread of this initiative across the organisation, including how it would be optimised within financial constraints. R Hughes responded by confirming that there was an established people's experience forum in place, which includes children and families as active participants and suggested that the forum could focus on the sensory projects throughout the year, allowing for regular updates to be provided to the Board on progress in this area. D Hurford advised that virtual headsets were being used in intensive care units, with psychological impacts being explored and suggested linking the use of virtual headsets with other initiatives across different areas into one package, which would make a significant difference. The Chair highlighted that over the past 12 months, there had been amazing examples of innovation and creativity and emphasised that these qualities, along with passion and compassion, were central to the organisation's impact, especially in improving experiences for people who find hospital visits difficult. L Edwards highlighted the opportunity to link into existing expertise within the organisation to help shape future directions, specifically mentioning occupational therapists skilled in sensory development and needs, as well as speech and language therapists who can support nonverbal individuals. The Chair extended his thanks to colleagues for sharing the Listening & Learning Story and for all of the work undertaken to date.
Resolution:	The Listening & Learning Story was NOTED .
3.	PRELIMINARY BOARD MATTERS
3.1	Action Log
	The Chair presented the action log. Members agreed that the actions completed and closed could be removed from the action log.

Resolution:	The Board NOTED the action log.
3.2	Matters Arising not Contained within the Action Log
	There were no matters arising.
3.3	Chair's Report
	The Chair presented the report and highlighted the following key matters for Members attention: • The Board's focus on key performance challenges and assurance, referencing correspondence with the Cabinet Secretary and the need to meet government targets. • The Board agenda being heavily focused on secondary care due to measurement requirements, emphasising the need to reshape the agenda to give greater attention to primary and community care. • The proposal of elevating 3–4 key challenges from complex performance data for focused discussion at each board meeting • The plans to use Board Development sessions to align with the board assurance framework and risk register, focusing on areas of greatest risk. • The need to celebrate examples of creativity and innovation across the organisation, including strategic work in primary care, community care, digital/data, and clinical services planning, as well as smaller-scale innovations at different sites. • The plans to update the Cabinet Secretary on the developments outlined above at an upcoming review. R Hughes expressed strong support for the Board's increased focus on community and primary care, highlighting that some of the most vulnerable and sickest patients are in the community setting and require long-term care. P Daniels emphasised the Board's duty to the whole population, not just acute services, and stressed the importance of prevention and long-term health.
Resolution:	The Board resolved to: • NOTE the report. • RATIFY the Affixing of the Common Seal
3.4	Chief Executive's Report
	P Mears presented his report and highlighted the key matters for Members attention. In relation to the update provided within the report regarding the Shift Patterns consultation, H Daniel advised that a report would be presented to the March 2026 Board outlining the outcome of the consultation undertaken with staff, prior to any implementation. In relation to the update provided within the report regarding the Health Visitor Ballot for strike action, P Mears advised that since the report was written, the ballot undertaken had resulted in a vote for strike action, with the timing and extent of the strike yet to be determined, which will cause some service disruption.

	P Mears advised that since writing the report, confirmation had now been received that Welsh Government had approved funding for the first phase of the Diagnostic Centre Business Case at the Llantrisant Health Park. Members noted that the agreement covered the diagnostic centre build, with some work remaining involving neighbouring health boards regarding patient flow and noted that the procurement for radiology and endoscopy services had concluded, with a preferred supplier identified. Members noted that final contract award was pending the outcome of a referral to the Welsh Procurement Referral Unit. In relation to the second phase, Members noted that the Orthopaedic Centre Outline Business Case was presented to the Welsh Government Investment Board who sought further clarification on a couple of areas prior to potential approval, which were in the process of being addressed. In response to a query raised by K Palmer regarding the timescales for the estates partnership work, P Mears confirmed this would be presented to the Board later this year. In response to a query raised by K Palmer as to whether the Board could be provided with a briefing on the specialist palliative care pathway, specifically about what the pathway looks like and the new services, P Mears advised that an engagement process was due to commence, which would outline plans for specialist palliative care at YCC, and confirmed that he would be happy to provide a Board Briefing on this matter, which would include the sharing of engagement documentation.
Resolution:	The report was NOTED .
Actions:	Briefing to be provided to the Board in relation to Specialist Palliative Care services and pathways.
3.	GOVERNANCE, RISK AND ASSURANCE
5.1	Cwm Taf Morgannwg NHS Charity Annual Report and Accounts 2024 – 2025
	In opening this item, the Chair reminded the Board that, for this item, they were exercising their role as trustees of the charitable funds held on trust and would therefore, be acting in a different capacity for this item. O James presented the report and highlighted the key matters for Members attention. Members noted that the Annual Report and Accounts had been endorsed for Board approval by the Charitable Funds Committee. O James extended his thanks to Audit Wales for their support in preparation of the annual report and accounts. M Jones (Audit Wales) confirmed that the Auditor General for Wales was due to certify the accounts later in the day at 3pm if Trustee approval was given and extended his thanks to all CTMUHB officers for their support throughout the audit. The Chair welcomed the receipt of this report and extended his thanks to everyone involved in the production of the annual report and accounts.

Resolution:	The Board (in their capacity as the Trustees) APPROVED the Cwm Taf Morgannwg NHS Charity Annual Report and Accounts 2024 – 2025
5.2	Board Assurance Framework (BAF)
	G Watts presented the report and highlighted the key matters for Board attention. The Board noted that as referenced earlier in the meeting, further discussion would be held at the February Board Development Session as to how the Board Assurance Framework would be used to inform future Board Development sessions.
Resolution:	The Board resolved to: • APPROVE the amendments made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.
5.3	Board Committee and Advisory Group Highlight Reports
5.3.1	Quality, Safety & Experience Committee Highlight Report 18 November 2025
	C Donoghue presented the report and highlighted the matters contained within the alert/escalation section. C Donoghue also provided a verbal update of the matters discussed at the January 2026 meeting which included: • Progress made in relation to special school nursing, with discussions moving positively. • Positive developments reported in paediatric general anaesthesia with improvements continuing. • A detailed report on stroke services was received showing significant progress, with thanks noted to all involved. • The position regarding the LIMs system was also improving, with recent meetings reflecting a more positive outlook. C Donoghue advised that the March meeting of the Committee would include a wrap-up of winter pressures and underperformance in quality sectors and emphasised the Committee's ongoing challenge to focus on primary and community care, as well as patient experience, alongside secondary care. In relation to LIMS, S Morris confirmed that cellular pathology went live this week and was progressing well and added that rollout would continue iteratively over the next few months and into the summer.
Resolution:	The report was NOTED .
5.4.2	Mental Health Act Monitoring Committee Highlight Report 4 December 2025
	K Palmer presented the report and highlighted the key matters for Members attention. Members noted the positive update included regarding the Power of Discharge Committee, noting a positive increase of applications received to become Associate Hospital Managers, which was an important role within the Health Board. Members also noted that a national solution was still awaited in relation to the Right Care Right Person transportation issue, which was currently being managed but required ongoing monitoring.
Resolution:	The report was NOTED .
5.4.3	Charitable Funds Committee Highlight Report 21 January 2026

	D Jouvenat presented the report and highlighted the key matters for Members attention. Members noted that the Charitable Funds Committee approved a new investment policy, which will lead to procurement and tendering for a future investment manager based on the new policy and noted that a presentation on charity branding work was received, noting significant engagement and consultation, with a further update being presented to the March Board for approval.
Resolution:	The report was NOTED .
4.	DELIVERING OUR PLAN
6.1	Integrated Performance Report (Quality, People & Operational Performance)
	C Thompson introduced the report and highlighted the key matters for members attention in terms of the key performance metrics, before handing over to Executive leads to provide updates against their performance areas. The Chair welcomed the capturing of the key highlights within the report which was helpful to the Board in terms of identifying key challenges. P Roseblade confirmed that the Performance Dashboard report had been discussed in detail at the Operational Delivery Committee and emphasised the need to understand WAST (Welsh Ambulance Services Trust) performance for the resident population, noting that this data was not currently visible in the report or within the ambulance handover report. P Roseblade added that whilst she acknowledged improvements in handover times, these improvements were not without consequences, and it was important to determine if WAST performance was also improving for the local population. G Hughes confirmed that the WAST graphs would be reinstated in the performance report, apologising for their omission and advised that a report was taken to the Operational Delivery Committee to examine any correlation between improved response times in the community and reduced handover delays, where it was noted that the data did not show a significant improvement in response times. G Hughes advised that given that WAST was an all-Wales service, CTM resources were sometimes used to support delays in other health boards, which affected local CTM response times and committed to bringing further analysis back to a future meeting of the Operational Delivery Committee. R Hughes stated that he had been commissioned by the Quality, Safety, and Experience Committee to explore what can be done regarding quality and safety in relation to WAST performance and added that he was in discussions with the Executive Director of Nursing for WAST to understand what data was being produced about the CTM population and how this can be incorporated into reporting, which should then complement the performance data. The Chair noted that the public might question what is being done about ambulance handover times and WAST performance, given the improvements in handover and released ambulance hours and emphasised that while handover times had improved, WAST performance is largely outside the Health Board's control, and added whilst reporting on it may seem unfair, it was still necessary.

	The Chair reiterated the importance of monitoring whether improvements in handover times are translating into better response times for the local population and expressed gratitude for the ongoing analysis. K Palmer sought clarity as to whether healthy weight management, specifically the children's weight management service, could be included under the population health metrics in the performance report. In response, P Daniels advised that not everything could be included in the report and added he would be happy to have a discussion outside the meeting as to how population health metrics could be presented in a meaningful way, taking into consideration the frequency and relevance of reporting. C Thompson acknowledged and highlighted the challenge of including all desired metrics, noting that performance reports never satisfy everyone, suggested that some metrics may be managed at other Committee levels and proposed using the opportunity to clarify which metrics will be reported at each level and that some metrics may appear less frequently in Board reports. R Rowlands noted improvements in the cancer pathway performance and highlighted positive news about diabetes in pregnancy. R Rowlands made reference to adult mental health assessments, noting underperformance compared to CAMHS, and inquired about the improvement plan and when more information would be available. C Thompson responded that the adult mental health assessment team is working through a backlog and that updates would be presented to future meetings of the Operational Delivery Committee. In response to a query raised by R Rowlands as to whether access to the discharge app for "other partners" included third sector partners involved in discharge for older people, not just local authorities, G Hughes agreed to seek further clarification of this outside the meeting and whether there would be information governance challenges to third sector partners having access to this data.
Resolution:	The Board NOTED the Integrated Performance Dashboard.
Actions:	WAST graphs be reinstated in the performance report. Further analysis to be presented to a future meeting of the Operational Delivery Committee in relation to correlation between improved response times in the community and reduced handover delays. Discussion to be held outside the meeting in relation to whether healthy weight management, specifically the children's weight management service, could be included under the population health metrics in the performance report. Discussion to also focus on how population health metrics could be presented in a meaningful way, taking into consideration the frequency and relevance of reporting.

	Further clarification to be sought outside the meeting as to whether access to the discharge app for "other partners" included third sector partners involved in discharge for older people, not just local authorities.
6.1.1	Ambulance Handover & Discharge Processes G Hughes presented the report and highlighted the key matters for Board attention, which included: • Welsh Health Circular Expectations: Ambulance handovers should occur within 15 minutes of arrival at hospital, with an interim target of 45 minutes previously mandated due to excessive waits. • Performance Improvements: CTM sites have shown significant improvement in handover times, becoming top performers in Wales, especially in December 2025, • Initiatives and Transformation: Multiple approaches under the emergency transformation programme have contributed, including joint work with care homes and the navigation hub, reducing inappropriate conveyance and supporting patients to remain safely at home. • Impact on System Pressure: While handover times have improved, this had created additional pressure at the "front door" of hospitals, requiring timely patient movement through the system. • January Challenges: January 2026 was challenging, with CTM in business continuity incident for two weeks, but the team managed to step out of it, maintaining strong handover performance. • Immediate Handover Requirement: Welsh Government is now asking for "immediate handover" (within 45 minutes), prompting CTM to develop new processes for safely accommodating patients from ambulances. • System-wide Focus: Emphasis on only conveying patients who truly need hospital care and further reducing delays in hospital discharge to maintain flow. • Support from Local Authorities: Local authorities have worked closely with CTM to avoid undue delays in patient discharge, supporting overall system resilience. The Chair acknowledged the report contained very helpful data and analysis and noted that improvements in reducing ambulance handover times had led to increased pressure elsewhere in the system in regard to system flow challenges which remained unresolved. In response to a query raised by K Mason regarding pathway 3 patients and the delays in discharging them to a care home and whether this would be classed as a new placement if they had already come from a care home, G Hughes clarified that if a patient returns to their original care home, they are classified as Pathway 0, which works well. Members noted that the challenge arises when a patient's care package is reallocated after 48 hours, requiring a new placement and restarting the process. Members also noted that Pathway 3 patients were typically new placements, sometimes moving from residential to nursing care, and acknowledged the tight timelines and the need for further work to improve the process.

K Palmer queried whether there were any new discharge targets, if such targets existed before, and whether they are internal or set by the government. In response, G Hughes clarified that there were targets which had been set internally, with good daily data showing expected admissions and required discharges to manage workload. Members noted that the challenge is often starting the week with a backlog, and that targets were broken down by specialty to clarify expectations for each ward, based on normal demand patterns.

R Goode asked what causes the backlog on Monday mornings and whether it was due to weekend factors, G Hughes advised that the backlog was mainly as a result of services running on a five-day basis rather than seven, with less intense activity on weekends. The Board noted that discharges and care packages rarely commenced over weekends, meaning more headroom was required during the week to avoid running at full bed capacity. It was also noted that clinical teams often start assessments for new patients on Mondays, which contributed to delays.

S Medlicott sought clarity as to whether data was being captured on failed discharges, specifically, patients who are discharged early and then end up back in the system due to poor support or communication failures in the community. G Hughes confirmed that both quantitative and qualitative data on failed discharges was captured, including reviews of patients who return after discharge and emphasised the importance of wrapping support around complex cases and integrating feedback from community and GP teams.

P Mears commented on the importance of linking back in with the GP team and primary/community care, given their knowledge of their patients' healthcare needs and suggested involving local GP leaders in conversations about complex discharges to ensure an integrated approach focused on the patient need, rather than just moving patients from hospital to community. G Hughes agreed, emphasising the need for a more dynamic conversation between primary and secondary care clinicians for complex patients, and suggested that as the work progresses, local GP leaders should be brought into the discussion to help manage these cases more effectively.

The Chair noted that there had historically been a high rate of conveyance from care homes to hospitals in CTM and asked about the reasons for recent reductions and whether this was due to increased resilience among care home staff, ambulance staff, or the Navigation Hub. G Hughes advised that the reduction was due to a combination of factors: strong relationships between care homes and the Navigation Hub, training for care home staff (including carers in in-house homes), and the use of technology for remote assessments. However, it was also highlighted that CTM still has the highest conveyance rates in Wales, indicating further opportunities for improvement. G Hughes highlighted that 50% of critical care admissions were patients who had walked into the Emergency Departments (EDs), which was considered an unusually high

	number. Members noted that very sick patients were often sitting in waiting rooms, not just arriving by ambulance, and clinical teams face the challenge of prioritising both ambulance arrivals and those in the waiting room who need urgent care. P Roseblade asked why CTM still had the highest number of conveyances across Wales and whether there was any data on the number of patients conveyed who could have been treated differently. In response, G Hughes advised that whilst there was no systematic data on this, efforts had focused on data stratification, starting with high conveyance rates from care and nursing homes. It was also mentioned that work was ongoing to identify other cohorts, such as patients with falls, to develop non-conveyance pathways. The Chair extended his thanks to G Hughes for presenting the report.
Resolution:	The report was NOTED .
6.2	Month 9 Financial Performance Report S May presented the update and highlighted the key matters for members attention, which included: • The month nine position shows a £0.6 million surplus, resulting in a year-to-date deficit of £3.4 million, with a forecast break even for year-end. • Risks have been reduced due to Welsh Government funding support for the Welsh risk pool and the Band 2 to 3 framework, but these are not supported into next financial year. • The Welsh Risk Pool change for next year is forecast at £18.4 million, which exceeds the entire uplift for next year (£15 million), presenting a significant issue. • Capital resources have increased to £93.3 million, with allocations expected to top £100 million, creating challenges in spending within the year. • The recurrent revenue position is now forecast as an underlying deficit of £10.2 million (excluding Welsh risk pool impacts), compared to the planned surplus of £1.7 million. • Overspend is mainly in delegated budgets (care groups), offset by non-delegated budgets, with operational variances and cost pressures impacting the underlying position. • There are significant challenges for next year, requiring board attention and further work on plans and control measures. In response to a question raised by the Chair regarding the nature of accountancy gains and how provisions or accruals were assessed or released, S May advised that accountancy gains referred to the release of provisions or accruals from the balance sheet when, upon regular (monthly) review, they were assessed as no longer necessary. S May added that this was a standard process, which included the agreement of balances across NHS Wales, especially at month 9, to ensure positions align.

The Chair raised a question about the balance between the delegated budget and the non-delegated budget, specifically whether not investing in certain things in the non-delegated budget is used to offset overspending by the care groups. In response, S May confirmed that some of the offset is fortuitous, and some is because money cannot be released until a balanced position is achieved. S May advised that while delegated budgets had been challenging, funding had increased each year yet overspending continues and highlighted that Welsh Government would likely challenge the Board on control measures and ensuring resources were managed within increased allocations and headcount.

The Chair highlighted that this would be the third year that the Health Board would have managed to meet its statutory duty in forecasting and achieving a breakeven position and extended his thanks to the efforts and hard work that had been shown by the Executive Team for attempting to manage within the Board's finances.

P Mears stated that despite challenges, achieving a balanced financial position this year puts the Board in a better place for the very challenging year ahead compared to other organisations and emphasised the need to examine in more forensic detail the drivers behind overspends, such as demand, acuity, and increased headcount. He suggested that a reset conversation with care groups and others was required to understand these issues and improve control measures for next year.

P Mears also acknowledged that corporate schemes had not delivered as much as hoped this year and emphasised that significant effort would be needed to maximise opportunities from these schemes into the next financial year.

P Mears alerted the Board that, due to the scale of the Welsh Risk Pool financial risk, the Health Board may not be able to deliver a balanced plan for next year if recurrent funding is not made available to the Health Board and shortfalls had to be funded from existing resources. , This issue which would need to be flagged Welsh Government, P Mears suggested that it might be worthwhile to have a Board Briefing on this issue once a discussion had been held with Shared Services, to ensure the Board understands the complexity and to discuss handling in the context of next year's planning.

K Palmer expressed concern about services the Health Board is not able to provide due to funding constraints, specifically mentioning the Children's Weight Management Service as an example, and questioned how the Board would ensure such services could be provided in the future, given the challenges of maintaining a balanced budget and the need to address longer-term population health needs. P Mears acknowledged the concerns, noting that the ability to invest in new services was dependent on delivering the savings plan, which had not been achieved, emphasised that efficiency in current spending was necessary to release capacity for investment in priority areas, and added that significant operational variances and unplanned spending needed to be addressed to ensure resources are available for such services. P Mears also

	advised that some investment was being placed into weight management services from 1 April 2026, specifically referencing the PIPYN service. The Chair stated that last year's approval of the IMTP and budget, including the ability to invest, was predicated on delivering the savings plan, and acknowledged that this was a tough message for people. S May confirmed that whilst the savings were always expected to enable investment, they had not been delivered, with centrally led schemes only marginally meeting targets, impacting the underlying financial position for the next year. S May emphasised the importance of the Health Board ensuring that spending stays within allocations, given this is a statutory duty. N Mesher commented that the Welsh Risk Pool figure was substantial and welcomed the idea of a deep dive to better understand it. N Mesher also noted the importance of understanding the modelling behind this, specifically whether the current number of 200 cases would continue to rise or if it represented a peak that would eventually tail off. P Mears advised that there were a number of cases in the pipeline and that the modelling was based on actual activity and settlements, not just an exponential extrapolation. It was explained that these were lump sum settlements and were related to reimbursements for care that had gone wrong and were cases and mitigations that had already been processed and were in the legal system, making the spend inevitable. The Board noted that learning needed to be taken as a result of these events. G Hughes advised that financial performance meetings had recently been held with Care Groups and advised that whilst some Care groups were performing well, others required bespoke work to identify improvement opportunities. G Hughes also highlighted issues such as sickness absence rates having a financial impact of paying staff who were not at work and the additional costs of backfilling those roles and highlighted the importance of detailed scrutiny and control over resource deployment, emphasising that although there had been an increase in headcount, there had not been a corresponding increase in productivity. D Hurford stated that he felt there needed to be a more planned approach to how things are done, rather than relying on past investment strategies and added that the organisation rarely pauses to reflect on achievements, noting the significant progress and accomplishments made in many areas and the good care that was being delivered, despite ongoing discomfort in relation to prioritisation and funding decisions.
Resolution:	The report was NOTED .
6.3	Forest View Medical Centre – Application to Close Branch Surgery Located in Treorchy
	G Hughes presented the report and highlighted the key matters for Members attention.



	D Hurford made referenced the significant local unhappiness that had been seen a few years ago in relation to proposed changes and credited those involved for turning the situation around and supporting the current process. R Goode commented that lack of attendance at public consultation does not in of itself guarantee there is no community concern and sought clarity on the Board's communications strategy to manage messaging around the closure once agreed. G Hughes confirmed the process had been public, with the GP practice and local councillors actively supporting and engaging, with all registered patients written to. S Blackburn agreed that low turnout does not mean low interest, emphasised the trust built between the practice and patients, and noted that while little communication was needed this time, ongoing engagement would continue. D Jouvenat advised there had been little or no negative reaction on social media and added that the practice had assured patients there would be no reduction in services. D Price (Llais) echoed all comments made, highlighting the exemplary engagement process and willingness to involve the community, contrasting it with more contentious experiences in the past. Following a comment made by R Goode about the importance of capturing the successful consultation process with Llais as best practice for future similar matters, it was confirmed that best practice was being captured and would be shared to help inform any future consultations.
Resolution:	The Board APPROVED the application to close the branch site located at 128 High Street, Treorchy.
7.	STRATEGIC PLANNING
7.1	Integrated Medium Term Plan 2026-2029 Update
	C Thompson presented the report, highlighted that this was the first public Board where the IMTP update was being presented since the new planning guidance was released and advised the report covered the implications of the guidance and the planning process. The following key points were noted: • The new guidance emphasised plans free of discretionary investment and retargeting of ambition regarding access targets compared to previous years. • The significant challenge in delivering a balanced plan, particularly considering the financial risks noted earlier in the meeting, which the Board would need to discuss further. • The key milestones for feedback to Welsh Government, including a detailed timeline for key activities to be undertaken with IMTP Steering Group members, Care Groups and Corporate Teams. • Further Board Briefings would be scheduled, including a Board Development Session, prior to the final plan being submitted to the March Board for approval. • Correspondence would need to be submitted to Welsh Government by the 13 February indicating whether the Health Board would be able to deliver a

	balanced plan, which would also be shared with Board Members once available. C Donoghue referenced the Research & Development Framework which would also need to feed into the IMTP and advised that this would be presented to the March 2026 meeting of the Quality, Safety & Experience Committee for approval.
Resolution:	The Board NOTED the report
7.2	Strategy Deployment
	C Thompson presented the report and highlighted the following matters for Members attention: • The framework was a tool to align organisational activity with strategic intent, linking Board governance, metrics and local and Welsh Government strategies. • The framework aimed to simply and rationalise measurement systems, with focus being placed on process measures and clarifying distinction between corporate projects, strategic initiatives and enabling plans. • A consolidated resource, using existing staff, was being created within the Strategy & Transformation Directorate bringing together expertise in improvement science, project/programme methodology, and value-based healthcare. Board members expressed strong support for the proposal, noting the framework would help with coherence, prioritisation, and transformation, and would clarify what the organisation would and would not do. P Mears advised of the need to ensure updates were sequenced into the Board and Committee Annual Cycles of Business. G Watts confirmed that an early draft of the Annual Cycles of Business had been developed and would be shared for discussion at the February Board Development session. P Daniels stated that the framework also intended to support partnership working, especially with local authorities and public service boards, and to help reduce health inequalities. C Thompson acknowledged that the framework was emerging and would develop over time with ongoing engagement and adaptation.
Resolution:	The Board APPROVED this direction of travel and the suggested approach.
5.	CONSENT AGENDA
8.1	FOR APPROVAL
8.1.1	Unconfirmed Minutes of the meeting held on 27 November 2025
Resolution:	The minutes were APPROVED .
8.1.2	Unconfirmed Minutes of the In Committee meeting held on 27 November 2025
Resolution:	The minutes were APPROVED .
8.1.3	Unconfirmed Minutes of the Extra Ordinary In Committee Board held on 18 December 2025

Resolution:	The Minutes were APPROVED .
8.1.4	IM and Exec Walkabouts Operating Model
Resolution:	The Policy was APPROVED .
8.1.5	Annual Cycle of Business for 2026
	The Annual Cycle of Business would be discussed at the February 2026 Board Development session and would be presented to the March 2026 Board for approval
8.1.6	South East Wales Regional Joint Committee Highlight Report and Terms of Reference
Resolution:	The Highlight Report was NOTED and the Terms of Reference were APPROVED
8.2	FOR NOTING
8.2.1	Non-Routine Board Business (Forward Plan)
Resolution:	The Non-Routine Board Business (Forward Plan) was NOTED .
8.2.2	Board Committee and Advisory Group Highlight Reports
Resolution:	The report was NOTED .
8.2.3	Highlight Report from the Joint Commissioning Committee
	P Mears highlighted the need for a strategic conversation about significant risks in specialist commissioning, noting the complexity and high cost of service areas involved and suggested that as part of the Board Development discussion around the IMTP, the Board should explicitly articulate and discuss these risks. C Donoghue expressed concern that some investment decisions felt imposed, with little room for Board discretion, particularly when resources were limited and expectations remained high, and questioned the mechanism for the Board to challenge or decline certain investments. C Thompson confirmed that discussions were increasingly challenging, emphasising that the Board could not continue to simply uplift and invest in all areas. D Hurford highlighted that different organisations had varying thresholds for approving treatments, for example, Individual Patient Funding Requests, which complicated national decision-making and resource allocation. S Morris added that similar challenges and decision-making complexities applied to digital and data investments, with national work underway to address governance and prioritisation.
Resolution:	The report was NOTED .
Action:	As part of the Board Development discussion in relation to the IMTP, strategic conversation to be held about significant risks in specialist commissioning noting the complexity and high cost of service areas involved
8.2.4	Capital Programme Update 2025/26
Resolution:	The report was NOTED .
9.	CLOSE OUT BUSINESS
9.1	Any Other Business
	There was no other business to report.
9.2	Meeting Feedback

	The Chair requested feedback on this meeting within the next two weeks.
10.	Private/In Committee Session
	Members noted that the following items would be received at the In Committee session: o Mental Health Single Clinical Record Procurement (Commercially Sensitive)
11.	DATE AND TIME OF NEXT MEETING The next scheduled public meeting of the Board will be held on Thursday 26 March 2026
12.	Close of Meeting

DRAFT

Unapproved Minutes of the In Committee Board

Date and Time of Meeting	Thursday 29 January 2026 at 1:00pm
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Paul Mears	Chief Executive Officer
	Dilys Jouvenat	Independent Member – Third Sector
	Carolyn Donoghue	Independent Member – University
	Hayley Proctor	Independent Member – Trade Union
	Patsy Roseblade	Independent Member – Finance (Virtually)
	Neil Mesher	Independent Member – Commercial Business
	Kathy Mason	Independent Member – Digital
	Helen Lentle	Independent Member – Legal
	Rachel Rowlands	Independent Member – Community
	Rhys Goode	Independent Member – Local Authority
	Sally May	Executive Director of Finance
	Philip Daniels	Executive Director of Public Health
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Claire Thompson	Executive Director of Strategy & Transformation
	Lauren Edwards	Executive Director of Allied Health Professionals & Health Sciences
	Richard Hughes	Interim Executive Director of Nursing
	Alex Brown	Associate Board Member (Virtually)
	Sarah Medlicott	Associate Board Member
	Paul Deenik	Associate Board Member



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Cwm Taf Morgannwg
University Health Board

In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Simon Blackburn	Director of Communications, Engagement & Fundraising (virtually)
	Stuart Morris	Director of Digital
	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
Meeting Observers	Sarah James	Deputy Chief Operating Officer

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting.
1.2	Apologies for Absence
	Apologies for absence were received from: • Lisa Curtis-Jones, Associate Board Member
1.3	Declarations of Interest
	There were no declarations of interest identified.
2.	MAIN AGENDA
2.1	Mental Health Single Clinical Record Procurement
	S Morris presented the report and advised that the health board had completed a comprehensive, three-year procurement process for a new system, in partnership with Betsi Cadwalladr University Health Board (BCUHB). Members noted that funding was allocated in February 2025, and the process concluded at the end of the previous calendar year. Approval was now being sought to proceed with the awarded supplier, with implementation planned to start from April 2026. S Morris advised that the outcome would be communicated to Welsh Government. In discussing the report, the following points were raised/noted: • Noting the process had been triggered by a Regulation 28, S Morris confirmed that the system would feed into the national data repository which would enable data sharing across Health Boards. • The system would have a transformational impact on patient safety and efficiency, particularly for managing high risk and vulnerable patients,

	allowing quick access to patient lists and for the facilitation of information sharing with GPs. • The system would ensure regional alignment given that all three CTM local authority providers had procured the same product. The system would also potentially act as an enabler to broader service transformation and would be beneficial for patient safety and internal communication. • It was noted that clinical data would only be available to clinical providers, with a shared care record running alongside which would be managed by Digital Healthcare Wales. • The Board expressed an interest in seeing the systems implementation and expected transformational benefits. • It was noted that whilst the mental health solution was separate from the Electronic Patient Record, it would contribute data to the broader digital landscape. • Whilst ongoing collaboration would be undertaken with BCUHB, both Health Board's would have separate contracts. It was noted that lessons would need to be learnt if a similar process needed to be followed in future.
Resolution:	Following discussion, the Board RESOLVED to: Approve the recommendation outlined in the Procurement Outcome Report Approve the proceeding with the next steps as outlined within the report.
3.	CLOSE OUT BUSINESS
3.1	Any Other Business
	There was no other business to report.
4.	DATE AND TIME OF NEXT MEETING
	The next scheduled Public Board meeting would be held on Thursday 26 March 2026.



Agenda Item

8.1.3

CTM Health Board

AMENDMENT TO STANDING ORDERS – COMMITTEE TERMS OF
REFERENCE – PROPOSED CHANGES TO QUORACY

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Board Development Session	26/02/2026	Supported

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Good Governance & Probity Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
- 1.2 All Health Board members and officers must be aware of the SOs and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

- 2.1 As part of the Effective Management of Board Business Review, ongoing feedback and review has been undertaken with Board Members in relation to the effectiveness of the new Board and Committee Structure which was approved by the Board in September 2024 and implemented in January 2025. Numerous discussions have taken place with the Board throughout 2025 regarding the effectiveness of the new structure.
- 2.2 A further discussion was held at the Board Development Session in February 2026 where a proposal was presented for discussion in relation to increasing the number of Independent Members that sit on Committee's to 6 and increase the quorum of IM members from two to three (to include either the Chair or Vice Chair), in order to increase resilience.
- 2.3 Whilst the majority of Board Members supported this proposal, it was agreed that following implementation this change would be kept under review to determine its effectiveness and impact on the Committees.

3. Key Risks / Matters for Escalation

- 3.1 Board approval is required as this will be a variation to the Model Standing orders.
- 3.2 If approved, the Standing Orders will be updated and a revised version published and uploaded to SharePoint and the Health Board's Internet site.
- 3.3 The Standing Orders will be further strengthened in year as and when required.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:



Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for this report
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language 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: Not required 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.

5. Recommendation

- 5.1 The Board is being asked to **APPROVE** the variation to the Standing Orders in relation to increasing the number of Independent Members that sit on Committee's to 6 and increasing the quorum of IM members from 2 to 3 (to include either the Chair or Vice Chair).

6. Next Steps

- 6.1 Once approved the Terms of Reference will be uploaded to the Health Board's website.
- 6.2 The Director of Corporate Governance will keep under review whether the changes have any adverse effect on the running of the Committees and report back any initial findings by the November 2026 Health 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 BAE	
Shared Listening & Learning Story	Executive Director of Nursing	All Regular Meetings	R		R		R		R		R		R		X	R	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											R		X	R	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									R				X	R	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											R		R	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.																					
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													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																			IMPROVING 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																			IMPROVING 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													X		Audit, Risk & Assurance Committee	Yes	

Business Continuity Planning (EPPR Annual Compliance Statement – Outlining Strategic Responsibility)	Executive Director of Strategy & Transformation	Annually																	
Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually																	
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																	
Joint Commissioning Committee (JCC) Annual Update	JCC Lead	Annually																	
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 BAE
Capital Plans & Business Cases (in accordance with Scheme of Delegation)	Executive Director of Finance	All Regular Meetings as and when required															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															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											R		X	R	Strategic Development Committee	No	Strategic Risk 2 Strategic Risk 8		
Seasonal Planning Update	Chief Operating Officer	Annually											R		X	R	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 8		
CTM2030: Building Healthier Communities Together – Strategy Deployment Update	Executive Director of Strategy & Transformation	Annually									R				X	R	Strategic Development Committee	No	All Strategic Risks		
Annual Review of the WBFGA Statement and Objectives	Executive Director of Public Health	Annually					R								X	R	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											R		X	R	No	No			
SEW RJC Terms of Reference	Director of Corporate Governance	Annually											R		X	R	No	No			
SEW RJC Highlight Report	Director of Corporate Governance	As and when required			R										X	R	No	No			

Inspiring People Strategic Goal aligned to Committee Business																					
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 BAE		
Chief Executives Report	Chief Executive	All Regular Meetings	R		R		R		R		R		R		X	R	No	No	Topic dependent alignment to the BAF.		
Chairs Report <i>(Inc. Affixing of the Common Seal /and Chairs Urgent Action)</i>	Chair	All Regular Meetings	R		R		R		R		R		R		X	R	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.			R										R	X	Audit, Risk and Assurance Committee	No	Not applicable		
Annual Report <i>(including Performance Report, Accountability Report and Remuneration Report)</i>	Director of Corporate Governance / Board Secretary	Annually						R Extra-Ordinary Board Meeting							X	R	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											R		X	R	Operational Delivery Committee	No	Strategic Risk 2		
Strategic Equality Plan	Executive Director for People	Annually									R				X	R	Strategic Development Committee	No	Strategic Risk 2		
NHS Staff Survey	Executive Director for People	Annually											R		X	R	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							R						X	R	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 (<i>Endorse Annual Plan Submission and Carbon Emissions Submission to WG</i>)	Executive Director of Strategy & Transformation	Twice Per Annum			Annual Plan						Carbon Emissions				X		Strategic Development Committee	Yes	Strategic Risk 7
Healthy Travel Plan (<i>Deployment Update -Output Measures and Success</i>)	Executive Director of Public Health	Annually													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													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							✍						✍	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		✍		✍		✍		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 <i>(Including Culture, Values and Behaviours)</i>	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

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	To be agreed	In Progress Awaiting confirmation from the Executive Director for People as to whether this item is still applicable for Board
6 June 2024	Request received by email from the Assistant Director of Transformation	Assistant Director of Transformation	Maesteg Community Hospital Development – Outline Business Case	To be presented to the Board for approval	Assistant Director of Transformation	Executive Director of Strategy & Transformation	28 November 2024 27 March 2025 Now May 2026	In Progress Will now be presented to May 2026 Board
	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
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Healthy Weight Roadmap	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 Now 21 May 2026	In progress Will be presented to the Board in May 2026
02/07/2025	Email request from the Assistant Director of Governance & Risk	Executive Director of Finance	Disposal of Pontypridd Cottage Hospital	To be presented to Board for Approval	Executive Director of Finance	Executive Director of Finance	27 November 2025 29 January 2026 Now 21 May 2026	In progress This will now be received at the May 2026 Board meeting
31/07/2025	Captured as an action at the July 2025 Board meeting	Executive Medical Director	Listening & Learning Story – Transition of Care from Paediatrics to Adult Services	Progress 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	30 July 2026	In progress Will be presented to the July 2026 Board
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.
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	In progress This will be presented to the July 2026 Board meeting
8/12/2025	Identified as an item for approval at Board at	Head of Charity & Income Generation	CTM NHS Charity Branding	To be presented to Board for approval	Head of Charity & Income Generation	Director of Communications,	29 January 2026 Now 26 March 2026	On agenda

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Agenda Item 8.2.1

	agenda planning session for the January Charitable Funds Committee					Engagement & Fundraising		This is on the agenda for the March 2026 meeting.
04/02/2026	Email request received from the Assistant Director for Digital Delivery	Assistant Director for Digital Delivery	Microsoft Enterprise Agreement Renewal	To be presented to Board for approval	Director of Digital	Director of Digital	26 March 2026	On agenda On the Closed meeting agenda for March 2026 Board
26/02/2026	Chair made reference to this report at the Board Development session on 26 February	Chair	Public Health Wales issues re sexual health testing	To be presented to Board for discussion	Executive Director of Nursing/Executive Director of Public Health	Executive Director of Nursing/Executive Director of Public Health	26 March 2026	On agenda On the Closed meeting agenda for March 2026 Board
26/02/202	CEO made reference to this report at the Board Development session on 26 February	CEO	Palliative Care provision at Ysbyty Cwm Cynon	To be presented to Board for approval	Chief Operating Officer?	Chief Operating Officer?	21 May 2026	In progress

Completed Items

15/05/2025	Reference made to this item by the CEO in the Board Development Session held on 15 May 2025	Executive Director of Finance	Strategic Estates Partnership	To be presented to Board for discussion	Executive Director of Finance	Executive Director of Finance	Was 31 July 2025 Was 25 September 2025 Was 27 November 2025 Now 29 January 2026	Proposed for Closure An update has been included in the CEO report for January 2026 Board. The CEO has suggested this is removed from the forward plan of Board business and will advise when this needs to be added back onto the programme
	Email request received from the Director of Digital	Director of Digital	Mental Health Electronic Patient Record Business Case	To be presented to Board for Approval	Director of Digital	Director of Digital	23 October 2025 This has now been deferred to 29 January 2026	Proposed for Closure - Completed Report received via the closed session of the Board held on 29 January 2026
15/10/2025	Suggestion made by Assistant Director of Governance and Risk that this item is added to the agenda	Assistant Director of Governance & Risk	Integrated Care Model Update/Strategy Deployment	To be presented to Board as a progress update following previous discussions held at Board and Strategic Development Committee	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Was 27 November 2025 Now 29 January 2026	Proposed for Closure - Completed Update captured under the IMTP Planning Framework item presented to the January 2026 Board
6/11/2025	Email request received from the Advisor - Primary Care	Advisor - Primary Care	Forest View Medical Centre - Proposed Branch Surgery Closure	To be presented to Board for approval	Advisor - Primary Care	Chief Operating Officer	29 January 2026	Proposed for Closure - Completed Proposal received and approved at the January 2026 meeting.
18/12/2025	Identified as an item for approval at Board at the Board Development	Interim Executive Director of Nursing	IM and Exec Walkabouts Operating Model	To be presented to Board for approval	Interim Executive Director of Nursing	Interim Executive Director of Nursing	29 January 2026	Proposed for Closure - Completed

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	Session held on 18 December							Item received via the consent agenda at the January 2026 meeting
14/01/2026	Email request received from the Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	IMTP – Planning Framework 26/27	To be presented to Board for discussion	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	29 January 2026	Completed Received and discussed at the January 2026 meeting

Agenda Item

8.2.2

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	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

Pwrpas yr Adroddiad / Report Purpose	For Noting

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	

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

- 2.1 A number of Committee/Advisory Groups have been held since the Board last met in January 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

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Safe
	If more than one applies please list below:



Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒ 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:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒ 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 Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
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.	

5. Recommendation

- 5.1 The Board is being asked to **NOTE** the following Highlight Reports:
- Remuneration & Terms of Services Committee 20 November 2025, 22 January 2026 and 19 February 2026 (Appendix 1)
 - Quality, Safety & Experience Committee 20 January 2026 (On main agenda)
 - Operational Delivery Committee 22 January 2026 (Appendix 2)
 - CTMUHB Audit, Risk & Assurance Committee 3 February 2026 (Appendix 3)
 - Hosted Bodies Audit, Risk & Assurance Committee 3 February 2026 (Appendix 4)
 - Strategic Development Committee 11 February 2026 (On main agenda)
 - Stakeholder Reference Group 12 February 2026 (On main agenda)
 - Mental Health Act Monitoring Committee 25 February 2026 (On main agenda)

Agenda Item

8.2.2 Appendix 1

CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Not applicable.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
VSM	Very Senior Manager

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Remuneration & Terms of Service Committee at its meetings held on the 20 November 2025, 22 January 2026 and 19 February 2026.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of this Committee is to provide:
- **advice** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other very senior staff within the framework set by the Welsh Government.
 - **assurance** to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.
 - **receive reports** relating to the remuneration and terms of service, including contractual arrangements, for Directors and Very Senior Managers of hosted bodies.

3. Highlight Report

Alert / Escalate	Nil
Advise	NHS Wales Joint Commissioning Committee – Evaluation Senior Posts At the November 2025 meeting, the Committee: • Noted the JESP outcome of two roles • Approved the re banding of the Director of Finance and Value post • Approved the permanent appointment into the post of Director of Corporate Planning & Strategy, subject to the outcome of the formal interview process, via ringfenced selection • Approved an appointment to the post of Deputy Chief Commissioner and the proposed level of remuneration. At the meeting held on 22 January 2026, the Committee received and noted a report on Executive and Senior Posts Salary. The Committee also received and approved a one-off Redundancy Payment to be paid to a staff member, if suitable alternative employment was not found prior to the contractual end date. At the meeting held on 19 February 2026, the Committee:

	• Approved a substantive appointment into the post of Executive Director for Nursing, Midwifery and Patient Care and approved the level of remuneration subject to Welsh Government endorsement; • Approved the extension to the secondment for the NWJCC Interim Chief Commissioner, approved the reduction in working hours and noted that selection is underway for a substantive appointment into the NWJCC Chief Commissioner post; • Approved a request for Short Term Payment Protection – Planned Care, Surgery Ward 9, Princess of Wales Hospital
Assure	Nil
Inform	The Committee Approved the following items: • Unconfirmed minutes of the meeting held on the 23 October 2025. • Unconfirmed minutes of the meeting held on the 20 November 2025. • Unconfirmed minutes of the meeting held on the 22 January 2026. The Committee Noted the Committee Cycle of Business
Appendices	Nil

4. Assessment

5. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality	Culture and Valuing People
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable 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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language 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: N/A Not required for this type of 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)	Yes (Include further detail below) In terms of the resource impact of each individual case.	

6. Recommendation

- 6.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

8.2.2 Appendix 2

CTM Health Board

Highlight Report from the (Operational Delivery Committee)

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Rachel Rowlands, Independent Member, (Chair of Operational Delivery Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Individuals	Date	Outcome
Not applicable.		

Acronyms / Glossary of Terms

Nil.	

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Operational Delivery Committee at its EO meeting on the 11 December 2025 and meeting on 22 January 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	There are no matters requiring inclusion in this section.
Advise	• Extra-ordinary 'private' In Committee Session – 11 December 2025 - The Committee considered the Prince Charles Hospital Refurbishment Project Finalised Phase 3 Full Business Case and Endorsed for Board Approval for onward submission of the finalised FBC to Welsh Government. • Forest View Medical Centre (Treorchy) – Branch Closure - The Committee Endorsed for Board Approval the proposal to close the Treorchy branch, noting exemplary engagement, no local objections and assurance that services will continue at alternative sites • The Workforce Metrics Report highlighted to the Committee that there had been improved performance with PADR's, Statutory and Mandatory Training, time-to-hire and recruitment performance and engagement in staff surveys.

	The Committee noted the significant effort by teams, especially given system-wide pressures. Month 9 Finance & Performance Report - The Committee noted that the Health Board were reporting an in-month surplus of £0.6m at Month 9, improving the year to date position to a £3.4m deficit. The delegated position was highlighted as an area of concern having deteriorated in recent months with a £19.2m forecast delegated deficit reported, driven primarily by Mental Health CHC placement costs and pay and prescribing pressures. The Committee noted that Welsh Government had confirmed Welsh Risk Pool funding which was a major positive development, removing a significant financial risk and ensuring that the Health Board could credibly maintain a break-even forecast for the year. The Committee were advised that the 2026-27 financial settlement was looking extremely challenging with a 1.11% uplift (circa £15.2m) and that whilst pay awards would be funded centrally there was no scope for discretionary investment reinforcing the need for strong cost control, service redesign and alignment of performance, workforce and financial plans. Capital Delivery Programme Monitoring Report – The Committee noted the update on the circa £93m capital programme and the funding position for 2025-26 and commitments made against the allocation and significant additional funding received and anticipated. Members were assured that whilst delivery remained tight due to late year allocations and limited capacity, robust prioritisation and programme management arrangements were in place. 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.

Assure	• Digital and Data Delivery Report - The Committee noted that CTM's digital and data portfolio was progressing at pace, with multiple major clinical systems scheduled to go live by the end of March. Despite operational pressures, the programme is largely on track. Financial risks, particularly around LIMS software remained significant, and regulatory frameworks for AI and data sharing are still emerging. Information Governance training compliance, maternity digitisation, ophthalmology, pathology, and prescribing projects were all showing sustained, tangible progress. • The Committee received a summary of the Integrated Medium-Term Plan (IMTP) and the progress made in implementing plans across all areas in Quarter three. • Integrated Performance Dashboard – The Committee received an update from the Executive Director of Strategy & Transformation and the Chief Operating Officer which focussed on Urgent Care, Referral to Treatment Time, Diagnostics, Mental Health and Cancer performance trajectories. The challenges around vaccination uptake were also noted. • Community Response Times Analysis – The Chief Operating Officer provided an update for the Committee who noted that the Health Board's handover improvements had not shown the community response improvements hoped, due to CTM ambulances being diverted to neighbouring Health Boards still experiencing severe delays. The Committee were advised that CTM had high conveyance rates despite good progress on pathway redesign. Data access obstacles with the Welsh Ambulance Service NHS Trust were a major concern with further escalation and cross system work required.
Inform	• The Committee welcomed the Assistant Director of Leadership & Culture to the meeting to share a presentation on the People Plan 2025-28 – Great Management and Leadership. The Committee welcomed the co-designed Ignite, Aspire and Inspire leadership programmes and early evidence of positive impact and noted the importance of clear measures of impact, including how leadership development translates into workforce and organisational outcomes. • The Committee Approved the following Policies: - Carer's Leave Policy - Parental Leave Policy

	- All Wales Flexible Working Policy - All Wales Reserve Forces Training and Mobilisation Policy - Enabling a Bi-Lingual Organisation: Using Welsh at Work Policy • The Committee Noted the following items: - Month 7,8 & 9 Monitoring Returns to Welsh Government - Joint Commissioning Committee, Planning, Performance & Finance Committee Highlight Report • Private 'In' Committee Session A private Committee meeting was held to discuss the following business sensitive matters: ○ Organisational Risk Register – Cyber / Business Sensitive Risks ○ Capital Quarterly Update – An update on all current major capital projects as well as plans for the 2025-2026 discretionary programme.
Appendices	None Identified.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	Effective

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	
	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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Highlight report so n/a
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language 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: Highlight Report so 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) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item

8.2.2 Appendix 3

CTM Health Board

Highlight Report from the Audit, Risk & Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	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	Gareth Watts, Director of Corporate Governance / Board Secretary/ Sally May, Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

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
FCP's	Financial Control Procedures
SFI's	Standing Financial Instructions

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Audit, Risk & Assurance Committee at its meeting on 3 February 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	No items were identified for escalation.
Advise	Local Counter Fraud Report – the Committee noted the report and questioned the apparent inconsistency between reported increases in counter fraud training and the detailed attendance figures and agreed to seek clarification from the Local Counter Fraud Team. Members noted that the report on the individual 'open' cases would be taken at the Closed In Committee session due to potentially personal identifiable information. Losses and Special Payments Report: The Committee noted that the financial impact regarding the Welsh Risk Pool (WRP) sharing agreement which continued to be reported as a significant risk. Movements in the risk-share percentage are highly material, with each 1% change equating to approx. £1.6m.

Although the net provision had decreased since the previous report (because of reimbursements), the absolute values remained significantly higher than in previous years.

The amount owed to CTM from WRP for claims already paid was £27m, much higher than the typical £15m seen in prior years. Delays in reimbursement can significantly affect CTM's cash flow. It was noted that a £4m reimbursement was expected this month.

Procurement and Scheme of Delegation Update: The Committee noted the position on procurement matters for the period 1 October – 31 December 2025; The Committee noted the following:

- Use of file notes to retrospectively regularise procurement activity where Standing Orders had not been followed.
- Ongoing monitoring of "No PO, No Pay" compliance – performance had slightly deteriorated with the focus remaining on invoices on hold and retrospective receipting. Catering, Arjo and Recruitment services/agency staffing were highlighted as the top problem areas.
- Purchase to Pay and achievement of PSPP target up to Month 9 of 2025/26.
- The Committee Approved the updated FCPs and associated SoP

The **Internal Audit Progress Report** was received, noting that there were fewer reports than expected being brought to the meeting due to capacity pressures and delivery challenges. The Committee raised concern that the 29% performance against an 80% target needs to be addressed. It was advised that a larger volume of reports is anticipated for the May meeting of the Committee.

Internal Audit Reports: The following reports were received by the Committee:

- The Internal Audit Review – **Clinical Coding** was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating;
- The Internal Audit Review – **Asbestos Management Audit - Final** was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating;
- The Internal Audit Review – **Response to Critical Incident - Final** was received. Members noted that the

	review had been allocated a 'Reasonable' Assurance rating; • The Internal Audit Review – Stroke Services - Final was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating; • The Internal Audit Review – Discharge Planning - Final was received. Members noted that the review had been allocated a 'Limited' Assurance rating; • Audit Wales Update – The Committee noted the overview of current and planned Audit Wales work at CTM. Work on the Charitable Funds Annual Report and Accounts (2024–25) had been completed and the accounts approved by the Trustees at the Board meeting. Planning work for the 2025–26 Annual Accounts audit was underway. The Committee noted that some reports had slipped due to Audit Wales capacity constraints and in particular, the Digital Transformation review which was now expected to come to the Committee in May. Audit Wales Review - Urgent and Emergency Care: Arrangements for Managing Demand – The Committee noted that new initiatives such as the navigation hub were having a positive impact. Same Day Emergency Care (SDEC) is performing well, but it was noted that there were low conveyance rates from the Welsh Ambulance Services Trust (WAST) to alternatives in the Emergency Department (such as Minor Injury Units and SDEC). Clinical Audit Annual Forward Plan & Monitoring – The Committee received a report and presentation which detailed the monitoring process, committee structure, and improvements in compliance and engagement and noted the Clinical Audit Forward Plan for 2026 -27. JAG Accreditation Update – A presentation was received by the Committee which focussed on four key areas, clinical governance arrangements associated with the delivery of endoscopy, waiting times, the competence of the workforce and the environment. The Committee noted the reference to risks and resource required to resolve the existing demand-capacity deficit across endoscopy, which if unresolved will prohibit JAG accreditation on any site.
Assure	Audit Wales Review – Eye Care Services – The Committee received the report and raised concerns that the performance against the measures had deteriorated slightly since the audit and had fallen below the Wales average which could cause the

	potential for patient harm, especially for high risk eye-care patients. Members felt that this matter should be referred as a cross Committee referral to the Quality, Safety & Experience Committee for them to provide assurances and an outcome back to the Committee. Organisational Risk Register – The Committee noted the updates operational risk register, detailing new and de-escalated risks as well sign-posting emerging risks in the planned care area. Response to the updated HM Treasury Audit & Risk Assurance Committee Handbook – The Committee received a report on the updated HM Treasury Audit & Risk Assurance Committee handbook which covered Committee practices, Speaking Up Safely, Accountable Officer attendance and the self-assessment process. The Committee Approved the proposals regarding Accountable Officer attendance, Private meetings, and existing processes for meetings with Finance leads (subject to re-wording) while requesting further work on the terms of reference and the self-assessment process. Audit Recommendations Tracker – The Committee noted the tracker’s evolution and the improvements being made for clarity and usability. The Committee noted and welcomed that improvements are being made but this is not always easily identifiable within the report and emphasised that going forward progress should be clearly highlighted and acknowledged, to ensure that improvements are more visible. Closed ‘In Committee’ Session of the Audit, Risk & Assurance Committee - Committee Members received an update on the: • Organisational Risk Register Business Sensitive Risks • Financial Control Procedure - Medical Variable pay - Summary of Authorised Breaches • Local Counter Fraud Report – Cases Report • Counter Fraud Service in NHS Wales Operational Performance Report 2025/2026 Quarter 1
Inform	. The following Consent Agenda Items were APPROVED: • The Unconfirmed Minutes of the meeting held on 13 November 2025; • The Unconfirmed ‘In Committee’ Minutes of the meeting held on 13 November 2025;

	The following Consent Agenda items were NOTED: • The Annual Report Timetable 2025-26 • The Forward Work Programme.
Appendices	Not applicable.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies, please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	All domains can apply due to the nature of the business of the Committee.
	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Highlight report so n/a

Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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: Highlight Report so 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) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item

8.2.2 Appendix 4

CTM Health Board

Highlight Report from the Hosted Bodies Audit, Risk & Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	26/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

JCC	Joint Commissioning Committee
CTM	Cwm Taf Morgannwg
NIAW	National Imaging Academy Wales

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit & Risk Committee at its meeting on 3 February 2026.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. From 1 April 2024, this comprises the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

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 system of risk and 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.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Highlight Report

Alert / Escalate	There were no matters for alert or escalation on this occasion.
Advise	The Committee received the Joint Commissioning Committee Strategic Update, which focussed on the following key areas: Joint Commissioning Committee Risk Register – The Committee received the risk register which represented the position as at the end of November 2025. It was noted that the risk register remains transitional and that the process on assurance and further work was ongoing to update and refine the risk process. An overview of the risks as at the 20 November 2025 was reported to JCC Sub-Committees in

	December 2025 and received by the JCC at its January 2026 meeting. National Imaging Academy Wales (NIAW) Risk Register – The Committee received the Risk Register noting that one ongoing high risk related to - Commissioned number of CR Specialist Trainees for Training at NIAW. There are two moderate risks related to - Confidence to deliver the recommendations from the Gateway Review and Radiology Informatics System Procurement (RISP) Project There was one new risk in relation to the RISP project and the new Picture Archiving and Communication Systems (PACS) solution and a Business Case had been submitted to Welsh Government. Joint Commissioning Committee Audit Tracker - The Committee discussed the Traumatic Stress Wales audit which was Limited with a number of recommendations and raised concern about the delay in implementing the recommendations during the transfer to Public Health Wales.
Assure	Joint Commissioning Committee Audit Tracker – The Committee were provided with an update on the programme of audit activity undertaken during 2024-2025, work in progress and the programme for 2025-2026. The Committee noted that this work was still ongoing and processes would be in place by the next meeting of the Committee. Internal Audit Review – JCC Individual Patient Funding Request Process – The Committee received the report, noting the areas of focus and key findings identified within the report that had received a Substantial assurance rating with no findings. The Committee acknowledged the robustness of the process and noted the distinction between process quality and outcomes and congratulated everyone involved.
Inform	The Unconfirmed Minutes of the meeting held on 13 November 2025 were APPROVED. The Action Log was received and noted.
Appendices	Not applicable.

3. Assessment

4. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Not Applicable
	If more than one applies please list below:



Link to CTMUHB Strategic Goal(s)	
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd</i> (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd</i> (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒



<i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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: 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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	27/01/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, 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
Health Boards	January 2026	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 27 January 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [January 2026 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	The financial position remains a key risk. A private meeting was held prior to the in-public meeting to progress discussions on options for the Integrated Medium-Term Plan (IMTP) for 2026-2029. The IMTP will be presented to the JC in March 2026 for approval.
Advise	Emergency Medical Retrieval and Transfer Services (EMRTS) Update - Following the November JC, the Welsh Ambulance Service (WAST) were tasked with reviewing rural service delivery, particularly in relation to Recommendation 4, to adapt to the new ambulance performance framework. The recommendations and outputs from the ambulance review will be incorporated into the IMTP. - The Wales Air Ambulance Charity were continuing their planning for a new base. Current base arrangements may need to be extended as an interim measure.
Assure	Governance & Risk Management: - The Risk Register at 30 November 2025 was received. Risks were reviewed and scrutinised by the Sub-Committees prior to the JC. A discussion was held around the approach to develop and strengthen the commissioner held risks. Members welcomed the work and improvements made to date. - The Corporate Governance Report including updates on the internal audit programme, hosting arrangements, work in progress and forward plan of business were noted.
Inform	- The Chair's Report summarised the JC Strategy Session held on 16 December 2025, which covered topics including the development of the NWJCC IMTP, emerging risks across the NWJCC's portfolios and the NWJCC Financial Outlook including financial savings plan. - The Chief Commissioner's Report included updates on: - The progress made in relation to implementing the new organisational structure for the NWJCC (with an improved 14.30% vacancy rate as of January 2026). - A new Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups has been appointed and will join the NWJCC on 2 February 2026. The Interim Director was thanked for covering the post during this transition period.

Status	Update
	• Reports from each of the Commissioning Directors: • <u>Director of Commissioning for Ambulance Services and 111</u> Members noted: - In relation to 111 Press 2, the NWJCC currently does not hold any commissioning responsibility as the service was provided by HBs. There was potential for a future review and discussion about whether a national commissioning function should be considered to improve resilience and effectiveness. • <u>Director of Commissioning for Specialised Services</u> Members noted: - That the Joint Accreditation Committee of the European BMT Society (JACIE) report had been received. Certification was not renewed due to unresolved estates issues. A six-month extension has been provided. The estates issues were unlikely to be resolved during this time frame. Alternative commissioning arrangements with English providers were being considered. - Demand management work with providers to explore opportunities for managing elective and urgent cases was on-going. • <u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u> Members noted: - An update on the commissioning review of the Welsh Gender Service. This was expected to take around 3 months once appropriate resource had been secured. - The re-opening of the Caswell clinic was reported, the JC acknowledging that the service remained in escalation. - The NWJCC's continuing oversight of the St Andrew's mental health facility which included attendance at weekly Gold and Silver meetings and multi-agency involvement to manage service quality. • The JC received the <u>Month 9 Finance Report</u> and the <u>Operational Performance Report</u>. The challenging financial position was noted. Members thanked the NWJCC for their efforts in reducing the financial deficit and welcomed discussions on further opportunities for cost savings. Members also welcomed on-going improvements to performance reporting, including enhanced data quality, user friendly formats and the integration of key metrics, while

Status	Update
	noting areas for further development, particularly in mental health and ambulance data. - The Committee received the following assurance reports: Quality, Safety and Outcomes Sub-Committee Planning, Performance and Finance Sub-Committee
Appendices	None.

4. 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	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Outcome:	If no, please include rationale below: 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	If no, please include rationale below: This is a summary of the latest meeting of the JCC
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	
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.	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.