

# CTMUHB Public Board

Thu 29 January 2026, 09:00 - 13:00

In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

## Agenda

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### 09:00 - 09:05 **1. PRELIMINARY MATTERS**

5 min

#### **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 **2. CONSENT AGENDA BUSINESS**

5 min

*Information Jonathan Morgan, Health Board Chair*

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

### 09:10 - 09:20 **3. PRELIMINARY BOARD MATTERS**

10 min

#### **3.1. Action Log**

*Discussion Jonathan Morgan, Health Board Chair*

 3.1 Board Action Log UHB 29 January 2025.pdf (3 pages)


#### **3.2. Matters Arising not Contained within the Action Log**

*Discussion Jonathan Morgan, Health Board Chair*

#### **3.3. Chairs Report (Inc. Affixing of the Common Seal /and Chairs Urgent Action)**

*Decision Jonathan Morgan, Health Board Chair*

 3.3a Chairs Report to Board UHB 29 January 2026.pdf (6 pages)

 3.3b Appendix 1 PAM Letter UHB 29 January 2026.pdf (3 pages)

 3.3c PAM Letter to Cabinet Secretary UHB 29 January 2026.pdf (3 pages)

#### **3.4. Chief Executives Report**

*Discussion Paul Mears, Chief Executive*

 3.4 CEO Board Update Report UHB 29 January 2026.pdf (8 pages)

### 09:20 - 09:40 **4. Quality, Safety & Experience**

20 min

#### **4.1. Listening & Learning Story - Interactive Sensory Room Paediatrics Emergency**

## Department

Discussion Robert & Gemma Cummings

📄 Final Patent Story Ellis and PCH Immersive Room 28th Jan 26.pdf (9 pages)

## 09:40 - 10:20 5. Governance, Risk & Assurance

40 min

### 5.1. Cwm Taf Morgannwg NHS Charity Annual Reports & Accounts 2024-25

Decision Sally May, Executive Director of Finance

📄 5.1a CTM NHS Charity Annual Report & Accounts 2024-25 UHB 29 January 2026.pdf (4 pages)

📄 5.1b CTM Charity Audit of Accounts Report 2024-25 UHB 29 January 2026.pdf (27 pages)

📄 5.1c CTM Charity Annual Report & Accounts 2024-25 for signing.pdf (39 pages)

### 5.2. Board Assurance Framework

Decision Gareth Watts, Director of Corporate Governance

📄 5.2a Board Assurance Framework -Cover Paper January 2026v2.pdf (3 pages)

📄 5.2b Appendix 1 - Board Assurance Framework January 2026v3.pdf (61 pages)

### 5.3. Board Committee and Advisory Group Highlight Reports

Discussion Committee Chairs

#### 5.3.1. Quality, Safety & Experience Committee 18 November 2025

Discussion Carolyn Donoghue, Independent Member/Committee Chair

📄 5.3.1 QSEC Highlight Report to Board November 2025 UHB 29 January 2026.pdf (10 pages)

#### 5.3.2. Mental Health Act Monitoring Committee 4 December 2025

Discussion Kath Palmer, Vice Chair

📄 5.3.2 MHAMC Highlight Report 4.12.25 UHB 29 January 2026.pdf (5 pages)

#### 5.3.3. Charitable Funds Committee 21 January 2026

Discussion Dilys Jouvenat, Independent Member/Committee Chair

📄 5.3.3 Charitable Funds Committee - Highlight Report UHB 29 January 2026 v2.pdf (5 pages)

## 10:20 - 11:45 6. Operational Delivery

85 min

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

Discussion Claire Thompson, Executive Director of Strategy & Transformation

📄 6.1 HB Integrated Performance Dashboard UHB 29 January 2026.pdf (24 pages)

#### 6.1.1. Report on Ambulance Handover and Discharge Processes

Discussion Gethin Hughes, Chief Operating Officer

📄 6.1.1 Ambulance Handover Discharge Update UHB 29 January 2026.pdf (26 pages)

### 6.2. Month 9 Financial Performance Report

Discussion Sally May, Executive Director of Finance

📄 6.2 M9 Finance Report - FINAL UHB 29 January 2026.pdf (25 pages)

### 6.3. Forest View Medical Centre - Application to Close Branch Surgery located in Treorchy

*Decision*                      *Gethin Hughes, Chief Operating Officer*

- 📄 6.3 Forest View Medical Centre Application to close branch surgery UHB 29 January 2026.pdf (9 pages)
- 📄 6.3b Llais Representation - Forest View Medical Centre.pdf (2 pages)

## **11:45 - 12:45**    **7. STRATEGIC DEVELOPMENT**

60 min

### **7.1. Integrated Medium Term Plan 2026 -2029 update**

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

- 📄 7.1a IMTP development 2026-29 UHB 29 January 2026.pdf (5 pages)
- 📄 7.1b Board update planning guidance - CTM IMTP 2026-27 v0.3.pdf (22 pages)

### **7.2. Our Strategy Deployment**

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

- 📄 7.2a Strategy Deployment Cover Report UHB 20 January 2026.pdf (5 pages)
- 📄 7.2b Board - strategy deployment UHB 29 January 2026.pdf (10 pages)

## **12:45 - 12:50**    **8. CONSENT AGENDA**

5 min

### **8.1. FOR APPROVAL**

#### **8.1.1. Unconfirmed Minutes of the meeting held on 27 November 2025**

*Decision*                      *Jonathan Morgan, Health Board Chair*

- 📄 8.1.1 Unconfirmed Minutes Public Board 27 November 2025 final.pdf (18 pages)

#### **8.1.2. Unconfirmed Minutes of the In Committee meeting held on 27 November 2025**

*Decision*                      *Jonathan Morgan, Health Board Chair*

- 📄 8.1.2 Unconfirmed Minutes In Committee Board 27 November 2025 final.pdf (3 pages)

#### **8.1.3. Unconfirmed Minutes of the Extra Ordinary In Committee Board held on 18 December 2025**

*Decision*                      *Jonathan Morgan, Health Board Chair*

- 📄 8.1.3 Unconfirmed Minutes of the In Committee Board 18.12.25.pdf (5 pages)

#### **8.1.4. IM and Exec Walkabouts Operating Model**

*Decision*                      *Richard Hughes, Interim Executive Director of Nursing*

- 📄 8.1.4 IM and Exec Walkabouts UHB 29 January 2026.pdf (11 pages)

#### **8.1.5. Annual Cycle of Business for 2026**

*Information*                      *Gareth Watts, Director of Corporate Governance*

**The Annual Cycle of Business will be discussed at the February 2026 Board Development session and will be presented to the March 2026 Board for approval**

#### **8.1.6. South East Wales Regional Joint Committee Highlight Report and Terms of Reference**


*Decision*                      *Gareth Watts, Director of Corporate Governance*

- 📄 8.1.6a SEWRJC Highlight Report UHB 29 January 2026.pdf (4 pages)
- 📄 8.1.6b RJC ToRs - updates following RJC Meeting UHB 29 January 2026.pdf (14 pages)

### **8.2. FOR NOTING**

### **8.2.1. Non-Routine Board Business (Forward Plan)**


*Information* Gareth Watts, Director of Corporate Governance

 8.2.1 Non Routine Board Business Forward Plan 2026 UHB 29 January 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 29 January 2026.pdf (4 pages)

 8.2.2b Appendix 1 ARAC Highlight Report 13.11.25 UHB 29 January 2026.pdf (6 pages)

 8.2.2c Appendix 2 ARAC HB Highlight Report 13.11.25 UHB 29 January 2026.pdf (5 pages)

### **8.2.3. Highlight Report from the Joint Commissioning Committee**

*Information*

 8.2.3 NWJCC Highlight Report - 16 December 2025 UHB 29 January 2026.pdf (4 pages)

### **8.2.4. Capital Programme Update 2025/26**

*Information* Sally May, Executive Director of Finance

 8.2.4 Capital Update uhb 29 January 2026 FINAL.pdf (15 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 - 12:55 10. Private/Closed Session Business**

0 min

The following item will be received in the Closed Session of the Board

- Mental Health Single Clinical Record Procurement (Commercially Sensitive)

## **12:55 - 12:55 11. Date and Time of the Next meeting**

0 min

The next Public Board will be held on Thursday 26 March 2026

**Board Action Log**

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

<b>Date of meeting the action originated from</b>	<b>Minute Item reference</b>	<b>Minute Reference Page Number</b>	<b>Item Title / Summary</b>	<b>Nature of Action</b>	<b>Lead Officer</b>	<b>Lead Executive</b>	<b>Timescale for action to be completed</b>	<b>Status of Action</b>	<b>Narrative Progress Update</b>
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	<b>In progress</b> Report to be presented to the November 2024 Board meeting. As a result of capacity constraints within the Team, a <b>revised date for presentation to Board is yet to be identified</b>
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 <b>Now 26 March 2026</b>	Open	<b>Ongoing</b> 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 the March 2026 Board meeting
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	<b>In progress</b> 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 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 <b>Now 26 February 2026</b>	Open	<b>In progress</b> Reporting requirements will be considered as part of the Annual Cycle of Business reviews being undertaken for Board and Committees for 2026. A further discussion will be held at the February 2026 Board Development Session
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	Open	<b>In progress</b> Awaiting information from the Chief Operating Officer. As a result of BCI pressures the completion of this action has been delayed
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	Proposed for Closure	<b>Completed</b> 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	Proposed for Closure	<b>Completed</b> Annual Review has been added to the Annual Cycle of Business for 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	Open	<b>On agenda</b> Report on Ambulance Handover Times is on the agenda for the January 2026 Board meeting	A
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	<b>In progress</b> This is on track to be shared at the February 2026 Board Development Session	
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	<b>In progress</b> 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.	
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	Proposed for Closure	<b>Completed</b> 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	Proposed for Closure	<b>Completed</b> 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	Proposed for Closure	<b>Completed</b> rationalised Integrated Performance Report is being presented to the January 2026 Board	A
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	Proposed for Closure	<b>Completed</b> discussion was held at the January Operational Delivery Committee regarding this	A

**Board Action Log**

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**Committee Chair: Jonathan Morgan UHB Chair**

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30.05.2024	3,1		Listening & Learning Story	Review of the story to be undertaken, alongside other Local Authority Directors, outside the meeting to determine the reasons as to why the placements had broken down and whether there were any steps that could have been taken at different stages to prevent the breakdowns.	Director of Social Services	Director of Social Services	25-jul-24	Open	<b>Proposed for Closure</b> Director of Social Services has confirmed that the story was shared with Care Home Groups and learning has been taken forward
30.01.2025	6,5	Page 14	Primary Care & Community Development	Consideration to be given to receiving some listening and learning stories at future meetings in relation to patients who had been part of preventative programmes for example, and how this had made a difference	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	25/09/2025 <b>Now 18 December 2025</b>	Open	<b>Proposed for Closure</b> A focussed presentation on CTM Health and Housing Partnership work will be shared at the December Board Development Session
27.03.2025	3,1	Page 3	Listening & Learning Story - Planned Care	Discussion to be held with the team outside this meeting to determine how the story could be shared more widely	Director of Communications, Engagement and Fundraising	Director of Communications, Engagement and Fundraising	mar-25	Open	<b>Proposed for Closure</b> Director of Communications, Engagement and Fundraising has confirmed this action has been completed.
25.09.2025	6,3	Page 11	Board Assurance Framework	Review to be undertaken of the wording of Strategic Risk 9 so that it better reflects the focus on delivery.	Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	27.11.2025	Open	<b>Proposed for Closure</b> Strategic Risk 9 has been reframed to address the feedback received at Board in September and the November iteration of the BAF reflecting the new narrative is being received at the Board on the 27th November.



## CTM Health Board

### CHAIR'S REPORT

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Jonathan Morgan, Chair
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Jonathan Morgan, Chair
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Choose an item. Jonathan Morgan, Chair

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
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
EMRTS	Emergency Medical Retrieval Service

## **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**

I would like to start by wishing everyone a very Happy New Year!

In doing so I want to record my thanks to the entire team for managing what has been a difficult winter. The past few weeks have tested the resilience of the service and our staff, and I appreciate what our leadership and clinical teams have responded to.

I am also thankful for all the work undertaken by the Board in 2025. I believe the past 12 months establishes sound foundations for delivering better performance for our patients and the delivery of our strategic agenda. The collective Board effort in dealing with significant challenges, leading strategic discussions and decisions around key areas of transformation, and for wanting this organisation to develop high quality services for the people we serve shows we are on the right path.

As we start this year, I want us to remain focused on the strategic picture. We have ahead of us some crucial decisions that will transform the health landscape in Cwm Taf Morgannwg, from our primary and community care ambitions to investment in better and bigger services in Maesteg, from the development of a clinical services plan that utilises our staff expertise to the digital transformation agenda. We have already made enormous progress to commence the building of the first regional diagnostic and treatment centre at Llantrisant, a major transformation programme for the whole of Southeast Wales.

There will be some changes this year. I want the Board to be supported to devote more time on the key performance challenges we face as well as the assurance on the direction of travel and performance in primary and community care. If we are to support the transformational shift from hospital to community, we will need to be clear on the strategic intent and how to measure delivery. We have a significant opportunity to deliver that shift along with a move from analogue to digital, and from treatment to

prevention and creating better health. I look forward to 2026 with enthusiasm!

## **2.2 Independent Member Recruitment Update**

**2.2.1** I am pleased to confirm that Councillor Rhys Goode has been successful in securing the Independent Member (LA) post for Cwm Taf Morgannwg UHB. Rhys commenced in the role on the 5 January 2026 and his appointment is for a 4-year term. I would like to congratulate Rhys on his appointment with Cwm Taf Morgannwg UHB and welcome him to his first Board meeting.

## **2.3 Associate Member Recruitment Update**

### **2.3.1 Associate Member – Primary Care**

The interviews for the Associate Member - Primary Care took place in December 2025. Dr Sarah Medicott has been appointed as the additional Associate Member for Cwm Taf Morgannwg UHB for 1 year following approval from the Cabinet Secretary.

## **2.4 Board Briefings & Board Development Session**

**2.4.1** The Board briefing held on the 18<sup>th</sup> December 2025 focussed on the following key areas as a Board:

- Cwm Taf Morgannwg UHB Health and Housing Partnership work
- IMTP Planning
- Adult Mental Health Cultural Challenges

**2.4.2** There was a Board Development Session held on the 18<sup>th</sup> December 2025. The Board received a presentation on Independent Member and Executive Director Walkabouts from the Interim Executive Director of Nursing, Midwifery and Patient Care.

## **2.5 Public Accountability Meeting Follow Up**

**2.5.1** Following on from our Public Accountability Meeting held in October, we received a follow up letter from the Cabinet Secretary in December. I attach a copy of the letter received from the Cabinet Secretary and my draft reply at Appendix 1 and Appendix 2, respectively.

## **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
- Meeting with Bridgend County Borough Council Leader, Councillors, Cabinet Member and Llynfi Ward Elected Member to discuss Maesteg Hospital
- Event in Senedd Wales: Celebrating 10 Years of Deemed Consent
- Maesteg Health & Wellbeing Provision Meeting with Huw Irranca-Davies (MP) and Stephen Kinnock (MP)
- PCH Immersive Room Launch Invite
- NHS Confederation Meeting
- Regional Partnership meeting
- NHS Retirement Fellowship Christmas Event
- Carl Cooper, Chair Powys Teaching Health Board - Visit to Cwm Taf Health Board
- 1:1 CTMUHB Chair & Cabinet Secretary
- Associate Board Member (Primary Care) Interviews
- ACCA event
- Webinar: Supporting collaboration between the Welsh NHS and the pharmaceutical industry
- Board Business Planning Meeting for 2026
- 1:1 Cllr Rhys Goode, New Independent Member (LA)
- Internal Audit Meeting
- Board Briefing and Board Development Session
- James Evans MS Visit to Prince Charles Hospital
- Cwm Taf Morgannwg Public Service Board
- Additional Building a Healthier Wales Coordination Group meeting
- First Minister Visit to RGH Gynae Hub
- Cabinet Secretary Visit to POW Theatres and media interviews - waiting times
- Remuneration Committee
- CTM2030 Community Leaders Network Meeting
- NHS Wales Chairs meeting
- NHS Confederation Management Committee

## 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;

- **Regional Partnership Agreement between Bridgend County Borough Council, Merthyr Tydfil County Borough Council, Rhondda Cynon Taf County Borough Council and Cwm Taf Morgannwg University Local Health** - Provision of Integrated

Health and Social Care Support for Older People and People Living with Frailty and Their Carers in the Cwm Taf Morgannwg Region

- **Prince Charles Hospital, Gurnos Road, Merthyr Tydfil; Royal Glamorgan Hospital, Ynysmaerdy, Llantrisant; Princess of Wales Hospital, Coity Road, Bridgend between Cwm Taf Morgannwg University Local Health Board and Welsh Ambulance Service NHS Trust - Lease of Premises.**

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

#### 4 Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	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.
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment	
<b>Ansawdd</b>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome: 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.</p>	<p>If no, please include rationale below:</p>
<p><b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p>	<p>No: <input checked="" type="checkbox"/></p> <p>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.</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>Yes (Include further detail below) Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## 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

Jeremy Miles AS/MS  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref: DC/JMHSC/02605/25

Jonathan Morgan  
Chair  
Cwm Taf Morgannwg University Health Board

[jonathan.morgan2@wales.nhs.uk](mailto:jonathan.morgan2@wales.nhs.uk)

09 December 2025

Dear Jonathan

This letter follows the Public Accountability Meeting held with members of the Cwm Taf Morgannwg University Health Board on the 23 October 2025. Thank you for both you and your teams' attendance at the meeting, it was a great opportunity to highlight the work that you and your team are delivering for the communities you serve. I was grateful for the evidence pack provided in advance of the meeting, this forms an important part of the meeting record. The meeting recording can be found at [CTMUHB public accountability-meeting](#).

This letter sets out my reflections from the meeting, we will continue to review these themes in our regular review meetings.

Whilst acknowledging the effective response undertaken by the health board to the failing roof at Princess of Wales hospital, with support from Welsh Government, I remain concerned that the Board were not sufficiently sighted on the severity and risk associated with this issue to enable a proactive and considered solution. You highlighted how the Board had learnt from this incident and the learning related to the incorporation of new buildings into your estate and now adopt a risk-based approach. I understand further information on this approach has been shared with Welsh Government officials, and we need to ensure learning is shared effectively across NHS Wales.

I sought assurance from the Board that appropriate and improved governance is now in place across the organisation, following the serious concerns in maternity and neonatal services that resulted in the special measures escalation. The Board highlighted the approaches now in place related to the creation of a cohesive and integrated Board supported by regular briefings related to quality and safety issues and improved speaking up safely processes in place. You assured me that these processes are organisation wide and not just in the maternity and neonatal services. Please can you share with me the

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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

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[Correspondence.Jeremy.Miles@gov.wales](mailto:Correspondence.Jeremy.Miles@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

approach used by the Board to gain oversight on the effectiveness and impact of these processes.

You set out how the organisation has changed in recent years through the strengthening of the executive team, a stable board and enhanced board structures and governance. This has been underpinned by the organisational restructure and the move to an integrated care group model, which has proven effective. Challenges remain in some clinical specialities, but you explained the clinical leadership strategy underpinned by distributed leadership.

I raised the concerns that have repeatedly been shared with me in relation to the approach used by the Board to implement temporary service changes, noting the transparency of service change process within the Board has been questioned by some of your stakeholders. You highlighted that the Board makes changes in a transparent way, based on clinical need, clinical best practice, through listening to all voices and by actively engaging Llais before making decisions in order to ensure a quality service. On reflection, I think that the Board needs to consider their oversight of these processes, ensuring that the patient voice is heard.

You confirmed that the organisation is on track to achieve a balanced position at the end of the financial year, noting that at month 6 there is a small deficit with some work to do on delivering the required financial savings and mitigations. Whilst noting the delivery risks, we recognise that position and we discussed the choices that the Board took this year to enable a financially balanced plan.

There are a number of recruitment and retention issues that are best dealt with at a regional level and you outlined the approach the Board is taking with examples shared related to pathology and orthopaedics. It is my expectation that the Southeast Wales regional committee which I asked to be established will spearhead the drive to regional working and I expect the health board to have a considerable focus in this area.

In addition to regional working, a move towards providing a greater range of primary and community services with care closer to home must be part of the future delivery model. We discussed the developments made by the organisation in this area including hospital at home, virtual treatment models incorporating a GP and a hospital consultant, use of digital technology and the development of community hospitals.

Long waits for planned care have fallen over the last year and you confirmed that the organisation would eliminate all 2 years by the end of March 2026, with a hope of achieving this sooner. The commitment to clear all 8 weeks diagnostic waits was made by the Board and that all data submission issues have been resolved. You confirmed there is Board oversight on ensuring that patients are kept safe whilst waiting through the keep in touch teams, WISE and waiting well services.

Good progress in relation to women's services was shared and you highlighted how the consolidation of breast services at the Snowdrop service has enhanced the patient pathway, resulted in reduced waiting times and a better patient experience. I expect this approach to be replicated across other services as you create the women's hub later this year including gynaecology.

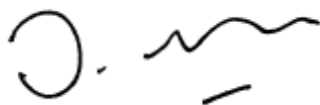
I raised concerns shared with me related to the changes in nurse shift patterns. You explained why there was a need for change and the ongoing consultation that is in place before the Board make an informed decision.

As part of your closing remarks, you highlighted the public health agenda – you felt that was one of the biggest challenges facing the NHS in the forthcoming years and that the Board would have a focus on this as part of the clinical strategy and future plans.

In summary, this was a helpful meeting, the Board is making good progress against many areas. I do expect the Board to have appropriate oversight on operational and financial grip and control to ensure financial balance, zero 104-week weeks, improved diagnostic and cancer positions, continued improvements in urgent and emergency care and an effective risk-based approach to estate management. It is essential that you as a Board maintain good quality governance controls that ensure that issues and concerns can be raised with the Board in an open manner, that supports clinical leadership at all levels and enables effective management of clinical risks. You must maintain a focus on quality improvement and management, and I expect to see a robust process to ensure effective engagement in the planning of service changes. Finally, as you plan to the future, I expect a shift to primary and community care and a response to public health to be the main drivers of your approach.

Thank you again for your openness, and for agreeing to be the first health organisation in this round of public accountability meetings.

Yours sincerely,

A handwritten signature in black ink, consisting of a circular mark followed by a series of wavy lines and a short horizontal stroke.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

Cabinet Secretary for Health and Social Care

**Cyfeiriad Dychwelyd/ Return Address:**

Bwrdd Iechyd Prifysgol	Cwm Taf Morgannwg
Cwm Taf Morgannwg	University Health Board
Pencadlys	Headquarters
Parc Navigation,	Navigation Park
Abercynon	Abercynon
CF45 4SN	CF45 4SN

**Ffôn/Tel:** 01443 744803

**Eich cyf/Your**

**Ref:**

**Ein cyf/Our**

**Ref:**

**Ebost Email:** Jonathan.Morgan2@wales.nhs.uk

**Dyddiad/Date:** XX January 2026

**Jeremy Miles MS**  
**Cabinet Secretary for Health and Social Care**

**(Sent by email)**

Dear Cabinet Secretary,

Thank-you for your letter dated 9<sup>th</sup> December 2025.

My Board colleagues and I welcomed the opportunity to be the first NHS Wales organisation to take part in a Public Accountability Meeting.

Your letter asked me to share with you the work the Board has been undertaking to create a cohesive Board and improved processes on quality and safety and Speaking up Safely.

As a Board we are committed to continuous improvement and during 2025 we put in place a new way of supporting Board Business following a comprehensive review in 2024. This new way of supporting Board Business, which includes a new committee structure, has been embedding and during its first year of operation we have sought feedback from Board members and are currently working through ways of further enhancing this process – the outputs of which will be shared with Board members at a Board Development session in February 2026.

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.  
You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

This will include ensuring that meeting agendas are mapped against our four strategic pillars and further Board Development sessions are mapped against each of our strategic risks as per the Board Assurance Framework.

We have embarked upon a programme of work to support Board effectiveness and taken time out as a Board, both executives and Independent Members, to spend time together outside of the Boardroom. This has allowed us an opportunity to collectively learn more about each other and consider the most effective approaches to work collegiately in navigating and addressing the strategic challenges the Health Board faces.

We view quality and safety this as being everyone's business, but senior accountability and responsibility and collective responsibility is shared across our four clinical Executive Directors. The operating model ensures clearly defined structures for quality governance across the Care Groups, and professional groups who identify the appropriate leads for quality. These Executives and their respective directorates report into the newly renamed Quality, Safety and Experience Committee, assurance is given both in the form of oral updates and through Highlight Reports from the Care Groups.

In turn the committee chair then provides a written Highlight Report to the full Board following each meeting outlining key risks and highlighting areas, which need to be brought to the Board's attention to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives or other matters.

All our committees, as well as reporting to the Board, also work together on behalf of the Board to ensure, where needed, that cross reporting and consideration takes place, and assurance and advice, is provided to the Board and the wider organisation.

We have also recently introduced updated guidance to Independent Member/Executive walkarounds which is another important source of assurance on quality and safety matters, and we continue to make effective use of patient and staff stories both at Board and committee meetings.

During 2025, we were pleased to formally launch CTM's new approach to Speaking up Safely. This has seen the recruitment of CTM's first cohort of four Speaking up Safely Guardians who have been drawn from across the Health Board and the implementation of the Working in Confidence platform which gives our staff the opportunity to raise concerns, in an anonymous way for the first time. The Health Board's commitment to this important initiative has also seen investment in recruiting a Speaking up Safely co-ordinator to help support the work of the Guardians and ensure our processes are in line with the Welsh Government's Framework.

Our Director of Corporate Governance is the Executive Lead for Speaking up Safely and our Independent Member for the Third Sector is the Non-Executive Lead. They have overseen the introduction of these important developments over the last two years. They keep the Board apprised and work closely with Communication and Workforce colleagues to ensure that there are good lines of communication and visibility of Speaking up Safely across the organisation. The Terms of Reference of the Audit, Risk and Assurance Committee are currently being updated to ensure that its responsibility in respect of Speaking up Safely

is recorded and documented going forward. Once Speaking up Safely is further embedded more reporting including details of number of cases and any lessons learned will be reported to the Board, periodically.

We are cognisant of the concerns that have been raised with you with regards to temporary service changes. We would like to reassure you that the Board will keep a sharp interest and effective oversight over this area, and we will continue to engage positively with Llais and other patient groups as and when the need to temporarily make changes to services arise. We will also continue to engage positively with local political representatives and always ensure that decisions we make are underpinned by sound clinical evidence and professional clinician advice.

Your penultimate paragraph outlines your expectations that the Board has oversight on operational and financial grip and control to ensure financial balance, zero 104-week weeks, improved diagnostic and cancer positions, continued improvements in urgent and emergency care and an effective risk-based approach to estate management. As a Board we recognise our duty to ensure that we maintain effective oversight in all of these areas and during 2026 we are actively looking at ways in which we review how we measure, report and oversee performance with the aspiration of making further improvements in those areas where further work is still needed.

We also share your aspiration for a shift to primary and community care and a response to public health to be the main drivers of our approach going forward.

I look forward to discussing these themes further at our regular review meetings.

Cofion cynnes/Kind regards,

**Jonathan Morgan**  
**Chair**



**Agenda Item**

3.4

**CTM Health Board**

**CHIEF EXECUTIVE'S REPORT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Matthew Butt, Chief of Staff
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Paul Mears, Chief Executive
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Paul Mears, Chief Executive / Accountable Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
BCI	Business Continuity Incident
HCSW	Healthcare Support Worker
HIW	Healthcare Inspectorate Wales
IMTP	Integrated Medium Term Plan
SCP	Single Cancer Pathway

## 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

On 6 January, CTM received a feedback letter from Welsh Government, following the most recent tripartite meeting held towards the end of last year. As a reminder, Welsh Government are joined by Healthcare Inspectorate Wales (HIW) and Audit Wales at least twice a year to review the escalation status of each NHS organisation.

The positive progress against the escalation framework for CTM was recognised as part of the recent review process however our overall status was not amended as part of this round. Therefore, our health board position remains as summarised in the table below:

Area	Escalation Status
Performance: Urgent and Emergency Care	Targeted Intervention
Performance: Planned Care	Enhanced Monitoring
Performance: Cancer	Enhanced Monitoring

In the urgent care domain, whilst we continue to see good performance in ambulance handovers we recognise there remains some further work to improve and sustain an overall reduction in the number of patients waiting over 12-hours in our emergency departments. The pathway improvement work being led by our unscheduled care group will assist us with meeting this trajectory and reporting via the Integrated Performance Report will be highlighted in future Board sessions.

In relation to our planned care improvements, we remain on track to clear the cohort of patients currently waiting over 104 weeks for their treatment, by the end of the financial year, in line with our agreed trajectory and 2025/26 plan. Again, it is worth highlighting this focuses primarily on orthopaedics, whilst recognising the significant progress already made in other key specialities such as ophthalmology and urology, which are ahead of plan.

It is positive to see the continued delivery of the single cancer pathway performance and we would hope to achieve de-escalation to 'routine arrangements' once we sustain >63% compliance for a third consecutive month. Our forecasts would estimate we are due to achieve this within the next month.

Overall, we are on track to meet our trajectories as set out in the escalation framework, however we recognise the risks current winter pressures have on maintaining this good performance in the last quarter of this year.

## **2.2 Strategic Estates Partnership**

Board members will recall that we have previously discussed the opportunity for CTM to develop a Strategic Estates Partnership to support the master planning and development of our estate across the Health Board.

As a first stage in this process, I have agreed with the Director of Finance that we will undertake a baseline review to understand the current estate across CTM, the current assessment of suitability and function and estate condition and any existing plans for development or disposals.

This review will give us a baseline and understanding of the current picture of the physical estate across CTM and will then enable an assessment of the next steps in development of an estates partnership. It will also enable us to review our estate alongside the clinical strategy and digital plan to ensure that our buildings are fit for purpose for future developments across the Health Board.

## **2.3 Band 2 to 3 Health Care Support Worker Roles (HCSW)**

On 19 November 2025, the Welsh Partnership Forum agreed the consistent implementation of NHS Wales job descriptions and application of NHS Terms and Conditions of service for Bands 2 and 3 Nursing, Maternity and Theatre Healthcare Support Workers (HCSWs) and clearly articulated steps that Health Boards should take to implement the Nationally Agreed Framework. This work needs to be completed by 31 July 2026.

In summary, it is deemed that specified clinical duties are the remit of Band 3 HCSWs, while the Band 2 HSCW role is defined by personal care. Therefore, with effect from 1 January 2025, all in-scope Band 2 HCSWs need to be assessed as appropriate.

This is a significant undertaking, representing approximately 1,300 HCSWs across CTM. Engagement with affected staff and their managers is underway, to establish whether individuals wish to transition to a Band 3 role, or remain in a Band 2 role under the new All Wales Job Descriptions.

This process will be delivered through the All-Wales 'intention' and 'validation' toolkits.

The People Directorate is working in close collaboration with Corporate Nursing, Clinical Education, Trade Union representatives, Care Group Leadership Teams, Finance teams and Payroll to ensure this change is implemented smoothly.

CTM's submission to Payroll will be made 12 weeks prior to the required completion date of 31 July 2026, to ensure timelines are met. Financial modelling for both the retrospective position (which will be funded by Welsh Government) and the prospective position is being led by Finance colleagues, with accruals for the prospective cost needing to be made within the current financial year.

Regular communications and supporting resources, including guidance and FAQs, will accompany this work to ensure clarity and consistency across the organisation.

## **2.4 Shift Pattern Consultation**

The Board held a detailed conversation about shift pattern alignment in December. It was noted that significant staff and Trade Union feedback had been gathered during the initial consultation phase, which ran between May and September 2025. In response to this feedback, alternative shift pattern proposals have been developed, in line with our agreed set of 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.

We will shortly commence a period of formal collective consultation with our Trade Union partners on the original and revised shift pattern proposals, and we continue to welcome alternative suggestions which meet our design criteria. Collective consultation is envisaged to run between January and February, ahead of a further period of individual consultation with all affected staff, which is envisaged to run over the Spring/ Summer. It is acknowledged that this is a significant and complex change proposal, affecting a large section of our workforce. This will require substantial

leadership attention and partnership working, to ensure we manage engagement and implementation as smoothly as possible.

## **2.5 Winter Pressures**

The Board have been kept informed of operational challenges over the winter season to date, which this year has also included the re-introduction of mask wearing across all hospital sites whilst enduring a period of flu, RSV, and norovirus infections.

The demand on each of our acute sites, as well as significant demand for ambulances in the community has, at times, put extreme pressure on our hospitals. Recently, during week commencing 12 January, this has resulted in the declaration of a Business Continuity Incident (BCI). CTM were not alone in this period, with other regional health boards also making similar declarations, owing to extreme pressure on services.

Again, as seen during winter 2024-25, the acuity of patients attending our sites this season has been particularly challenging, although broadly in line with overall projections assessed on a weekly basis via the winter virus surveillance report. The challenge this has posed to our dedicated and professional clinical and operational colleagues is not underestimated and I would like to express my sincere gratitude to the countless members of staff that have consistently gone above and beyond to mitigate the risks of such pressures, and worked tirelessly to ensure patients receive safe and timely care.

## **2.6 Health Visitor Ballot for Industrial Action**

The Health Board has been advised by the Unite Union that it has commenced balloting its members working as Health Visitors in CTM in respect of potential industrial action linked to their ongoing dispute about the banding of the role.

Health Visitors in CTM are currently employed at Band 6, which is consistent with banding arrangements across other health boards in Wales. Unite is challenging this position following the Nursing and Midwifery Council's change in the required educational level for the Specialist Community Public Health Nurse (SCPHN) Health Visitors from a Level 6 to Level 7 educational qualification.

Unite members in Health Visiting previously undertook action short of strike action in 2025, after which, work was undertaken in social partnership to ensure a Band 6 job description was developed that accurately reflected the required duties of the role.

Since then, due to the change in qualification requirements from Level 6 to Level 7, a National Expert Partnership group had been expected to review both the Band 6 and Band 7 Health Visitor job descriptions across NHS Wales, aligned to the new Level 7 qualification. This national work has since been paused.

We will await the outcome of the ballot for strike action and ensure that the board are kept informed of any impact on services whilst we continue to work through this issue with Unite.

### 2.7 Specialist Palliative Care at Ysbyty Cwm Cynon

Board members will be aware that we have made some temporary changes to the provision of specialist palliative care at Ysbyty Cwm Cynon which is currently provided in six beds on Ward 6.

On the 9<sup>th</sup> February we will begin a formal engagement process which will run for seven weeks in which will 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.

This process will include engagement with Llais, key stakeholders and staff and following this process a further discussion and proposed decision regarding the beds at YCC will be brought back to the board.

### 3. Key Risks / Matters for Escalation

As outlined within the report.

### 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: 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:



<a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 Cwm Taf Morgannwg University Health Board is asked to **NOTE** this report.

Agenda Item 4.1	29 January 2026	CTMUHB Public Board	Listening & Learning Story Interactive Sensory Room
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**Report Details:**

FOI Status:	Open (Public)
If closed please indicate reason:	Not applicable
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>	Gemma Cummings Natasha Davies
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>	Gemma Cummings Robert Cummings Natasha Davies
Approving Executive Sponsor:	Richard Hughes, Interim Executive Director of Nursing
Report Purpose	For Noting
Engagement undertaken to date:	This project has been led by the personal experience of two members of staff and their son's experience.

**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	Person-centred care
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Improving Care



# The Ellis Cummings Appeal- Immersive room at the A&E Department Prince Charles Hospital

Presented by Gemma and Robert Cummings



## Meet Ellis

- 7 years old · Diagnosed with Autism Spectrum Disorder at age 3.
- Youngest of 4 boisterous brothers
- Completely non-verbal
- Fully reliant on parents/carers for all personal needs
- New unfamiliar places are overwhelming
- New sounds, smells, lights can be sensory overload

## The Challenge and Why Change was Needed

- Medical appointments are always challenging; emergency care is almost impossible.
- Sensory overload often led to severe meltdowns
- Following a particularly distressing hospital visit where Emergency care could not be safely administered, we realised change was needed and decided we wanted to make hospitals more accessible for children like Ellis.

## Fundraising

- A GoFundMe page was created. Initial goal was a few hundred pounds for sensory equipment. Target was reached overnight. In the next few days donations quickly doubled then tripled.
- Our local communities were instrumental in raising funds with various social groups, business and together raised an amazing £13,000 in a year.
- After speaking to a Paediatric Consultant at Accident & Emergency (A&E) and visiting Ellis's special School, we decided to set our sights on an Immersive room in the A&E department.
- Partnership with CTM Charitable Funds and support from Prince Charles Hospital General Manager
- The supplier of the equipment worked closely with staff throughout the project to help meet all clinical and digital requirements.

## Public feedback

Since the installation and opening of this week we have received many kind message and comments from families that the immersive room has helped. Below are a few of the messages we have received via social media:

*'Hello! My son attends xxxxx he's non-verbal - we went to a and e last night, my son was extremely overwhelmed, having meltdown, harming himself - it was breaking my heart we almost had to walk out without treatment which was awful thing to think about - the nurse grabbed us took us into this immersive room with snow falling my son immediately calmed down, sat down next to the wall and was so happy he stayed we got to get him treated properly, I saw it opened officially tonight but I just wanted to say thank you, thank you so much it honestly was a life saver, so so thankful x'*

*'Hi Gemma, I just wanted to say a big thank you for everything you and Rob have done. Knowing this facility is available I'm no longer in fear of taking xxxxx to hospital. I can't put into words the difference this will make! Thank you!'*

*'wow! Around of applause. This is going to make all the difference to the Children that need it. well done both xx'*

## The Impact, Community Feedback

- Immersive Room opened to the public
- Families shared heartfelt thanks, particularly via Social Media expressing real, positive differences made to children's lives



## Difference it has made to the Paediatric Emergency Department Presented by Natasha Davies, Sister, Paediatric Emergency Department.

- Large numbers of children with additional learning needs attend the department from all ends of the Additional Learning Needs spectrum.
- Obtaining observations, examining wounds and assessing injuries etc can be challenging for a multitude of reasons.
- Immersive room provides an often-familiar environment
- Calm and co-operative child = Calm & happier parent/carer = Better Emergency Department experience for all.



## Staff feedback:

Its absolutely fabulous to have this piece of cutting-edge kit here at PCH, makes me proud to work here

It's great to have an environment that can both entertain and relax children whilst they wait for their treatment.

It massively reduces the stress of both the child and family, which has a knock-on effect of reducing stress on the Nursing & Medical staff.

I feel like we can finally say that we really put patients needs first.

It provides great distraction, programmes where children jump on characters on the floor or press buttons on the wall allow us to perform limb assessments in a completely non-threatening way.

It's a great resource for all kids that are scared of being in hospital, not just those with additional learning needs.

## Plans going forward

- Bespoke content including 360degree videos of having a Computed Tomography or Magnetic Resonance Imaging scan, the journey to the operating theatre etc.
- More resources within the department such as fidget toys, ear defenders, lights etc.
- Develop new opportunities to capture feedback from the use of the room to show the continued impact, building an evidence base which captures patient experience, staff benefit and value.
- Use learning from this pilot to develop a repeatable model for success with future charity-funded projects.
- Identify and support community fundraisers who want to champion new Cwm Taf Morgannwg (CTM) NHS Charity projects across other CTM sites to support children and families.
- Work with partner charities and community groups, to better understand local need, co-design solutions and develop joint funding or delivery opportunities.
- Explore the applications of the immersive technology across other service areas.



**Agenda Item**

5.1

**CTM Health Board**

**Cwm Taf Morgannwg NHS Charity Annual Reports & Accounts 2024-25**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	21/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Owen James – Head of Corporate Finance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Owen James – Head of Corporate Finance
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
---	--------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Charitable Funds Committee	21/01/2026	Endorsed for Board Approval

<b>Acronyms / Glossary of Terms</b>	

## 1. Situation / Background

- 1.1 This report presents the Annual report and Accounts of the Cwm Taf Morgannwg NHS General Charitable Fund for approval.
- 1.2 The registered charity "Cwm Taf Morgannwg NHS General Charitable Fund" requires annual accounts and an annual report to be prepared and submitted to the Charity Commission prior to the 31 January 2026.
- 1.3 The Board act as Trustees to this fund, and this report is therefore presented in this capacity.
- 1.4 The format of the Accounts has remained unchanged from last year.

## 2. Specific Matters for Consideration

- 2.1 Annual accounts and an annual report for the period 1 April 2024 to 31 March 2025 have been prepared by Cwm Taf Morgannwg UHB and then examined by Audit Wales. These are attached to this report in Appendix 1.
- 2.2 The accounts have been subject to independent examination by Audit Wales and an unqualified opinion is being proposed.
- 2.3 There are a small number of non-trivial misstatements that remain uncorrected. These are detailed on page 7 of the Audit Wales proposed 'Audit of Accounts Report' attached in Appendix 2, and relate to the following:
  - The audit fee accrual included in Note 16 is understated by £1,726;
  - The estimated recharge for central services costs was less than the actual costs by £4,309.
- 2.4 All of the above relate to transactions or creditors that will be corrected in the financial year 2025/26 when the actual charge is posted, as they are not material it is proposed that these remain uncorrected in these financial statements.
- 2.5 There are further recommendations provided by Audit Wales in the 'Audit of Accounts Report' detailed on pages 22-24 of the report. Management accept all recommendations and have provided responses within the report.
- 2.6 Once the accounts are approved and signed by the Trustees, these will be shared with Audit Wales for the Auditor General for Wales' certification prior to submission to the Charity Commission by the 31 January 2026.



### 3. Key Risks / Matters for Escalation

3.1 An annual return including the annual report and accounts needs to be submitted to the Charity Commission within 10 months of the end of the financial year. Therefore, the annual report and accounts for 2024/25 need to be approved, certified and submitted by 31 January 2026.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not applicable
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not applicable
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Charitable funds are required to be managed in accordance with charity legislation and requirements of the Charity Commissioner.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	A qualified opinion could have reputational damage to the Charity	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	The accounts highlight the resources received and the use of those resources for 2024-25 in accordance with Welsh Government and Charity Commission requirements. No specific People implications.	

## 5. Recommendation

5.1 The Board are requested to **APPROVE** the annual report and accounts

## 6. Next Steps

6.1 Following approval the Charitable Funds and Annual Accounts will be sent to Audit Wales for certification before submission on the Charity Commission website by 31<sup>st</sup> January 2026.

# Audit of Accounts Report – Cwm Taf Morgannwg University Health Board Charity

Audit year: 2024-25

Date issued: January 2026

Document reference: 5175A2025



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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

# Introduction



**Adrian Crompton**

Auditor General for  
Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. My team have already discussed these findings with the relevant senior officers.

My team have completed the audit work as set out in my Audit Plan dated September 2025.

Since my Audit Plan, I have updated materiality to reflect the 2024-25 accounts. I have not identified any new audit risks. My response to previously identified risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared and give a materially true and fair view. My proposed audit opinion and basis for it is outlined on page 5.

It is the responsibility of those charged with governance, being the Trustee Board Members, to address any matters raised in my report and provide me with a Letter of Representation.

I would like to thank the Health Board officers who administer and financially manage the Charity, for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

## Your audit at a glance



I intend to issue an **unqualified opinion** on the accounts

See [Appendix 4](#)



There are **no other significant matters** to report

See [Audit findings](#)



There are two **uncorrected misstatements** in the accounts which I wish to draw to your attention

See [Audit findings](#)



I have raised one **recommendation** as a result of my work

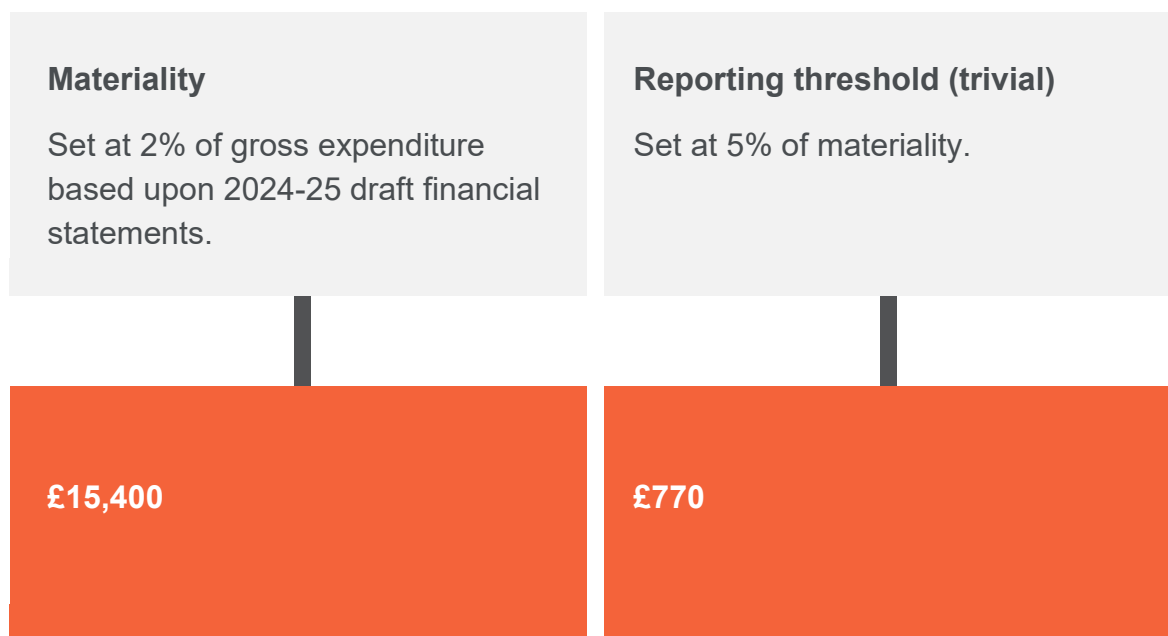
See [Appendix 5](#)



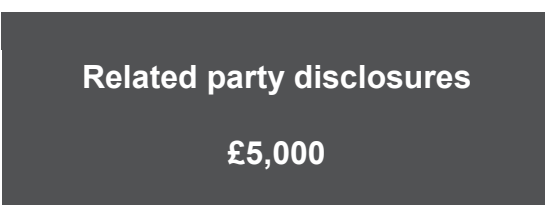
I am scheduled to certify your accounts on **29 January 2026**, being ahead of the Charity Commission's deadline of **31 January**.

# Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:



There are some areas of the accounts that may be of more importance to the user of the accounts. I set a lower materiality for the related party disclosures.



# Audit Findings

## Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

### Uncorrected misstatements

I set out below the misstatements my team identified in the accounts, which have been discussed with management but remain uncorrected. I request that these misstatements be corrected. If you decide not to correct these misstatements, I ask that you provide me with the reasons in writing for not correcting them:

There are two non-trivial (and immaterial) uncorrected misstatements, being:

- a £4,309 understatement of the 'Finance and administration' costs disclosed in Note 10 of the accounts, and the associated accrual. This arose due to arrears from the in-year pay award that was paid in the 2025-26 financial year, and therefore had not been included in the 2024-25 support costs when initially calculated by officers; and
- a £1,726 understatement of 'Trade creditors' disclosed in Note 16 due to an under accrual of the audit fee.

### Corrected misstatements

During our audit, my audit team identified misstatements that have been corrected by management, but which I consider should be drawn to your attention. They are set out in **Appendix 2**. The low level of corrections reflects very positively on the material accuracy draft accounts prepared and submitted by officers.

## Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. I must tell you significant findings from the audit and other matters if they are significant to your oversight of Cwm Taf Morgannwg University Health Board Charity's financial reporting process.

There were no significant issues identified during the audit.

## Proposed audit opinion

### Audit opinion

I intend to issue an unqualified audit opinion on this year's accounts once you have provided me with a Letter of Representation (see below).

My proposed audit report is set out in **Appendix 3**.

### Letter of representation

A Letter of Representation is a formal letter in which you confirm to me the accuracy and completeness of information provided to my team during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter I am requesting you to sign is included in **Appendix 4**, the contents of which are in line with my standard request for representations.

## Recommendations

I have raised one recommendation which is set out in **Appendix 5** along with management's response to it. I also comment on certain past audit recommendations.

I will monitor progress with recommendations as part of next year's audit.

# Audit team and ethical compliance

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The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

## Exhibit 1: my local audit team

**Engagement Lead**                      Anthony Veale  
[anthony.veale@audit.wales](mailto:anthony.veale@audit.wales)

**Audit Manager**                        Mark Jones  
[mark.jones@audit.wales](mailto:mark.jones@audit.wales)

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**Audit Lead**                              Anthony Ford  
[anthony.ford@audit.wales](mailto:anthony.ford@audit.wales)

## Compliance with ethical standards

I confirm that:

- my team have complied with the ethical standards we are required to follow in carrying out our work;
- my team have remained independent of yourselves;
- our objectivity has not been comprised; and
- there are no relationships that could undermine our independence or objectivity.

# Appendix 1 – Audit risks and outcomes

My Audit Plan set out the risks of material misstatement for the audit of the Charity's accounts. **Exhibit 2** lists these audit risks and sets out how they were addressed as part of the audit. No additional audit risks have been identified since that need to be brought to your attention.

## Exhibit 2: audit risks and other area of focus reported previously, work done and outcome

Audit risk	Work done	Outcome
<p><b>Risk of management override</b></p> <p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.</p>	<p>The audit team:</p> <ul style="list-style-type: none"><li>• tested the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li><li>• reviewed accounting estimates for bias; and</li><li>• evaluated the rationale for any significant transactions outside the normal course of business.</li></ul>	<p>My audit work has not identified any instances of management override of controls.</p>

**Related party disclosures**

There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where they are of relatively low value.

My audit team:

- reviewed the Charity’s process for identifying related party relationships and the associated transactions and balances;
- checked for completeness of related party relationships; and
- the disclosures to ensure they are consistent with evidence and in accordance with the stipulated accounting requirements

My audit work has not identified any material misstatement.

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**Valuation of the investment fund**

CCLA provided a Type 1 controls report (rather than Type 2), which does not test all controls or cover the full year. This results in reduced assurance over investment management controls.

My audit team:

- reviewed the actions taken by management to obtain a CCLA Type 2 report for 2024-25;
- reviewed the outcomes of the actions taken; and assessed whether further testing was required for the audit.

Officers requested a Type 2 report in line with last year’s audit recommendation, but CCLA declined to do so, and it provided a Type 1 report. See my further comments at page 23, where I reiterate my audit recommendation.

For 2023-24 I have been able to gain sufficient assurance for the purpose of my audit opinions.

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## Appendix 2 – Summary of corrections made

My audit team identified the following misstatements that have been corrected by management, but which I consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
£19,000	Note 20: Commitments	The figures stated for Note 20 were based on a misinterpretation of the working paper, leading to the commitments total being overstated by £19,000.
Various	Statement of Cash Flows	Prior year comparative figures on the cash flow statement did not match the corresponding figures in the prior year's audited accounts. The corrected lines were Net income, Dividends and interest, Decrease in Debtors, and Increase in Creditors.
n/a	Note 19: Analysis of Funds	Insufficient detail was disclosed in the note and therefore more detail was added within the accounts to enhance the prior year reclassification disclosures.



# Appendix 3 – Proposed audit report

## The independent auditor's report of the Auditor General for Wales to the trustee of Cwm Taf Morgannwg University Health Board Charity

### Opinion on financial statements

I have audited the financial statements of Cwm Taf Morgannwg University Health Board Charity for the year ended 31 March 2025 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2025 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

### Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

## Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

## Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustee's report.

## **Responsibilities of the trustee for the financial statements**

As explained more fully in the statement of trustee's responsibilities, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determines is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustee anticipates that the services provided by the charity will not continue to be provided in the future.

## **Auditor's responsibilities for the audit of the financial statements**

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Cwm Taf Morgannwg University Health Board Charity's Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Cwm Taf Morgannwg University Health Board Charity's policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals.
  - Obtaining an understanding of Cwm Taf Morgannwg University Health Board Charity's framework of authority as well as other legal and regulatory frameworks that the Cwm Taf Morgannwg University Health Board Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Cwm Taf Morgannwg University Health Board Charity.
  - Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Cwm Taf Morgannwg University Health Board Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's

website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other auditor's responsibilities**

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

**Adrian Crompton**  
**Auditor General for Wales**  
**29 January 2026**

**1 Capital Quarter**  
**Tyndall Street**  
**Cardiff**  
**CF10 4BZ**

# Appendix 4 – Letter of representation

## Letter of Representation

[Required to be on the Charity's letterhead]

Auditor General for Wales  
Audit Wales  
1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

29 January 2026

## Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements of Cwm Taf Morgannwg NHS General Charitable Fund for the year ended 31 March 2025. It is for the purpose of expressing an opinion on the financial statements' truth and fairness and their proper preparation. We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

## Management representations

### Responsibilities

We have fulfilled our responsibilities for:

- The preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith.
- The design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

## Information provided

We have provided you with:

- Full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Cwm Taf Morgannwg NHS General Charitable Fund and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

## Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are two non-trivial (immaterial) misstatements within the accounts, with a total value of £6,035, which officers have not corrected. We have been advised by officers that the misstatements have not been corrected because they are immaterial. We are content that our officers have not amended the misstatements.

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Trustee on 29 January 2026.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

**Signed by:**

**Signed by:**

**Chief Executive**

**Trustee Chair**

**29 January 2026**

**29 January 2026**

## Appendix 5 – Recommendation

### Recommendation from this year's audit

I set out below one recommendation from this year's audit, along with management's response to it.

#### Expenditure on Raising Funds

##### Finding

The charity appointed a Head of Charity and Income Generation in June 24 with the aim of increasing charitable income. The SORP defines fundraising expenditure as costs incurred to generate voluntary income (donations, legacy income, grants) and income from trading activities undertaken to raise funds. Currently all of the associated with the above role are included in the Finance and Administration supports costs recharge to the charity from the main Health Board.

Accordingly, there is a need to strengthen the process to capture direct expenditure on raising funds as there is potential for costs associated with the above role to meet the definition in the SORP.

##### Recommendation

The Charity should capture all activities of the Head of Charity and Income Generation and record its assessment of each activity against SORP requirements.

#### Accepted in full by management

Yes.

#### Management response

The Head of Corporate Finance will work with the Head of Charity and Income Generation to develop a process to capture costs associated with raising funds and charitable activities.

#### Implementation date

Completed by for 2025-26 accounts.

## Recommendations from past years' audits that remain open

Last year I raised two recommendations (accepted by management) for improvement regarding the following issues:

- **Related Parties** - For some of the declarations made by Members, officers had not adequately assessed and recorded their considerations against the requirements of the relevant accounting standard. I recommended that the working paper for related parties should include evidence of an assessment for the substance of each declaration and whether it represents significant influence.
- **Investments** - CCLA commissioned a review of their controls via a 'Type 1' controls report rather than a 'Type 2'. Type 1 reports do not test all controls or cover the full 12-month period, providing less assurance over the effectiveness of CCLA's investment management controls. I recommended that each year the Charity should obtain a Type 2 controls report, to provide the Charity with an improved level of assurance regarding its investment manager's controls, and to provide assurance to us as your auditors.

For the first issue, officers implemented the recommendation for 2024-25.

For the second issue, officers tried to implement the recommendation, but CCLA declined to provide a Type 2 report. Trustees should reassess whether they are satisfied that the assurance provided by a Type 1 report is sufficient, given the nature and significance of the investments.

Two years ago, I raised a recommendation (accepted by management) regarding this issue:

- The Charity does not have its own risk register to identify and monitor key risks and their mitigation. I recommended that the Charity should develop its own risk register, which should be regularly updated by officers and reviewed and discussed by Trustee Members.

Implementation was scheduled for the 2023-24 financial year; however, no progress has been made, and the recommendation remains outstanding.

My team will review all these issues with officers as part of the planning for the audit of the 2025-26 accounts.



# 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 a three lines of assurance model to demonstrate how we achieve this. We have established 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
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



## Independent assurance

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

# Supporting you

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**Cwm Taf Morgannwg NHS  
General Charitable Fund**

**Trustee's Annual Report and  
Accounts**

**2024-25**

**For the Charitable Funds managed by  
Cwm Taf Morgannwg University Health Board**



## **FOREWORD**

The Annual Report for the year ended 31 March 2025 has been prepared by the Trustees of Cwm Taf Morgannwg NHS General Charitable Fund in accordance with Part 8 of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2005. This should be read together with the Cwm Taf Morgannwg NHS Charitable Funds Annual Accounts, which are appended to the report.

So far as the Trustees are aware, there is no relevant information of which the entity's external auditors are unaware, and the Trustees have taken all the steps that should have been taken to make themselves aware of any relevant information and to establish that the entity's external auditors are aware of that information.

The assets of the Charity are detailed in the Annual Accounts that follow the Trustee's report. No assets are held on behalf of either charity by another charity or by a Trustee of the Charity.

## **CHAIR'S INTRODUCTION**

This year has marked an important step forward for our Cwm Taf Morgannwg NHS Charity. With the appointment of our first Head of Charity in June 2024, we began to build a stronger voice, greater visibility and deeper connections across the Health Board. It was the beginning of a new phase for the Charity: one focused on bringing people together, strengthening trust, and ensuring that charitable support reaches the places where it can make the greatest difference.

What followed was a year focused on understanding what matters most to our communities and building the relationships that will guide the Charity's future. We spent time listening to patients, families and staff across Merthyr Tydfil, Rhondda Cynon Taf and Bridgend, learning about their experiences and the support they value. These conversations have shaped not only the work undertaken during the year, but also the foundations of how the Charity will continue to grow.

Throughout the year, we have seen generous acts that remind us of the strength of our local spirit. People chose to give back in ways that were meaningful to them: through donations, fundraising challenges, their time, or the personal stories and reflections they shared with us. Their support has helped make our spaces more welcoming, improved care for patients, strengthened staff wellbeing and enabled new ideas that enhance daily experiences across our hospitals.

This has also been a year of putting the right systems in place to support a strong and trusted Charity. By improving governance, clarifying how staff access funding and making our processes more open and accessible, we are better able to work with colleagues and communities to deliver projects that matter. These steps ensure that every act of generosity is used well and creates lasting benefit

On behalf of the Charitable Funds Committee, I want to thank everyone who supported our Charity this year. Your kindness and commitment help make good things happen across our hospitals and in the community. As we look ahead, we do so with confidence that the foundations laid this year will enable the Charity to continue growing, responding to local needs and improving the lives of the people we serve.

**Dilys Jouvenat,**

**Cwm Taf Morgannwg UHB Independent Member (Third Sector) and  
Chair of the Charitable Funds Committee**

## REFERENCE AND ADMINISTRATIVE DETAILS

The full name of the charity is:

Cwm Taf Morgannwg NHS General Charitable Fund

There are two special purpose subsidiary charities:

- Cwm Taf Morgannwg NHS Research and Training Charity
- Cwm Taf Morgannwg NHS Staff and Patients Welfare Charity

The charity is typically referred to as 'Cwm Taf Morgannwg NHS Charity' in all wider communications with the public and Cwm Taf Morgannwg UHB staff.

The registration number of the charity is 1049765. The charity is not registered as a company.

The principal registered address of the charity is:

Cwm Taf Morgannwg University Health Board  
Finance Department  
Dewi Sant Hospital  
Pontypridd  
CF37 1LB

### Statutory Background

Cwm Taf Morgannwg University Health Board is the corporate trustee of the funds held on trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990. The role of the trustee however, is essentially performed by the Board of Cwm Taf Morgannwg UHB.

### The Corporate Trustee

Those persons who have acted as Directors of the Corporate Trustee during the financial period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025 are as follows:

#### Executive Directors:

Paul Mears	Chief Executive	
Gethin Hughes	Chief Operating Officer	
Sally May	Director of Finance	
Dom Hurford	Medical Director	
Greg Dix	Director of Nursing, Midwifery and Patient Care	

Linda Prosser	Director of Strategy & Transformation	
Hywel Daniel	Director of People	
Philip Daniels	Director of Public Health	From 24 April 2023
Lauren Edwards	Director of Therapies and Health Sciences	

### **Independent Members:**

Jonathan Morgan	Chair	
Kath Palmer	Vice-Chair	
Patsy Roseblade	Independent Member – Finance	
Helen Lentle	Independent Member – Legal	
Ian Wells	Independent Member-Digital	
Rachel Rowlands	Independent Member-Community	
Nicola Milligan	Independent Member – Staff	End date 18 <sup>th</sup> August 2024
Hayley Proctor	Independent Member – Trade Union	From 1 <sup>st</sup> October 2024
Dilys Jouvenat	Independent Member-Third Sector	
Carolyn Donoghue	Independent Member - University	
Lynda Thomas	Independent Member - Corporate Business	End date 11 <sup>th</sup> August 2024
Cllr Geraint E Hopkins	Independent Member-Local Authority	

### **Bankers**

Barclays Bank  
93/94 Taff Street  
Pontypridd  
Mid Glamorgan  
CF37 4YH

### **Internal Auditors**

NHS Wales Shared Services Partnership

Audit & Assurance Services  
4-5 Charnwood Court,  
Heol Billingsley,  
Parc Nantgarw,  
Cardiff  
CF15 7QZ

### **External Auditors**

Auditor General for Wales  
Audit Wales  
1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

### **Investment Advisors**

CCLA Investment Management Limited  
Senator House  
85 Queen Victoria Street  
London  
EC4V 4ET

## **STRUCTURE, GOVERNANCE and MANAGEMENT**

The charity is made up of a total of 157 individual funds as at 31<sup>st</sup> March 2025 (2023-24, 157). Notes 19b and 19c of the accounts distinguish the types of funds held and disclose separately all material funds.

Cwm Taf Morgannwg UHB is the corporate trustee of the charitable fund. The role of trustee is performed by the Board of Cwm Taf Morgannwg UHB. The Chairman and Independent Members are appointed by the Minister for Health and Social Services of the Welsh Government. The Executive Directors are officers of the UHB and are appointed according to Health Board policy and procedure, their appointment being approved by the Board of the UHB. Appropriate training and induction is received on initial appointment followed by periodic development sessions to further develop the understanding of their roles and responsibilities. The Trustees receive no remuneration or expenses from these charitable funds for their trustee duties.

The Board of Cwm Taf Morgannwg UHB is in overall control of all funds held by the Charity. Due to the number of funds held for specific purposes, the Trustees delegate day-to-day administration to Fund Managers. These managers oversee the balances of funds and identify expenditure needs where appropriate.

Any expenditure below £50k is approved in line with the delegation of duties, subject to confirmation from the Finance Department that sufficient funds are available and the expenditure item is consistent with the fund's objectives. Applications for spending requests of over £50k require approval of the Charitable Funds Committee.

The accounting records and day-to-day administration of the funds are dealt with by the Finance Department located at Dewi Sant Hospital, Albert Road, Pontypridd, Mid Glamorgan, CF37 1LB.

### **Exposure to Risk**

The Chief Executive of the UHB together with the other directors is responsible for ensuring that an effective system of financial control is maintained. The Chief Executive and other directors are also responsible for reviewing the effectiveness of this system. The Charity operates under the same standing financial instructions and financial control procedures that are applied to the Board's main operations.

Income and Expenditure is monitored for each individual fund to ensure that spending and firm financial commitments remain within available funds. The Trustees receive periodic reports highlighting the main issues and risks facing the Charity.

The Charity has identified and examined all major risks that they are exposed to and systems have been established to mitigate these risks. This is supported by the use of Internal Audit to monitor the existing systems to confirm the existence of suitable controls and that these controls are operational. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments and the level of reserves available to

mitigate the impact of any losses. There are procedures in place to continually review the investment policy and to ensure that spending and financial commitments remain in line with available resources.

## **OBJECTIVES and ACTIVITIES for the public benefit**

### **Objects and Purposes**

The Trustees confirm that they have referred to the guidance contained in the Charity Commission’s general guidance on public benefit when reviewing the Charity’s aims and objectives.

*The Trustees shall hold the funds upon trust to apply the income, and at their discretion so far as permissible, the capital, for any charitable purpose or purposes relating to the National Health Service (wholly or mainly for the service provided by Cwm Taf Morgannwg UHB) and for any other Health Services for which specific monies have been donated for use within the UK or overseas.*

The Cwm Taf Morgannwg NHS General Charitable Fund is funded by donations and legacies received from patients, their relatives, and the general public and other external organisations. It is a grant-making charity, the purpose of which is the relief of those who are ill or disabled and the advancement of education through training.

The overall strategy of the Charity, to enable it to provide this support is achieved by the following means:

<b>Patients Expenditure</b>	Through the purchase of equipment and the provision of services and facilities not normally provided or in addition to the normal NHS provision.
<b>Staff Expenditure</b>	<ul style="list-style-type: none"> <li>a) Motivation of staff, by improving staff facilities and by providing services that improve staff wellbeing.</li> <li>b) Education support for staff supplementing that provided by the UHB.</li> </ul>
<b>Capital Equipment</b>	By the purchase of equipment.
<b>Research</b>	By the funding of staff and purchase of equipment used in the research and development projects carried out by the UHB.

The role of trustee of the Charity is performed by the corporate body of Cwm Taf Morgannwg UHB and the majority of grant payments made by the Charity are made to the UHB as contributions to the NHS. Other grant payments are made for patient and staff welfare and amenities. The Charity meets its objective by applying its funds and income to make such grant payments, examples of which are given in the *Financial Review* section of this report.

### **Grant Making Policy**

The Grant making policy is dictated by the objects and purposes of the Charity for the public benefit. Grant payments are made for exclusively charitable purposes in support of Cwm Taf Morgannwg UHB. The Fund Managers who have delegated management of the individual funds may identify possible expenditure provided it falls within the object of the fund, is a reasonable charge to charitable funds and is in furtherance of the objects of the charity. Each item of expenditure is monitored to ensure compliance with these criteria and is then submitted for approval in line with the scheme of delegation of duties.

## **ACHIEVEMENTS and PERFORMANCE**

To fulfil the charitable aims and objectives, the strategy of the charitable funds under the control of Cwm Taf Morgannwg UHB, as Corporate Trustee, is to support the UHB by providing funds to support a wide range of charitable and health related activities benefiting both patients and staff. In general they are used to purchase the varied additional goods and services that the NHS is unable to provide.

The Charity relies on the generosity of patients, their relatives and other donors who are familiar with or have experienced the care of the services within the Cwm Taf Morgannwg UHB for its income.

The year 2024–25 marked the beginning of a new chapter for Cwm Taf Morgannwg NHS Charity, shaped by the appointment of the Charity's first dedicated Head of Charity in June 2024. This investment strengthened leadership, deepened engagement and laid the foundations required for long-term growth. As a result, much of the Charity's focus over the year has been strategic: listening, rebuilding connections, simplifying systems and creating clearer routes for supporters and staff to work with us.

Early in the year, the Charity prioritised spending time with staff, patients, services and local partners to understand their experiences of charitable support and what they needed from us. These conversations revealed a strong sense of pride in local communities and a desire for a Charity that felt accessible, trustworthy and closely connected to the places it serves. Staff spoke about the impact charitable funds make to everyday care; donors shared deeply personal motivations for giving back; and community groups highlighted opportunities for collaboration. This insight shaped the Charity's objectives and continues to guide its development.

Building on this understanding, the Charity focused on improving visibility and simplifying access. A refreshed public-facing webpage, updated guidance and

donation routes, and the launch of a new, dedicated CTM NHS Charity Hub intranet site all made it easier for staff and the public to find information and support. These improvements led to measurable changes in behaviour: more teams sought guidance earlier in their planning, applications increased, and staff demonstrated a clearer understanding of how to use charitable funds effectively.

These changes were also reflected in the way people chose to give. Between April 2024 and March 2025, supporters made 292 online donations through JustGiving. These gifts totalled £15,324, with an additional £3,118 generated through Gift Aid. The majority supported the Charity's General Appeal, while two dedicated campaigns – the Snowdrop Breast Centre Fund and Bowel Butties – attracted more than £2,500 across 62 donations. This represents a significant shift towards accessible, digital giving and highlights increasing community engagement with the Charity's work.

Awareness continued to grow through the Health Board's Gift of Kindness campaign, led by the Charity during November and December. For six weeks, stories of generosity were shared across CTM, showcasing fundraising efforts, collections for local causes and staff-led acts of kindness. The campaign reached new audiences, strengthened staff involvement and encouraged more people to give or get involved. Importantly, this increased engagement translated into further online donations and deeper public understanding of what the Charity does.

Charitable funds continued to support meaningful improvements across CTM. Staff wellbeing was enhanced through the creation and refurbishment of quiet spaces, including a dedicated wellbeing room for emergency department teams at Prince Charles Hospital. A range of clinical environments were improved with artwork, sensory elements and furnishings designed to make spaces more welcoming and calming for patients and families.

The Snowdrop Breast Centre benefited from a major art and environment improvement project shaped by patients and local artists, helping create an uplifting space for those receiving breast cancer care. The Critical Care Psychology programme, supported by charitable funding, delivered hundreds of patient contacts and staff sessions, improving support for those experiencing traumatic or complex care journeys. Regional bereavement work with 2wish Cymru was piloted, strengthening professional networks for Health Board staff and improving access to support for families across CTM.

Alongside this activity, the Charity strengthened its internal systems to ensure funds are used appropriately, quickly and in line with charitable purpose. Work to introduce a new Fund Holder structure began, aiming to improve oversight and accountability across all designated funds. Updated processes, guidance and targeted training for CTM UHB staff helped reduce delays, improve decision-making and increase confidence in accessing and delivering charitable funding.

Taken together, these developments represent the start of a deliberate, long-term shift in how Cwm Taf Morgannwg NHS Charity works, communicates and supports its communities. This year has been about building the conditions for

growth: strengthening relationships, modernising systems, improving visibility and demonstrating the value of charitable investment. The progress made reflects a growing movement of people who want to support their local NHS and see the difference their generosity makes.

Looking ahead, the Charity is well positioned to continue this trajectory. Work is underway to develop a new visual identity, strengthen fundraising pathways and enhance partnerships with communities, staff and local organisations. These next steps will build on the foundations laid this year, ensuring the Charity can support healthier lives, better care, brighter ideas and stronger communities across Merthyr Tydfil, Rhondda Cynon Taf and Bridgend.

During the year the Charity paid total grants and support costs of £770k (2023-24: £690k); these are detailed in note 7 of the accounts.

Examples of how the Charity has achieved its objectives are:

**Patients' Expenditure** – including the purchase of specialist chairs, artwork and environmental enhancements, garden items and improvements to quiet and relative rooms across several sites. Charitable funds also supported projects that made clinical areas feel more welcoming and calming for patients and families, reflecting direct feedback from those using Health Board services.

**Staff Expenditure and Wellbeing** – public donations allowed the Charity to create and refurbish new staff wellbeing spaces, including a dedicated wellbeing room for emergency department teams at Prince Charles Hospital. Funding also supported staff training and development, including sessions provided through the Critical Care Psychology programme.

**Research** – research grants supported staff development through attending conferences, training opportunities and development of digital resources, including the modification of a specialist clinical website to support research activity.

**Technical and Clinical Equipment** – charitable funds contributed to specialised clinical equipment, including a breast retractor and Bilevel Positive Airway Pressure (BiPAP) machine, alongside a range of smaller items identified by clinical teams to improve patient experience and care.

**Capital Equipment** – funding supported the purchase of paediatric patient monitors, surgical instruments used in mastectomy procedures and other items of equipment that go beyond what core NHS budgets can ordinarily provide.

**Community and Partnership Initiatives** – a dedicated bereavement support event, titled Hope After Loss, was piloted in partnership with 2Wish Cymru and 16 other charities and local support groups. NHS Charities Together grants also allowed the Charity to support a hospital-to-home discharge programme developed in partnership with Bridgend and Cwm Taf Care and Repair.

Further details of expenditure are shown in the *Financial Review*.

The Charity has adopted an investment strategy which aims to deliver a positive real return with a minimum of risk. The Trustees appointed CCLA Investment Management Limited as independent investment advisors. Details of investments and returns are highlighted in the *Investment* section below.

## **FINANCIAL REVIEW**

### **Reserves Policy**

Reserves are those funds retained which can be freely used at the discretion of the Trustees in furtherance of any of the Charity's objectives. Reserves therefore do not include funds that have restrictions on them or funds that have been obtained for a specific purpose.

As the Charity's financial procedures do not allow expenditure to be committed without the funds in place then the charity will always be able to meet its commitments as they fall due. The unrestricted reserves at 31<sup>st</sup> March 2025 stand at £3,074k, with £47k from this amount being committed for future expenditure.

### **Movement in Net Assets**

The net assets of the Charitable Funds as at 31<sup>st</sup> March 2025 were £4,136k (2023-24: £4,338k). This comprised of unrestricted funds of £3,074k (2023-24: £3,159k) and restricted funds of £1,062k (2023-24: £1,179k). Overall net assets decreased by £202k. Income from donations, legacies and grants was £697k, but this was offset by expenditure of £770k and a net loss on investments in the year of £129k. The Charity's Trustees are under a duty to apply the charity's income within a reasonable time of receiving it. Fund managers have, therefore, been actively encouraged to identify expenditure that would further the objectives of the Charity.

### **Income**

The charity continues to rely on donations, legacies and investment income as its main sources of income. However in the recent years it also received grant allocations from NHS Charities Together.

The Trustees are extremely grateful to those members of the public, staff and organisations who have made contributions to the charitable funds during the last financial year.

The table below demonstrate the various sources of income for the year 2024-25.

## **STATEMENT OF INCOME FOR THE YEAR ENDED 31 MARCH 2025**

	Unrestricted	Restricted	2024-25	2023-24
	£000	£000	£000	£000
Donations	113	10	<b>123</b>	<b>171</b>
Legacies	176	0	<b>176</b>	<b>543</b>
Grants	283	2	<b>285</b>	<b>160</b>
Interest and dividends	86	27	<b>113</b>	<b>110</b>
Other trading activities	0	0	<b>0</b>	<b>12</b>
<b>Total Incoming Resources</b>	<b>658</b>	<b>39</b>	<b>697</b>	<b>996</b>

### **Donations**

During 2024-25 a total of £123k (2023-24: £171k) was received in the form of donations. A variety of donations were received throughout the year, a few examples of which are listed below:

- A total of £50k was donated by one donor to the Acute Clinical Team in Bridgend.
- A total of £14k was donated to the Special Care Baby Unit in Prince Charles Hospital.
- A total of £54k has been donated to Y Bwythyn Newydd.

Alongside larger gifts and legacies, online giving through our JustGiving platform grew strongly during 2024-25. Supporters made 292 individual online donations, contributing £15,324 in gifts and a further £3,118 in Gift Aid. Most of this income supported the General Appeal, while dedicated pages such as the Snowdrop Breast Centre Fund and Bowel Butties together raised more than £2,500 across 62 online donations. This demonstrates the increasing use of digital channels and the value of accessible, community-led fundraising.

### **Legacies**

During the year, the Charity was a beneficiary of some significant legacies with a total value of £176k (2023-24: £543k).

All legacies, where contact details are available, are acknowledged formally with a letter of thanks.

All donations and legacies are gratefully received, and we wish to thank all contributors for their generosity.

## **Grants**

During the year, the Charity received grants totalling £285k (2023-24: £160k). The majority of this was received from NHS Charities Together Stage 2 and Stage 3 grants for Community Partnership and Recovery Grant.

## **Investments**

CCLA Investment Management Limited is appointed as Investment Advisors to the Charity.

Total amount invested in the Charities Ethical Investment Fund as at 31<sup>st</sup> March 2025 was £2,100k with a market value of £2,903k. No other investments were held.

The Market Value of the fund at 31<sup>st</sup> March 2025 was £2,903k, showing a cumulative net gain of £803k. The market value during the year decreased by £129k, as detailed within Note 13 of the Financial Statements.

During the year the Charity received £86k (2023-24: £85k) as a dividend on the Ethical Investment Fund. The charges levied by CCLA are reflected within the market price of the units, and therefore, the value of the investment at the Balance Sheet date.

Exposure to fluctuations in the value of its investments are continually reviewed and reported to the Corporate Trustees. Quarterly Investment reports are prepared by CCLA and an annual presentation from the Investment Advisors updates the Trustees on the current and forecast market trends.

Liquidity risk is managed through having sufficient funds held in cash deposits to meet all known commitments without having to realise any investments that are subject to market fluctuations.

## **Expenditure**

The Charity is primarily a grant making body, providing grants to the Cwm Taf Morgannwg UHB, from which many areas of service provision benefit. During 2024-25, charitable expenditure on direct charitable activity, including support costs, totalled £770k (2023-24: £690k).

## **ANALYSIS OF EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2025**

	<b>Unrestricted</b>	<b>Restricted</b>	<b>2024-25</b>	<b>2023-24</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Fundraising trading: costs of goods sold and other costs	9	3	<b>12</b>	<b>0</b>
Charitable Activities	636	122	<b>770</b>	<b>690</b>
<b>Total Resources Expended</b>	<b>645</b>	<b>125</b>	<b>770</b>	<b>690</b>

The detail of the expenditure on Charitable Activities is shown in the annual accounts within Note 7.

During the year, charitable expenditure was used for:

- Enhancements designed to improve patient experience, including specialist seating, sensory and environmental improvements, artwork, garden enhancements and items that help create calmer and more welcoming clinical spaces.
- Improvements to staff wellbeing, such as the refurbishment of quiet rooms and rest areas, including the creation of a dedicated wellbeing space for emergency department teams at Prince Charles Hospital.
- Support for staff training and development, including education sessions and psychological support delivered through the Critical Care Psychology programme for intensive care.
- The purchase of technical and clinical equipment, such as bed sensor pads, paediatric monitoring equipment, surgical instruments and other specialised items identified by clinical teams to enhance the quality of care.
- Support for seasonal and community initiatives, including Christmas gifts and small comforts for patients, and a collaborative hospital to home discharge programme delivered in partnership with Bridgend and Cwm Taf Care and Repair, funded through NHS Charities Together grant funding.

### **Support Costs**

The support costs of administration for 2024-25 were £181k (2023-24: £112k). These figures are shown in the annual accounts within Note 7 and Note 10 under support costs and split between finance and administration costs. The increase in support costs in 2024-25 was due to the recruitment of a Head of Charity & Income Generation to support the long-term strategy of the Charity.

The charity does not directly employ any members of staff, finance and administration costs relate to the cost of staff recharged from Cwm Taf Morgannwg University Local Health Board.

The difference between the dividend income and the support costs are allocated to the charitable funds are split between the general-purpose fund and restricted funds on an average fund balance basis.

On behalf of the staff and patients who have benefited from the improved services the Trustees would like to thank all patients, relatives, staff and members of the public who have made charitable donations and helped with fundraising activities. The level of activity will continue to be dependent upon the generosity of these donors and the receipt of legacies. The Trustees would also like to thank the organisations who have provided the Charity with grants during the year.

***Signed***

Chairperson: _____	<i>Date: 29 January 2026</i>
Cwm Taf Morgannwg UHB	
 <i>On behalf of the Trustees</i>	

# **Cwm Taf Morgannwg NHS General Charitable Fund**

## **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025**

### **FOREWORD**

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015

### **STATUTORY BACKGROUND**

The Cwm Taf Morgannwg University Health Board is the corporate trustee of the charity under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

### **MAIN PURPOSE OF THE FUNDS HELD ON TRUST**

The main purpose of the charity is to apply income for any charitable purposes relating to the National Health Service wholly or mainly for the services provided by the Cwm Taf Morgannwg University Health Board.

Cwm Taf Morgannwg General Charitable Fund Statement of Financial Activities for the year ended 31 March 2025

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2024-25 £000
<b>Incoming resources from generated funds:</b>				
Donations and legacies	3	572	12	584
Charitable activities		0	0	0
Other trading activities		0	0	0
Investments	5	86	27	113
Other - Funds transferred from another NHS body				0
<b>Total incoming resources</b>		<b>658</b>	<b>39</b>	<b>697</b>
<b>Expenditure on:</b>				
Raising Funds	6	9	3	12
Charitable activities	7	636	122	758
Other		0	0	0
<b>Total expenditure</b>		<b>645</b>	<b>125</b>	<b>770</b>
Net gains / (losses) on investments	13	(98)	(31)	(129)
<b>Net income / (expenditure)</b>		<b>(85)</b>	<b>(117)</b>	<b>(202)</b>
Transfer between funds	18	0	0	0
<b>Net movement in funds</b>		<b>(85)</b>	<b>(117)</b>	<b>(202)</b>
<b>Reconciliation of Funds</b>				
Total Funds brought forward	19	3,159	1,179	4,338
<b>Total Funds carried forward</b>		<b>3,074</b>	<b>1,062</b>	<b>4,136</b>

Cwm Taf Morgannwg General Charitable Fund Statement of Financial Activities for the year ended 31 March 2024

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2023-24 £000
<b>Incoming resources from generated funds:</b>				
Donations and legacies	3	859	15	874
Charitable activities		0	0	0
Other trading activities		0	12	12
Investments	5	83	27	110
Other		0	0	0
<b>Total incoming resources</b>		<b>942</b>	<b>54</b>	<b>996</b>
<b>Expenditure on:</b>				
Raising Funds	6	0	0	0
Charitable activities	7	592	98	690
Other		0	0	0
<b>Total expenditure</b>		<b>592</b>	<b>98</b>	<b>690</b>
Net gains / (losses) on investments	13	165	106	271
<b>Net income / (expenditure)</b>		<b>515</b>	<b>62</b>	<b>577</b>
Transfer between funds	18	0	0	0
<b>Net movement in funds</b>		<b>515</b>	<b>62</b>	<b>577</b>
<b>Reconciliation of Funds</b>				
Total Funds brought forward	19	2,644	1,117	3,761
<b>Total Funds carried forward</b>		<b>3,159</b>	<b>1,179</b>	<b>4,338</b>

**Cwm Taf Morgannwg General Charitable Fund Balance Sheet as at 31 March 2025**

		Unrestricted funds £000	Restricted Income funds £000	Total 31 March 2025 £000	Total 31 March 2024 £000
	Note				
<b>Fixed assets:</b>					
Investments	13	2,209	694	2,903	3,032
<b>Total fixed assets</b>		<b>2,209</b>	<b>694</b>	<b>2,903</b>	<b>3,032</b>
<b>Current assets:</b>					
Debtors	14	41	3	44	44
Cash and cash equivalents	15	857	576	1,433	1,522
<b>Total current assets</b>		<b>898</b>	<b>579</b>	<b>1,477</b>	<b>1,566</b>
<b>Liabilities:</b>					
Creditors: Amounts falling due within one year	16	(33)	(211)	(244)	(260)
<b>Net current assets / (liabilities)</b>		<b>865</b>	<b>368</b>	<b>1,233</b>	<b>1,306</b>
<b>Total assets less current liabilities</b>		<b>3,074</b>	<b>1,062</b>	<b>4,136</b>	<b>4,338</b>
Creditors: Amounts falling due after more than one year	16	0	0	0	0
<b>Total net assets / (liabilities)</b>		<b>3,074</b>	<b>1,062</b>	<b>4,136</b>	<b>4,338</b>
<b>The funds of the charity:</b>					
Endowment Funds	19	0	0	0	0
Restricted income funds	19	0	1,062	1,062	1,179
Unrestricted income funds	19	3,074	0	3,074	3,159
<b>Total funds</b>		<b>3,074</b>	<b>1,062</b>	<b>4,136</b>	<b>4,338</b>

The notes on pages 20 to 33 form part of these accounts

Signed : .....

Name : ...Jonathan Morgan.....(Chair of Trustees)

Date : ....29 January 2026.....

**Cwm Taf Morgannwg General Charitable Fund Statement of Cash Flows for the year ending 31 March 2025**

	Note	Total Funds 2024-25 £000	Total Funds 2023-24 £000
<b>Cash flows from operating activities:</b>			
<b>Net cash provided by (used in) operating activities</b>	17	<b>(202)</b>	<b>330</b>
<b>Cash flows from investing activities:</b>			
Dividend, interest and rents from investments	5	113	110
Proceeds from the sale of investments	13	0	0
Purchase of investments	13	0	0
<b>Net cash provided by (used in) investing activities</b>		<b>113</b>	<b>110</b>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>(89)</b>	<b>440</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	15	1,522	1,082
<b>Cash and cash equivalents at the end of the reporting period</b>	15	<b>1,433</b>	<b>1,522</b>

## **Note on the accounts**

### **1 Accounting Policies**

#### **(a) Basis of preparation**

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

## **(b) Funds structure**

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 19.

## **(c) Incoming resources**

Income consists of donations, legacies, income from charitable activities, income from other trading activities, and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

Income from other trading activities, relates to income from sponsorships which cannot be considered pure donations.

## **(d) Incoming resources from legacies**

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable, whichever falls sooner.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

#### **(e) Incoming resources from endowment funds**

The Charity has not received nor does it hold any endowment funds.

#### **(f) Resources expended and irrecoverable VAT**

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

#### **(g) Recognition of expenditure and associated liabilities as a result of grants**

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

#### **(h) Allocation of support costs**

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 10.

Where costs are apportioned to unrestricted funds the cost is charged to a general purpose fund, where costs are apportioned to restricted funds, the cost is charged to each individual fund.

#### **(i) Fundraising costs**

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The Charity does not currently undertake any fund raising activity.

**(j) Charitable activities**

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

**(k) Debtors**

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

**(l) Fixed Asset Investments**

Investments are a form of basic financial instrument. Fixed Asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposal throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current mid price market value quoted by the investment analyst, excluding dividend. The SORP recommends that the bid price market price be used in valuing stocks and shares, although the difference between the bid and mid market price is not material. Other investments are included at the trustees' best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to the wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the Charity's investments can be found in note 13.

**(m) Cash and cash equivalents**

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are short term, highly liquid investments, are invested in a long-term plan under charities ethical investment fund.

**(n) Creditors**

Creditors are amounts owed by the Charity. They are measured at the amount that the Charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

**(o) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

## Prior Period Adjustment

The Prior Period Adjustment indicated by a restatement in the relevant note, is due to a review of the way gains / losses on investment are apportioned to restricted and unrestricted funds. The full value of the unrealised gain is now apportioned by the value of restricted and unrestricted funds, with all individual restricted funds receiving appropriate portion of the value of the gain or loss in year. The value of the movement was £106k between unrestricted and restricted funds.

Below shows extract from each affected note, showing reconciliation between the prior year value and the restated value:

### Extract of Statement of Financial Activities for the year ended 31 March 2024

	Previously Stated			Restated		
	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2023-24 £000	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2023-24 £000
Net gains / (losses) on investment	271	0	271	165	106	271
<b>Net income / (expenditure)</b>	<b>621</b>	<b>(44)</b>		<b>515</b>	<b>62</b>	<b>577</b>
<b>Reconciliation of Funds</b>						
Total Funds brought forward	2,644	1,117	3,761	2,644	1,117	3,761
<b>Total Funds carried forward</b>	<b>3,265</b>	<b>1,073</b>	<b>4,338</b>	<b>3,159</b>	<b>1,179</b>	<b>4,338</b>

### Extract of General Charitable Fund Balance Sheet as at 31 March 2025

	Previously Stated	Restated
	Total 31 March 2024 £000	Total 31 March 2024 £000
<b>The funds of the charity:</b>		
Endowment Funds	0	0
Restricted income funds	1,073	1,179
Unrestricted income funds	3,265	3,159

## 2. Related party transactions

Cwm Taf Morgannwg Health Board is the Corporate Trustee of the Charity.

During the year, other than noted below, there are no other material related party transactions involving the Corporate Trustee and the Board Members.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made and are available to be inspected by the public.

The Charity has made revenue and capital payments of £770k (2023-24 £690k) to the Cwm Taf Morgannwg University Health Board.

Senior Officers where there has been an identified related party transaction with the Charity are detailed below.

Name	Details	Related Party Interests
Lisa Curtis-Jones	Associate Member	Statutory Director of Social Services in Merthyr Tydfil County Borough Council
Geraint Hopkins	Independent Member	Elected Member, Rhondda Cynon Taf County Borough Council

Related Party	Expenditure	Income	Creditors	Debtors
Merthyr Tydfil County Borough Council	1	0	0	0
Rhondda Cynon Taf Council	0	0	6	0

## 3. Income from donations and legacies

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Donations	113	10	123	171
Legacies	176	0	176	543
Grants	283	2	285	160
	<b>572</b>	<b>12</b>	<b>584</b>	<b>874</b>

## 4. Role of volunteers

Like all charities, the Charity is reliant on a team of volunteers for our smooth running.

They run events such as cake sales, sponsored events, sports challenges, tea parties and collections in order to raise funds.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

## 5. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Fixed asset equity and similar investments	65	21	86	85
Short term investments, deposits and cash on deposit	21	6	27	25
	<b>86</b>	<b>27</b>	<b>113</b>	<b>110</b>

## 6. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2024-25 £000	Total 2023-24 £000
Fundraising office	0	0	0	0
Fundraising events	0	0	0	0
Investment management	0	0	0	0
Support costs	9	3	12	0
	<b>9</b>	<b>3</b>	<b>12</b>	<b>0</b>

## 7. Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2024-25 £000	Total 2023-24 £000
Medical research	9	3	12	11
Purchase of new equipment	17	5	22	45
Building and refurbishment	21	6	27	6
Staff education and welfare	214	66	280	269
Patient education and welfare	312	96	408	272
Other	17	5	22	87
	<b>590</b>	<b>181</b>	<b>771</b>	<b>690</b>

Note 10 sets out an analysis of support costs.

## 8. Analysis of grants

The Charity does not make grants to individuals. All grants are made to Cwm Taf Morgannwg Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards. The trustees do make individual grant awards based on invited applications from Cwm Taf Morgannwg Health Board.

## 9. Movements in funding commitments

	Current liabilities £000	Non-current liabilities £000	Total 31 March 2024-25 £000	Total 31 March 2023-24 £000
Opening balance at 1 April (see note 16)	260	0	260	150
Movement in liabilities	(16)	0	(16)	110
<b>Closing balance at 31 March (see note 16)</b>	<b>244</b>	<b>0</b>	<b>244</b>	<b>260</b>

As described in notes 7 and 8, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants, especially those relating to research and development or for funding a specific posts are multi-year grants paid over a longer period.

## 10. Allocation of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity. The average fund balance is used as the general basis of apportionment of support costs. Where the cost is apportioned to an unrestricted fund this is charged to the health board wide general purpose fund, and where it is apportioned to a restricted fund this is charged to each individual fund.

	Raising funds £000	Charitable activities £000	Total 2024-25 £000	Total 2023-24 £000	Basis
<b>Governance</b>					
External audit	0	33	33	29	Average fund balance
Finance and administratio	0	0	0	0	
Other professional fees	0	0	0	0	
<b>Total governance</b>	<b>0</b>	<b>33</b>	<b>33</b>	<b>29</b>	
Finance and administratio	12	135	147	82	Average fund balance
Other professional fees	0	0	0	0	
Other costs	0	1	1	1	
	<b>12</b>	<b>169</b>	<b>181</b>	<b>112</b>	
	<b>Unrestricted funds £000</b>	<b>Restricted Income funds £000</b>	<b>Endowment funds £000</b>	<b>Total Funds 2024-25 £000</b>	<b>Total Funds 2023-24 £000</b>
Raising funds	9	3	0	12	0
Charitable activities	128	41	0	169	112
	<b>137</b>	<b>44</b>	<b>0</b>	<b>181</b>	<b>112</b>

## 11. Staff costs, Trustees' remuneration, benefits and expenses

The Charity does not make any payments for remuneration nor to reimburse expenses to the Charity trustees for their work undertaken as trustee.

The charity has no employees. Staff services are provided to the Charity from Cwm Taf Morgannwg Health Board, the corporate Trustee of the charitable trust, which has received reimbursement from the charitable trust of £147,217 (2024: £81,792)

## 12. Auditors remuneration

Auditors' remuneration of £32,590 relates to Audit Wales' audit of the statutory annual report and accounts for 2024-25 (£30,590 2023-24).

## 13. Fixed asset investments

### Movement in fixed assets investments

	Total 2024-25 £000	Total 2023-24 £000
Market value brought forward	3,032	2,761
Add: additions to investments at cost	0	0
Less disposals at carrying value	0	0
Add net gain / (loss) on revaluation	(129)	271
<b>Market value as at 31st March 2024</b>	<b>2,903</b>	<b>3,032</b>

All investments are carried at their fair value.

Total amount invested in the Charities Ethical Investment Fund managed by CCLA Fund Managers Ltd, the cumulative amount invested at the start of the year was £2.1m. No additional funds were invested during the financial year 2024-25 and the Market Value of the fund at 31<sup>st</sup> March 2025 was £2.903m, showing an overall cumulative net gain of £0.803m, with a £0.129m loss in year.

The gains and losses arising during the year are distributed by fund value between restricted and unrestricted funds. Restricted funds receive an apportionment for each fund, whereas the unrestricted funds are kept within general purpose funds and a "buffer" fund to protect for fluctuations in value. This is a change of treatment from previous years and 2023-24 balances have been restated to reflect this.

No other investments were held.

The main investment risk lies in the volatility of the investment markets which affects both the value of those investments and dividend yields. The Charity attempts to manage this risk by:

- Investing long-term, and only investing cash not required for operational purposes in the foreseeable future
- Appointing CCLA to provide advice on investments and market situations
- Investing in a highly diversified fund thus spreading risk over asset classes and geographical areas.

Liquidity risk is managed through having sufficient funds held in cash deposits to meet all known commitments without having to realise any investments that are subject to market fluctuations.

#### 14. Analysis of current debtors

<b>Debtors under 1 year</b>	<b>Total 31 March 2025 £000</b>	<b>Total 31 March 2024 £000</b>
Accrued income	32	28
Prepayments	11	11
Other debtors	1	5
	<u>44</u>	<u>44</u>

#### 15. Analysis of cash and cash equivalents

	<b>Total 31 March 2025 £000</b>	<b>Total 31 March 2024 £000</b>
Cash at bank	1,433	1,522
Notice deposits (less than 3 months)	0	0
	<u>1,433</u>	<u>1,522</u>

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

#### 16. Analysis of liabilities

	<b>Total 31 March 2025 £000</b>	<b>Total 31 March 2024 £000</b>
<b>Creditors under 1 year</b>		
Trade creditors	211	223
Other creditors	0	1
Accruals	33	36
	<u>244</u>	<u>260</u>
<b>Creditors over 1 year</b>		
Trade creditors	0	0
Other creditors	0	0
Accruals	0	0
	<u>0</u>	<u>0</u>
<b>Total creditors</b>	<u>244</u>	<u>260</u>

## 17. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2024-25 £000	Total 2023-24 £000
<b>Net income / (expenditure) (per Statement of Financial Activities)</b>	<b>(202)</b>	<b>577</b>
<b>Adjustment for:</b>		
Depreciation charges	0	0
(Gains) / losses on investments	129	<b>(271)</b>
Dividends, interest and rents from investments	<b>(113)</b>	<b>(110)</b>
Loss / (profit) on the sale of fixed assets	0	0
(Increase) / decrease in stocks	0	0
(Increase) / decrease in debtors	0	<b>24</b>
Increase / (decrease) in creditors	<b>(16)</b>	<b>110</b>
<b>Net cash provided by (used in) operating activities</b>	<b>(202)</b>	<b>330</b>

## 18. Transfer between funds

The transfers between funds reflect the consolidation of small value or little used funds to ensure they remain of suitable value and better purpose to meet the objectives of the fund. Where similar purpose funds are identified there may also be transfers between those funds.

## 19. Analysis of funds

### a. Analysis of endowment fund movements

The Charity does not hold any endowment funds.

**b. Analysis of restricted fund movements**

	Balance 1 April 2024 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2025 £000
A Giving to Pink	364	10	(59)	0	(9)	306
B Edward Rees Davies	306	7	(13)	0	(8)	292
C GP Vocational Training Scheme (VTS)	73	1	(13)	0	(2)	59
D Heart Failure	57	1	(5)	0	(2)	51
E Medical Unit Wards Fund	47	1	(2)	0	(1)	45
F Rheumatology Research	37	1	(1)	0	(1)	36
G Maxillo Facial Unit	27	1	(2)	0	(1)	25
H Restricted Colorectal Res & Ed Fund Coloplast	22	0	(1)	0	0	21
I Radiology Scanner Fund	21	1	(2)	0	(1)	19
J Urology Research	18	0	(1)	0	0	17
K Rosslyn Chidgey	17	0	0	0	0	17
L Paediatric Wards	11	4	(1)	0	0	14
M Ward D4 (Rhondda Medical Unit)	14	1	(1)	0	0	14
N CAMHS Endowment Fund	13	0	(1)	0	0	12
<b>Other restricted funds (35)</b>	<b>152</b>	<b>11</b>	<b>(23)</b>	<b>0</b>	<b>(6)</b>	<b>134</b>
	<b>1,179</b>	<b>39</b>	<b>(125)</b>	<b>0</b>	<b>(31)</b>	<b>1,062</b>

The objects of the most significant restricted funds are as follows:

Giving to Pink is a charity group that make donations for a 'specialist breast care unit' within Cwm Taf Morgannwg University Health Board.

The Edward Rees Davies fund is a legacy left for the care and treatment of the stroke patients across the Health Board.

**c. Analysis of unrestricted and most significant designated fund movements**

	Balance 1 April 2024 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2025 £000
A Y Bwthyn Newydd	712	159	(41)	0	0	830
B POW Diabetic Adults	231	0	(16)	0	0	215
C General Purposes Fund	151	96	(42)	0	(72)	133
D Maesteg General Purposes	127	3	0	0	0	130
E YCC & MHP WARDS/DEPTS FUND	141	2	(22)	0	0	121
F PCH General Purposes Fund	166	0	(63)	0	0	103
G PoW General Purposes Fund	172	1	(74)	0	0	99
H Pathology Fund	107	0	(20)	0	0	87
I Diabetic Research & Development	44	39	(1)	0	0	82
J Palliative Hospital Fund	66	13	0	0	0	79
K Intensive Care Unit Fund	59	1	0	0	0	60
L Cardiology Research	17	39	0	0	0	56
M Cardiac/Coronary Care Fund	54	0	(1)	0	0	53
N POW Urology	51	0	0	0	0	51
O Medical & Unit Fund	49	2	(1)	0	0	50
<b>Other unrestricted funds (93)</b>	<b>1,012</b>	<b>303</b>	<b>(364)</b>	<b>0</b>	<b>(26)</b>	<b>925</b>
	<b>3,159</b>	<b>658</b>	<b>(645)</b>	<b>0</b>	<b>(98)</b>	<b>3,074</b>

The POW Diabetic Adults is designated for the welfare and benefit of patients and staff of the Princess of Wales Hospital Diabetic Unit.

The Y Bwthyn Newydd fund is designated for the welfare and benefit of staff and patients of the Y Bwthyn Newydd Unit.

The fund balance for YCC & MHP Wards/Departments mainly includes a legacy left by Mr Edward Rees Davies for the benefit of patients being cared for at Ysbyty Cwm Cynon.

All unrestricted funds are designated except for the general purpose and enablement funds.

## 20. Commitments

As at 31/03/25 the Charity has committed the following amounts against its funds:

	£000
<b>Restricted funds:</b>	
N/A	-
	<u>0</u>
<b>Unrestricted and designated funds:</b>	
Covid-19 Coronavirus	21
POW General Purpose	9
RGH General Purpose	6
PCH General Purpose	6
General Purpose	4
Other	1
	<u>47</u>
	<u>47</u>
<b>Total commitments</b>	<b><u>47</u></b>

Commitments detail grants that have been agreed but have not yet been made. All commitments are planned to be delivered within the next two financial years. Commitments are only made when funding exists within the relevant fund.

## 21. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 29 January 2026 and are expected to be certified by the Auditor General for Wales on the same day.

There were no significant events after the reporting period.

## Statement of Trustee’s Responsibilities

The Trustee is responsible for preparing the Trustee’s Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

The law applicable to Charities in England and Wales requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the trustee is required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities SORP;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity which enable them to ensure that the financial statements comply with the Charities Act 2022, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed. The trustee is also responsible for safeguarding the assets of the charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee confirms that they have complied with the above requirements in preparing the accounts.

### By order of the trustee:

Signed:

Trustee ..... Dated...29 January 2026.....  
Jonathan Morgan  
Chair of Board of Trustees

Financial Trustee..... Dated...29 January 2026...

Sally May  
Director of Finance - Cwm Taf Morgannwg University Health Board

## The independent auditor's report of the Auditor General for Wales to the trustee of Cwm Taf Morgannwg University Health Board Charity

### Opinion on financial statements

I have audited the financial statements of Cwm Taf Morgannwg University Health Board Charity for the year ended 31 March 2025 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2025 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

### Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

### **Other information**

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### **Matters on which I report by exception**

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustee's report.

### **Responsibilities of the trustee for the financial statements**

As explained more fully in the statement of trustee's responsibilities set out on page 33, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determines is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustee anticipates that the services provided by the charity will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Cwm Taf Morgannwg University Health Board Charity's Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Cwm Taf Morgannwg University Health Board Charity's policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I

identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals.

- Obtaining an understanding of Cwm Taf Morgannwg University Health Board Charity's framework of authority as well as other legal and regulatory frameworks that the Cwm Taf Morgannwg University Health Board Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Cwm Taf Morgannwg University Health Board Charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Cwm Taf Morgannwg University Health Board Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

## **Other auditor's responsibilities**

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

**Adrian Crompton**  
**Auditor General for Wales**  
**29 January 2026**

**1 Capital Quarter**  
**Tyndall Street**  
**Cardiff**  
**CF10 4BZ**



**CTM BOARD**

**BOARD ASSURANCE FRAMEWORK REPORT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance / Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Strategic Risk Owner updates	December 2025 / January 2026	Reviewed and signed Off
Executive Leadership Group	12 January 2026	Risks reviewed and management sign off received.
Post ELG Changes	Changes from Digital and Data Directorate and Planned Care – Care Group were incorporated post ELG consideration.	

<b>Acronyms / Glossary of Terms</b>	
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 focused 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	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below: Sustaining Our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Ageing Well
	If more than one applies please list below: Dying Well, Growing Well, Living Well, Starting Well



<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Leadership
	If more than one applies please list below: Culture and Valuing People, Data to knowledge, Learning, Improving and Research, Whole- system Perspective
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: Efficient, Equitable, Person Centred, Timely, Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below)	
	See detail captured for each risk	








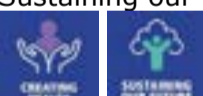



## 5. Recommendation

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  <a href="#">Click Here for Risk 1a</a> <a href="#">Click Here for Risk 1b</a>	<b>a) Enough capacity to meet elective demand</b>	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	<b>Treat</b> with elements that are being <b>Tolerated</b> due to the pace in being able to mitigate the risk.
		<b>b) Enough capacity to meet emergency demand</b>			20 (C4xL5)	No change to risk scores this period. ↔	<b>Treat</b> with elements that are being <b>Tolerated</b> due to the pace in being able to mitigate the risk.
2.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 2</a>	<b>Ability to deliver improvements which transform care and enhance outcomes</b>	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	<b>Treat</b>
3.	Sustaining our Future, Improving Care and Inspiring People  <a href="#">Click Here for Risk 3</a>	<b>Enough workforce to deliver the activity and quality ambitions of the organisation</b> (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. ↔	<b>Treat</b>
4.	Creating Health, Sustaining our Future  <a href="#">Click Here for Risk 4</a>	<b>Effective Community and Partner Engagement in service changes and developments</b>	Director of Communication, Engagement & Fundraising	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	<b>Treat</b> with elements that are being <b>Tolerated</b> due to the pace in being able to mitigate the risk.
5.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 5</a>	<b>Delivery of a digital and information infrastructure to support organisational transformation</b>	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	<b>Treat</b>
6.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 6</a>	<b>Ability to maintain a safe and fit for purpose estate infrastructure</b>	Executive Director of Finance	Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	<b>Treat</b> with elements that are being <b>Tolerated</b> due to the pace in being able to mitigate the risk.
7.	Sustaining our Future, Creating Health  <a href="#">Click Here for Risk 7</a>	<b>Fulfilling our Environmental and Social Duties and ambitions</b>	Executive Director of Strategy & Transformation	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	<b>Treat</b> with elements that are being <b>Tolerated</b> due to the pace in being able to mitigate the risk.
8.	Creating Health, Sustaining our Future  <a href="#">Click Here for Risk 8</a>	<b>Prevention and early Intervention to support Healthy Life Expectancy</b>	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	No change to risk scores this period. ↔	<b>Treat</b>
9.	Sustaining our Future  <a href="#">Click Here for Risk 9</a>	<b>Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)</b>	Executive Director of Finance	Operational Delivery Committee	20 (C4xL5)	No change to risk scores this period	<b>Treat</b>
10.	Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 10</a>	<b>Ability to develop a fit for the future estate to reflect our future clinical service model</b>	Executive Director of Finance	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	<b>Treat</b> with elements that are being <b>Tolerated</b> due to the pace in being able to mitigate the risk.
11.	Creating Health, Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 11</a>	<b>Delivery of an Integrated Care Model</b>	Chief Operating Officer	Strategic Development Committee	16 (C4xL4)	No change to risk scores this period. ↔	<b>Treat</b>



## Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey italic*

Consequence	5				<b>8</b>	
	4		<i>3,4,6,7,8,10</i>	<i>1a,1b,2,5,11,9</i>	<b>1a,2,3,4,5,6,7,10,11</b>	<b>1b, 9</b>
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

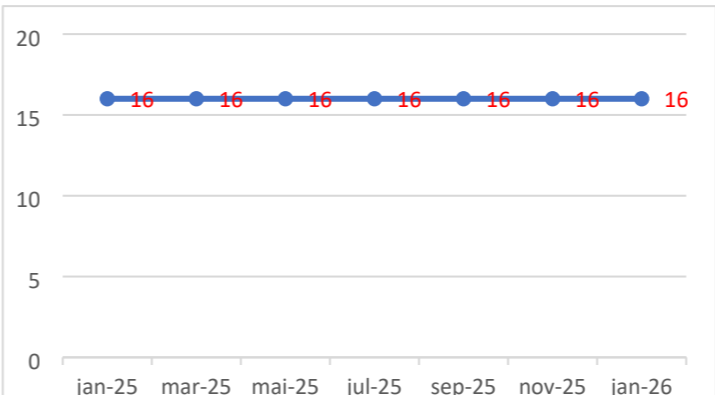
### SECTION 3 – STRATEGIC RISKS

<p>Strategic Goal(s):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p><b>Improving Care</b></p> <ul style="list-style-type: none"> <li>• Delivering safe and compassionate care</li> <li>• Developing new models of care</li> <li>• Digital transformation for patients and staff</li> <li>• Ensuring timely access to care</li> </ul> </div> <div style="width: 45%;">  <p><b>Sustaining Our Future</b></p> <ul style="list-style-type: none"> <li>• Becoming a green organisation</li> <li>• Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>• Ensuring our estate is fit for the future</li> </ul> </div> </div>	<p>Risk score <b>16</b></p>
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**Strategic Risk: Enough capacity to meet elective demand - (Risk No.1a)**

<p><b>If</b> the Health Board is unable to meet demands for services at all points in the patient journey.</p>	<p><b>Then</b> its ability to provide high quality and affordable care and to meet access targets will be reduced</p>	<p><b>Resulting in</b> avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.</p>
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Risk Lead	<ul style="list-style-type: none"> <li>• Chief Operating Officer</li> <li>• Executive Director of Strategy &amp; Transformation</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>• Quality, Safety &amp; Experience Committee</li> <li>• Operational Delivery Committee (Performance Targets)</li> </ul>
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	Consequence	Likelihood	Score	
Initial	4	5	20	<p><b>Risk Score Trend this Period:</b></p> <p style="color: red;">No change to risk scores this period.</p> <p><b>Risk Score Trajectory</b></p> 
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<p><b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i></p>	<ul style="list-style-type: none"> <li>• Insourcing support for weekend elective Orthopaedics commenced on 13<sup>th</sup> December at Princess of Wales hospital. Contract for an additional 240 cases to be completed by end of March 2026.</li> <li>• HBSUK continues to have significant reduction on Waiting list each week. Total waiting list has decreased by &gt;12,000 since June 2025.</li> <li>• Progress made on &gt;104 week. All specialities aim to maintain &lt;104 weeks with the exception of Orthopaedics.</li> <li>• Vascular short-term issue. This is being resolved via implementation of the network criteria.</li> <li>• The Vascular Network INNU process has been adopted by CTMUHB.</li> <li>• Regional Outpatient Insourcing commenced at CTMUHB on 6<sup>th</sup> September 2025. Aiming to reduce Outpatient waiting times across all specialities</li> <li>• The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1<sup>st</sup> September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds.</li> <li>• <del>Princess of Wales Theatres fully opened on the 1<sup>st</sup> September 2025.</del></li> </ul>
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- All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1<sup>st</sup> 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 9<sup>th</sup> 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.e. Treat, Tolerate, Transfer etc.*

It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

## Current Control Measures

### 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 Steering Group 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	<ul style="list-style-type: none"> <li>• Manual processes in areas of no system.</li> <li>• Scope of digital Pre-assessment system</li> <li>• Digital dictation consolidation and standardisation</li> <li>• Theatre system update</li> <li>• Need for digital outpatient system</li> <li>• Consultant connect implementation</li> <li>• Attend anywhere use for virtual activity</li> <li>• WPRS full roll out</li> </ul>	<ul style="list-style-type: none"> <li>• Increased utilisation</li> <li>• Reduction in patient attendances</li> <li>• Reduction in patient follow up appointments</li> <li>• Reduction in demand</li> <li>• Reduced paper and manual process</li> <li>• Increase in data information</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased CAN/DNA rate</li> <li>• Increased utilisation</li> <li>• Decreased missed opportunities</li> <li>• Reduction in referral demand</li> <li>• Reduction in waiting list</li> </ul>
2. Robustness of cancer tracking and specialty-specific elective data	<ul style="list-style-type: none"> <li>• Weekly performance meeting</li> <li>• Implementation of online escalation process for all patients outside of agreed component waiting times.</li> <li>• Canisc replacement ongoing. Implementation of Breast, Urology &amp; lower GI datasets</li> <li>• Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Patient identification</li> <li>• Improved pathway monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in performance SCP</li> <li>• Decrease in waiting list back log</li> </ul>
3. Improvements being made in elective care trajectories albeit not fully embedded.	<ul style="list-style-type: none"> <li>• Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024</li> <li>• Regional Ophthalmology service with increased activity across the region for CTMUHB patients.</li> <li>• 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.</li> <li>• Reconfiguration of Trauma ongoing assessment</li> <li>• In sourced additional staff to open additional theatre activity until theatre plan fully recruited to.</li> <li>• Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).</li> <li>• In Development – Clinical Services Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• More capacity</li> <li>• Reduced waste</li> <li>• Consolidated pathways</li> <li>• Increase in workforce</li> <li>• Increased utilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in activity</li> <li>• Reduced fellow sessions</li> <li>• Reduction in waiting times</li> <li>• Reduction in &gt;104 week wait</li> </ul>

### 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:

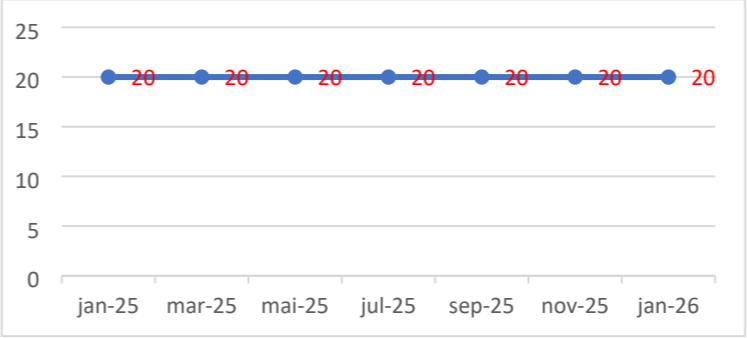
Critical incident declared at Princess of Wales on 9<sup>th</sup> October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity.

#### 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.	<b>20</b>
5961	Remedial roof works to resolve the water ingress at POWH.	<b>20</b>
4491	Failure to meet the demand for patient care at all points of the patient journey	<b>20</b>
<del>5417</del>	<del>Paediatric dentistry – General Anaesthetic theatre list.</del> Risk de-escalated from the Organisational Risk Register in January 2026 as risk score reduced to a 12.	<del><b>20</b></del>
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model.	<b>16</b>

<b>Strategic Goal(s):</b> <b>Improving Care</b> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care</li> <li>Developing new models of care</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>		 <b>Sustaining Our Future</b> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul>	<b>Risk score</b> <b>20</b>
<b>Strategic Risk: Enough capacity to meet emergency demand - (Risk No.1b)</b>			
<b>If</b> the Health Board is unable to meet demands for services at all points in the patient journey.		<b>Then</b> its ability to provide high quality and affordable care and to meet access targets will be reduced	
		<b>Resulting in</b> avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.	

Risk Lead	<ul style="list-style-type: none"> <li>Chief Operating Officer</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>Quality, Safety &amp; Experience Committee</li> <li>Operational Delivery Committee (Performance Targets)</li> </ul>
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	Consequence	Likelihood	Score	
Initial	4	5	20	<b>Risk Score Trend this Period:</b> No change to risk scores this period.  <b>Risk Score Trajectory</b> 
<b>Current</b>	<b>4</b>	<b>5</b>	<b>20</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

<b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i>	<ul style="list-style-type: none"> <li>Critical incident declared at Princess of Wales on 9<sup>th</sup> October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity</li> <li>Impact of a temporary centralisation of stroke into one site.</li> <li>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.</li> <li>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.</li> <li>There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident.</li> <li>Planning continues on recovery phase following critical incident with the impact not yet quantified.</li> <li>There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours.</li> <li>The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts.             <ul style="list-style-type: none"> <li>There has been a reduction and re-alignment of bed capacity at POW and RGH.</li> <li>There has been a diversion of emergency intakes from POW to RGH.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow.</li> <li>• 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.</li> <li>• 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.</li> <li>• Regional working continues and the positive and negative impact of this will be continuously reviewed.</li> </ul> <p>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.</p>
<p><b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p>

**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:

1. Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services
3. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice
4. GiRFT/SEDIT:

Clinical Implementation Networks: Emergency Medicine

All areas of the programme will focus on the following crosscutting themes:

1. Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays. Ensuring patients receive the care in the lowest acuity setting for their needs.
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. Reducing overcrowding within the UEC system to reduce harm and improve patients and staff experience.
3. 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.
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 high-quality care and minimising harm.
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.

**Programme**

- 6 Goals Programme Board
- Diabetes Programme Board

- Stroke Programme Board (Paused), Stroke Service re-design programme in operation to support development of service due to temporary centralisation of Stroke services. 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 19<sup>th</sup> 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 Impact of Mitigating Actions

### Indicators of Success (following implementation of mitigating actions)

1. Improvements being made in urgent care trajectories albeit not fully embedded.

- Rapid Improvement Action Plan in development 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.
- STAMP roll out across all sites
- 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 substantive workforce
- Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).
- In Development – Clinical Services Plan.

- Improved Patient Experience
- Improved patient flow
- Sustainable workforce
- Care closer to home

- Improved performance
- Reduction in patients >12hrs
- Improved community response
- Reduced LoS in the Emergency Department
- Reduced harm associated with increased waiting times

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Urgent Care Summit to develop a whole system approach to improvement in: <ul style="list-style-type: none"> <li>• Admission Avoidance</li> <li>• Integrated Front Door</li> <li>• Acute Hospital Flow and Discharge</li> <li>• Integrated Discharge</li> </ul> </li> <li>• Agree improvement trajectories for 2025/26</li> </ul>		
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**Linked National Priority Measures**

**Ministerial Measures:**

Access to Timely USC Services

- 45 mins ambulance handover by October 2025
- 50% reduction in 12hr 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.

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

Critical incident declared at Princess of Wales on 9<sup>th</sup> 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 8<sup>th</sup> January 2025  
Substantive consultant recruited June. Start date in Jan '26. 1 Stroke Consultant 6-month phased return.

**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.	<b>16</b>
3826	Emergency Department (ED) Overcrowding	<b>20</b>

<b>Strategic Goal(s):</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Improving Care</b></p> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care</li> <li>Developing new models of care</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul> </div> <div style="width: 45%;"> <p><b>Sustaining Our Future</b></p> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul> </div> </div>		<b>Risk score</b> <b>16</b>
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**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	<ul style="list-style-type: none"> <li>Executive Nurse Director</li> <li>Executive Medical Director</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>Quality, Safety &amp; Experience Committee</li> <li>Operational Delivery Committee</li> </ul>
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	Consequence	Likelihood	Score	<b>Risk Score Trend this Period:</b> No change to risk scores this period.  <b>Risk Score Trajectory</b>
Initial	4	5	20	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (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

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 January 2026.

**Risk Treatment Assessment**  
 i.e. Treat, Tolerate, Transfer etc.

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.

### 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) PTR Training: Updated to incorporate Duty of Candour; compliance monitored.

### 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. CTMUHB has been actively addressing the Deprivation of Liberty Safeguards (DoLS) through various measures to oversee and respond to the increasing demand.

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 (to be completed by 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 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 commences 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.	<p>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.</p> <p>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)</p> <p>Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.</p>	<p>Currently 35 wards completed.</p> <p>8 white and 19 reaching Bronze accreditation.</p> <p>Results reviewed via panels to provide assurance to the Board, and further the wards involvement.</p> <p>Develop a bespoke Power App to:</p> <ul style="list-style-type: none"> <li>o Simplify data capture</li> <li>o Streamline reporting</li> <li>o Provide real-time visibility of ward performance</li> <li>o Reduce manual processes and consolidate information onto one platform</li> </ul> <p>Implementation continues and will now extend outside of acute physical health areas to include mental health settings and community care.</p>
<p>2. Strategy &amp; Framework Reviews and Development Safeguarding Strategy</p> <ul style="list-style-type: none"> <li>o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24</li> <li>o Development of a safeguarding dashboard</li> </ul>	<p>Complete in terms of Safeguarding Strategy.</p> <p>Timeframe for Safeguarding dashboard is planned to be available in draft by the end of May 2025.</p>	<p>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.</p>	<p>Pilot dashboard has been developed and is in the pilot stage for user ability data presentation</p> <p>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</p> <p>There is a robust work plan which is in ace to support implementation of the safeguarding</p>

			<p>strategy and framework. The monitoring of these actions will be overseen thorough the safeguarding executive committee</p> <p>Work continues in line with strategic plan. The risk associated with previous backlog of look after children health assessments now being reviewed with the backlog now managed.</p>
3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	<p>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.</p>	<p>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.</p>	<p>Monitoring the performance data dashboards to determine if improvements are being made and sustained.</p>
	<p>CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Wales Performance &amp; 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 &amp; Improvement (formerly NHS Executive) are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.</p>	<p>CTMUHB has actively participated in the NHS Wales Performance &amp; Improvement's (formerly NHS Executive) rollout of the National Quality &amp; 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:</p> <ul style="list-style-type: none"> <li>• Safe Care</li> <li>• Timely Care</li> <li>• Equitable Care</li> <li>• Effective Care</li> <li>• Efficient Care</li> <li>• Person-Centred Care</li> </ul> <p>The Framework enables CTMUHB to benchmark our quality performance indicators against other NHS Wales organisations. In addition to the Framework, the Q&amp;S team utilises the NHS Wales Performance &amp; Improvement's (formerly NHS Executive) Beacon Dashboard to maintain alignment with other organisations across NHS Wales.</p> <p>The NHS Wales Performance &amp; Improvement (formerly NHS Executive) workstream has also supported benchmarking of our Annual Q&amp;S Report, thus ensuring a level of consistency with other organisations across NHS Wales.</p>	<p>CTMUHB has seen notable improvements in productivity across the Quality &amp; Safety agenda.</p> <p>Our Learning Processes, including the Listening &amp; Learning Framework with its central repository and bi-annual Listening &amp; Learning event, have supported improvements in cascading learning across CTMUHB.</p> <p>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.</p> <p>CTMUHB's position in relation to NRI compliance has also improved over significantly over the last year.</p>
	<p>Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for</p>	<ul style="list-style-type: none"> <li>• Improved decision making and therefore improved patient care</li> </ul>	<p>Action complete.</p>

	<p>maternity and neonatal services- to be rolled out for other areas by the end of the financial year; Work in progress for other areas.</p>	<ul style="list-style-type: none"> <li>• Improved oversight of patient care form ward / team to Board against evidence-based standards and local indicators</li> <li>• Stimulate clinical team discussion and quality improvement areas</li> <li>• Decision making</li> <li>• Real time insights to ensure mobilisation of support, adjustments and actions where needed</li> </ul>	
<p>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;</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Improvement into practice training taking place every other month.</li> <li>• 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.</li> </ul>	<p>Embed Quality Improvement into everyone’s day to day jobs, providing them with the tools, skills and ability to make improvements within their areas.</p> <p>Ensuring our people have the skills and empowerment to make changes and improvements.</p> <p>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.</p>	<p>Rolling programme of challenges for staff with measures around ideas, engagement and implementation.</p> <p>PREMS data now being routinely provided to Care Groups and to Q&amp;S Committee.</p> <p>Working though potential for improved integration between planning, engagement and peoples experience with external stakeholders (e.g. Llais)</p> <p>Support and adjustment in transition to new PREMS/PROMS platform being led through VBHC.</p>
<p>5. Improving flow and efficiencies and productivity</p>	<ul style="list-style-type: none"> <li>• Medical &amp; Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.</li> </ul>	<p>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.</p> <p>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.</p> <p>Key actions under this programme include:</p> <ul style="list-style-type: none"> <li>• Bank Modernisation Action Plan: This includes proactive recruitment across 12 months.</li> <li>• Flexible Working Policy: Launched with accompanying promotion and implementation of an oversight mechanism in place which aligns to retention as a key initiative.</li> <li>• Internal Lateral Moves Scheme: For Band 5 Nurse and Midwives, launched in February</li> </ul>	<p>Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Ensuring appropriate management of contracts</p> <p>Nursing: Nursing productivity:</p> <ul style="list-style-type: none"> <li>• Processes and installing of KPIs for the bank service (partially achieved).</li> <li>• Implementation and use of flexible working policy (implemented and active).</li> <li>• Implementation of lateral moves scheme (implemented and being actively utilised).</li> </ul> <p>Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position).</p> <ul style="list-style-type: none"> <li>• Comms issued to start agency via exception from December 2025.</li> <li>• Working with finance, workforce and operations on reporting and surveillance model on quality, operations and finance combined.</li> </ul>

		<p>2024, and expanded to include Band 2 Health Care Support Workers and Band 5 Midwives in December 2024/5.</p> <ul style="list-style-type: none"> <li>• Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Joint work with workforce colleagues on sickness absence reduction, implementation of approach, reporting and management support.</li> </ul>
<p>6. Fragility of the Legal Services Directorate</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Recovery plan also considering the stability of the Legal Services Directorate.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient and stakeholder experience.</li> <li>• Improved compliance and performance.</li> <li>• Sustainable service fit for the future.</li> <li>• Robust systems and processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance and performance metrics within the Integrated Performance Dashboard.</li> <li>• Decrease in cases being referred or escalated to next stages in the relevant process.</li> <li>• Increased compliance in KPI across legal and PTR.</li> <li>• Reduction in recovery measures in line with improving performance</li> <li>• Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure.</li> <li>• Implementation of the revised operating procedures and process maps.</li> <li>• Work has restarted in collaboration with workforce colleagues in implementation of the new structure following OCP.</li> <li>• Improving reporting and engagement with external stakeholders.</li> <li>• Working with finance colleagues on clinical negligence position and forecasting associated CTM share for 2026/27</li> </ul>

### 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 – Management of patient safety incidents following nosocomial transmission of Covid-19.

##### 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)	<b>20</b>
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	<b>16</b>
4417	Management of Security Doors in All Hospital Settings	<b>16</b>
<del>6228</del>	<del>Effective and efficient management of requests from the HM Coroner.</del> Risk score reduced to a 12. De-escalated from the Organisational Risk Register in January 2026.	<del>16</del>
6229	Timely development of, management and response to Learning from Event Reports (LFERs).	<b>16</b>
6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.	<b>16</b>
6232	Stability of the Legal Services Function.	<b>15</b>
6217	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity.	<b>15</b>
4691	New Mental Health Unit	<b>15</b>
1793	Lack of isolation facilities available – negative pressure rooms. New risk escalated to the Organisational Risk Register in September 2025.	<b>16</b>
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.	<b>20</b>

**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

**Inspiring People**

- Viable and inspiring leadership.
- Promoting diversity and inclusion.
- Embedding our values and behaviours.
- Encouraging local employment

**Risk score 16**

**Strategic Risk: Enough workforce to deliver the activity and quality ambitions of the organisation (including culture, values and behaviours) (Risk No. 3)**

<p><b>If</b> 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</p>	<p><b>Then</b> 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.</p>	<p><b>Resulting in</b> 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.</p>
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<p><b>Risk Lead</b></p> <ul style="list-style-type: none"> <li>Executive Director for People</li> </ul>	<p>Assurance committee</p>	<ul style="list-style-type: none"> <li>Quality, Safety &amp; Experience Committee</li> <li>Operational Delivery Committee</li> </ul>
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	Consequence	Likelihood	Score																	
Initial	4	5	20	<p><b>Risk Score Trend this Period:</b></p> <p style="color: red;">No change to risk scores this period.</p> <p><b>Risk Score Trajectory</b></p> <table border="1" style="display: none;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-25</td><td>16</td></tr> <tr><td>Mar-25</td><td>16</td></tr> <tr><td>May-25</td><td>16</td></tr> <tr><td>Jul-25</td><td>16</td></tr> <tr><td>Sep-25</td><td>16</td></tr> <tr><td>Nov-25</td><td>16</td></tr> <tr><td>Jan-26</td><td>16</td></tr> </tbody> </table>	Period	Risk Score	Jan-25	16	Mar-25	16	May-25	16	Jul-25	16	Sep-25	16	Nov-25	16	Jan-26	16
Period	Risk Score																			
Jan-25	16																			
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Jan-26	16																			
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>																	
Target	4	2	8																	
Risk Appetite	<b>Cautious</b> (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

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 7.55% in October 2025, compared to 7.02% in October 2024. The rolling 12 months sickness rate was 7.17%. There remains a risk to the financial impact if this continues with agency spend at M8 at £5.9m for M&D and £9.9m for Nursing and Midwifery staff groups.

	<p>Turnover increased slightly to 8.54% in November 2025 from 8.37% in September 2025 but decreased significantly from 10.59% in November 2024. Job Planning compliance is at 44% as at end of November 2025, which is up 6% on the rates in August 2025.</p> <p>The workforce risk remains significant and remains at 16 based on the following:</p> <ul style="list-style-type: none"> <li>• Late delivery of key objective/service due to lack of staff – waiting list and capacity issues</li> <li>• Unsafe staffing level (&gt;1 day)/competence.</li> <li>• Low staff morale.</li> <li>• Sickness rates</li> <li>• Poor staff attendance for mandatory/key professional training.</li> <li>•</li> </ul>
<p><b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p> <p>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.</p> <p>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.</p>

<b>Current Control Measures</b>	
<p><b>Strategic Alignment</b></p> <ul style="list-style-type: none"> <li>• People Plan launched – sets out People priorities and promises aligned to CTM2030 to drive cultural and workforce transformation.</li> <li>• Integrated Medium-Term Plan (IMTP) and Education &amp; Training Plans (ETPs) – professionally assured and approved at Executive level prior to submission to HEIW, ensuring alignment with national workforce plans.</li> <li>• Savings Delivery Plan (SDP) – identifies workforce productivity priorities for 2025/26 with named leads across Nursing, Medical, and wider workforce groups.</li> </ul> <p><b>Recruitment and Resourcing</b></p> <ul style="list-style-type: none"> <li>• Vacancy Scrutiny Panel – ensures recruitment aligns to strategic priorities, maintains financial probity, and supports safe service delivery.</li> <li>• Job Evaluation / Matching – maintains internal equity and compliance with national pay frameworks.</li> <li>• Standardised Recruitment Process – delivered via <i>Trac</i> and supported by NWSSP Recruitment Services to ensure consistency, transparency, and legislative compliance.</li> <li>• Medical Workforce Recruitment Plan – includes international recruitment, job description standardisation, and productivity actions.</li> <li>• Time to Hire – monitored monthly through Care Group Senior Teams.</li> <li>• Advertising and Agency Controls – all adverts and social media recruitment coordinated via Communications and Attraction teams; agency use governed by Procurement (Proc4 / DOI).</li> <li>• Living Wage Employer – ensures fair pay and equity across CTM.</li> </ul> <p><b>Retention and Employee Experience</b></p> <ul style="list-style-type: none"> <li>• Retention Programme – re-established with clear vision, governance, and measurable objectives.</li> <li>• Stakeholder Engagement – ongoing collaboration with Care Groups, People Services, and HEIW.</li> <li>• Nursing Retention Plan – tracked through RAG status and monitored monthly.</li> <li>• Manual Retention Dashboard – monitors turnover, attrition, and stability.</li> <li>• 'Moving On' and 'Joining Well' Surveys – provide insight into onboarding and exit experiences, with dashboards to inform improvement actions.</li> <li>• Lateral Moves Scheme – supports internal mobility and retention for <b>Band 2 HCSWs, Band 3 HCSWs from December 2025, and Band 5 nursing and midwifery roles.</b></li> <li>• Flexible Working Policy (All Wales) – governs equitable decision-making and recording via ESR.</li> </ul>	

- 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.**
- 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 – under development to 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 (in 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.
- 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 Committee.

#### 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 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.
- 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 Nov 2025: staff-in-post +3.23% YoY (mainly M&D); turnover 8.54% (down from 10.59% in 2024); sickness 7.17% (vs 6.78% 2024); PDR 70.56% (target 85%); M&D appraisals 89.43%.**
- Ongoing People Metrics uplift to align with the People Plan.

##### External assurance

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

#### Workforce Productivity

##### Internal Assurance

- **Medical Workforce Productivity Programme (MWPP): Delivery Group dashboards - Bank and Agency spend increased from £2.7m (Oct-24) to £2.8m (Oct-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 which is being submitted to ARAC in Dec-25 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. The first meeting of the Implementation Group is being held on 31 December 2025

### **Nurse Productivity Programme Board**

#### *Internal Assurance*

- Nurse Productivity Programme Board - Bank & Agency spend reduced from £3.5m (Oct-24) to £2.5m (Oct-25)
- Agency usage trending report - RN and HCSW agency usage for November 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.

### **Workforce Planning**

#### *Internal assurance*

- Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-25) 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

### **Attraction, Resourcing and Recruitment**

#### *Internal assurance*

- Recruitment & Selection Policy (under review) and SOPs; monitored compliance via People governance.
- Time-to-Hire performance: 78.7 days (Nov-25) vs target 71; YTD 73.1 (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) November 2025 turnover 8.54% (down from 8.58% Oct 2025).
- Lateral Moves Scheme monitoring: 342 eligible applications; Aug-Sep survey - 61% would use again; majority positive experience and resources easy to access.
- 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.

<b>Culture, Values and Behaviours</b>			
<p><i>Internal assurance</i></p> <ul style="list-style-type: none"> <li>NHS Staff Survey results reported to Board and all CTM committees; local action plans in Care Groups.</li> <li>Partnership forums: LPF and LNC listening and engagement reviews.</li> </ul> <p><i>External assurance</i></p> <ul style="list-style-type: none"> <li>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). <b>Staff Survey 2025 final response rate for CTM was 35.6% (a 9% increase / additional 1407 voices from 2024).</b></li> </ul>			
<b>Gaps in Controls / Assurances</b>	<b>Actions taken to Mitigate Gaps</b>	<b>Intended Impact of Mitigating Actions</b>	<b>Indicators of Success (following implementation of mitigating actions)</b>
<b>Strategic Workforce Planning</b>			
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.
<b>Regional Service &amp; Site Workforce Planning</b>			
Lack of coordinated regional workforce plans.	<ul style="list-style-type: none"> <li>Development of LHP Workforce Plan (<b>FBC (draft March 2026) due May 2026</b>).</li> <li>Workshops to develop Perinatal, Ophthalmology and Theatres workforce plans.</li> </ul>	Ensure right skills, roles and staffing models across regional services.	Ensure right skills, roles and staffing models across regional services.
<b>New and Extended Roles</b>			
Inconsistent governance for new and extended roles (PAs, ACPs, RNAs).	<ul style="list-style-type: none"> <li>Developed Framework and PA Working Group.</li> <li>Supported rollout of ACP and RNA roles aligned to national standards.</li> </ul>	Strengthen workforce governance, ensure appropriate deployment and maximise skill mix.	<ul style="list-style-type: none"> <li>Governance framework in place.</li> <li>Positive use of PAs, ACPs and RNAs</li> <li>reducing workforce gaps and agency reliance.</li> </ul>
<b>Workforce Productivity</b>			
Inefficient roster and temporary staffing models; agency dependency.	<ul style="list-style-type: none"> <li>Nurse Productivity Programme (Roster &amp; Bank optimisation).</li> <li>Medical Workforce Productivity Programme (£3m target).</li> </ul>	Reduce agency reliance and optimise workforce efficiency.	<ul style="list-style-type: none"> <li>Improved rostering efficiency and bank utilisation.</li> <li>Reduced long-term agency usage.</li> </ul>
<b>Sickness Absence</b>			
High sickness absence rates impacting availability.	<ul style="list-style-type: none"> <li>Comprehensive data review and organisation-wide action plan</li> </ul>	Co-ordinated improvement in attendance and wellbeing.	<ul style="list-style-type: none"> <li>1% reduction in sickness absence in 25/26 vs 24/25.</li> </ul>
<b>Workforce Data and Analytics</b>			
Limited establishment reporting and analytics capability.	<ul style="list-style-type: none"> <li>Developed Nursing &amp; Midwifery establishment reports.</li> <li>Developing dashboards and robotics strategy.</li> </ul>	Improved workforce visibility, data-driven decisions and capability.	<ul style="list-style-type: none"> <li>Live reporting accessible.</li> <li>Improved workforce data quality and analytical use.</li> </ul>
<b>Workforce Systems</b>			
Limited interoperability across systems.	<ul style="list-style-type: none"> <li>M&amp;D Bank/Agency Tender and ESR Go implementation.</li> <li>People Systems Group established.</li> <li>Preparation for Future ESR 2.</li> </ul>	Improve efficiency, reduce agency spend and strengthen system integration.	<ul style="list-style-type: none"> <li>ESR Go implemented.</li> <li>Reduced agency usage.</li> <li>Readiness for national system transition.</li> </ul>
<b>Attraction, Resourcing and Recruitment</b>			
No signed-off Recruitment & Retention Plan; inconsistent processes.	<ul style="list-style-type: none"> <li>Draft Recruitment &amp; Retention Plan.</li> <li>Updated policy and SOPs.</li> <li>Recruitment training and SharePoint resources.</li> <li>Active attraction and social media strategy.</li> </ul>	Standardise processes, strengthen employer brand and improve fill rates.	<ul style="list-style-type: none"> <li>Policy/SOPs approved.</li> <li>Increased site traffic and engagement.</li> <li>Reduced vacancy rates.</li> </ul>
<b>Retention</b>			

Low participation in exit process and limited retention data.	<ul style="list-style-type: none"> <li>• Relunched Lateral Moves Scheme and "Moving On" process.</li> <li>• Re-established Retention Steering Group.</li> <li>• Improved retention data analytics.</li> </ul>	Improve staff experience, reduce turnover and inform targeted interventions.	<ul style="list-style-type: none"> <li>• Higher exit feedback response rate (target 30%).</li> <li>• Visible retention metrics.</li> <li>• Reduced voluntary turnover.</li> </ul>
<b>Culture, Values &amp; Behaviours</b>			
Seen as corporate not locally owned	<ul style="list-style-type: none"> <li>• Divisional datasets shared quarterly.</li> <li>• Directorate-level leadership accountability.</li> <li>• Measures embedded in People Plan</li> </ul>	Strengthen local ownership and connect values to daily behaviours.	<ul style="list-style-type: none"> <li>• Improved staff survey results on "values in action."</li> <li>• Increased participation in CVB activities.</li> <li>• Reduced variation in staff experience.</li> </ul>

### Linked National Priority Measures

#### Workforce

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

#### Current Performance Highlights

##### Key Progress Highlights:

- **Workforce Planning:** LHP OBC Phase 2 Workforce Planning section completed and included in the submission to WG on 7 December 2025.
- **Workforce Planning:** IMTP Education Commissioning launched in December 2025 for draft submission to HEIW 31 January 2026, People Chapter drafted 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:** M&D systems demonstrations and assessments took place in December 2025 to identify a longer-term M&D bank and agency system to meet CTM needs.
- **Recruitment & Retention:** international recruitment for hard-to-fill medical roles 2025/26 with NWSPP progressed to targeted overseas campaign in Jan/Feb 2026. Submission to NWSSP for WG funding for 2026/27 completed. Several recruitment Deep Dive sessions took place during Nov/Dec 2025 with appointing managers to establish challenges, risks and opportunities updates early in 2026. Retention initiatives strengthened through the re-established Retention Programme; Lateral Moves Scheme extended to Band 3 HCSWs.
- **Productivity & Agency Reduction:** Launch of the agency by exception for Nursing and Midwifery launched on 1 December 2025 supported by Staff Bank as an action from Nursing and Midwifery Productivity Programme
- **Wellbeing & Attendance:** Sickness absence M&D internal advisory audit launched.
- **Culture, Values & Behaviours:** engagement campaign for 2025 NHS Staff Survey has resulted in a 9% improvement in 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.

#### 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.	<b>20</b>
4973	Clinical Medical Cover within CTM Adult Mental Health Services.	<b>16</b>
5576	Palliative Medicine Staffing	<b>16</b>
6234	<del>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.</del> 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.	<b>16</b>
6294	Insufficient Consultant Workforce - Endoscopy / Gastroenterology. New risk escalated in October 2025	<b>16</b>
2713	Backlog of Reporting Radiology Examinations. New risk escalated in October 2025.	<b>16</b>
6318	Tier 3 SHED Team Service Delivery. New risk escalated in October 2025	<b>16</b>
5877	New Worker Contract for Out of Hour GPs. New risk escalated in November 2025.	<b>16</b>
6232	Stability of the Legal Services Function.	<b>15</b>
6397	Shortage of GPs to deliver urgent primary care services for escalation. New risk escalated to the Organisational Risk Register in January 2026.	<b>16</b>

**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
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	Consequence	Likelihood	Score																	
Initial	4	5	20	<p><b>Risk Score Trend this Period:</b></p> <p>No change to risk score this period.</p> <p><b>Risk Score Trajectory</b></p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Date</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-25</td><td>16</td></tr> <tr><td>Mar-25</td><td>16</td></tr> <tr><td>May-25</td><td>16</td></tr> <tr><td>Jul-25</td><td>16</td></tr> <tr><td>Sep-25</td><td>16</td></tr> <tr><td>Nov-25</td><td>16</td></tr> <tr><td>Jan-26</td><td>16</td></tr> </tbody> </table>	Date	Risk Score	Jan-25	16	Mar-25	16	May-25	16	Jul-25	16	Sep-25	16	Nov-25	16	Jan-26	16
Date	Risk Score																			
Jan-25	16																			
Mar-25	16																			
May-25	16																			
Jul-25	16																			
Sep-25	16																			
Nov-25	16																			
Jan-26	16																			
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>																	
Target	4	2	8																	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)																			
<b>Rationale for assessment of risk score:</b> <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.																
<b>Risk Treatment Assessment</b> <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 <b>tolerate</b> 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 14<sup>th</sup> 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)
<p>Review the Becoming an Engaging Organisation Strategy</p>	<ul style="list-style-type: none"> <li>• Revisit to ensure the principles support the direction of travel, particularly their consistency and alignment with the ACSP engagement strategy,</li> <li>• Board Development Session reviewed the strategy on the 14<sup>th</sup> December 2023, outputs of which will now be taken forward.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Collaboration with South East Wales Health Boards to formalise Regional Communication and Engagement plans and activity.</li> <li>• Defining the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements.</li> <li>• 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.</li> <li>• Closer, more formalised working relationships between Strategy and Planning and Communications and</li> </ul>	<ul style="list-style-type: none"> <li>• Alignment across health board strategy and change programmes.</li> <li>• Ensure Board awareness and continued relevance of strategy with current strategic and operational ambitions and objectives.</li> <li>• 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.</li> <li>• Identification and commissioning of an external provider with requisite experience and ability to lead development of stakeholder mapping to inform strategic service change.</li> <li>• 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.</li> <li>• 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.</li> <li>• Adequate capacity to engage and involve the population and wider stakeholders in ACSP and service change programmes.</li> <li>• More effective, efficient and sustainable support for service change and transformation with lower risk.</li> <li>• Closer working with the Strategy &amp; Planning directorate will enable</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency of narrative across strategic resources and change plans.</li> <li>• Continued Board support for BHT strategy and for development of involvement. Engagement and consultation resources aligned accordingly.</li> <li>• Delivery of a best-practice effective engagement and consultation plan to support strategic service change with minimal challenge and mitigating against judicial review.</li> <li>• Securing of partner to delivery through procurement process on budget and against expected schedule.</li> <li>• Delivery of shared engagement and involvement plans and delivery, realised through partnership working. Greater reach/traction of activities, with higher rates of participation/interaction.</li> <li>• Provision of a stakeholder map by ORS to be used for targeted involvement/engagement/consultation</li> <li>• Development and implementation of a Regional Communication and Engagement Plan.</li> <li>• Development of the ACSP and service change public engagement/involvement strategy for CTMUHB</li> <li>• A single policy/process for support of service change and transformation.</li> <li>• An annual plan for public and community engagement activities and objectives.</li> <li>• 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)</li> <li>• 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.</li> </ul>

	<p>Engagement, including Head of Internal Engagement attendance at Strategy &amp; Planning team meetings.</p> <ul style="list-style-type: none"> <li>• Development of a community working group to collaboratively tackle low vaccination uptake in CTM.</li> <li>• 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.</li> <li>• Recruitment to increase capacity of engagement and involvement function</li> </ul>	<p>the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Improved understanding of barrier facing veterans residing within CTM and development of improved information, processes, and support to improved veterans' health and wellbeing.</li> <li>• Increased capacity and broaden expertise/experience to manage increasing demand upon function</li> </ul>	
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**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  
**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: 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	<ul style="list-style-type: none"> <li>• Operational Delivery Committee</li> <li>• Strategic Development Committee</li> </ul>
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	Consequence	Likelihood	Score
Initial	4	5	20
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>
Target	4	3	12
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)		

**Risk Score Trend this Period:**  
No changes to risk score this period.

**Risk Score Trajectory**

Month	Risk Score
Jan-25	16
Mar-25	16
Mai-25	16
Jul-25	16
Sep-25	16
Nov-25	16
Jan-26	16

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

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.e. Treat, Tolerate, Transfer etc.*

It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

#### **Current Control Measures**

- 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	<p>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.</p> <p>The Head of Digital Business Change is progressing with the development of an overarching strategy to support digital literacy.</p> <p>Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work</p>	<p>Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce</p>	<p>Less calls to the IT Service desk. Easier to deploy new digital solutions.</p>
2. Training and Awareness Programme	<p>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 &amp; Data Timeframe: 2-3-year programme of work.</p> <p>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.</p> <p>Interviews to be held for the new CNIO, they will be working collaboratively with the Head of Digital Business Change &amp; Benefits to develop a strategy on developing digital clinical skills fit for today and the future.</p>	<p>Developing capabilities to support service change enabled by digital and data technology.</p>	<p>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.</p> <p>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.</p>

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	<b>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.</b>	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.  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.	Standardisation of working practises and processes.	Reduction in variation in working practises and processes across CTMUHB
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.	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.

	<p>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.</p> <p>To date for 2025/2026 we have been awarded £3,114,000 in Capital. This enables us to replace and enhance key infrastructure. 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.</p> <p>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.</p>		<p>Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.</p>
<p>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.</p>	<p>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.</p> <p>A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review.</p> <p>Timeframe: Report by January 2026</p>	<p>Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements.</p> <p>Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality</p>	<p>Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.</p>
<p>9. Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales</p>	<p>Need to develop a more robust SLA and contract monitoring and management process for critical suppliers.</p> <p>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.</p> <p>Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant</p>	<p>Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality</p>	<p>Improved system availability Increased productivity</p>

	critical suppliers to ensure delivery against key objectives in year 1)		
10.Capacity within current team to deliver digital transformation agenda	<p>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</p> <p>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</p> <p>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.</p>	Increased capacity facilitated through various Digital programme	<p>Working with ChangeHub to broaden understanding of transformation that is enabled via Digital.</p> <p>Successful delivered transformation through the implementation of digital solutions.</p>
11.Delayed delivery of the digital patient notes programme	<p>Resourcing required to increase activity and accelerate completion of the programme.</p> <p>The current contract for patient record scanning (Cito) is due to expire in March 2026, the Digital Transformation (Medical Records) and the Executive Team have approved the approach for re-procurement.</p> <p>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.</p> <p>Timeframe: 2-3-year programme of work.</p>	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	<p>Remains a key element for our digital journey / alongside reduction and removal of paper from day-to-day clinical use.</p> <p>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).</p>
12.No resourced function within CTMUHB focussing on benefits realisation	<p>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.</p> <p>The learning will be shared across the Digital &amp; Data Directorate to ensure that benefits can be captured across all D&amp;D functions.</p>	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

	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.		
13.Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	<p>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.</p> <p>Proposal being made to the Digital Services for Patients &amp; 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 technical, information and clinical safety standards.</p> <p>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. <b>Approval has been granted to proceed with procurement of digital tools in Q4.</b></p> <p>Timeframe: 2-3-year programme of work.</p>	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
14.Recruitment challenges due to short term funding allocations leading to an increased use of 3 <sup>rd</sup> party contractors and fixed term contract arrangements.	<p>Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP).</p> <p>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.</p>	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs

<p>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.</p>	<p>Business case for the Mental Health EHR has been approved and funded.</p> <p>Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.</p>	<p>Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.</p>	<p>Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow</p>
<p>16. Challenges with National Programmes and interdependencies on CTMUHB digital programmes.</p>	<p>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.</p> <p>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.</p>	<p>Speed up delivery of digital transformation.</p> <p>Improved utilisation of cutting-edge clinical technologies e.g. AI.</p> <p>Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).</p>	<p>Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management.</p> <p>Improved patient access to clinical services.</p> <p>Enabling staff to deliver high quality care.</p>

#### Linked National Priority Measures

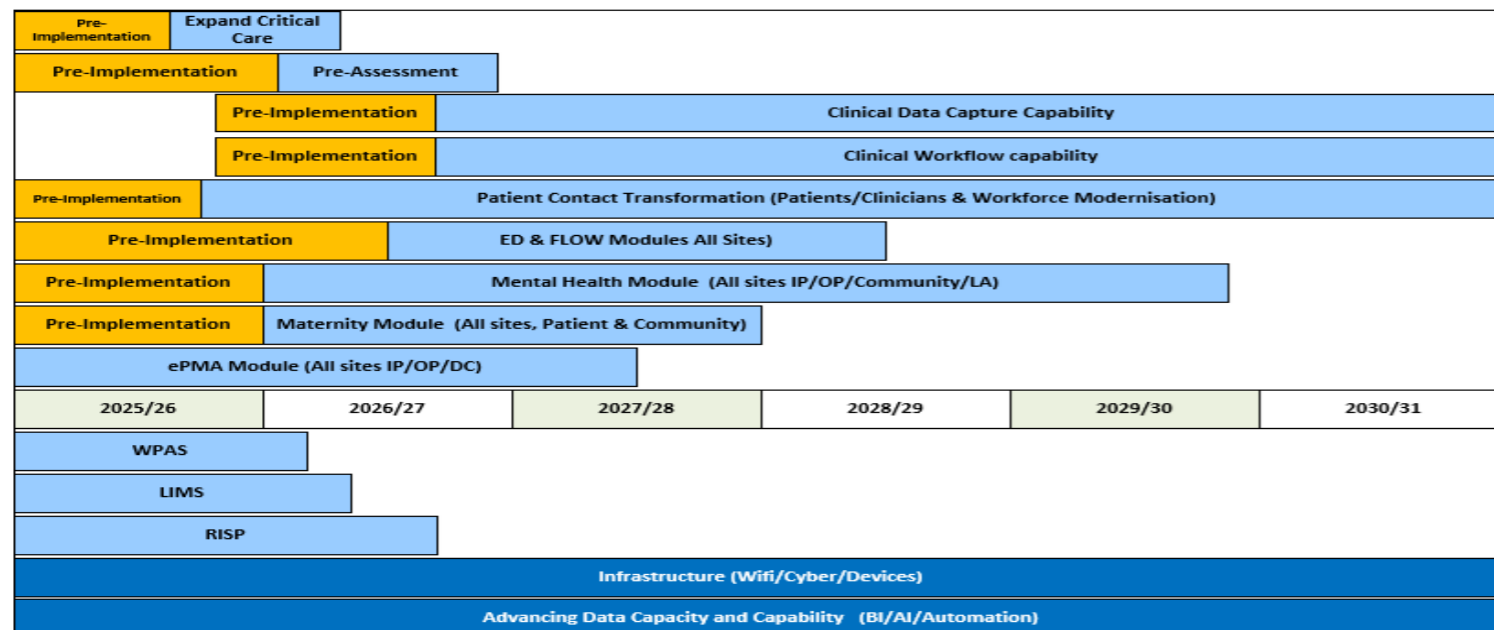
##### Digital and Technology

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 2025 in Princess of Wales in Bridgend. **Implementation Timescale:** November 2025 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.
- **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.
- **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.
- **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:**

■ Pre-Implementation (Securing Funding/Recruit Resource/Procurement, Programme Governance) ■ Implementation (System Configuration, Integration, Testing, Training, Early Adopter, Rollout, Transition to BAU)



#### 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.

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
<b>Risk</b>	<b>20</b>	<b>8</b>	<b>8</b>	<b>12</b>	<b>12</b>	<b>15</b>

#### Associated Risks escalated to the Organisational Risk Register

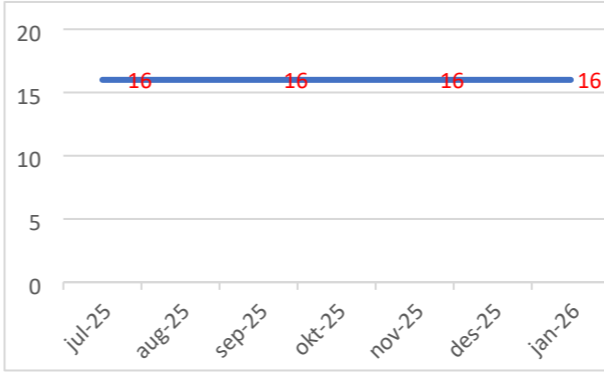
5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	<b>20</b>
4664	Ransomware attack resulting in loss of critical services and possible extortion	<b>20</b>
5226	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025. Risk de-escalated from the Organisational Risk Register in May 2025.	<b>20</b>
4671	NHS Computer Network Infrastructure unable to meet demand	<b>16</b>
6039	Increased cost of VMWare Licensing.	<b>16</b>
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	<b>15</b>
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	<b>15</b>

<b>Strategic Goal(s)</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p><b>Improving Care</b></p> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care.</li> <li>Developing new models of care.</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul> </div> <div style="width: 45%;">  <p><b>Sustaining our Future</b></p> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul> </div> </div>	<b>Risk score</b> 16
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**Strategic Risk: Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)**

<p><b>If:</b> CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose estate.</p>	<p><b>Then:</b> 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.</p>	<p><b>Resulting in:</b></p> <ul style="list-style-type: none"> <li>An inability to deliver its services efficiently and effectively</li> <li>Poor environment and experience for patients and staff</li> <li>Infrastructure problems</li> <li>Unable to replace failing/ageing equipment</li> <li>Business continuity problems</li> <li>Poor Estate compliance</li> <li>Regulatory Compliance issues</li> <li>Lack of digitally enabled facilities</li> <li>High carbon footprint</li> <li>Loss of services and productivity</li> <li>Increased backlog maintenance</li> </ul>
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<b>Risk Lead</b>	Executive Director of Finance	Assurance committee	Operational Delivery Committee
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	Consequence	Likelihood	Score	
Initial	4	4	16	<p><b>Risk Score Trend this Period:</b></p> <p style="color: red;">No change to risk scores this period.</p> <p><b>Risk Score Trajectory</b></p> 
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

<p><b>Rationale for assessment of risk score:</b> Including where risk score remains unchanged and for any changes</p>	<p>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.</p>
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	<p>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.</p> <p>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.</p>		
<p><b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>Whilst recognising the challenges outlined in this risk the health board is continuing to <b>Treat</b> this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be <b>Tolerated</b>.</p>		
<p><b>Current Control Measures</b></p>			
<ul style="list-style-type: none"> <li>• Prioritisation of Estate Activity based on risk-based decision making.</li> <li>• Pursue all capital funding options from Welsh Government to address backlog maintenance and statutory compliance such as: <ul style="list-style-type: none"> <li>◦ Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies.</li> <li>◦ Applications to the All Wales Capital Programme on an annual basis.</li> <li>◦ Discretionary Capital</li> </ul> </li> <li>• Maximise current revenue allocations, optimised for statutory compliance and risk priorities.</li> <li>• Maintenance Programme established managed via the Planet Facilities Management System (Planned and Reactive Maintenance Jobs).</li> <li>• 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.</li> <li>• 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.</li> </ul>			
<p><b>Sources of Assurance (Internal and External)</b></p>			
<p>Internal</p> <ul style="list-style-type: none"> <li>• Regular monitoring through CTMUHB’S Executive Capital Management Group.</li> <li>• Capital Scheme Delivery Programme.</li> <li>• Annual Estates and Energy Performance Report received at the Operational Delivery Committee (and Planning, Performance and Estates Committee prior to that Committee being disbanded)</li> <li>• Routine performance reports submitted quarterly to the Estates and Capital Governance Board and monthly at the Estates Operational Management Team meetings.</li> <li>• Escalation of risks through the Capital and Estates Risk Escalation Group.</li> <li>• Comprehensive internal audit programme.</li> </ul> <p>External</p> <ul style="list-style-type: none"> <li>• NHS Shared Services Partnership- Specialist Estate Services (NWSSP–SES) have collected Estates and Performance Monitoring system data (EFPMS) on behalf of Welsh Government.</li> <li>• ISO 14001 Certification – Environmental Management achieved.</li> <li>• Regular reporting and monitoring with Welsh Government.</li> <li>• Comprehensive external audit programme.</li> </ul>			
<p><b>Gaps in Controls / Assurances</b></p>	<p><b>Actions taken to Mitigate Gaps</b></p>	<p><b>Intended Impact of Mitigating Actions</b></p>	<p><b>Indicators of Success (following implementation of mitigating actions)</b></p>
<p>1. National Skills shortage in Estates Roles (<i>Private sector salaries are impacting the CTMUHB’s ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions.</i></p>	<ul style="list-style-type: none"> <li>• The Estates Directorate have engaged CTMUHB’s Organisational Development department to see what can be done to reverse this recruitment and retention trend.</li> <li>• Concerns have been raised at a national level.</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Competitor in the market.</li> <li>• Successful recruitment to roles when advertised</li> </ul>	<ul style="list-style-type: none"> <li>• Full establishment and retention of Estates Workforce.</li> <li>• Estates Maintenance performance activity will demonstrate an improvement.</li> <li>• 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.</li> </ul>

	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.	<ul style="list-style-type: none"> <li>Secured Targeted Estates Funding (TEF)</li> <li>Proactive in securing additional funding from Welsh Government when available.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced backlog maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Targeted schemes delivered</li> <li>Improved patient environment</li> <li>Reduced estate risks.</li> </ul>
3. Secure Funding to deliver Capital Schemes	<ul style="list-style-type: none"> <li>Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in backlog maintenance and lifting of Fire Enforcement Notice.</li> </ul>	<ul style="list-style-type: none"> <li>Funding secured to deliver the project</li> </ul>
4. Deliver schemes within a live environment	<ul style="list-style-type: none"> <li>Dialogue with service leads.</li> <li>Secure decant where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Minimal impact on service whilst project is delivered.</li> </ul>	<ul style="list-style-type: none"> <li>Business continuity is maintained whilst the project is delivered.</li> </ul>

#### 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:

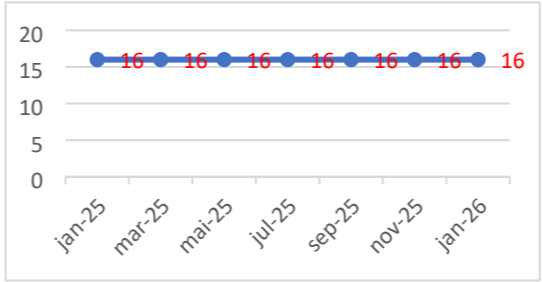
#### Associated Risks escalated to the Organisational Risk Register

6234	<p><del>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.</del></p> <p>Risk score reduced to a 12 in January 2026, therefore risk de-escalated from the Organisational Risk Register.</p>	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

<b>Strategic Goal(s):</b>  <b>Creating Health</b> <ul style="list-style-type: none"> <li>Reducing health inequalities</li> <li>Equal focus on mental and physical health</li> <li>Supporting our communities</li> <li>Being a healthy organisation</li> </ul>		 <b>Sustaining our Future</b> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul>	<b>Risk score</b> <b>16</b>
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**Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.7)**  
**If** the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact **Then** we will not fulfil our Socio-economic duty, our statutory emission reduction targets, our Wellbeing of Future Generations objectives and our value-based healthcare principles **Resulting in** negative environmental and social impacts, and loss of trust and confidence among stakeholders

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

	Consequence	Likelihood	Score	
Initial	4	5	20	<b>Risk Score Trend this Period:</b> No change to risk scores this period.  <b>Risk Score Trajectory</b> 
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> (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  
 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.e. Treat, Tolerate, Transfer etc.  
 It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

**Current Control Measures**

**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**

- Decarbonisation **Plan Strategy**
- 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.
- Decarbonisation Action Plan in place.
- Adaptation risks and plan being developed to address some of the challenges we may face
- Appointed a full-time permanent Sustainability Manager

Public Services Board Climate Change Action Group (Director Level) **has been being established. in 2025.**

The Targeted Estates Fund (TEF) application for "Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture" has been awarded. The next steps are for the Capital Department to assign a project manager to oversee the works. The project is scheduled for 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 Strategy updates are assigned to the Strategic Development Committee for reporting and assurance / scrutiny purposes. At the Committee meeting in October 2025 a detailed report on the Decarbonisation Action Plan was presented.

#### Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery has been undertaken. All Health Boards are subject to this review. Outcomes will be 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.

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 <b>national deadline of Climate Adaptation plan due to be published April 2026.</b>	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 <b>required established</b> 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 capital opportunities needed to deliver decarbonisation plan is limited	Decarbonisation action plan refresh will be currently being costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the decarbonisation 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 decarbonisation 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 are developing the next iteration of the strategic delivery plan which will outline the high-level actions for decarbonisation within the NHS.~~

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.

#### 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
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**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**

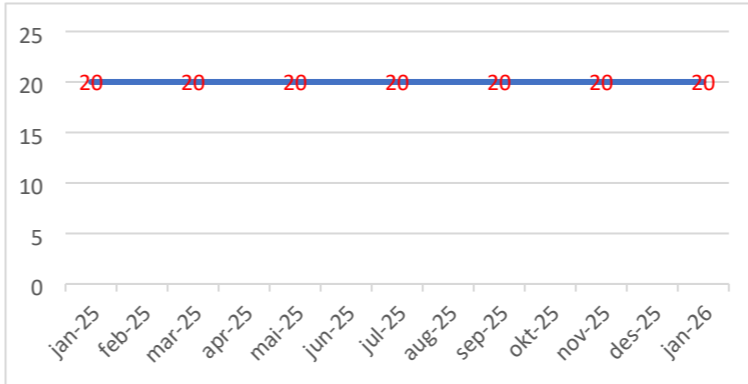
**Strategic Risk: Prevention and early Intervention to support Healthy Life Expectancy (Risk No.8)**

**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
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	Consequence	Likelihood	Score	
Initial	5	4	20	<p><b>Risk Score Trend this Period:</b> *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.</p> <p><b>No change to risk scores this period.</b></p> <p><b>Risk Score Trajectory</b></p> 
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>	
Target	4*	2	8	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

<p><b>Rationale for assessment of risk score:</b> Including where risk score remains unchanged and for any changes</p>	<p>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:</p> <ul style="list-style-type: none"> <li>○ Ongoing 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.</li> <li>○ Delays in recruitment of Public Health (PH) posts presents challenges in delivering PH interventions such as Income maximisation work for at risk groups ahead of winter</li> </ul> <p><b>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.</b></p> <p>Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities.</p>
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	<p>CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with <b>56.5%</b> of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019). 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.</p> <p>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</p> <p>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.</p> <p>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.</p>
<p><b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p>

## 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

### 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. Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for 2025-2026.

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

An uplift in funding to a sufficient level to enable full delivery of the Health Protection strategic plan.

<p>2. Strategic Focus on prevention/ inequalities</p>	<p>CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. Vaccine equity strategy</p>	<p>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.</p>	<p>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.</p>
<p>3. Capacity for population health management</p>	<p>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.</p>	<p>The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.</p>	<p>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.</p>
<p>4. Impactful action to address health inequalities</p>	<ul style="list-style-type: none"> <li>• Whole system approach to Healthy weight</li> <li>• Help me quit/ hospital programme</li> <li>• WISE</li> <li>• Cancer inequalities group</li> <li>• Implementation of Stroke equity Audit recommendations.</li> <li>• HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events</li> <li>• Vaccination equity strategic plan in place</li> </ul>	<p>Decreased variation in access and outcomes across the population of CTM  Increased focus and alignment of resources to meet the needs of vulnerable groups</p>	<p>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.</p>
<p>5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as; diabetes, cardiovascular disease, etc</p>	<p>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</p>	<p>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</p>	<p>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</p>
<p>6. Ability to influence wider system partners/ determinants of health</p>	<p>Engagement in partnership fora (RPB, PSB, Leaders groups)</p>	<p>Improved collaboration and partnerships to adopt a whole system approach to impact</p>	<p>CTM representation at all relevant partnership boards and programmes of work.</p>

wider determinants of health for the CTM population.

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.	<b>16</b>
5726	Public Health Funding for Microbiology Testing	<b>15</b>
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	<b>12</b>
6179	High and increasing prevalence of overweight and obesity in children and adults	<b>20</b>

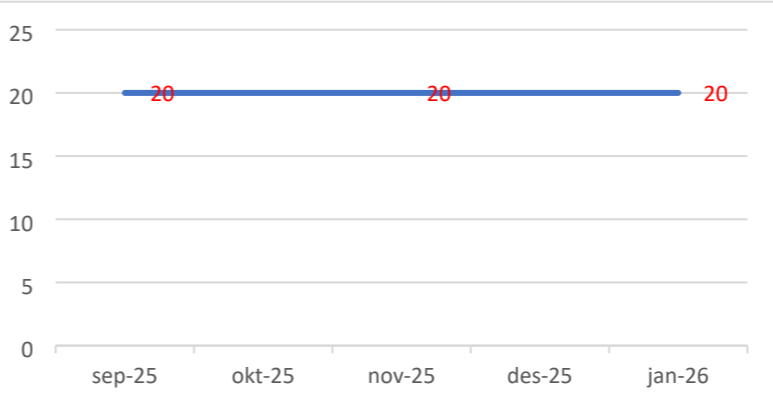
<b>Strategic Goal(s)</b>   <b>Sustaining our Future</b> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul>	Risk score <b>20</b>
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**Strategic Risk: Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk No.9)**

<b>If</b> 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.	<b>Then</b> we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3-year period)	<b>Resulting in</b> Breach of statutory duties, application of the escalation framework by Welsh Government, trust and confidence in the Health Board (reputational impact).
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<b>Risk Lead</b>	Executive Director of Finance	Assurance committee	Operational Delivery Committee
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The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.

	Consequence	Likelihood	Score	
Initial	4	5	20	<b>Risk Score Trend this Period:</b>  No change to risk scores this period.  <b>Risk Score Trajectory</b>  
<b>Current</b>	<b>4</b>	<b>5</b>	<b>20</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

<b>Rationale for assessment of risk score:</b> <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 8 Year To Date (YTD) position was a £4.0m deficit with a savings shortfall of £5.6m. 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 in year 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 has reduced significantly. The latest forecast reduced the level of further mitigating actions required to £1m.
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	M8 YTD	Year-end Forecast	Recurrent Forecast
	£m	£m	£m
Savings Shortfall	5.6	5.8	3.8
Operating Variances	(0.7)	(0.6)	6.2
Plan Phasing adjustments	3.7	0	(2.7)
Financial Plan Improvements	(1.8)	(2.7)	5.9
Accountancy Gains	(5.3)	(5.3)	0
Financial Allocation Adjustments	2.5	3.8	0
Other Mitigating Actions	0	(1.0)	(3.0)
<b>Grand Total</b>	<b>4.0</b>	<b>0</b>	<b>10.2</b>

The latest assessment of the recurrent forecast indicates a deterioration from a planned £1.7m surplus to a £10.2m 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	<ul style="list-style-type: none"> <li>• Deliver budget holder training within Care Groups/Directorates – <i>Ongoing throughout 2025-2026.</i></li> <li>• Deliver procurement training to departments where compliance with</li> </ul>	<p>Budget holders, through regular training, will be better informed in terms of process and best practice.</p> <p>Greater focus on compliance.</p>	<p>Improved Budget Management.</p> <p>Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver</p>

	procurement processes is low - <i>Ongoing throughout 2025-2026.</i>	Informed decision making through confidence gained through training and experience.	effective and efficient financial management and accountability.
2. A recognised risk of shortfalls in savings delivery	<ul style="list-style-type: none"> <li>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.</li> <li>Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward.</li> <li>Developing the Value &amp; Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.</li> </ul>	<p>A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables.</p> <p>Shared learning across directorates will identify areas of best practice and what has worked well.</p>	Improved financial resilience and sustainability.

**Linked National Priority Measures**

1. YTD position
2. Savings plan position

**Current Performance Highlights**

- The M6 YTD position was a £4.3m 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.

**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	<del>Failure to achieve the planned break-even position in 2025/26.</del>	<del>16</del>
	Risk score reduced in terms of likelihood in January 2026 and therefore de-escalated from the Organisational Risk Register.	

<p><b>Strategic Goal(s)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Improving Care</b></p> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care</li> <li>Developing new models of care</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul> </div> <div style="width: 45%;"> <p><b>Sustaining Our Future</b></p> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul> </div> </div>	Risk score <b>16</b>
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**Strategic Risk: Ability to develop a fit for the future estate to reflect our future clinical service model – (Risk No.10)**

<p><b>If</b> CTMUHB is unable to invest in its estate so its fit for future.</p>	<p><b>Then</b> 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.</p>	<p><b>Resulting in</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Impact on environment for patients and staff</li> <li>Future site development plans may not be fit for purpose</li> <li>Less ability to ascertain NHS capital or alternative financial support for the future development of its sites</li> <li>Lack of digitally enabled facilities</li> <li>High carbon footprint</li> </ul>
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Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee
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	Consequence	Likelihood	Score																	
Initial	4	4	16	<p><b>Risk Score Trend this Period:</b></p> <p style="color: red;">No change to risk scores this period.</p> <p><b>Risk Score Trajectory</b></p> <table border="1" style="display: none;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jul-25</td><td>16</td></tr> <tr><td>Aug-25</td><td>16</td></tr> <tr><td>Sep-25</td><td>16</td></tr> <tr><td>Oct-25</td><td>16</td></tr> <tr><td>Nov-25</td><td>16</td></tr> <tr><td>Dec-25</td><td>16</td></tr> <tr><td>Jan-26</td><td>16</td></tr> </tbody> </table>	Month	Risk Score	Jul-25	16	Aug-25	16	Sep-25	16	Oct-25	16	Nov-25	16	Dec-25	16	Jan-26	16
Month	Risk Score																			
Jul-25	16																			
Aug-25	16																			
Sep-25	16																			
Oct-25	16																			
Nov-25	16																			
Dec-25	16																			
Jan-26	16																			
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>																	
Target	4	2	8																	
Risk Appetite	<p><b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)</p>																			

<p><b>Rationale for assessment of risk score:</b> Including where risk score remains unchanged and for any changes</p>	<p>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.</p> <p style="color: red;">Risk score reviewed in January 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.</p>
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<b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i>	Whilst recognising the challenges outlined in this risk the health board is continuing to <b>Treat</b> this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be <b>Tolerated</b> .

### 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

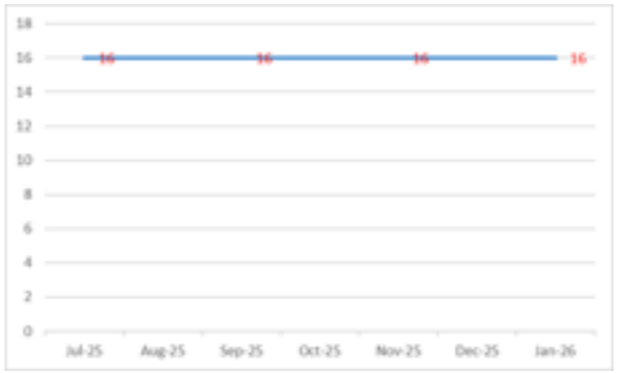
6234	<del>National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.</del>  Risk score reduced to a 12 in January 2026, and therefore risk de-escalated from the Organisational Risk Register.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16

<b>Strategic Goal(s)</b>			<b>Risk score</b>
 <p><b>Improving Care</b></p> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care</li> <li>Developing new models of care</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>	 <p><b>Sustaining Our Future</b></p> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul>	 <p><b>Creating Health</b></p> <ul style="list-style-type: none"> <li>Reducing health inequalities</li> <li>Equal focus on mental and physical health</li> <li>Supporting our communities</li> <li>Being a healthy organisation</li> </ul>	<b>16</b>

**Strategic Risk: Delivery of an Integrated Care Model (Risk No.11)**

<p><b>If</b> 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.</p>	<p><b>Then there will be:</b></p> <ul style="list-style-type: none"> <li>A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served;</li> <li>Failure to wrap around robust community services which are responsive to patient needs around the GP practice teams;</li> <li>A negative impact on Primary Care teams and demand for services resulting in instability of Primary Care services;</li> <li>A negative impact on productivity and value for money; and</li> <li>Limited support to broader social and economic development.</li> </ul>	<p><b>Resulting In:</b> 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.</p>
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<b>Risk Lead</b>	Chief Operating Officer	Assurance committee	Strategic Development Committee
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	Consequence	Likelihood	Score	
Initial	4	4	16	<p><b>Risk Score Trend this Period:</b></p> <p>No change to risk scores this period.</p> <p><b>Risk Score Trajectory</b></p> 
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			
<p><b>Rationale for assessment of risk score:</b> Including where risk score remains unchanged and for any changes</p>				<p>The current score remains unchanged, although there has been progress with control measures.</p>
<p><b>Risk Treatment Assessment</b> i.e. Treat, Tolerate, Transfer etc.</p>				<p>This risk will be <b>treated</b> and managed through transformation programmes across CTMUHB and in regional programmes with system partners</p>

## Current Control Measures

The Integrated Community Care System Program – 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 and align with the Acute Clinical Services Plan (ACSP). 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.

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

### 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	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	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. <b>Development of Regional Needs Assessment and evolution of the Regional Area Plan is an opportunity to gain agreement across the partnership.</b>	Shared space for decision making and constructive challenge. <b>A regional Area Plan with shared commissioning priorities, objectives and outputs.</b>	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) agreement signed by CTMUHB and the three Local Authorities - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard.
- 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.

#### 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**

5.3.1

**CTM Health Board**

**Highlight Report from the Quality, Safety & Experience Committee**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29 January 2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Carolyn Donoghue, Committee Chair/Independent Member
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Richard Hughes, Interim Executive Director of Nursing

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Endorsed by the Committee Chair and Executive Lead.		

**Acronyms / Glossary of Terms**

LIMS	Laboratory Information Management System
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital

## 1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 18 November 2025.
- 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

<b>Alert / Escalate</b>	<p><b>Area of Concern:</b> <b>Special School Nursing</b></p> <p>The fragility of the Special School Nursing service continues to be an area of concern escalated by the Committee due to the pace of change in terms of the Health Board being able to mitigate the risk. Clarity from Welsh Government has been requested on their position specifically around the adherence to the framework.</p> <p><b>Positive Escalation:</b> <b>Paediatric GA List</b></p> <p>The Committee welcomed the positive developments in relation to the number of lists proposed for the service with 1.5 lists per week being allocated in PCH and 2 lists per week in RGH, with potential for a further 2 lists per week in RGH.</p> <p><b>Mortality Indicators and Mortality Reviews</b></p> <p>The Committee recognised the significant activity undertaken to improve the Mortality Indicators and Review process and were</p>
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	<p>assured that the Health Board complies with the All Wales learning from mortality review framework, covering deaths in both secondary and community care. The introduction of the newly established Mortality Board was noted as a positive step to provide targeted focus in this area.</p>
<b>Advise</b>	<p><b>Report from Clinical Executives</b></p> <p>The following areas were highlighted to the Committee from the Clinical Executives portfolio areas:</p> <p><b><i>Nursing and Midwifery</i></b></p> <ul style="list-style-type: none"> <li>• Announcement of successful appointments to senior nursing roles, including Deborah Matthews (Nurse Director for Unscheduled Care), Lloyd Griffiths (Interim Nurse Director for Mental Health and Learning Disabilities), Becky Gammon (Interim Deputy Director of Nursing), and two new heads of nursing for site roles.</li> <li>• Celebrated achievements of Florence Nightingale Foundation Scholarship Fellows, with national recognition for their quality improvement work.</li> <li>• Identified ongoing challenges with patient flow, especially length of stay in emergency departments, and the need to monitor unintended consequences such as pressure damage.</li> <li>• Noted participation in the national perinatal assessment, with self-assessment submitted and upcoming visits planned.</li> </ul> <p><b><i>Medical</i></b></p> <ul style="list-style-type: none"> <li>• A review of the Clinical Policies and Procedures process was noted as underway with the aim of a focussed cleanse and update of those policies that are outside of their review date. It was noted that this exercise will also include initiating the migration of clinical policies to a new SharePoint platform.</li> </ul> <p><b><i>Allied Health Professionals (AHPs) and Health Sciences</i></b></p> <ul style="list-style-type: none"> <li>• Positive news was shared from AHP and healthcare science, including a successful outcome from the Audiology Adult Quality Standard visit.</li> <li>• Occupational Therapy and Physiotherapy teams are improving patient flow in Ysbyty Cwm Rhondda stroke pathways by increasing discharges with the Stroke Early Supported Discharge Team.</li> </ul> <p><b><i>Public Health</i></b></p> <ul style="list-style-type: none"> <li>• An update in relation to Blood Bourne Virus Elimination programmes across CTMUHB, noting the progress and challenges, specifically in relation to hepatitis testing and vaccination rates in HMP Parc.</li> </ul>

### **Diagnostics, Therapies, Pharmacy & Sciences (DTPS) Care Group Highlight Report**

The Care Group alerted the Committee to the following areas:

- *LIMS 2.0*: The LIMS Programme remains in RAG status RED due to delays in deployment plan. The Committee were assured that this has been escalated via operational routes. Cellular Pathology initial go live was planned for Swansea Bay University Health Board on 10<sup>th</sup> November with other Health boards to follow, this has now been delayed as user acceptance testing is yet to be approved and signed off.
- *Neurophysiology*: the team in this service are assessing the impact of plans to increase consultant neurologist capacity due to the continued deficit between demand and capacity.
- *Radiology*: There is a significant backlog of reporting radiology examinations and in order to mitigate this risk the radiology team are prioritising urgent cases and exploring plans to further reduce the backlog position.
- *Radiology-supported endoscopy*: services at RGH have been temporarily suspended following the identification of critical faults in the endoscopic equipment. As a result, the service has undergone reconfiguration, with procedures being redirected to other sites. This has led to a decrease in overall service capacity, which may affect access to the service and contribute towards longer waiting times. A capital bid to replace all faulty equipment and return the service to PCH has been supported by Welsh Government which allows for procurement to progress.

### **Unscheduled Care (USC) - Care Group Highlight Report**

The Care Group alerted the Committee to the following areas:

- *Stroke Performance Data* indicates performance in Stroke Pathway timeliness is improving, however is inconsistent, with continued challenges in rapid diagnostics and senior assessments. *Ysbyty George Thomas (YGT)*: Concerns have been raised by Therapy team regarding care and deconditioning at YGT. In addition, concerns have been raised following an incident out of hours on the unit in relation to leadership and behaviours. The Committee were assured that the Senior Leadership team are aware and have instigated several meetings with key stakeholders and established a robust action plan to ensure improvement on the unit.
- The *CTMUHB Cardiology team* received national recognition at the Welsh Health Care Awards 2025, achieving success in the Improvement in Cardiology Care category.

### **Children & Family Care Group Highlight Report**

The Care Group alerted the Committee to the following areas:

- *Neonatal and Maternity Assurance Assessment:* Welsh Government National Maternity and Neonatal Assurance Assessment underway, noting that the Self-assessment tool was submitted by the deadline and teams are prepared for upcoming site visits.
- *Special School Nursing:* Fragility of this service remains a significant risk due to recruitment challenges particularly in Ysgol Ty Coch. It was noted that efforts to engage with education partners and local authorities are ongoing, and a more in-depth update is planned for a future meeting.
- *Health Visiting Service – Band 7 Job Descriptions –* Discussions are underway with workforce colleagues in response to correspondence from UNITE in relation to the intention to ballot should the complexities around the knowledge component of the job description not be resolved.

#### **Planned Care – Care Group Highlight Report**

The Care Group alerted the Committee to the following areas:

- *Endoscopy Unit at POW:* A recent Endoscopy Verification Audit Report identified that decontamination is not compliant with required standards in relation to the ventilation systems. Infection Prevention & Control leads have confirmed that whilst the risk was not low, the risk of cancelling patients outweighs the risk associated with continuing to utilise the unit.
- *Laser Protection Officer (LPO):* A gap identified in terms of LPO cover in Princess of Wales Hospital (POWH) was highlighted, noting that work is ongoing with DTPS colleagues to address this issue.
- *RGH Theatre Refurbishment:* Refurbishment of theatres 1–4 at RGH has commenced, with staff and activity temporarily relocated to the Vanguard Unit. Ward moves have been coordinated to support during this period.
- *Elective Arthroplasty at POWH:* Since September, three dedicated laminar flow theatres running concurrently with a 28-bed orthopaedic ward with seven-day therapy have enabled 239 cases with an average length of stay reduced to 1.9 days (from 5 days last year).
- *The Alcohol Care Team* won the 'Management of Substance Dependency' category at the Welsh Healthcare Awards 2025.

#### **Mental Health Learning Disabilities Care Group Highlight Report**

The Care Group alerted the Committee to the following areas:

- *The Local Primary Mental Health Support Service* highlighted operational challenges in terms of having a consistent team of

	<p>administrative and business support staff. It was noted that the Adult Mental Health Directorate has implemented several temporary mitigations to ensure the service remains safe, prioritised, and clinically effective until full staffing establishment is restored.</p> <ul style="list-style-type: none"> <li>• In relation to the Tier 3 Eating Disorder Service (SHED) commissioned from Cardiff and Vale University Health Board (CAVUHB), it was noted that CAVUHB service is currently experiencing significant and sustained operational pressures, characterised by high levels of staff sickness and multiple vacancies. As a result, the service is unable to deliver the full scope of specialist provision within its existing resource envelope.</li> <li>• <i>Lead Nurse in OPMHS</i> completed the <i>Florence Nightingale Foundation scholarship</i> presenting on her project about improving Memory Assessment Service.</li> </ul> <p><b>Primary Care &amp; Community Care Group Highlight Report</b> The Care Group alerted the Committee to the following areas:</p> <ul style="list-style-type: none"> <li>• <i>Paediatric GA List</i> - positive developments in relation to the number of lists proposed for the service with 1.5 lists per week being allocated in PCH and 2 lists per week in RGH, with potential for a further 2 lists per week in RGH.</li> </ul>
<p><b>Assure</b></p>	<p><b>Shared Listening and Learning Story – Mental Health</b> An audio story was received by the Committee from a patient sharing their experiences and concerns with treatment received after being diagnosed with complex Post Traumatic Stress Disorder. The Committee received assurance that since the events described, service access and capacity have improved.</p> <p><b>Executive Director and Independent Member Quality &amp; Safety Walkabouts</b> The Committee noted the identified themes arising from recent walkabout feedback and recognised that improvements are being made to the approach to walkabouts in order to standardise and map future visits aligning them with organisational themes and governance improvements. It was noted that the final proposal in terms of the revised approach will be shared with Board Members at a future Board Development session the overall aim is for greater visibility and consistent reporting.</p> <p><b>Thematic Spotlight Presentation – Preventing Avoidable Pressure Damage in Unscheduled Care</b> An overview of efforts to prevent avoidable pressure damage in Unscheduled Care was received. The Committee received further assurance in terms of the further work to be undertaken including</p>

improving ED assessment compliance, enhancing senior nurse oversight, sustaining routine audits, and reducing variation and pressure damage case.

### **Patient Safety, Quality & Experience Dashboard**

The following key highlights were presented to the Committee:

- Reduction in the number of formal complaints open over 30 working days.
- One Public Services Ombudsman for Wales final report received where the concerns were not upheld.
- Decrease in number of National Reportable Incidents in the period.
- Increase in number of incidents where Duty of Candour was triggered
- No regulation 28 report received.
- Increase in medication incidents reported.
- Decrease in patient fall incidents reported.

Following discussion and seeking of clarity on the Duty of Candour trigger points, the Committee agreed that there will be a focussed discussion on the Duty of Candour Process at a future meeting.

### **People's Experience Activity Report August – September 2025**

The specific matters brought to the Committees attention were:

- The *new Catering Model* has been piloted through Health Board's Harm Free Agenda across Prince Charles and partly across Royal Glamorgan sites. Plans are in place to expand across further areas in Royal Glamorgan. This new process will support patients with meal ordering, choice and dietary requirements.
- Work has been undertaken in relation to *car parking at PCH* and the site has increased spaces from 1178 to 1352. On completion of Phase 3 work this will increase to 1415 spaces.
- In relation to *Armed Forces/Veterans* –the positive work underway was recognised and that a partnership has been established that meets on a regular basis to take forward actions that have been formulated from the feedback received at the Health and Wellbeing Event held in the summer.

### **Status Report on Commissioned Services (Quality Focussed)**

The Committee received assurance that the current arrangements with strategic partners across Wales and England are satisfactory and meet the duty of quality requirements, including performance monitoring and policies.

### **Organisational Risk Register**

	<p>The Public Session of the Committee reviewed the risks identified and sought clarity on two risks, 'Datix Risk ID 5646 - The impact of "Right Care Right Person" (RCRP) approach' and 'Datix Risk ID 6379 - CT Scanners at RGH damaged by power outage and manual generator/UPS switch over'. A discussion on risks identified as "business sensitive" was also undertaken in the Closed Session of the Committee.</p> <p><b>Mortality Indicators and Mortality Reviews</b></p> <p>Assurance was received that the Health Board complies with the All Wales learning from mortality review framework, covering deaths in both secondary care and community. In terms of learning from reviews it was noted that the Medical Examiner Service is now reviewing all CTMUHB, in-hospital deaths and deaths in the community.</p> <p>In terms of assurances on internal systems and process improvements it was highlighted that:</p> <ul style="list-style-type: none"> <li>• In-house dashboards have been developed to track themes and cases, including feedback from next of kin via a Civica form.</li> <li>• A new Mortality Board has been formed to integrate data, reviews, learning events, and family experience, with care group and bereavement service representation.</li> <li>• Governance meeting templates now include mortality, to be discussed monthly and feed into the Mortality Board.</li> <li>• Work is ongoing with an external company to provide peer-matched mortality data for identifying outliers and targeting analysis.</li> <li>• Consultant job planning is being updated to include a mortality champion in each service, with time recognised for this role.</li> </ul>
<p><b>Inform</b></p>	<p>The Committee <b>noted</b> the updates received on the following two items:</p> <ul style="list-style-type: none"> <li>• Highlight Report from the Harm Free Care Agenda</li> <li>• Annual Presentation of Nurse Staffing Levels</li> </ul> <p>The Committee supported the actions for closure on the <b>Action Log</b> and noted that the remaining open actions were either being dealt with on the agenda or are on track for completion.</p> <p>The following items were <b>approved</b> on the Consent Agenda:</p> <ul style="list-style-type: none"> <li>• Unconfirmed Minutes of the meeting held on the 23 September 2025.</li> <li>• Unconfirmed Minutes of the In-Committee meeting held on 23 September 2025.</li> <li>• Organ Donation Sub Committee Terms of Reference.</li> <li>• Safeguarding Annual Report 2024-2025</li> </ul> <p>The following items were <b>noted</b> on the Consent Agenda:</p> <ul style="list-style-type: none"> <li>• Non-Routine Committee Business (Forward Plan)</li> </ul>

	<ul style="list-style-type: none"> <li>• Annual Cycle of Business</li> <li>• Clinical Policies Highlight Report</li> <li>• CTMUHB National Clinical Audit Programme Quarter 2 Update 2025-2026</li> <li>• CTM Clinical Learning Academy Annual Report 24/25</li> <li>• Bi-Annual Report CTM Radiation Safety Committee</li> <li>• Antimicrobial Stewardship Report – October 2025</li> <li>• Health Inspectorate Wales Improvement Plan Tracker Report</li> <li>• Terms of Reference Annual Review</li> </ul> <p>The following items were received in <b>closed / In-Committee</b> session:</p> <ul style="list-style-type: none"> <li>• Organisational Risk Register – Business Sensitive Risks</li> <li>• Adult Mental Health Cultural Challenges</li> </ul>
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#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> (<a href="#">futuregenerations.wales</a>)</b>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (<a href="#">gov.wales</a>))</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (<a href="#">gov.wales</a>))</b>	Safe
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not applicable for this report
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not applicable for this report
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol)</i> / <b>Resource Impact</b> <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**

5.3.2

**CTM Health Board**

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

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Kath Palmer, Vice Chair (Chair of the Committee)
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer/Julie Denley, Deputy Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
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 4 December 2025.
- 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

<b>ALERT / ESCALATE</b>	<p><b>Positive Escalation – MHA Quarterly Activity Report</b></p> <p>The Committee noted the really good progress made in lots of areas within the report and the significant progress in reducing minor errors in paperwork with only seven errors in Quarter 1 and two in Quarter 2.</p>
<b>ADVISE</b>	<p><b>MHA Operational Group Report</b> – The Committee received a detailed update following the Operational Group meeting on the 25 July 2025. Particular attention was drawn to:</p> <ul style="list-style-type: none"> <li>• Positive trends in Section 136 waiting times and reduced detentions.</li> <li>• Section 5(2) (doctors’ holding powers) usage discussed; deep dive planned to address equity and consistency across sites.</li> <li>• Improvements in error rates and breaches, with checklists and training credited.</li> <li>• Place of safety arrangements and Memorandum of Understanding (MOU) updates shared along with new proposals for Princess of Wales Hospital.</li> <li>• Advocacy and patient experience were highlighted, with plans to bring more lived experience stories to future meetings.</li> </ul> <p><b>Risks Relating to the Monitoring of the Mental Health Act</b> - Risks relating to the monitoring of the MHA evident in quarter 2, 1 July 2025 to 30 September 2025 was discussed with the Committee noting that total detentions had decreased and that there were no fundamental breaches. The Mental Health Act team</p>

	<p>is working to prevent further errors and breaches through practical solutions and knowledge sharing</p> <p><b>Strategic Update from Local Authority Partners</b> – Joint working was positively acknowledged between local authority partners with an update on the following key areas being received:</p> <ul style="list-style-type: none"> <li>• A new trial for the Section 12 approved doctor application, aiming to streamline Mental Health Act processes and improve timely responses, with RCT going live in April or May 2026 and other local authorities joining later.</li> <li>• A thematic audit into older persons' detentions, prompted by previous Committee queries about whether increased detentions were due to a lack of nursing capacity. The audit found that 41% of cases involved sudden health decline requiring urgent intervention, with no major evidence that lack of nursing placements was causing the spike.</li> <li>• Key learning points included the need for pro-active support, better handling of cross-boundary and self-funding cases, and improved documentation of Mental Capacity Act assessments and best interest decisions. The findings and learning are being taken back to teams to help prevent unnecessary use of the Mental Health Act and to consider alternatives where possible.</li> </ul>
<p><b>ASSURE</b></p>	<p>The <b>Organisational Risk Register</b> was considered by the Committee where it was noted that one new risk was escalated (Tier 3 shared with Cardiff and Vale UHB), but not expected to impact Mental Health Act delivery. The risk score for "Right Care, Right Person" had reduced, but national work was still pending. Medical staffing and timely transportation remained ongoing risks.</p> <p>The <b>MHA Activity Report</b> provided the Committee with data including errors and breaches regarding the application of the MHA for the period 1 July 2025 to the 30 September 2025 with focus on the detentions and breaches within expected limits and the continued reduction in errors. It was noted that the lack of Approved Clinicians (AC) remains a challenge, with fast-tracking and development of non-medical ACs underway.</p>
<p><b>INFORM</b></p>	<p><b>Highlight Report from the Power of Discharge (Hospital Managers) Sub Committee</b> – The Chair of the Power of Discharge Sub Committee noted the following key highlights:</p> <ul style="list-style-type: none"> <li>• The process for new managers to start is ongoing, with some delays due to administrative processes, but all should be on board within the next quarter.</li> </ul>

	<ul style="list-style-type: none"> <li>The payment policy issue for hospital managers hearings was being reviewed by the Executive Team. The outcome will be communicated back to the Committee.</li> </ul> <p><b>Consent Agenda Activity:</b></p> <p>The following items were <b>APPROVED</b> on the Consent Agenda:</p> <ul style="list-style-type: none"> <li>Unconfirmed minutes of the meeting held on the 9 July 2025.</li> </ul> <p>The following items were <b>NOTED</b> on the Consent Agenda:</p> <ul style="list-style-type: none"> <li>Fee Review Update – Report for Hospital Managers</li> <li>Committee Forward Work Programme</li> <li>Committee Annual Cycle of Business.</li> </ul>
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#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

#### Impact Assessment



<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not Required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:  Not Required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol)</i> / <b>Resource Impact</b> <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 report.



## CTM Health Board

### Highlight Report from the Charitable Funds Committee

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Emma Walters, Head of Corporate Governance & Board Business
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Dilys Jouvenat, Independent Member
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance  Simon Blackburn, Director of Communications, Engagement & Fundraising

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
CCLA	Churches, Charities and Local Authorities (Investment Management Limited)

## 1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Charitable Funds Committee at its meeting on 21 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 an update on the arrangements for the control and management of the CTMUHB's Charitable Funds.
- 2.2 The Charitable Funds Committee will:

Make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.

Provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.

Oversee the strategic direction and development of the CTMUHB Charity.

## 3. Highlight Report

<b>Alert / Escalate</b>	<ul style="list-style-type: none"> <li>Committee Members received an update on the <b>Investment Policy</b> which was <b>approved</b> by Members following discussion. Members noted following approval of the updated investment policy, there would be engagement with procurement on tendering for a future investment manager contract based on the parameters of the investment policy.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The <b>Cwm Taf Morgannwg NHS Charity Annual Reports &amp; Accounts 2024-25</b> was received. Members noted there were two un-corrected misstatements identified during the audit of the accounts which were not material, which would result in the charity still receiving an unqualified audit opinion. Members <b>ENDORSED</b> the annual report and accounts to the Board of Trustees for approval.</li> <li>The <b>Cwm Taf Morgannwg NHS Charity – 2026 Strategy &amp; Forward Plan</b> was received. Members discussed and <b>APPROVED</b> the Charity's forward look and strategic priorities for 2026, and the accompanying forward tracker and proposed areas of focus, which included:</li> </ul>

- Priority Area 1: Launch of Charity Branding and Fundraising Lottery
- Priority Area 2: Equitable Support Across Sites
- Priority Area 3: Fundraising & Partnerships

Members discussed the need to ensure impactful projects were defined with clear defined metrics in place in addition to identifying what 'good' looks like in relation to income growth for 2026.

- The **Charitable Funds Update to 30 November 2025** was received and **noted** by Committee Members.
- The **Cwm Taf Morgannwg NHS Charity - Fundraising, Communications & Engagement Activity Report** was received by Committee Members. The following key matters were highlighted:
  - Growth in Engagement and Project Requests
  - The strong impact of the Immersive Room Project
  - The evaluation undertaken of the Hospital to Home Project
  - Income Growth and Fundraising Trends

Members noted the process followed in dealing with any unsuccessful applications and expressed support for the growing engagement and thoroughness of the charity's processes.

- Members received a detailed presentation on the work that has been undertaken in relation to the development of the new **Cwm Taf Morgannwg NHS Charity Branding**.

Feedback raised by Members included:

- The need for clarity on the rationale for the current proposal.
- The need to ensure the brand's inclusivity and accessibility.

Following discussion, Committee Members signalled support for the direction, with acknowledgment that minor refinements would continue, and noted that a further update on the CTM NHS Charity Brand would be presented to the March meeting of the Board.

<b>Assure</b>	There were no items requiring inclusion in this section
<b>Inform</b>	<p>The Committee approved the following items on the <b>Consent Agenda:</b></p> <ul style="list-style-type: none"> <li>• Unconfirmed Minutes of the meeting held on 9 July 2025</li> </ul> <p>The Committee received the following items on the consent agenda for noting:</p> <ul style="list-style-type: none"> <li>• Audit Enquiries Letter – CTM Charity 2024-2025</li> <li>• CTMUHB Charity 2025 Audit Plan (Audit Wales)</li> </ul>
<b>Appendices</b>	Nil.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <i><a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a></i>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not Required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:  Not Required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <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.

**CTM Health Board**

**Integrated Performance Dashboard**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open / Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Senior Performance Monitoring Officer
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Claire Thompson, Executive Director of Strategy & Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Claire Thompson	12/01/2026	Endorsed for Approval

**1. Situation/Background**

Welsh Government published the 2025/26 NHS Wales Performance Framework early in 2025, setting out the Minister’s priorities, national delivery measures and key deliverables and is available to read at the following URL: [NHS Wales performance framework 2025 to 2026 | GOV.WALES](https://gov.wales/nhs-wales-performance-framework-2025-to-2026)

Formal publication of the 2026/27 Performance Framework is expected shortly.

This refreshed Integrated Performance Dashboard has been redesigned to:

- Align explicitly with the 2025/26 NHS Wales Performance Framework and Cabinet Secretary priorities.
- Provide a concise, exception-focused overview for the Board, with detailed information available in appendices and dashboards.
- Use Quadruple Aim scorecards as the spine of the report, linking performance to the Integrated Medium Term Plan (IMTP).
- Standardise the presentation of key metrics, including Statistical Process Control (SPC) where appropriate.

The main body of the 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:** 5,763 patients (Dec 2025, provisional) – Target: March 2026 Zero.
  - **>104 weeks:** 426 patients (Dec 2025, provisional) – Target: March 2026 Zero.
- **Risks:** Orthopaedic backlog, theatre capacity, end of Vanguard contract.
- **Actions:** Weekend lists, locum recruitment, optimisation pathways. Note expectation we will deliver the zero >104 and 52 week targets in year priority at year end.

#### Diagnostics:

- **>8 weeks wait:** 4,541 patients (Dec 2025, provisional) – Target: March 2026 Zero.
- **Risks:** Workforce shortages, RIS implementation (March 2026), high demand for NOUS & CT.
- **Actions:** Additional funding for CT, insourcing, training sonographers. Note expectation we will deliver the zero >8 week position for year end.

#### Cancer Pathway (SCP):

- **Performance:** 65% treated within 62 days (Nov 2025) – Target: 80% by March 2026. Note this is the first time CTM have achieved our de-escalation standard from WG of 63% (sustained performance required).
- **Risks:** Endoscopy delays, pathology turnaround, tertiary treatment delays.
- **Actions:** Digital vetting, pathway audits, capacity reviews.

### **Unscheduled Care:**

- **Handovers within 15 mins:** 58% (Dec 2025) – Target: 100%.
- **Handovers within 45 mins:** 214 (Dec 2025) from >1000 the same time last year – Target: Zero
- **4-hour ED waits:** 59.1% (Target: 95%).
- **12-hour breaches:** 2,187 patients (Target: Zero).
- **Risks:** Inpatient capacity and delays in transfer to wards.
- **Actions:** Flow improvement (STAMP, OPTIMISE), escalation protocols.

### **Adult Mental Health:**

- Assessments within 28 days: 65.3% (Target: 80%).
- Psychological therapy <26 weeks: 44% (Target: 80%).
- **Risks:** Backlogs, rising acuity, therapy delays.
- **Actions:** Backlog clearance, group therapy rollout, CTP tracker.

### **Quality & Safety:**

- **E.coli bacteraemia:** High incidence rate - 86.8 per 100,000 mostly driven by community onset urinary tract infections. Hospital Onset (HO) cases account for 17% of total cases.
- **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:** Infection prevention & control (IPC) team are undertaking point prevalence studies to better understand areas for improvement. Strengthen use of catheter passport & Reinstate ANTT training as mandatory for all clinical staff. Increase collaboration with Public Health Wales and epidemiology teams to understand and address community drivers.

### **Population Health:**

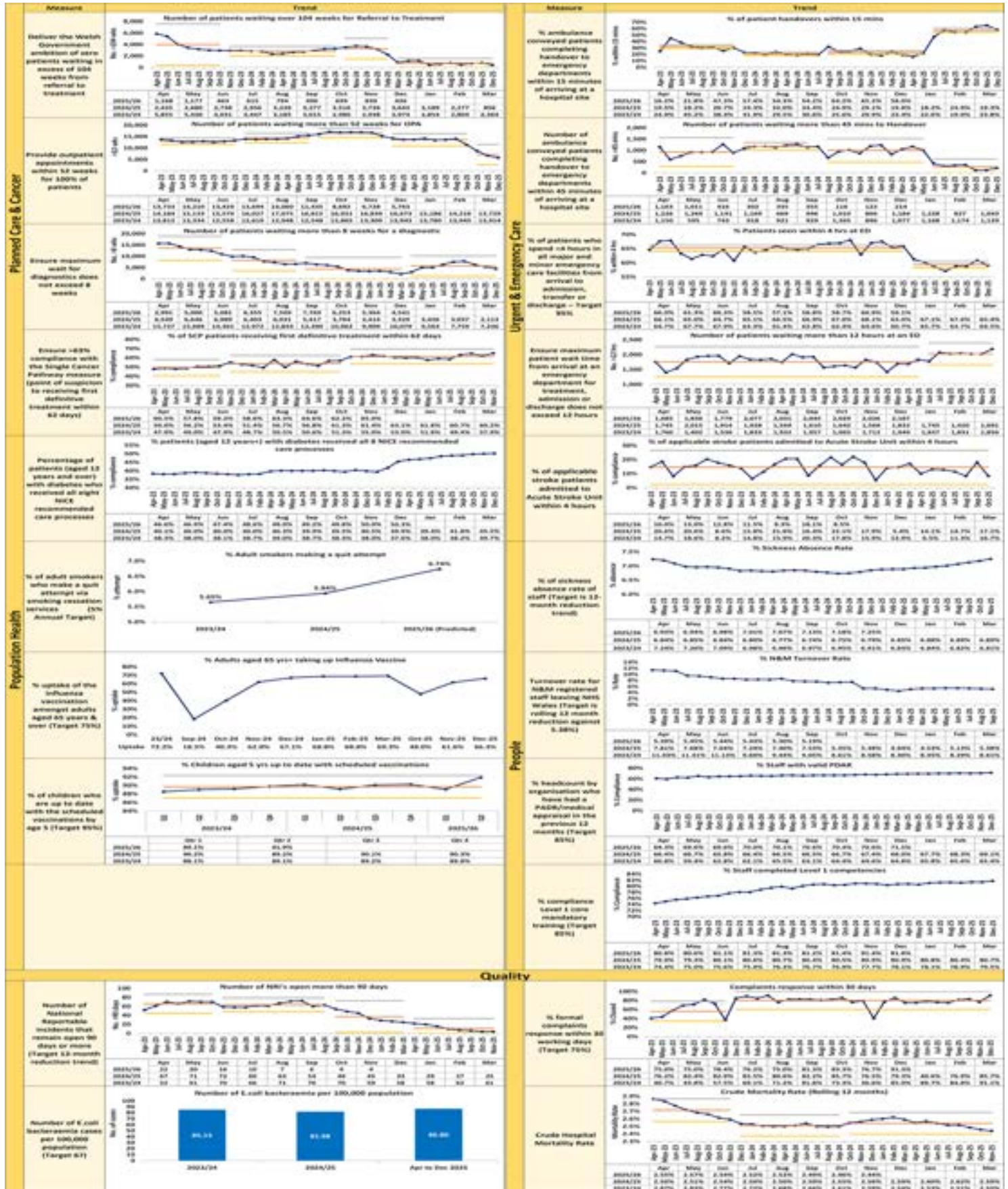
- **Smoking cessation:**
  - Quit attempts: 3.3% (Q1-Q2), predicted 6.6% (Target: 5%).
  - CO-validated quits: 9.97% (Target: 40%).
- **Risks:** CO-validation - difficult to achieve due to high proportion of virtual appointments where carbon monoxide readings cannot be taken.
- **Actions:** Trialling 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+):** 66.3% (Target: 75%).
- **Risks:** Current uptake below target (66.3% vs 75%), risking health protection for older adults.
- **Actions:** Increasing awareness and access through community engagement and monitoring uptake data.

### **Workforce:**

- **Sickness absence:** 7.25% (Rolling 12 months).
- **PADR compliance:** 71.5% (Target: 85%).
- **Risks:** Workforce sickness and training gaps.
- **Actions:** Intensive programme in place to support managers in managing attendance with identification of top contributing areas and remedial actions.

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



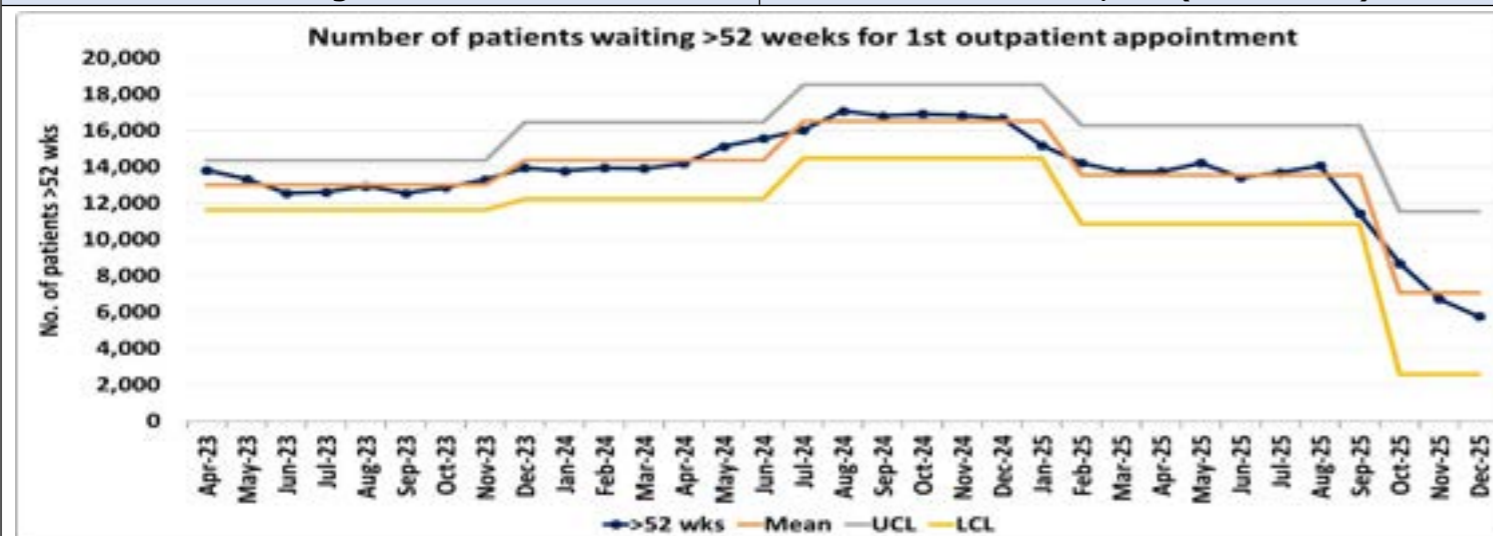
# CTMUHB Planned Care Group

## Referral to Treatment Times (RTT)

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

Target - Zero

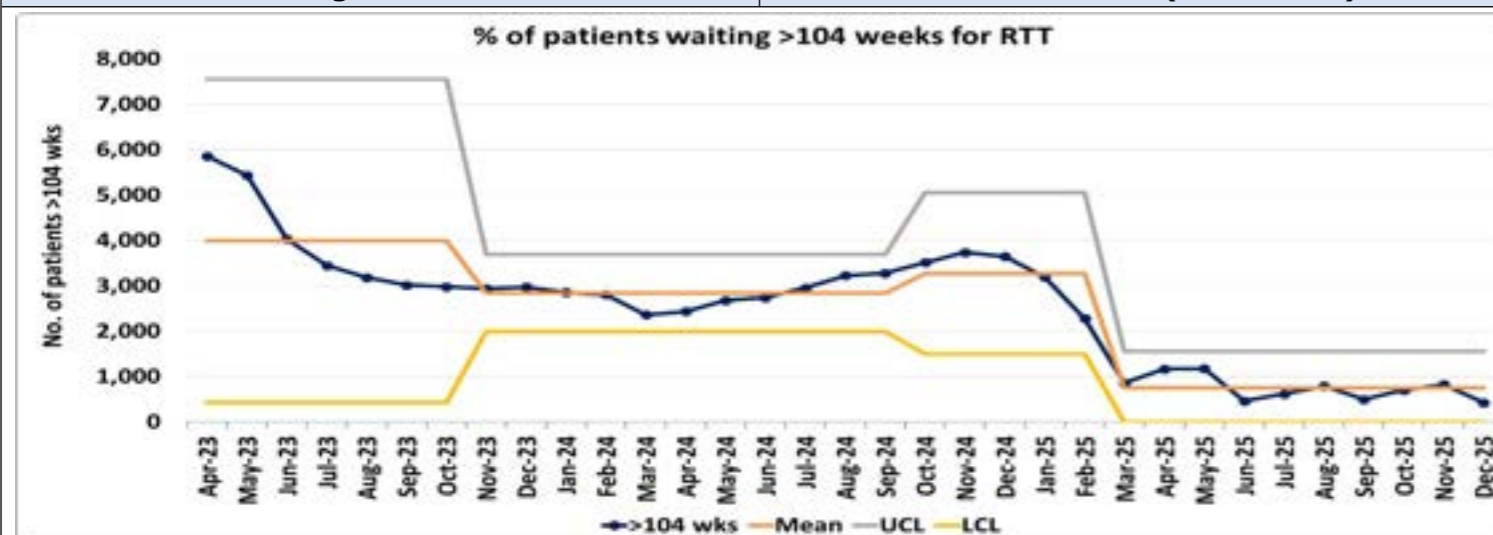
Dec 2025 - 5,763 (Provisional)



Number of patients waiting >104 weeks RTT

Target - Zero

Dec 2025 - 426 (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	793
Cardiology	578	995	0	6,163
Clinical Immunology	236	213	23	486
Colorectal Surgery	0	259	0	3,081
Dermatology	141	218	0	4,732
Diabetic Medicine	22	22	0	477
Diagnostics	1	5	0	5,068
ENT	954	2,054	0	9,126
Endocrinology	42	46	0	975
Gastroenterology	0	144	0	2,804
General Medicine	110	151	0	816
General Surgery	19	668	1	4,428
Geriatric Medicine	12	20	0	941
Gynaecology	359	1,808	4	7,981
Haematology (Clinical)	4	4	0	355
Nephrology	50	52	0	271
Ophthalmology	870	1,828	0	10,523
Oral Surgery	209	382	0	2,809
Orthodontics	60	60	0	500
Orthopaedics	491	4,006	392	13,718
Paediatrics	12	12	0	2,360
Pain Management	422	513	0	1,979
Respiratory Medicine	200	257	0	2,564
Restorative Dentistry	9	9	0	90
Rheumatology	240	293	0	1,555
Sport & Exercise Medicine	0	0	0	30
Therapies	0	0	0	912
Urology	629	1,806	3	8,129
Vascular Surgery	93	149	3	956
<b>Total</b>	<b>5,763</b>	<b>15,974</b>	<b>426</b>	<b>94,622</b>

How are we doing and what are our key concerns?

- All services have a plan to achieve waits <52 weeks for new outpatients through the use of HBS(UK) and WLI's for additional capacity where required.
- HBS clinics for Hands, Knees & Hips are running at weekends, with potential requirement for WLI clinics for Shoulders under frequent review.

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

- Review of current theatre allocation template to ensure alignment with demand.
- Running weekend lists supported by ID Medical in POW and Bridgend Clinic beds.
- Recruitment of a locum consultant to work through backlog of Hand patients.
- Development of SOP and implementation of 'Fit for Surgery' process to easily identify those patients who are deemed fit. This allows for those patients to be listed as soon as possible and those not, to be targeted for pre-assessment or keeping well support.
- New Vascular criteria has been implemented to reduce inappropriate demand and maintain reduction in waiting times.

What are the key risks and mitigations?

- Current risk is Orthopaedic services with circa 856 patients in the cohort without a TCI. However, plans are in place to address, including the centralised Arthroplasty unit at POW, increasing elective capacity and the recently implemented Optimisation pathway.
- Pre-assessment capacity may run low on patients deemed 'fit' for surgery without a pool of patients. Currently exploring appetite for additional clinics dedicated to support T&O across CTM. Could impact our treat in turn rate or theatre utilisation without pool of fit patients.
- Weekend work is also depleting this pool at an increased rate.
- End of Vanguard contract. Recruitment of a hand consultant to increase capacity of hand procedures, when the Vanguard contract ends. Without dedicated Day Surgery Unit capacity our D&C modelling shows that there is currently not enough theatre capacity to work through demand.

# CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

## Diagnostics

Number of patients waiting >8 weeks for a specified diagnostic

Target - Zero

Dec 2025 – 4,541 (Provisional)



Number of Patients waiting >8 Weeks for a Diagnostic Test		Nov-25	Dec-25	Difference from last period
Cardiology	Echo Cardiogram	126	150	24
	Cardiac CT	20	25	5
	Cardiac MRI	53	40	-13
	Diagnostic Angiography	37	47	10
	Stress Test	13	10	-3
	DSE	31	28	-3
	TOE	1	1	0
Cardiology Services	Heart Rhythm Recording	7	0	-7
	B.P. Monitoring	1	0	-1
Bronchoscopy		0	0	0
Colonoscopy		334	263	-71
Gastroscopy		173	161	-12
Cystoscopy		12	44	32
Flexi Sig		134	105	-29
Radiology	Non-Cardiac CT	1,827	1,016	-811
	Non-Cardiac MRI	74	157	83
	NOUS	1,922	1,868	-54
	Non-Cardiac Nuclear Medicine	10	5	-5
Imaging		45	45	0
Physiological Measurement		97	101	4
Neurophysiology	Urodynamics	388	409	21
	EMG	59	66	7
<b>Total</b>		<b>5,364</b>	<b>4,541</b>	<b>-823</b>

### 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
- 7 additional Sonographers are in training to expand our capacity.
- An increase in USC reporting demand has been observed plus RTT escalations resulting in additional outsourcing to meet targets.
- Implementation of new RIS (16/03/26) may 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. A reduction in the >8-week backlog is observed from end of November 2025.
- 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.
- Additional Arthrogram Consultant lists have been arranged as well as USGI WLI additional work underway.

#### What are the key risks and mitigations?

- RIS implementation – the Planned Care Team have been 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.
- NOUS & CT demand/capacity trajectories show scanning capacity shortfalls as demand increases. Business case submitted for additional resource.

### Endoscopy:

#### How are we doing and what are our key concerns?

- Endoscopy activity trending 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 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?

- Step down of Insourcing in Theatre C - initial step down from full team to 2 nurses in Jan 2026, with full step down with no insourced nursing from Feb in order to sustainably deliver endoscopy services within the existing funding envelope.
- Launch of Pan CTM Transnasal Endoscopy Service - capacity for an additional 50 upper GI procedures per week from end of Jan/start of Feb.
- Commencement of practice educator facilitator (PEF) from Jan - streamlined endoscopy nurse training from Spring 2026.
- Purchase of ERCP scopes April 2026.

#### What are the key risks and mitigations?

- Lack of availability of Endoscopists to undertake GA or complex polyp procedures, risk to 8 week target – exploration of additional lists with certain endoscopists
- Additional endoscopy demand from HBS conversions - additional funding used for weekend insourcing.
- Demands in relation to 8 week RTT target result in deterioration of SCP position for upper and lower GI no immediate / short term mitigation – demand and capacity deficit across endoscopy services.
- POW infrastructure issues results in having to cancel lists at short notice - no immediate/short term mitigation - clear escalation channels and close working relationship with estates to manage issues as they arise - centralised HSDU expected late 2026.
- Lack of long term assurance regarding WLI funding – non-recurrence of this would result in significant deterioration of Endoscopy position.

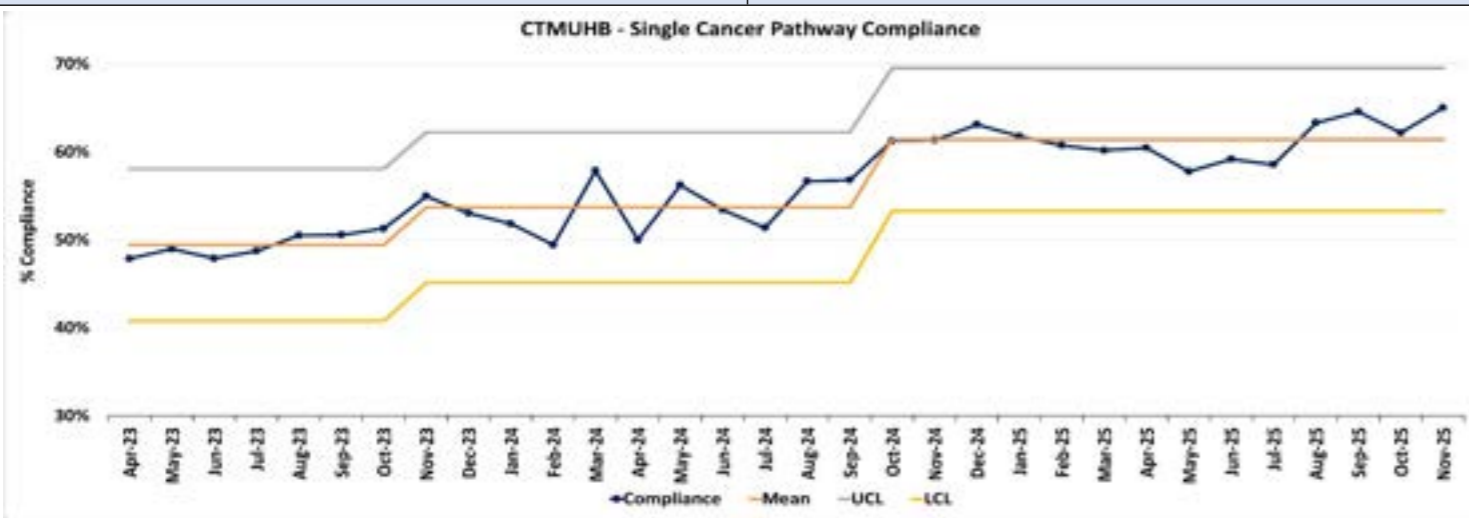
# CTMUHB Planned Care Group

## Single 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 31<sup>st</sup> March 2026

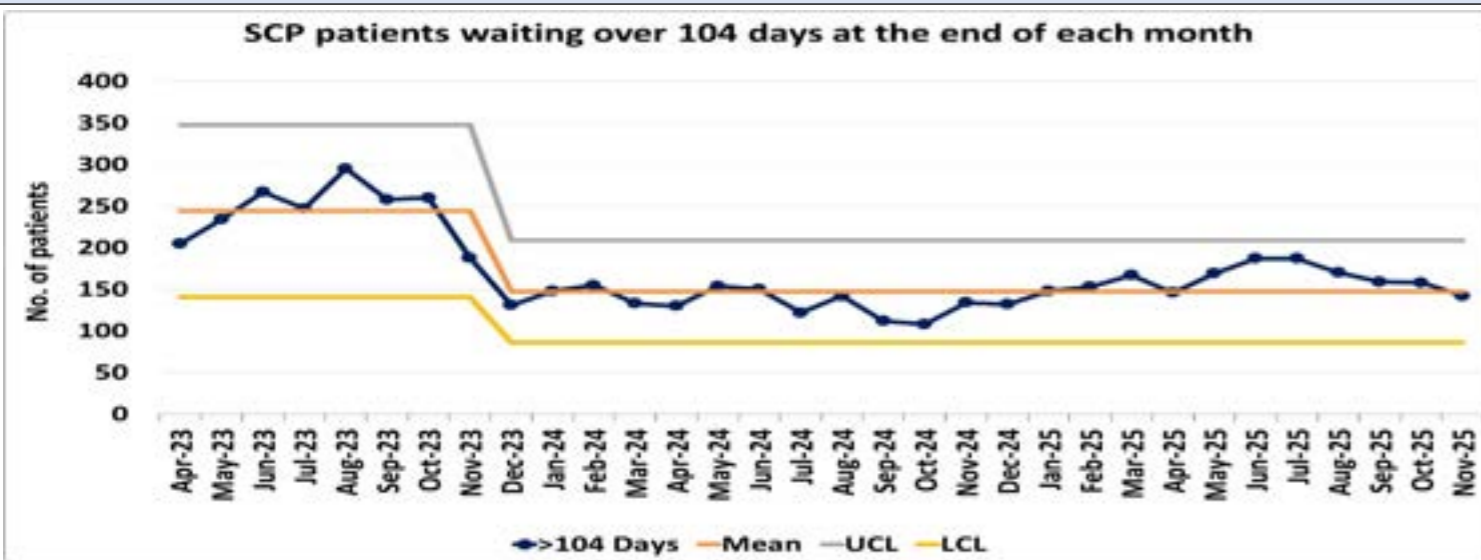
Nov 2025 - 65.0%



### % SCP patients treated without suspensions per tumour site

Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 80%
Head and neck	4	4	8	50.0%
Upper GI	10	16	26	38.5%
Lower GI	14	22	36	38.9%
Lung	28	17	45	62.2%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	97	5	102	95.1%
Brain/CNS	3	1	4	75.0%
Breast	32	4	36	88.9%
Gynaecological	2	14	16	12.5%
Urological	27	33	60	45.0%
Haematological	5	4	9	55.6%
Children's	1	0	1	100.0%
Other	2	0	2	100.0%
<b>Total</b>	<b>225</b>	<b>121</b>	<b>346</b>	<b>65.0%</b>

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



### How are we doing and what are our key concerns?

The November 2025 performance of 65.0% is the highest SCP performance seen in CTM since June 2020.

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

- Endoscopy recovery plan in operation to improve turnaround of suspected cancer patients.
- Rollout of digital vetting continues.
- Continued focus on time to first appointment through capacity review, booking analysis and standing item in the regular Monday cancer performance meeting.
- MDT leads have completed an audit against the National Optimal Pathway guidance. An action plan has been collated following the audit and is being managed by the Cancer Business Unit.
- The data for GI tertiary treated patients is being reviewed to look at improvements in patient pathways alongside improvements in the data used to record their pathways.
- An audit is being carried out across all tumour sites to understand if there is variation in clinician practice at the triage stage of the pathway. This has a deadline for returns at the end of January.
- Different approach to PET usage in upper GI being reviewed.

### What are the key risks and mitigations?

- Breast Test Wales are looking to move to an electronic system that would help CTM to manage patients. They are waiting for DHCW to set them up on the system - this has been escalated at WG performance meeting.
- All Wales Lymphoma Panel - National MDT has waits incompatible with a 62 day target - this has been escalated at the WG performance meeting.
- Performance challenges in non-urgent patient transport provision leads to short notice cancellations. We have been working with WAST to see if a solution can be provided to make it less likely that SCP patients have their transport cancelled but have been unsuccessful in finding a solution yet. This has also been escalated at the WG performance meeting.
- BSW waiting times for CTM are currently at 13 weeks, - work is ongoing to recover the position with the recruitment of a locum surgeon who is also a BSW Endoscopist.
- Pathology turnaround times are a risk, particularly for pathology sent from POW to SBUHB for processing. The longer turnaround times for specimens has been escalated to them via CTM's COO.
- National shortage of isotope affecting breast and urology cancer pathways as TRAMs (Transforming Access to Medicines) radiopharmacy facilities in the South East Wales region are delayed, with SBUHB currently the only providers to the whole area.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new targeted therapies is leading to longer pathways, but with the opportunity of more targeted treatment.
- Single consultant for laparoscopic nephrectomies.

# CTMUHB Unscheduled Care & Acute Medicine Group

## Ambulance Patient Handover & Emergency Department Waits

% of patient handovers within 15 minutes Target – Improvement towards 100% - Dec 25 = 58%

Number of patient handovers over 45 minutes – Target is Zero – Dec 25 =214



% patients spending <4 hours in A&E

Target – 95%

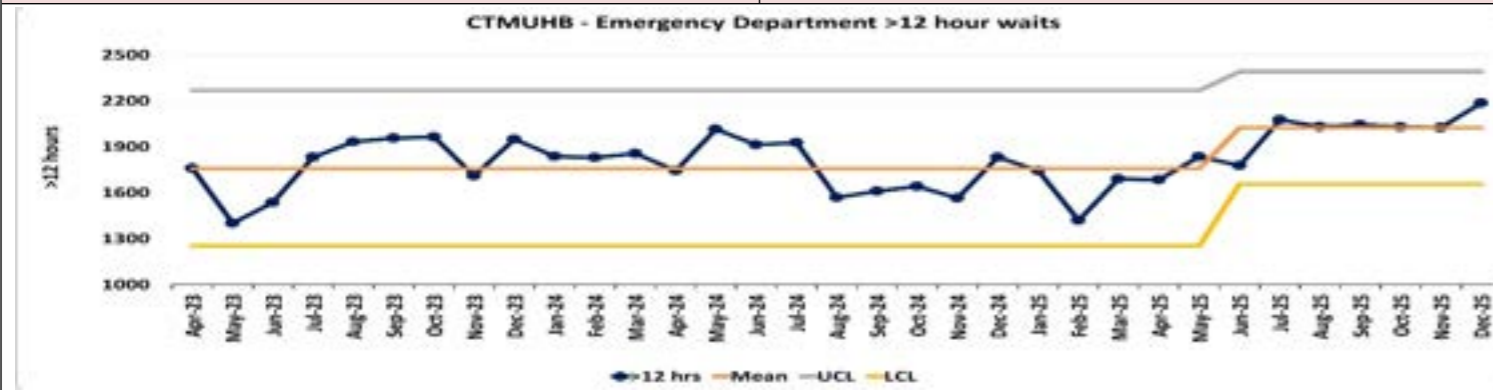
Dec 2025 – 59.1%



Number of patients spending >12 hours in A&E

Target - Zero

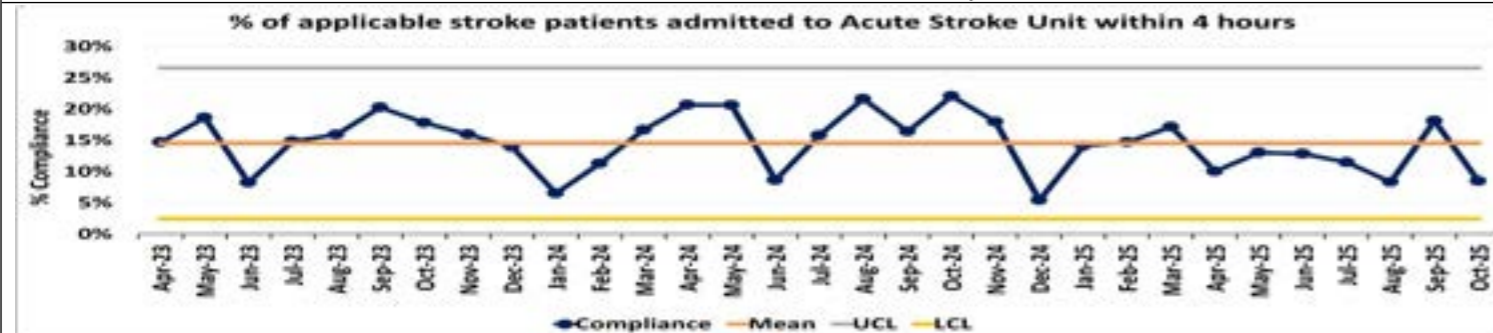
Dec 2025 – 2,187



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

Oct 25 – 71 applicable stroke patients with 6 admitted within 4 hours = 8.5%

Please note data for Nov & Dec 2025 is not yet available



### How are we doing and what are our key concerns?

#### Ambulance Patient Handover:

- Significant Improvement seen over the last 6 months, 58% of handovers within 15 minutes.
- 214 handovers exceeded 45 minutes, down from >1000 in the same month last year.

#### Key concerns:

- Without improved flow out of ED, safe handover within 45 minutes is not achievable.
- Risk of corridor care, which breaches RCEM/RCN guidance and Regulation 28.
- Increased chair-based care results in poor patient experience, higher falls and pressure ulcers.
- Overall patient safety risk remains high, noting front line mitigations below.

#### ED Waits:

- 4-hour target performance 59.1% (target: 95%).
- 12-hour waits, 2,187 patients (target: zero); majority specialty patients.

#### Key Concerns:

- Frail elderly patients face long chair waits - safety risk.

#### Stroke Unit Admissions:

- 8.5% admitted within 4 hours in October
- Variation in weekly performance – improvement work has progressed at pace in recent weeks.

Key concerns: ED overcrowding, delays in scanning and transfers.

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

#### Ambulance Handover:

- Pre-arrival - Clinical Nav. Hub review, ePCR checks, escalation card, risk-assessed handover spaces.
- On arrival - Dedicated triage nurse, senior clinician rapid assessment, maximise "fit to sit" capacity, new ambulatory space at POW.
- Improved flow out of ED via specialty assessment units, STAMP and OPTIMISE rollout.
- Anticipated improvement - better admission flow and capacity management.

#### 12-hour Waits:

- Review of patients waiting beyond 4 hours, demand/capacity modelling, improved transport home, data quality enhancements (UEC app rollout March 2026), increased patient flow coordinators.

#### Stroke Pathway:

- Daily breach huddles, revised SOP, escalation card, Stroke CNS in ED, internal targets.
- Transformation Programme focusing on two key KPIs, time to CT scan and admission to Stroke Unit.

### What are the key risks and mitigations?

- **Risks:** Long ambulatory waits for frail elderly patients
- IPC challenges - inability to isolate.
- Patient-specific needs (LD, MH, bariatric).
- Pressure ulcer development, staff wellbeing, batched ambulance arrivals.
- Stroke: ED capacity for assessment, scanning delays, cross-site transfers.

#### Mitigations:

- Ambulance Handover Escalation Card, Integrated System Escalation Policy.
- Collaboration with WAST for pre-arrival info.
- Pressure ulcer care improvements.
- Daily MDT huddles, SOPs, escalation cards for stroke.

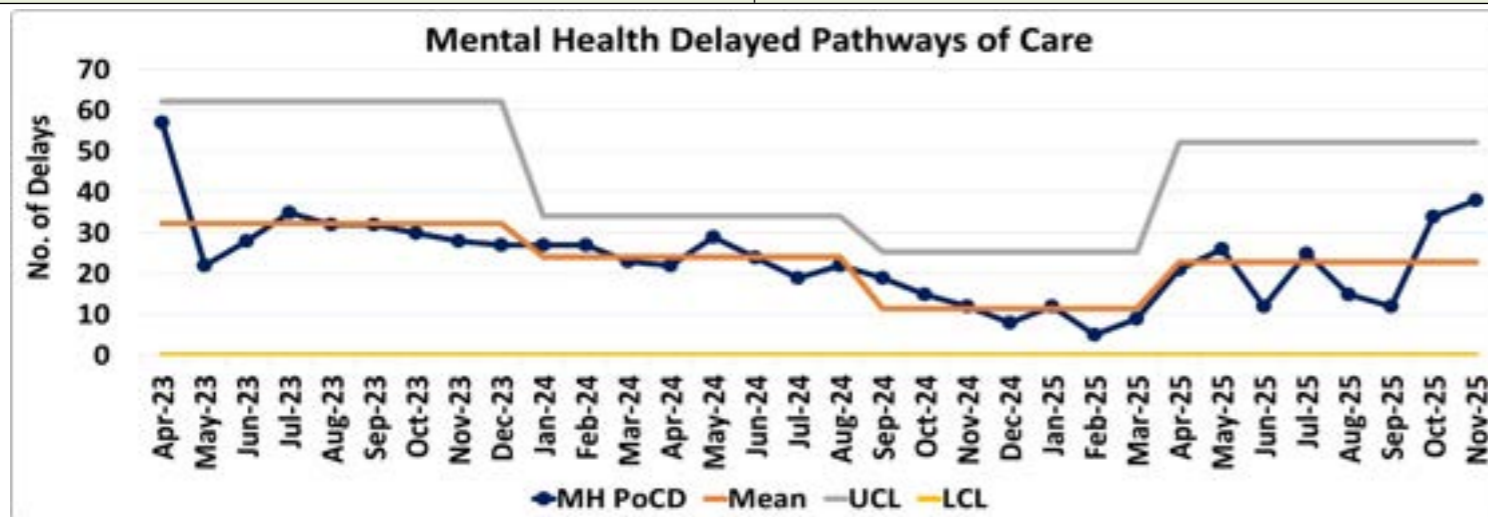
# CTMUHB Efficient Services

## Pathways of Care Delayed Discharges (POCD) – please note data for December 2025 is not yet available

Number of Pathways of Care delayed discharges – Mental Health

Target – 12 month reduction trend

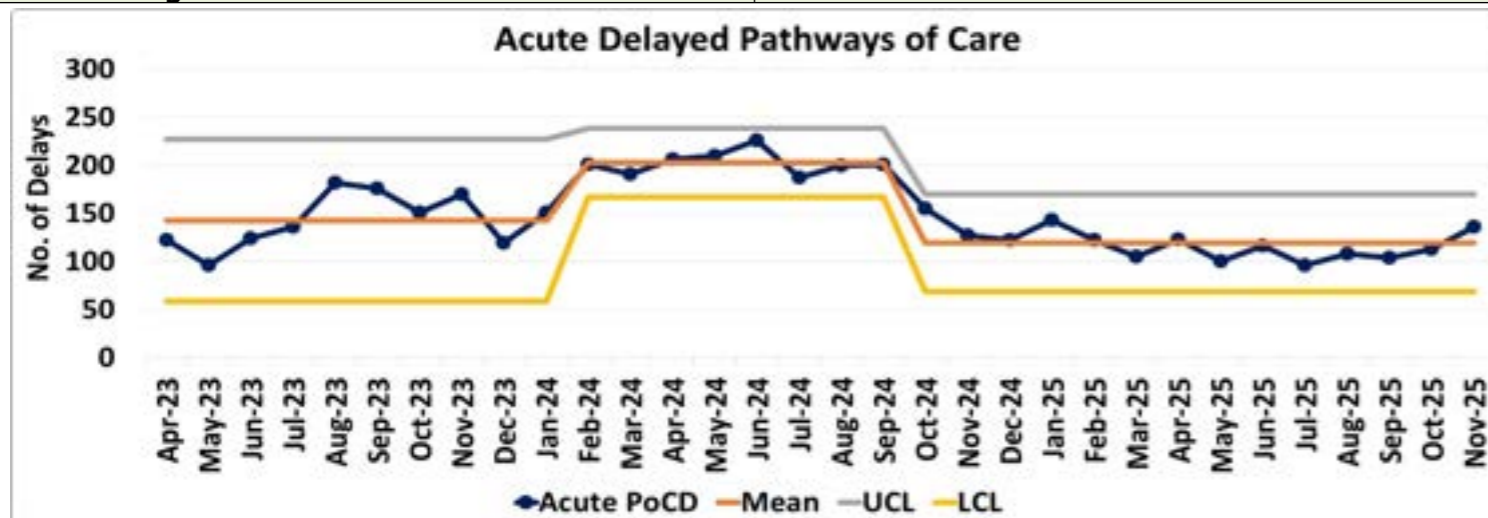
Census date 19<sup>th</sup> Nov 2025 - 38



Number of Pathways of Care delayed discharges – Acute

Target – 12 month reduction trend

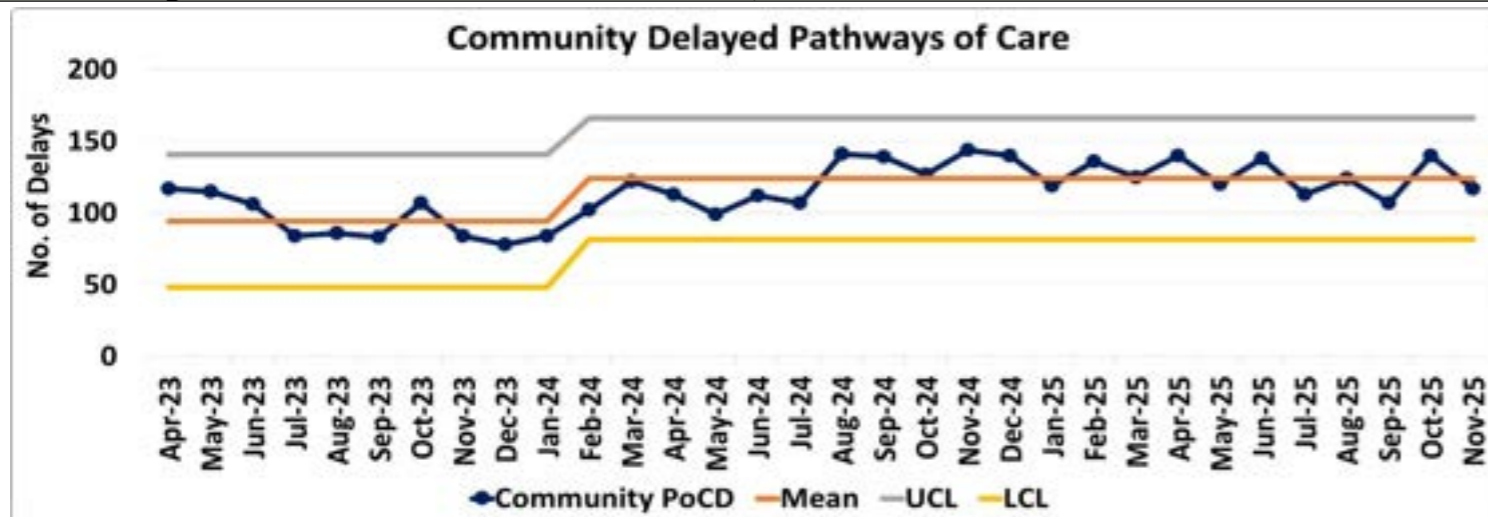
Census date 19<sup>th</sup> Nov 2025 - 136



Number of Pathways of Care delayed discharges – Community

Target – 12 month reduction trend

Census date 19<sup>th</sup> Nov 2025 - 117



### How are we doing and what are our key concerns?

- 291 Pathways of Care Delayed Discharges were reported in the November snapshot census. This is 31 (12%) more delayed patients than the 12 month average and slightly higher than the equivalent period of 2024 (283).
- There has been intensive support for ward staff to implement D2RA and robust challenge of clinical optimisation.

### Concerns

- Workforce challenges – an increase in assessment delays in the MTCBC area where a key member of staff has left their role in recent months.
- Increased complexity noted in some delays related to nursing needs assessments. Of the 170 assessment delays, 34% related to nursing needs during November.

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

- Straight to service for intermediate care in both MTCBC and BCBC for in-house provision. This is currently being mapped and additional support to ensure that the trusted assessment document (ETOC) is triaged by an MDT in the discharge hub and quality assured.
- Digitisation of the Nursing Needs Assessment (NNA) – the current paper based process has identified significant potential for delay.
- An integrated digital dashboard – access for all partners to the Discharge App – which is a power BI app providing live data at LA level - currently only accessible by health board staff.

### What are the key risks and mitigations?

- Continued implementation of the joint working with local authorities
- Revision of the Integrated PoCD/Discharge delay escalation framework in line with new System Escalation Policy for Urgent and Emergency Care.
- Front door discharge model with revised standards in line with D2RA and crisis response services.

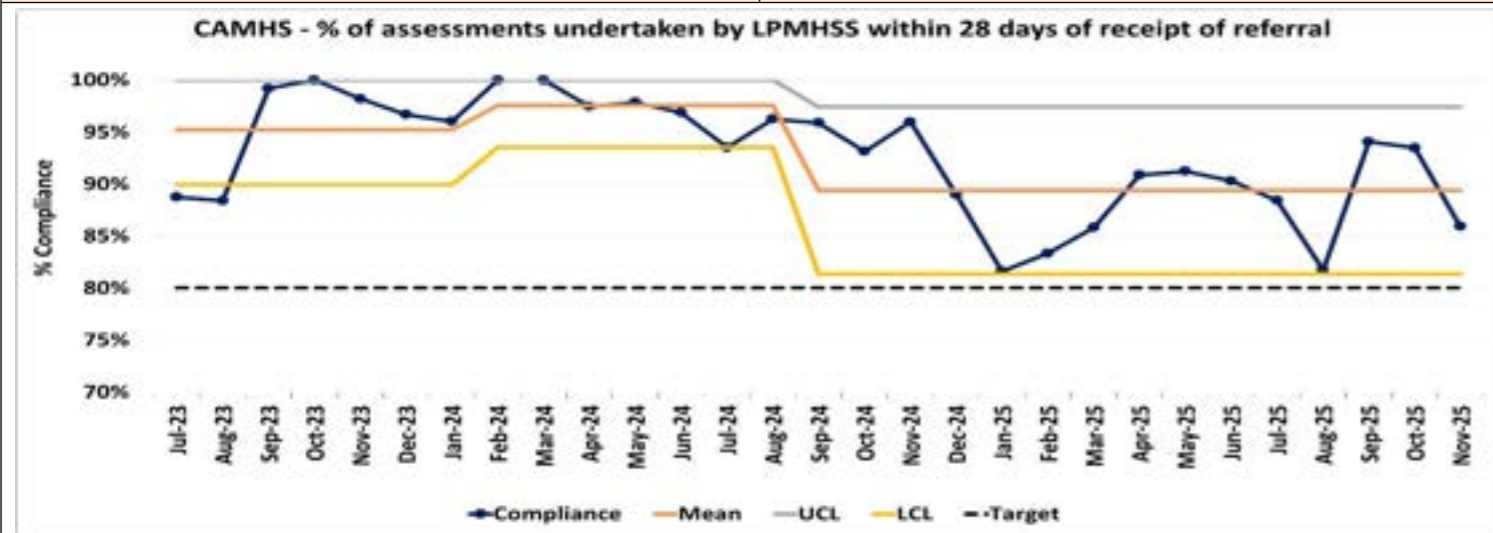
# CTMUHB Mental Health & Learning Disabilities Care Group

## Child and Adolescent Mental Health Services (CAMHS)

% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%

Nov 2025 – 85.9%



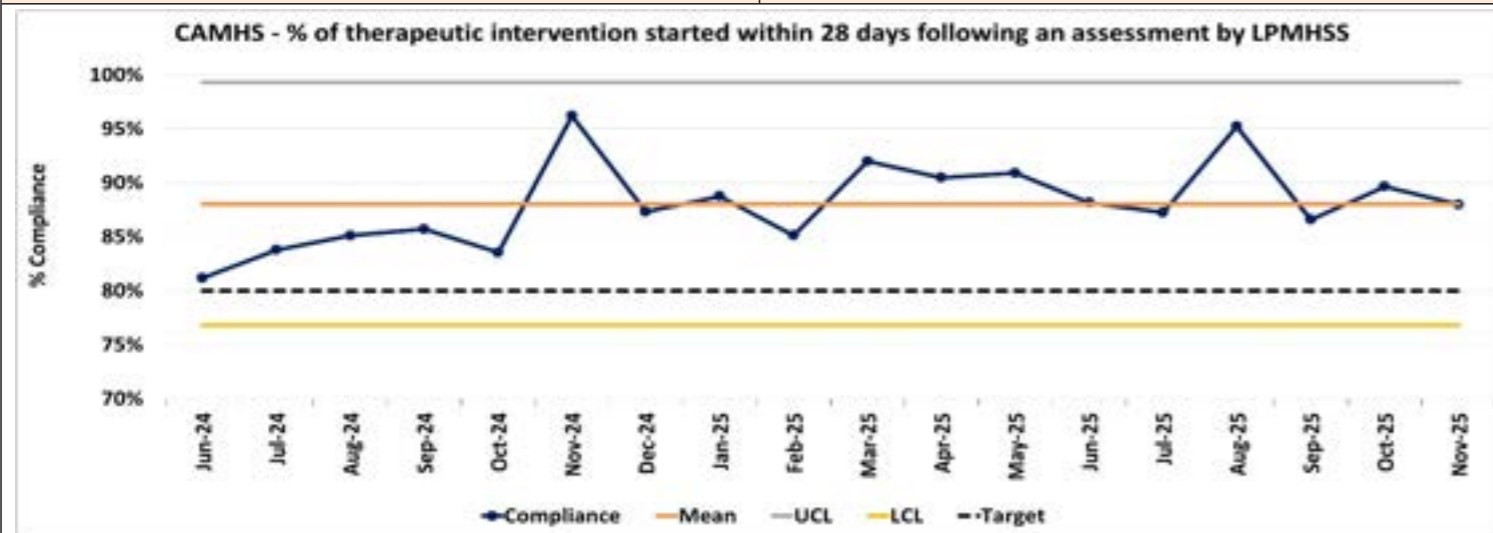
How are we doing and what are our key concerns?

- Since the summer of 2023, we have seen that performance has notably improved in all areas of the CAMHS service with compliance continually maintained above WG targets.
- Part 1a: Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. During November there were 162 referrals for assessment, with the 12 month average being 141.
- Part 1b: We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in November was 75 (the 12 month average equates to 71 per month)
- Part 2: We continually focus on quality in relation to CTP's with the audit tool regularly applied to the CAMHS caseload. We have reviewed care co-ordination numbers, which appear to be higher than other Health Boards across Wales (the current caseload stands at 154).

% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%

Nov 2025 – 88.0%



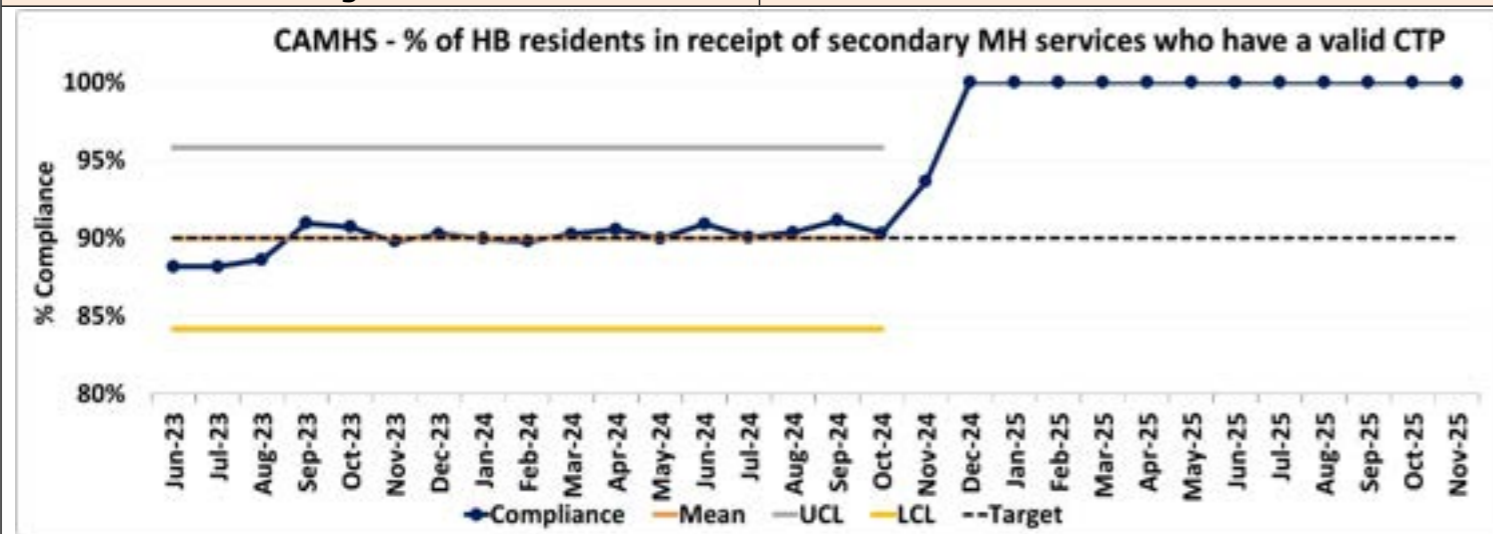
What key actions are we taking and when do we anticipate improvement?

- The improvement action plan & trajectory implemented during 2024 to improve compliance in Parts 1 & 2 of the Mental Health Measure continues to successfully deliver in all three areas.
- Maintaining compliance for Part 1b is facilitated by continuing to develop local groups within the directorate, in partnership with the third sector. The Service also continues to engage with the SilverCloud digital offer and attendance at the All Wales co-ordination meetings continues.
- The service monitors and maintains compliance with real time dashboards.
- Immediate action is taken, when required, to ensure performance compliance is maintained. This could result in reallocation of staff resource to an area experiencing high demand.
- The focus is very much on maintaining the positive compliance rates, which is assisted by our real time noting of all aspects of waiting times.
- Bi-Monthly supportive meetings are in place with NHS Performance and Improvement team, helping to improve sustainable compliance in all areas.

% of HB residents who are in receipt of secondary MH services who have a valid CTP

Target 90%

Oct 2025 -100%



What are the key risks and mitigations?

- The CAMHS service experiences regular fluctuations in demand and this can have a negative effect on waiting times for assessment and treatment.
- Clinical colleagues continue to report rising acuity within their patient population, which may impact future delivery - this is closely monitored.
- Staffing levels and sickness are historically low in community CAMHS teams and good progress has been made with recruitment – currently very few/no vacancies. This strengthens the position if there is an increased demand on the service.
- The number of assessments is influenced by seasonal variation as observed during months such as August & September, where staff annual leave results in fewer assessments carried out.

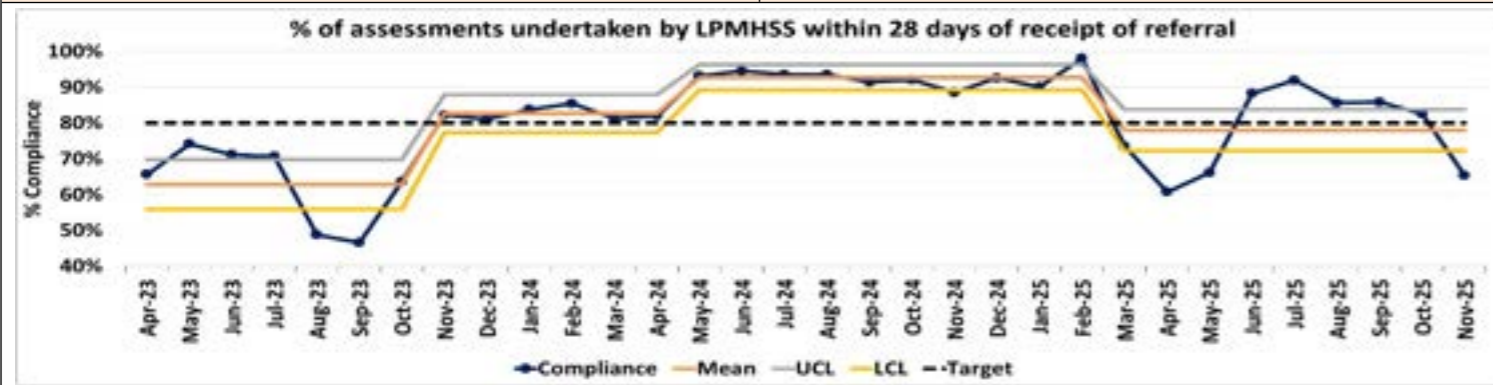
# CTMUHB Mental Health & Learning Disabilities Care Group

## Adult Mental Health Services

**% of assessments undertaken by LPMHSS within 28 days of receipt of referral**

**Target 80%**

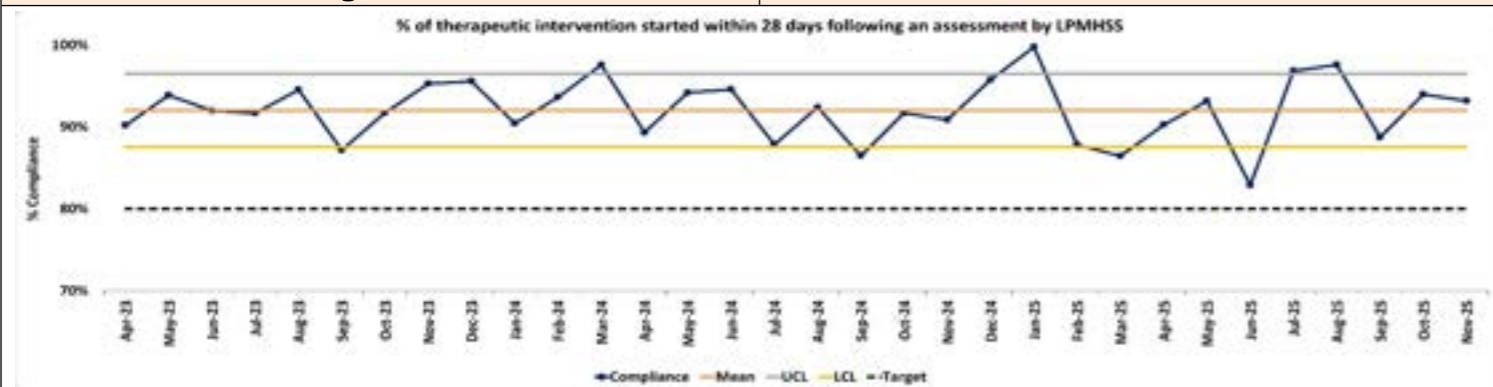
**Nov 2025 – 65.3%**



**% of therapeutic intervention started within 28 days following an assessment by LPMHSS**

**Target 80%**

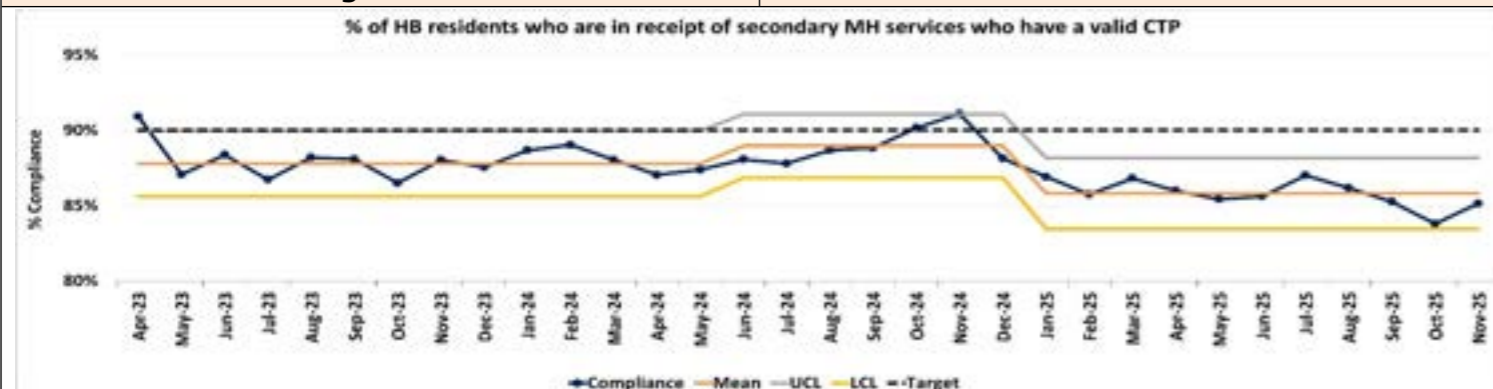
**Nov 2025 – 93.2%**



**% of HB residents who are in receipt of secondary MH services who have a valid CTP**

**Target 90%**

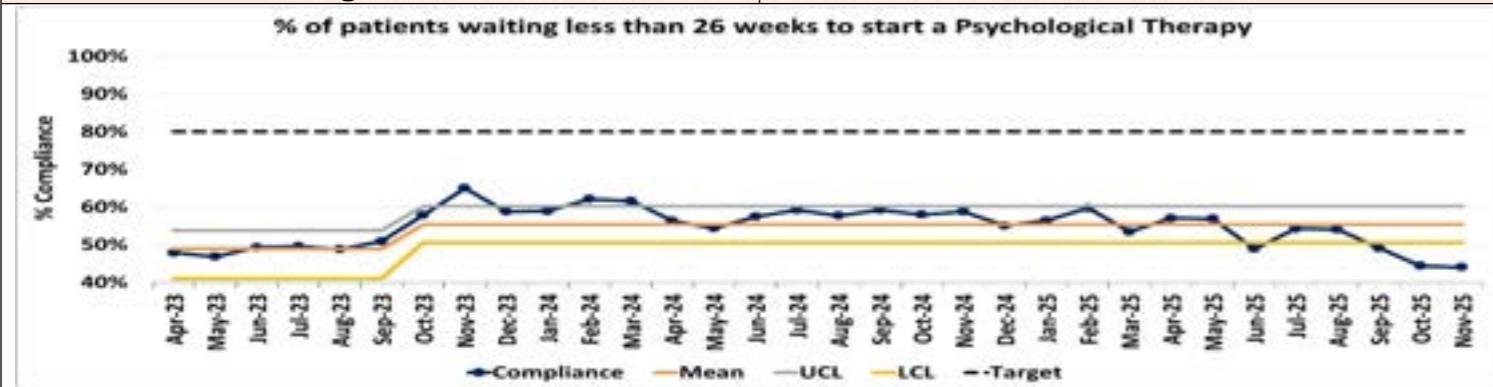
**Nov 2025 – 85.1%**



**% of patients waiting less than 26 weeks to start a Psychological Therapy**

**Target 80%**

**Nov 2025 – 44.0%**



**How are we doing and what are our key concerns?**

**Part 1a**

- Performance dropped below target for the first time in five months due to clearing backlog of referrals.
- Waiting list for assessments has doubled in the past six months to 1,044 in November. 398 assessments completed in November (monthly average 469) - key concern - increased waiting times and backlog of assessments.

**Part 1b**

- Key concern - demand likely to rise once Part 1a backlog is cleared.

**Part 2**

- Adult services account for the largest number of patients, with performance between 81% and 83% since April 2025. Ensuring timely reviews of Care and Treatment Plans remains a concern.

**Psychological Therapy**

- Compliance is low due to limited resources available to support the service, including processing referrals and booking groups. Without action, compliance is projected to continue declining with an increase in the number of people waiting over 26 weeks for psychological intervention.

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

**Part 1a**

- Clearing backlog of referrals and assessment/intervention outcomes - expected to be cleared by end of January 2026, with performance improving by end of March.

**Part 2**

- Reviewing CTP registers to align with contact records.
- Recruiting to vacant medical and administrative team leader posts.
- Developing a CTP tracker to flag upcoming reviews.
- Expected improvement from March onwards.

**Psychological Therapy**

- Validation of 1:1 and group therapies has been completed. There are 794 patients on the waiting list for 1:1 and 412 for group therapies.
- Psychotherapy Groups - Eight groups are scheduled to start in January which will reduce the waiting list by 180 - expected improvement from March onwards.

**What are the key risks and mitigations?**

**Part 1a**

- Risk: Further increase in waiting list size and longer waits.
- Mitigation: Weekly performance meetings to monitor actions and targets - waiting list management.

**(Part 1b)**

- Risk: Longer waiting times if demand rises.
- Mitigation: Weekly monitoring of demand and capacity.

**Part 2**

- Risk: Patients not receiving timely CTP reviews.
- Mitigation: Implementing CTP tracker to flag reviews where completion is due imminently.

**Psychological Therapy**

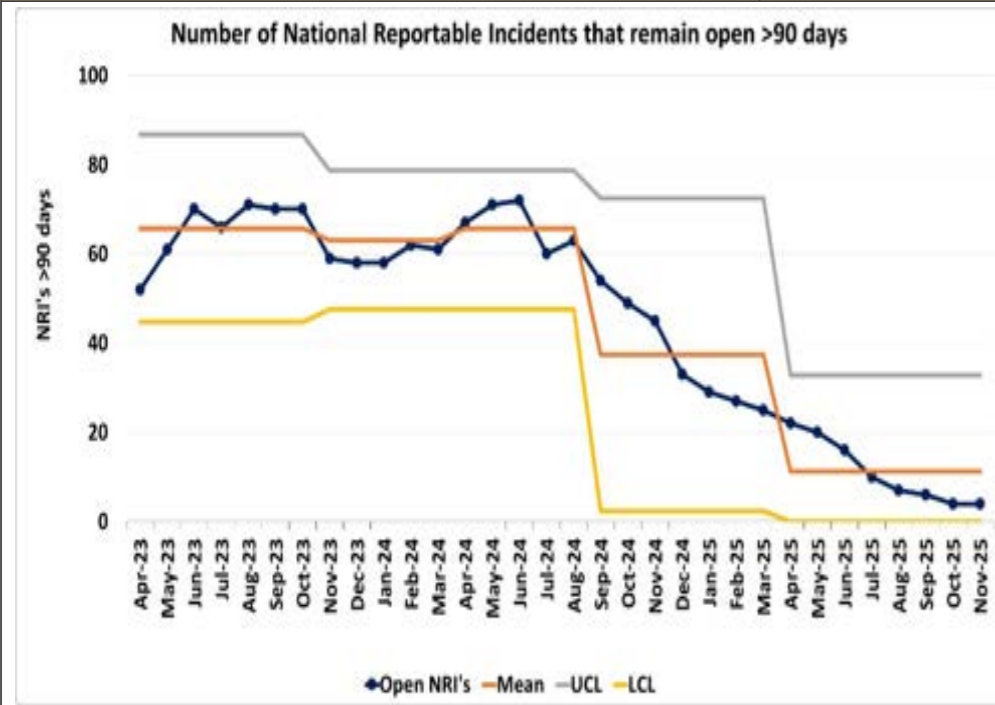
- Risk: Waiting list continues to grow - increasing delays.
- Mitigation: Weekly performance meetings to monitor actions and targets - waiting list management.

# CTMUHB Safe Services

## Number of National Reportable Incidents that remain open 90 days or more

Target – 12 month reduction trend

Nov 2025 - 4



Type of Nationally Reportable Incidents	Total
Pressure Damage	55
Maternity adverse occurrence	14
Neo-Natal Event	13
Infection Prevention and Control	9
Transfer, Discharge	8
Patient/service user death	8
Access, Admission	6
Assessment, Investigation, Diagnosis	6
Treatment, Procedure	5
Diagnostic Testing - Radiology	1
Transport	1
Equipment, Devices	1
<b>Grand Total</b>	<b>127</b>

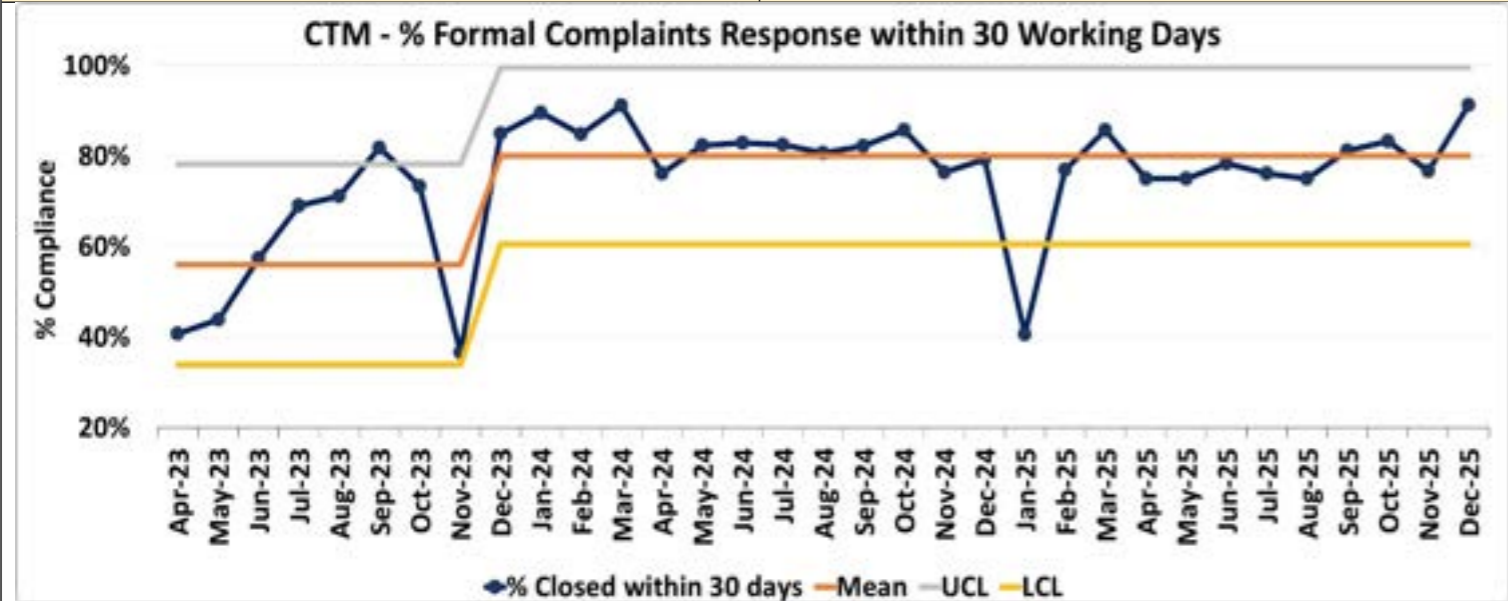
## How are we doing and what are our key concerns?

- As at November 2025, the number of open National Reportable Incidents past the 90 days timeframe, remained stable, recording just 4 in total.
- 6 NRI notifications were submitted during December to the NHS Executive (NRI's are detailed in the table to the left), with a total of 127 incidents submitted during the past 12 months.
- During December, 34 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations.
- During the past 12 months, 466 formal complaints have been received by the HB with the vast majority (75%) relating to clinical treatment/assessment.
- Compliance against the formal complaints response within 30 working days reached 91.3%, above CTM's target of 75%.

## % formal complaints response within 30 working days

CTM Target – 75%

Dec 2025 – 91.3%



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

- NRI's - work continues to be undertaken to ensure investigations are concluded and a timely outcome is provided to patients and their families.
- Complaints - we continue to improve the efficiency of the Health Board's concerns triage process, ensuring a timely response.

## What are the key risks and mitigations?

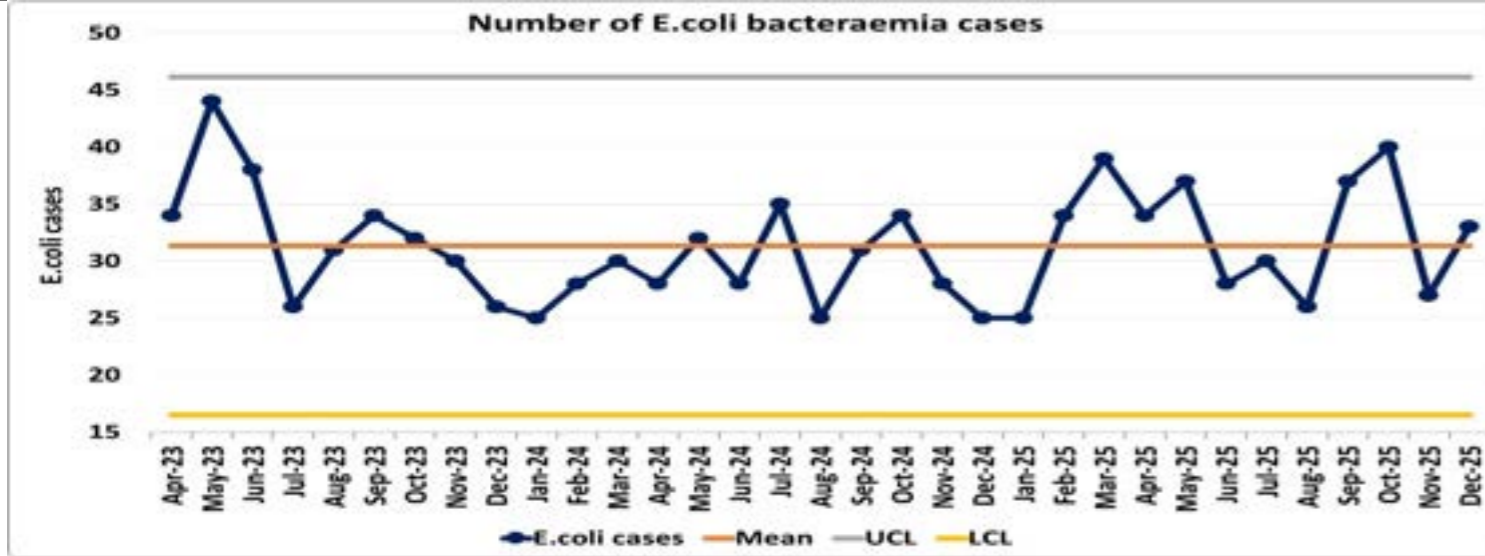
- No key risks have been noted this month.

# CTMUHB Safe Services

## Laboratory confirmed bacteraemia cases of E.coli

Target – No more than 67 per 100,000 population per annum

Apr to Dec 2025 = 86.80 (per 100,000 pop.)



In the CTMUHB area, 292 E.coli have been reported during the period April to December 2025. This is 26 more cases than the equivalent period of 2024/25. The provisional rate per 100,000 population for 2025/26 is 86.80, which is higher than the all Wales rate of 70.13.

## How are we doing and what are our key concerns?

- Community onset cases account for 85% of the specimens taken, with a number of those cases linked to a urinary catheter. The majority of the 45 HO cases were deemed unavoidable, 13% were CAUTI.
- The Health Board IPC team are working with colleagues to better understand ways to improve urinary catheter management across CTMUHB.

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

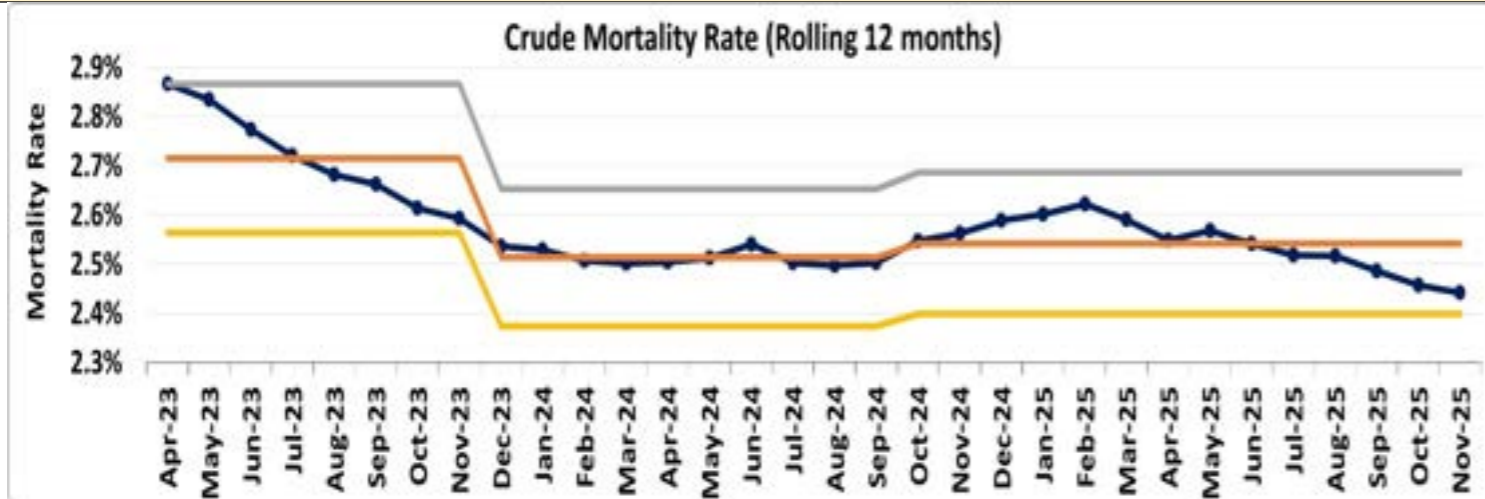
- The health board currently has a catheter passport available; this is in full use in the community but use in inpatient settings needs to be strengthened. IPC and the Bladder and Bowel team are looking at ways of collaborating more closely.
- ANTT (Aseptic Non-Touch Technique) training is to be re-instated as mandatory for all professions. It is essential to work towards increasing the overall compliance with IPC fundamental (mandatory) training.
- It is essential to ensure for all HCAI's, that we create a learning matrix to identify HB themes to guide future actions. The IPC team is looking at ways to develop and implement this and considering the possibility to use ICNet to record findings allowing the data to be analysed by the epidemiologist.

## What are the key risks and mitigations?

- Community focus is essential and higher participation of epidemiology and PHW is required to better understand the driving forces for the high number of cases.

## CTMUHB Crude Hospital Mortality Rate

Rolling 12 month crude mortality rate (Dec 2024 to Nov 2025) is 2.44%

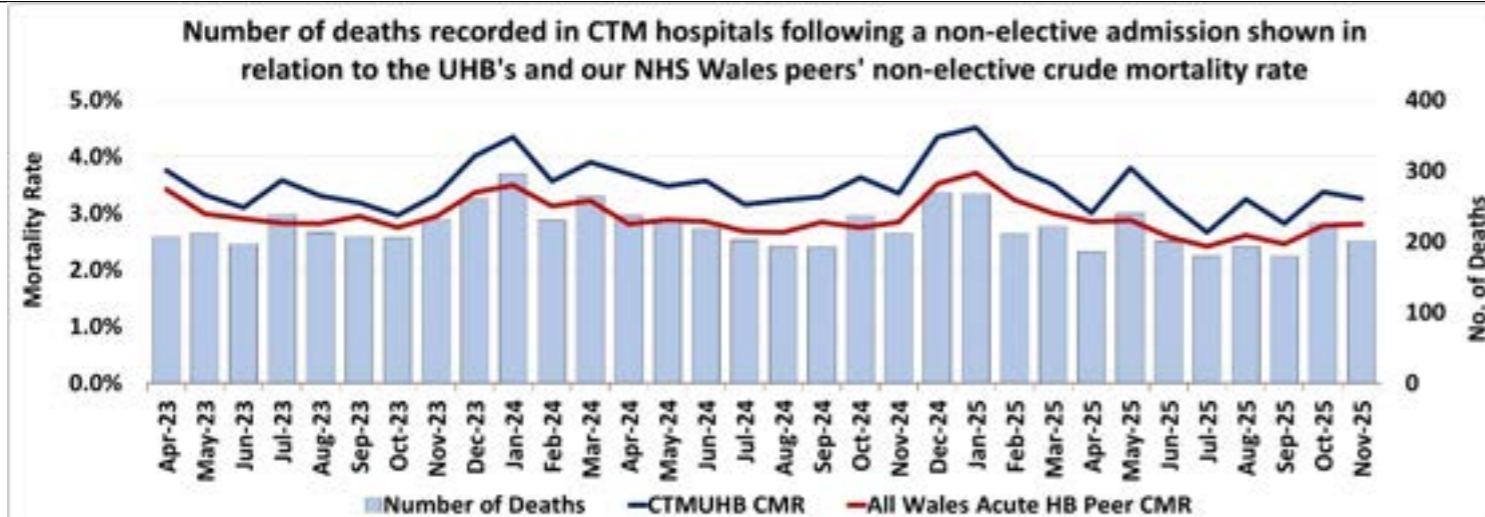


Overall, the UHB's crude non elective mortality rate has fallen from 3.6% in 2023 and 2024 to 3.4% in 2025, whilst the crude elective mortality rate has remained stationary at 0.2%. Over these 3 years inpatient spells delivered by the UHB has remained stationary at c.111,000, however the proportion of spells that were elective increased from 30.5% in 2024 to 31.9% in 2025.

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

The various mortality indicators used by the Health Board are also influenced by the changes in clinical practice. With more patients now being admitted following a presentation to the Emergency Department we are observing a lower ED crude mortality rate, but a higher inpatient crude mortality rate.

As per WG policy the UHB's Multidisciplinary Mortality Review Screening Panel continues to review all deaths in line with 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/>).



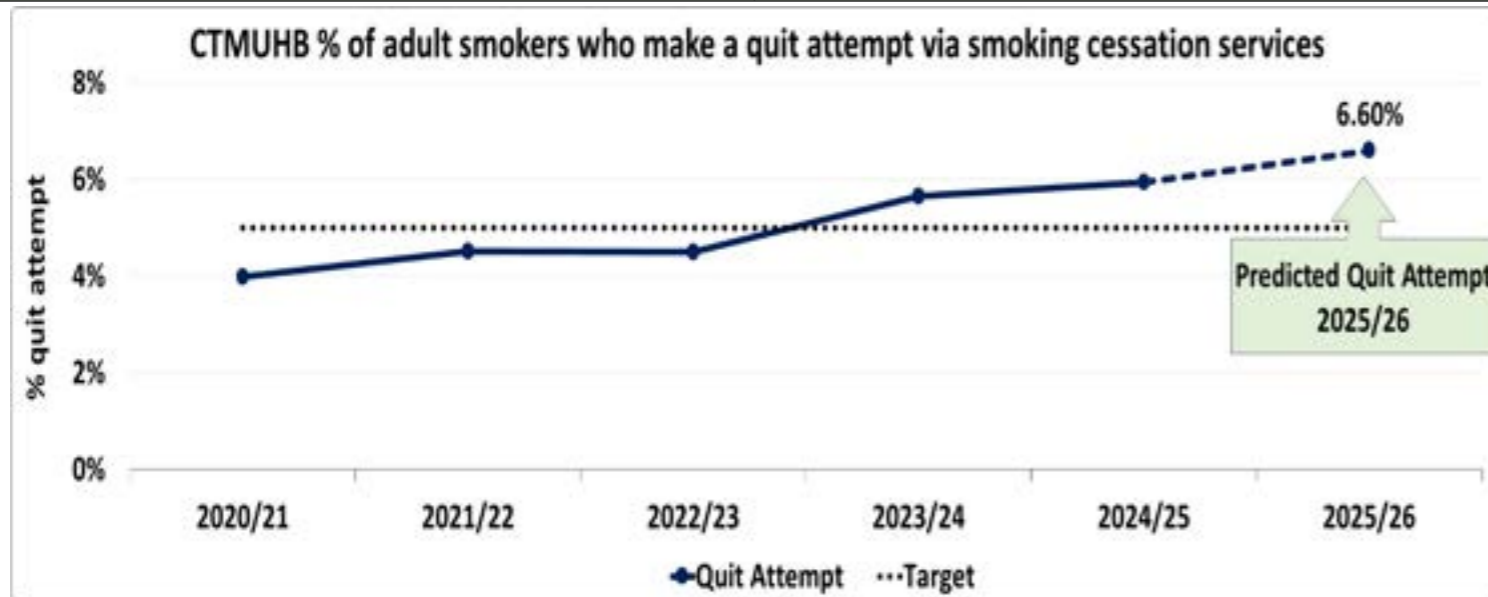
# CTMUHB Improving Population Health & Wellbeing

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

Annual Target – 5%

Qtr 1 to Qtr 2 2025/26 – 3.3%

Predicted Annual Performance – 6.6%



## % 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		
<i>Estimated number of smokers</i>	<i>Estimated % of CTMUHB population who are smokers</i>	<i>Estimated number of smokers needing to access smoking cessation to reach 5% of smokers</i>
<b>45,900</b>	<b>12.4%</b>	<b>2,300</b>
<i>Number of smokers treated by the smoking cessation service</i>	<i>Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter</i>	
<b>1,514</b>	<b>151</b>	
<b>3.30%</b>	<b>9.97%</b>	

## How are we doing and what are our key concerns?

- Health Board 'Help Me Quit' services are currently on track to exceed the 5% treated smoker target in 2025/26, which is extremely positive. It is encouraging to note we have increased performance above 5% for the third consecutive year.

### CO-validated quit target

- It is very challenging to meet this target, due to the high proportion of appointments conducted virtually, resulting in CO readings unable to be taken. Telephone appointments are an efficient and effective way to deliver the service and surveys of our clients demonstrate that around 90% prefer this method. It should be noted that other Health Boards are experiencing similar challenges.
- 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. Consequently, the cumulative quit rate (self-reported & CO validated combined) for Quarters 1 & 2 is at 50%.

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

### CO-validated quit target

- It is hoped this issue will be addressed via a change to the national HMQ in Community Pharmacy service specification. This is currently undergoing the sign-off stage; however, the launch date is currently unknown.
- The HMQ Community team are trialling face-to-face and mixed delivery approaches to assess uptake rates, although it's unlikely that this can be provided on a large enough scale to meet the target.

## What are the key risks and mitigations?

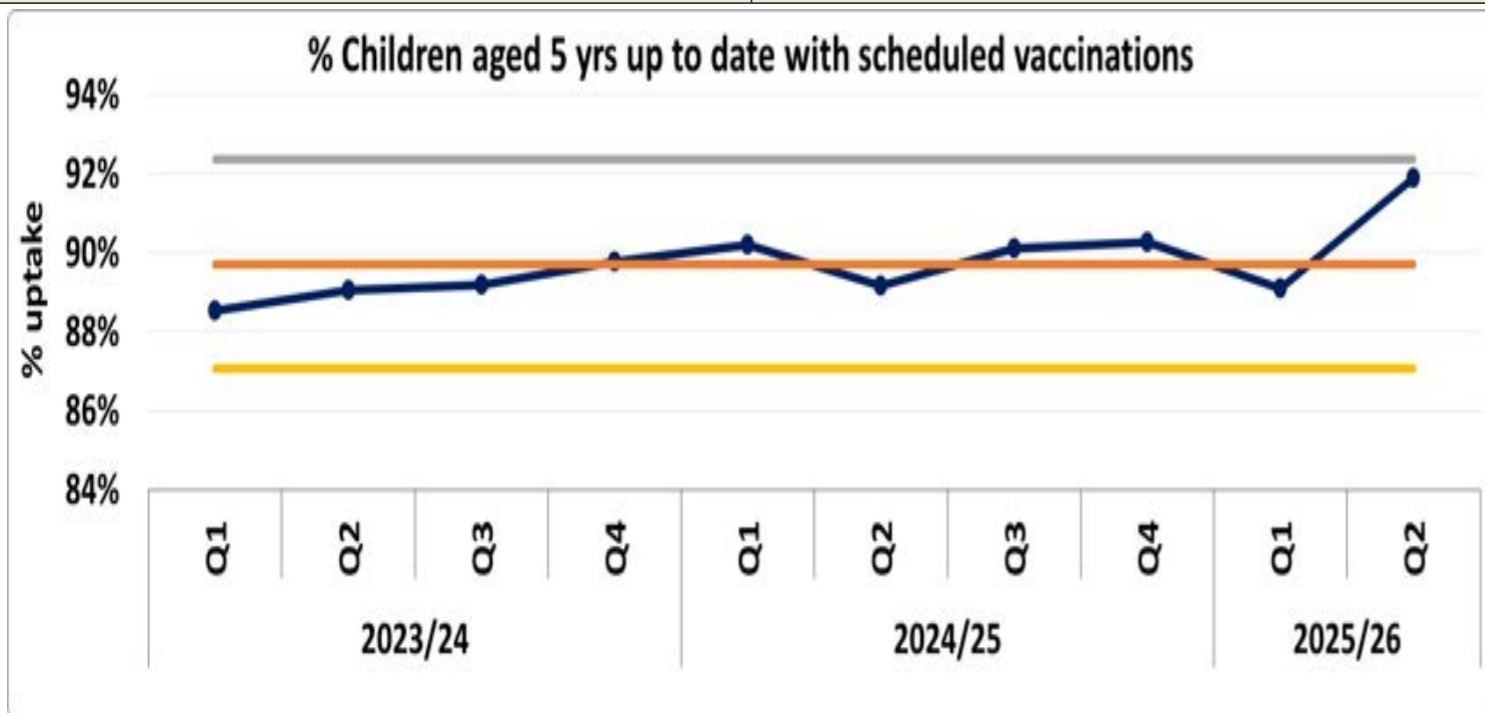
- The main risk facing Help Me Quit services is capacity to further increase numbers of treated smokers. Achieving the Welsh Government ambition of reaching 5% smoking prevalence by 2030 will require a reduction from nearly 46,000 to 18,000 smokers over the next 4 years. Achieving such a reduction will 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.

# CTMUHB Improving Population Health & Wellbeing

% of children who are up to date with the scheduled vaccinations by age 5

Target – 95%

Quarter 2 2025/26 – 91.9%



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.

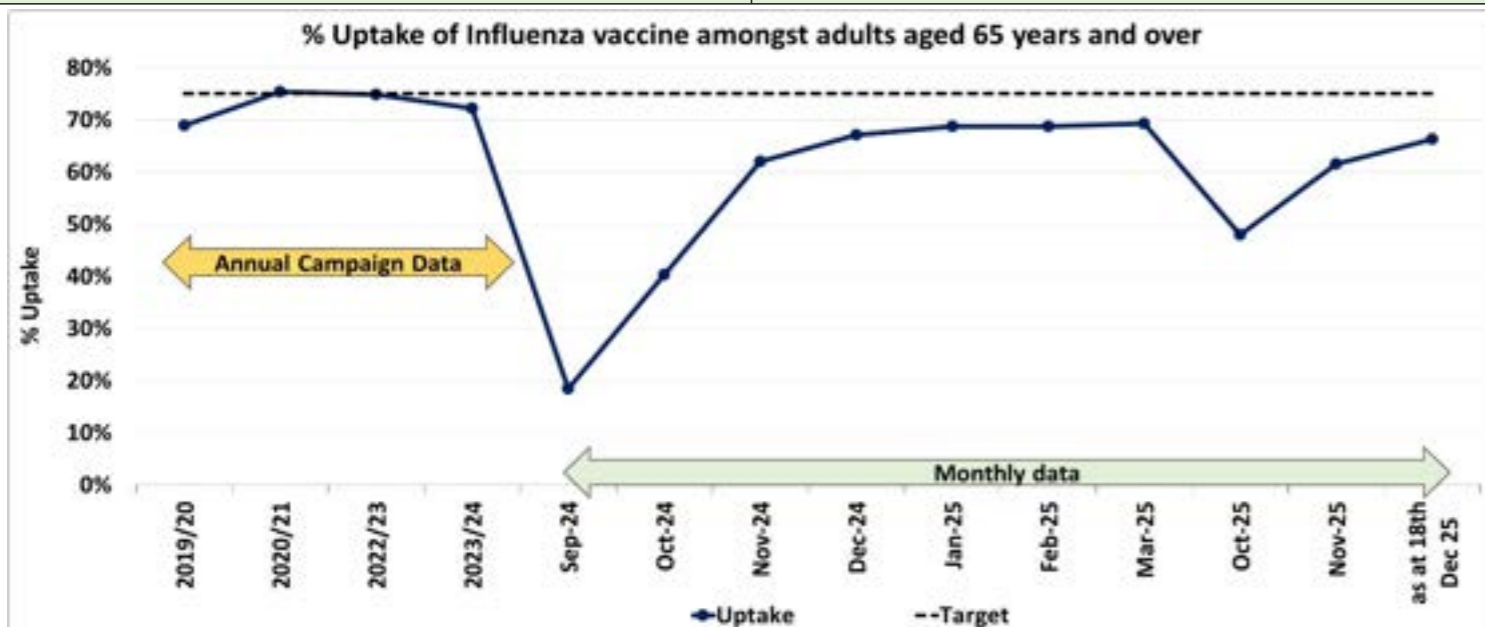
What key actions are we taking and when do we anticipate improvement ?

- 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. Phase 1 took place in December 2025 with an additional 814 vaccines given and plans are in place for the first three weekends in January 2026. Vaccinating this group is essential to protect our older and vulnerable population.

% uptake of the influenza vaccination amongst adults aged 65 years & over

Target – 75%

As at 18<sup>th</sup> Dec 2025 – 66.3%



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.

Progress as at 18<sup>th</sup> December 2025 during the current Influenza vaccination campaign amongst adults aged 65 years & older is:

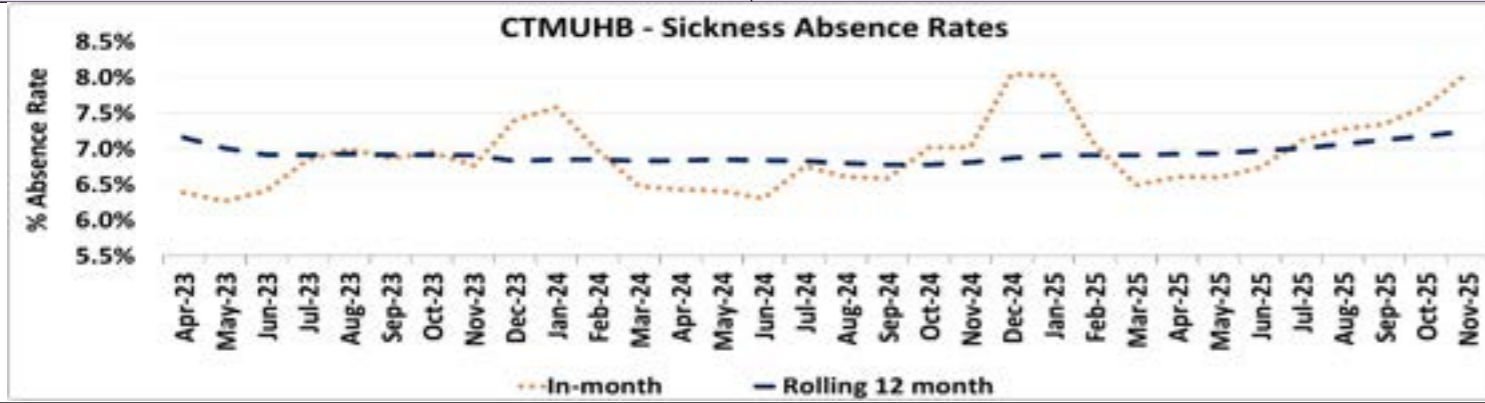
Eligible adults	Immunised	% Uptake
98,681	65,442	66.3%

# CTMUHB Workforce Metrics

## % of sickness absence rate of staff (rolling 12 months)

### Turnover

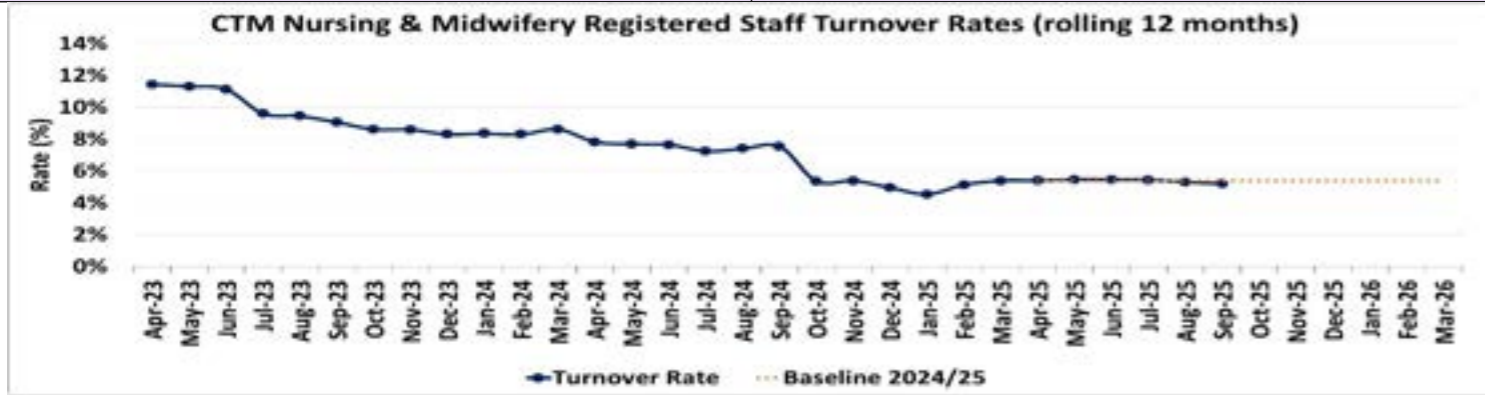
Nov 2025 – 7.25%



## Turnover rate for CTMUHB N&M registered staff leaving NHS Wales

Target – Reduction against 2024/25 - 5.38%

Sep 2025 – 5.19%



## % headcount by organisation who have had a PADR/medical appraisal in the previous 12 months

Target – 85%

Dec 2025 – 71.5%



## % headcount who have completed Statutory & Mandatory Level 1 competencies

Target – 85%

Dec 2025 – 81.8%



## How are we doing and what are our key concerns?

- Rolling 12-month **sickness rate** (Dec 2024–Nov 2025) is 7.25%, up from 6.81% last year. Concern - persistent high sickness rates impacting workforce capacity and wellbeing.
- **Turnover rate** (N&M) registered staff leaving NHS Wales: 5.19% (Sep 2025) - below 5.38% baseline 5. Concern: Retention remains critical for sustainability.
- **PADR** compliance at 71.5% (Dec 2025), below 85% target remains a concern.
- Improvements noted in targeted areas (e.g. Facilities risen from 57.5% to 79.02% since Aug 2025).
- **Level 1** at 81.8% (Dec 2025) - overall compliance across all levels 75.1%, short of 85% target. Concern: Training gaps could impact safety and assurance.

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

### Sickness:

- Health & Wellbeing Campaign launched (focus on management tools, governance, healthy environments).
- Internal audit on Medical & Dental sickness recording underway.
- Plans in place for the management of all absences greater than 12 months.
- Manager guides development (sickness recording, RTW, long-term sickness) by Jan 2026.
- Occupational Health feedback survey and focus groups planned Jan 2026.
- Managing Attendance at Work training rollout from Feb 2026.
- Plan is to achieve a 1% reduction in sickness absence by Oct 2026 (baseline - 6.98%).

### Turnover:

- Continue to drive progress of N&M All-Wales retention plan.
- Holistic wellbeing strategy (including wellbeing courses and PDR-linked plans). Maintain Wellbeing Activists and Champions network.
- Engagement with student nurse/midwife recruitment streamlining.
- Nursing Academy development for career pathways.
- Pastoral and career support sessions re-launched.
- Establishment reporting rollout across staff groups.

### PDR:

- Focus on low compliance via Care Group performance meetings.
- PDR quality audits to ensure meaningful conversations.
- Embed PDR training into Ignite Management Essentials.

### Core Learning:

- Launch CTM Core Learning Review (align with Welsh Government recommendations).
- Improve governance for new training approvals.
- Develop CTM-specific modules to meet multiple requirements.
- Condense Violence & Aggression training to ensure relevance to roles.

## What are the key risks and mitigations?

### Sickness:

- Risk: Failure to reduce sickness impacts wellbeing, increases pressure on staff, and raises variable pay costs.
- Impact: Lower morale, productivity, and engagement.

### Turnover:

- Risk: Loss of talent and expertise affecting patient care.
- Impact: Increased recruitment time, variable pay costs, and potential rise in sickness due to vacancies.

### PDR & Core Learning:

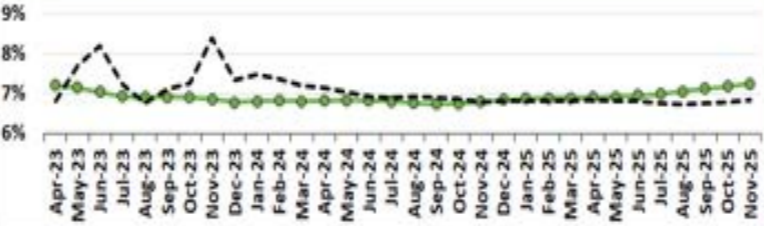
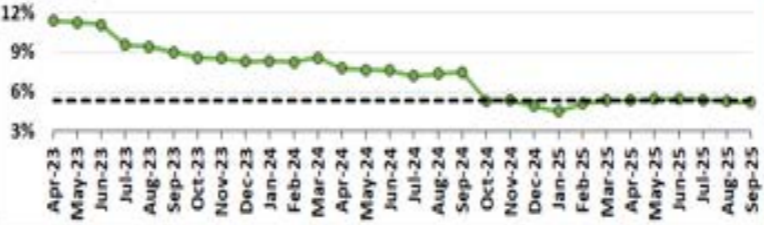
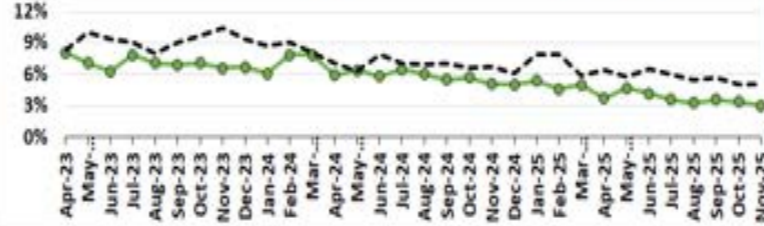

- Risk: Lack of alignment with strategic objectives, poor morale, and retention issues.
- Impact: Missed development opportunities, delayed pay progression and safety assurance gaps.

2.2 Appendix 1 - Welsh Government Performance Framework Indicators – Quadruple Aim

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management				
Performance Measure	Target	Key:  Trend  Target/Trajectory	Key: Hit Target	Target Failed
			Latest Position	
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target (Higher is good)		Predicted 2025/26 6.60%	Q2 2025/26
Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target (Higher is good)		9.97%	
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend (Higher is good)		86.7%	Q2 2025/26
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95% (Higher is good)		91.9%	Q2 2025/26
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (applicable during 01.04.25-30.06.25 & 01.01.26-31.03.26)	90% (Higher is good)		81.6%	Q2 2025/26
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (applicable during 01.09.25 - 31.03.26)	75% (Higher is good)		61.6%	Nov-25
Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2025: All eligible people (applicable 01.04.25 - 30.06.25 & 01.09.25 - 31.03.26)	75% (Higher is good)		43.7%	Nov-25
Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90% (Higher is good)		20.9%	Oct-25
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90% (Higher is good)		99.3%	Oct-25
Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95% (Higher is good)		96.5%	Nov-25

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 In-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%	Dec-25
	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)		80.9%	Apr-Oct 2025
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year (higher is good)		2,030	Sep-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)		85.9%	
	% 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)		65.3%	Nov-25
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80% (Higher is good)		88.0%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80% (Higher is good)		93.2%		
Access Hospital Services Quickly	Median emergency response time to Purple (Arrest) Calls	6-8 minutes median (Lower is good)		08:13	Dec-25
	Median emergency response time to Red (Emergency) Calls			10:40	
	Median emergency response time to amber calls	12 Month Reduction Trend (Lower is good)		01:40	Nov-25
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less (Lower is good)		13	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less (Lower is good)		72	Dec-25

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)		59.1%	Dec-25
	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)		2,187	
	% 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)		65.0%	Nov-25
	Number of patients waiting more than 8 weeks for a specified diagnostic	Zero (Lower is good)		4,541	
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100% (Higher is good)		94.2%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero (Lower is good)		7	
	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)		2,288	Dec-25
	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			138	
	Number of patients waiting over 52 weeks for a new outpatient appointment	Zero (Lower is good)		5,763	
	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)		42,213	
Access Hospital Services Quickly	Number of patients waiting more than 104 weeks for referral to treatment	Zero (Lower is good)		436	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment	80% (Higher is good)		23.9%	Nov-25
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			44.0%	

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure	Target	Key: <span style="color: green;">●</span> Trend <span style="color: black;">---</span> Target/Trajectory	Key: Hit Target	Target Failed	Latest Position
<b>Motivated &amp; Sustainable Workforce</b>	% of sickness absence rate of staff	12 Month Reduction Trend (Lower is good)		7.25%	Nov-25
	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)		5.19%	Sep-25
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend (Lower is good)		3.0%	Nov-25
<b>Training &amp; Development</b>	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)		71.5%	Dec 2025 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Oct to Dec 2025 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

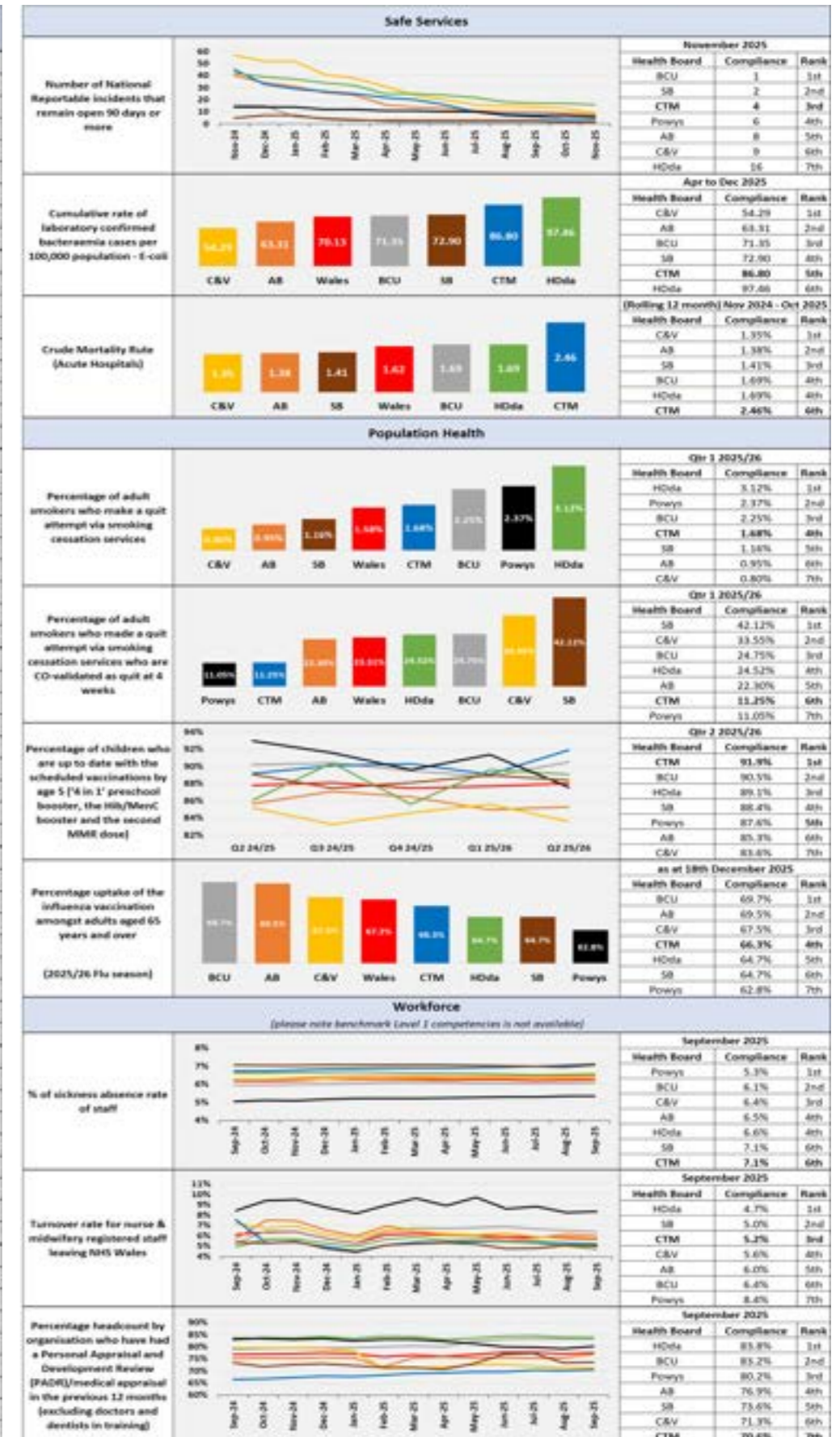
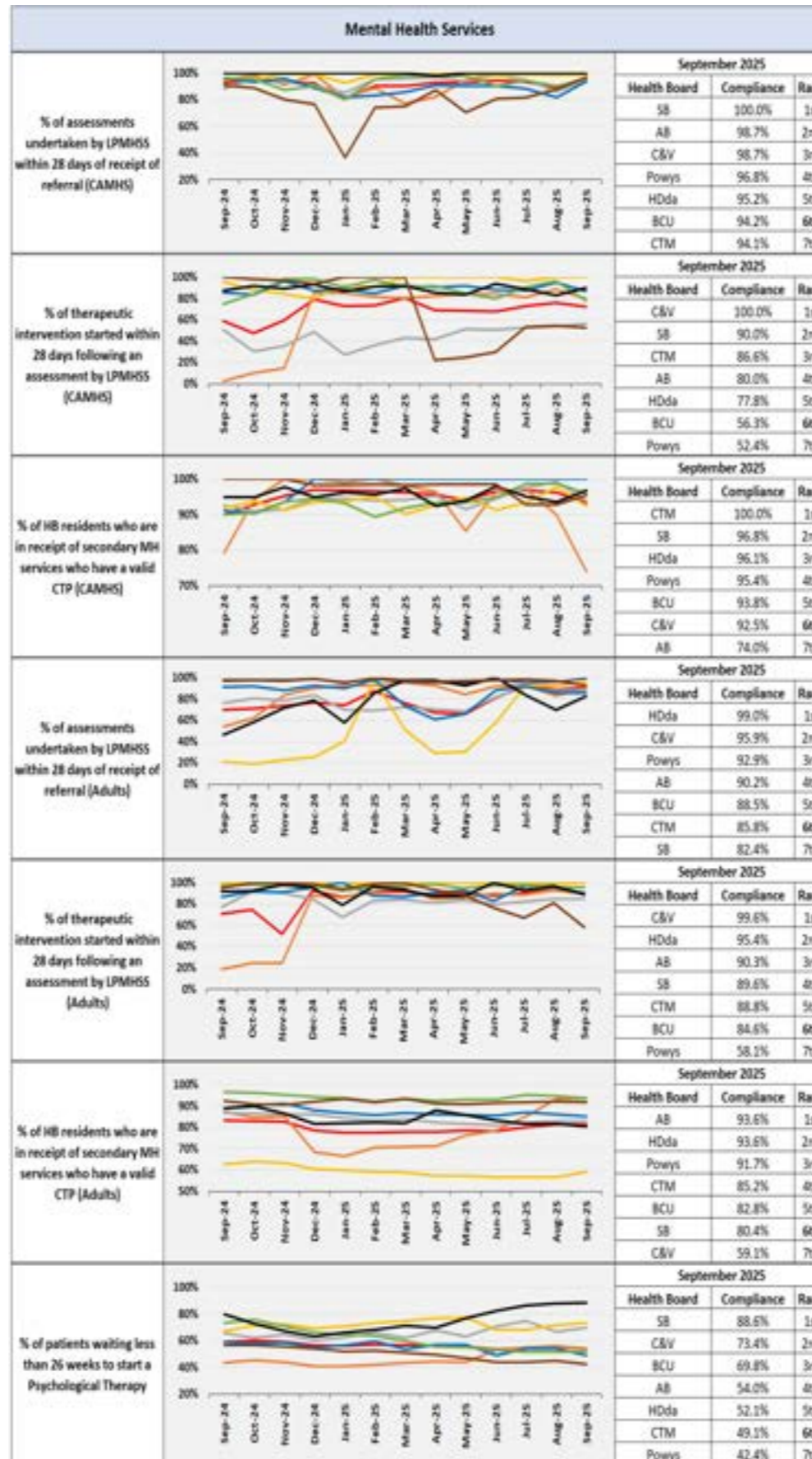
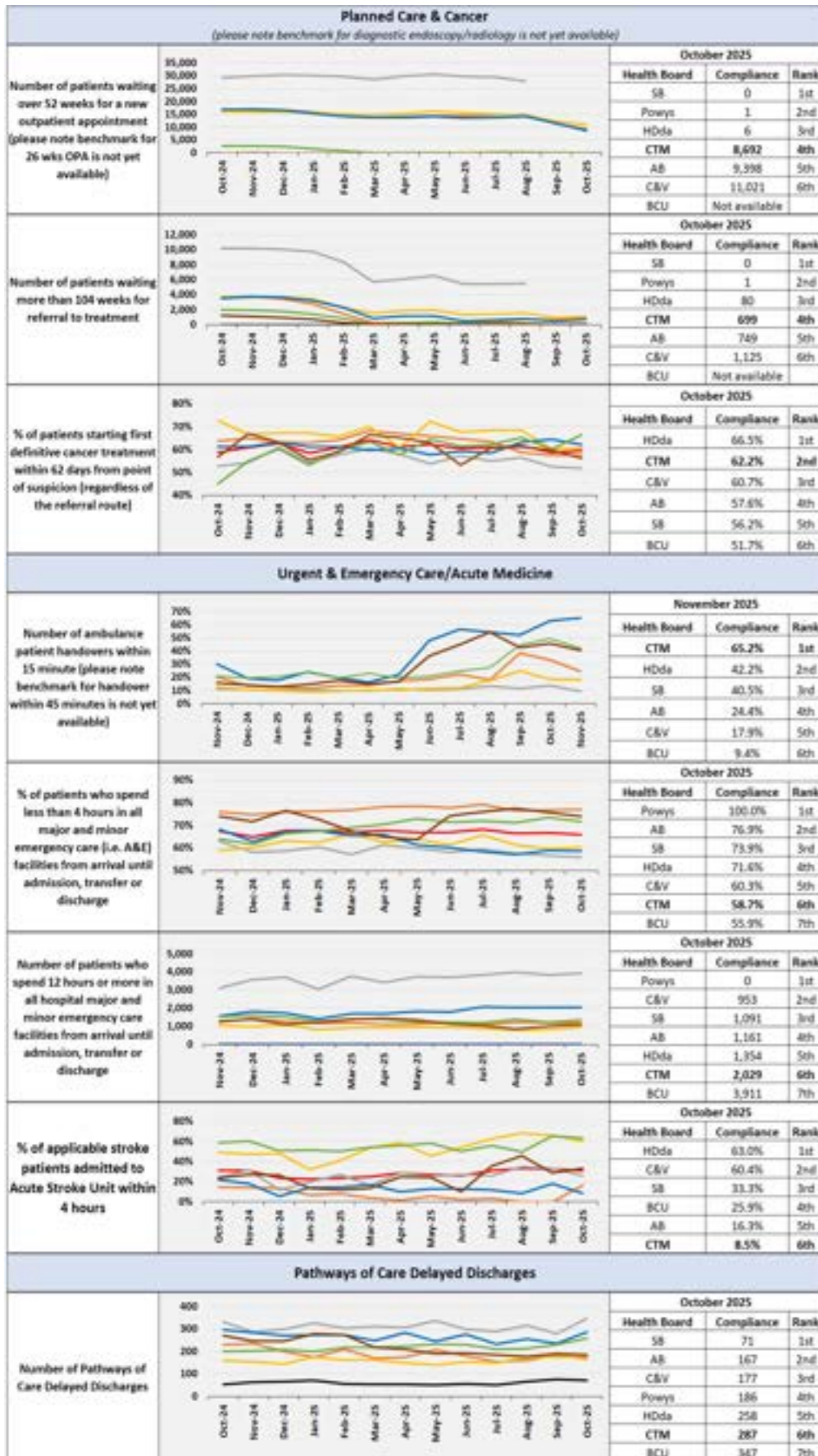
Performance Measure	Target	Key: — Trend --- Target/Trajectory	Key: Hit Target Target Failed		
			Green = Target Met / Red = Under	Latest Position	
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend (Higher is good)		81.3%	Oct-25
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90% (Higher is good)		76.1%	
Efficient Services	Number of Pathways of Care delayed discharges	12 month reduction trend (Lower is good)		291	Nov-25
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%	Nov-25
	% 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			85.1%	
	Number of service user feedback experience responses completed and recorded on CIVCA	Month on month improvement (Higher is good)		2,676	

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			
			Green = Target Met / Red = Under	Latest Position		
Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2025/26 (Lower is good)		105	Apr - Dec 25	
	Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2025/26 (Lower is good)		9		
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population (Lower is good)		86.80		
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,000 population (Lower is good)		26.46		
	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,000 population (Lower is good)		36.86		
	% 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)		44.8%		Nov-25
	% 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)		63.7%		Oct-25
	Number of ambulance patient handovers over 1 hour	Zero (Lower is good)		175		Dec-25
	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)		58.0%		
	Number of National Reportable Incidents that remain open 90 days or more	12 month reduction trend (Lower is good)		4		Nov-25

## 2.1 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

3.1 The key risks for all areas are covered in the summary and main body of the report.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="https://www.futuregenerations.wales/150623-guide-to-the-fg-act-en.pdf">150623-guide-to-the-fg-act-en.pdf</a> (<a href="https://www.futuregenerations.wales/">futuregenerations.wales</a>)</b>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (<a href="https://gov.wales/">gov.wales</a>))</b>	Data to Knowledge
	If more than one applies please list below: Data to Knowledge
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (<a href="https://gov.wales/">gov.wales</a>))</b>	Effective
	Efficient, Equitable, Person Centred, Timely, Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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.
<b>Cyfreithiol / Legal</b>	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.	
<b>Enw da / Reputational</b>	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.	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	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

5.1 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
<b>Welsh Health Boards</b>		
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	

<b>6.1.1</b>	<b>29 January 2026</b>	<b>Public Board</b>	<b>Ambulance Handover &amp; Discharge Processes</b>
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<b>Report Details:</b>	
FOI Status:	Open (Public)
If closed please indicate reason:	NA
Prepared By:	Gethin Hughes
Presented By:	Gethin Hughes, Chief Operating Officer
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	For Discussion For Noting
Engagement undertaken to date:	NA – existing service update

<b>Impact Assessment:</b>	
Indicate the Quality / Safety / Patient Experience Implications:	Quality/Safety/Patient Experience
Related Health and Care Standard	Governance, Leadership & Accountability
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No – existing service update
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	The Health Board is issuing an update regarding existing services. Increased demand during the winter season presents notable challenges for both operational processes and workforce capacity.
Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health



## Urgent and Emergency Care – 45 Minute Ambulance handover

### Key Actions

- UNITE (**U**nscheduled care **I**mprovement, **T**ransformation and **E**fficiency programme).
- Development of Future model for frailty services and the Acute Care of the Elderly Unit (ACE) -Phase 1 - POW complete, Phase 2 - PCH planned.
- ACE Footprint extended and refreshed Care of the Elderly (COTE) model for POW implemented, blueprint for pan CTM approach.
- POW ED Ambulatory Footprint opened, corridor space closed October 2025.
- UTC Pilot extended in PCH March 2026.
- 45 min Escalation Action Cards implemented.
- Launch Electronic safety huddle
- Reduction of conveyances with Clinical Navigation Hub review of the Welsh Ambulance Services Trust (WAST) stack and use of clinical pathways.
- Review of ePCR prior to arrival to ensure correct hospital disposition & anticipation of creating an appropriate handover space
- Identification of a risk assessed space to support handover and supporting quality impact assessment undertaken.
- Prompt triage by dedicated ambulance triage nurse (RGH/PCH)
- Rapid assessment by senior ED Clinician at the front door (RGH/POW)
- Maximise use of fit to sit capacity (all EDs)
- Full GP intake back to POW
- Implementation of CTM UHB Integrated System Escalation Policy for Urgent and Emergency Care.
- Working with local WAST colleagues to provide relevant information prior to arrival e.g. bariatric patients, Infection, Prevention & Control (IPC) needs, to provide time to source required equipment, space etc.

## Immediate implementation of Handover 45

To facilitate timely ambulance handover in line with the Welsh Government target for all ambulance handovers to be completed within 45 minutes a set of action cards have been developed by the Unscheduled Care Group. This is under review to align with the NHS directive to implement immediate handover <45mins

The escalation cards provide a set of actions to be completed at different levels of ED escalation.

1. Level 1: Steady State (expected ambulance handover less than 15 minutes)
2. Level 2: Amber Low: Moderate pressure (expected ambulance handover within 15 – 30 minutes)
3. Level 3: Amber High: Severe pressure (expected ambulance handover within 30-45 minutes)
4. Level 4: Red: Extreme pressure (expected ambulance handover To 45 minutes)
5. Level 5: Black: Extreme pressure/safety concerns (expected ambulance handover in excess of 60 minutes)

The actions must be continually undertaken regardless of an ambulance being inbound to ensure efficient use of capacity.

To facilitate handover an ambulance within 15 minutes the ED requires one ring fenced resus space, one Immediate Release Request (IRR). This includes the temporary use of an agreed risk assessed surge space at the discretion of the Emergency Department (ED) Nurse in Charge/ ED Senior Clinician for a **maximum of 30 minutes** for a confirmed move out of the ED to an allocated bed within the 30-minute time frame.

## Urgent and Emergency Care – 12 Hour ED Performance

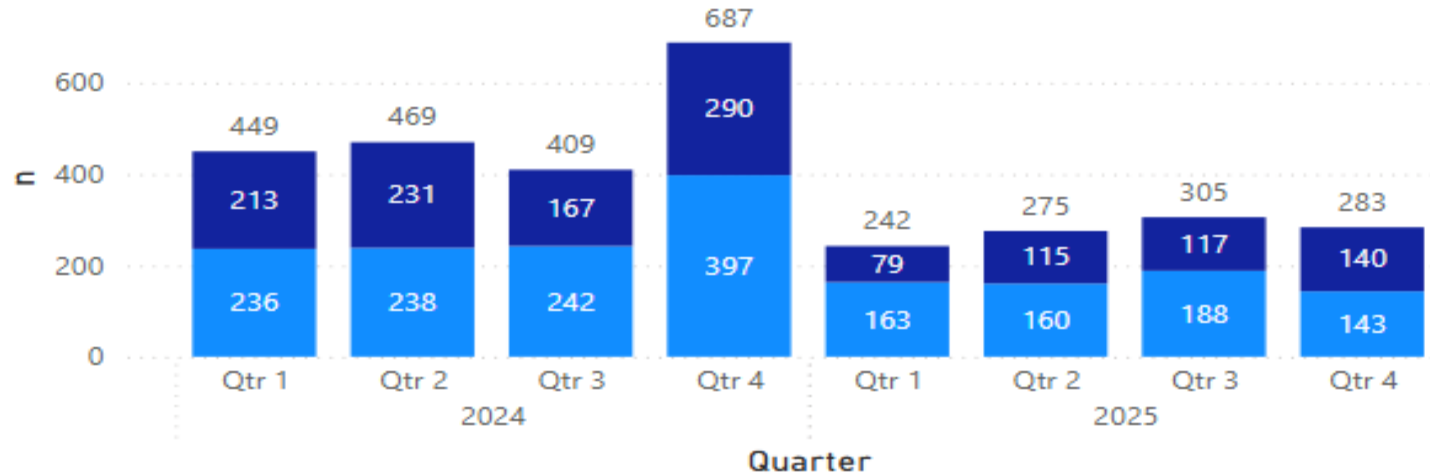
### Key Actions

- Patients waiting to be seen – review at 4 hours with set of observations and review of position in queue and options for alternative management.
- Review of ED data for more information on patterns of long waits e.g. arrival over a 24-hour period.
- Review of demand and capacity modelling with the results.
- Delays in transport home for patients awaiting an ambulance.
- Improvement in data quality for booking in and booking out etc. This will be more streamlined with the new Digital Healthcare Wales (DHCW) UEC app, roll out planned March 2026.
- Review of role of patient flow coordinators and development of business case for increased numbers.

## Urgent and Emergency Care – ED Attendances from Care Homes

ED attendances from care homes

Site ● PCH ● RGH





CYNNAL  
EIN  
DYFODOL  
SUSTAINING  
OUR FUTURE



YSBRYDOLI  
POBL  
INSPIRING  
PEOPLE



GWELLA  
GOFAL  
IMPROVING  
CARE

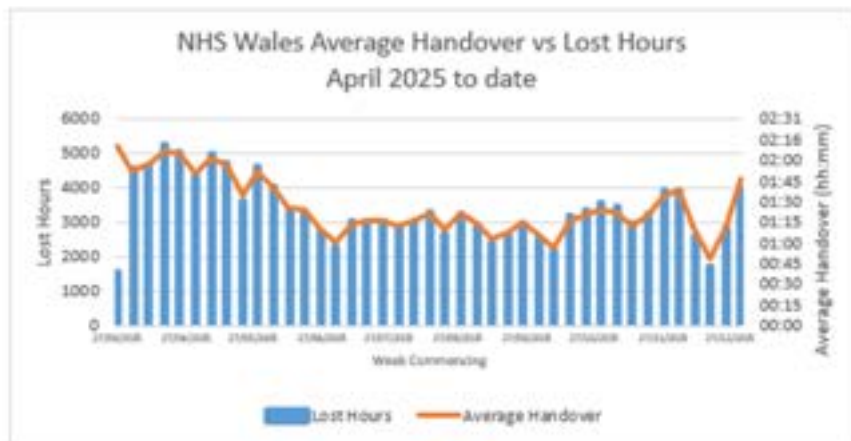


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HEALTH

# Monthly Ambulance Handover Performance Summary December 2025



45 Minute Handover RAG		>90% handovers taking <= 45m	75%-90% handovers taking <= 45m	50% - 75% handovers taking <= 45m		>50% or over taking <= 45m
		1 ACUTE SITES	3 ACUTE SITES	5 ACUTE SITES		3 ACUTE SITES
Acute Sites	Ambulance Arrivals at ED	Average H/O	H/O <= 45 mins ED	% H/O <= 45 mins ED	% H/O <= 45 mins ED Year to Date	Lost Hours
Royal Glamorgan Hosp Pontyclun	834	00:18	769	92.2%	77.2%	128
Prince Charles Hosp Merthyr	691	00:27	618	89.4%	79.1%	187
Princess Of Wales Bridgend	441	00:33	373	84.6%	76.3%	162
University Hospital Of Wales	1451	00:34	1202	82.8%	76.2%	499
Withybush Hosp Haverfordwest	614	00:53	440	71.7%	58.0%	429
Bronglais Gen Hosp Aberystwyth	318	00:54	227	71.4%	57.9%	218
Morriston Hospital Swansea	1176	01:06	781	66.4%	70.1%	1042
Glan Clwyd Hosp Bodelwyddan	1401	01:04	923	65.9%	47.8%	1176
Glangwili Hospital Carmarthen	847	01:38	497	58.7%	53.6%	1212
Maelor General Hosp Wrexham	1088	01:58	523	48.1%	34.2%	1901
Grange University Hospital Cwmbran	1432	02:12	609	42.5%	47.0%	2824
Ysbyty Gwynedd Hosp Bangor	1119	02:19	416	37.2%	31.5%	2343



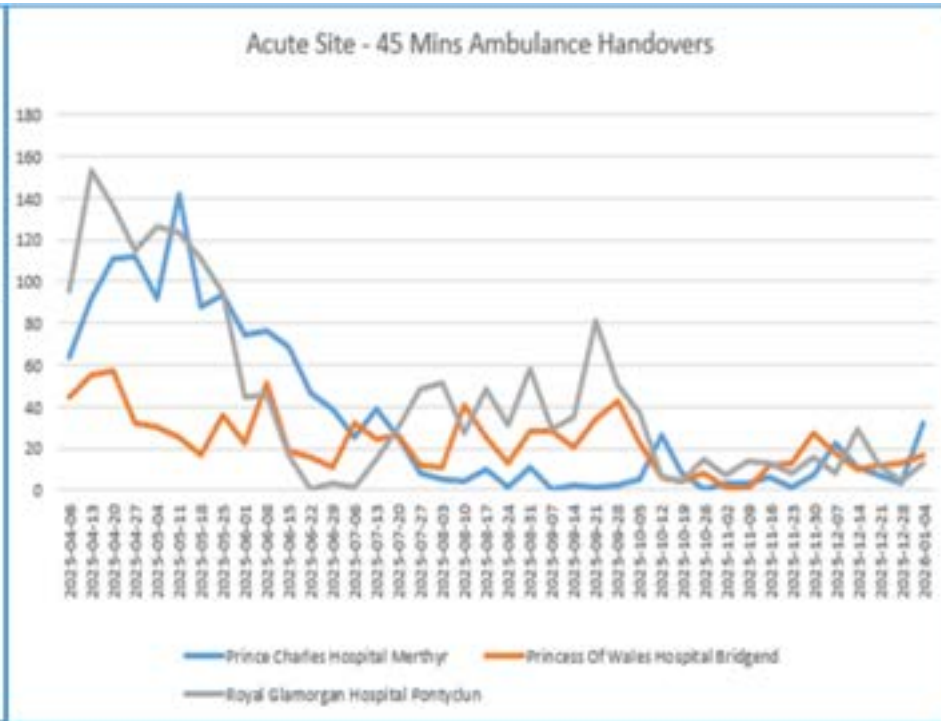
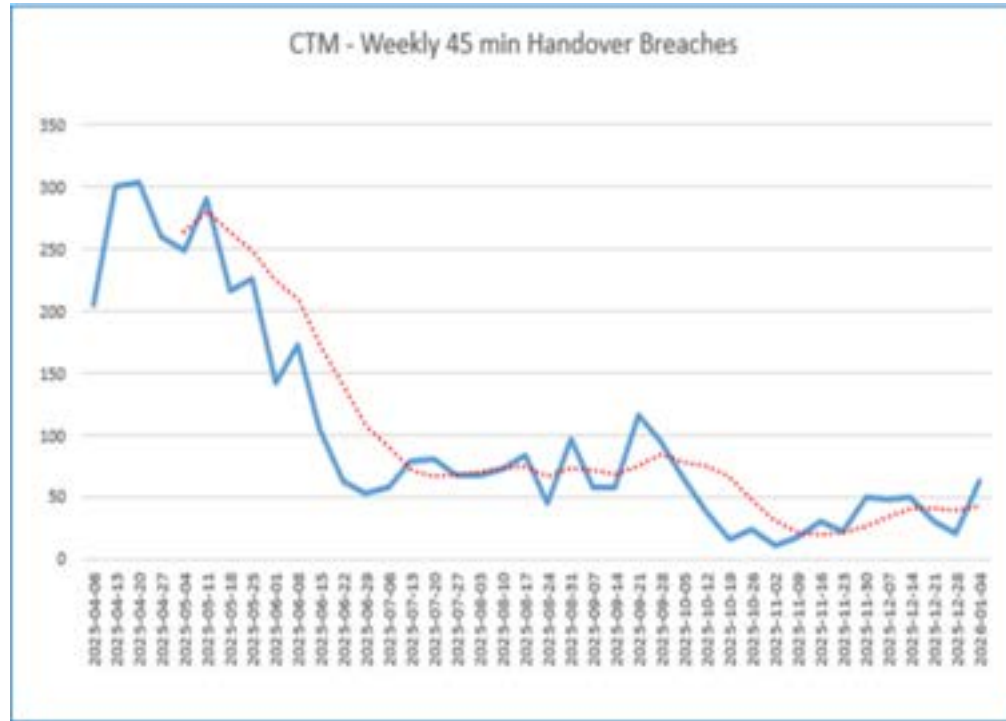
# Ambulance Handover Performance Summary Previous 12 months to Jan 2026

## 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%
Glangwilli Hospital Carmarthen	35%	32%	30%	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%
Morrison 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%

# Urgent and Emergency Care – Zero Tolerance > 45 mins by October 2025

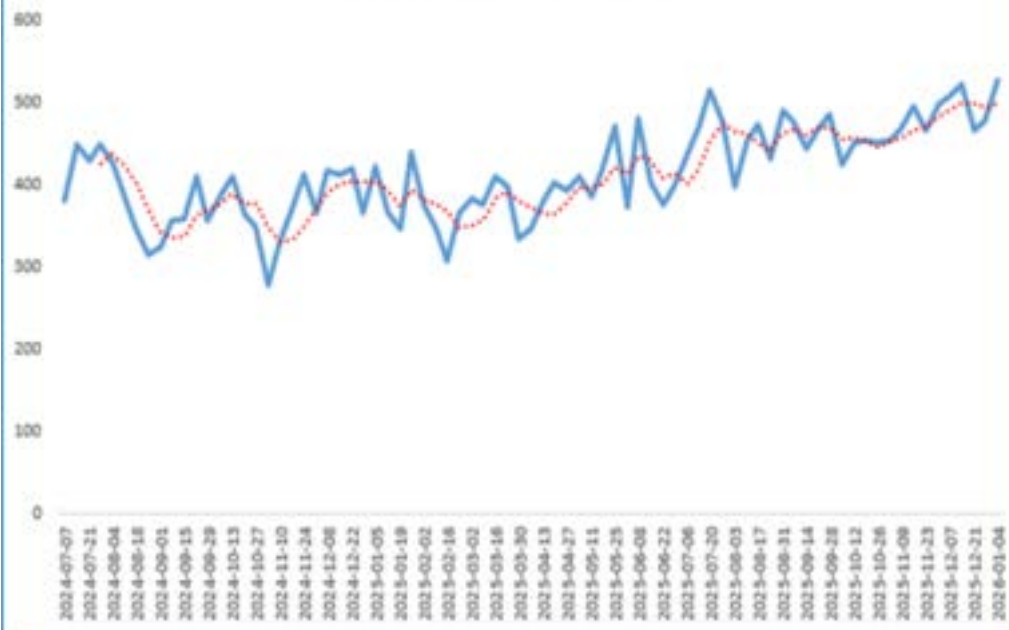


**Last 13 weeks - 45 mins handover breaches**

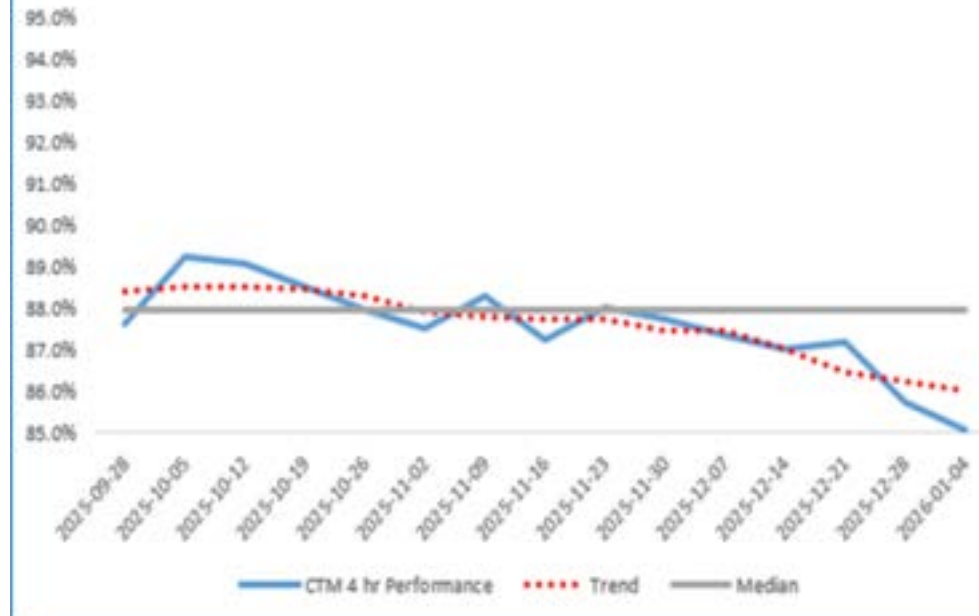
	CTM	PCH	PWH	RGH
2025-10-12	38	26	6	6
2025-10-19	16	8	4	4
2025-10-26	23	0	8	15
2025-11-02	11	3	1	7
2025-11-09	17	3	0	14
2025-11-16	31	6	12	13
2025-11-23	22	1	13	8
2025-11-30	50	7	27	16
2025-12-07	48	22	18	8
2025-12-14	50	11	10	29
2025-12-21	31	7	12	12
2025-12-28	20	3	13	4
2026-01-04	62	32	17	13

# Urgent and Emergency Care – 12 Hour Breaches

12 Hour Breaches by week



Acute Sites - 12 Hour ED Performance %



Last 13 Weeks 12 Hour Breaches

	CTM	PCH	PWH	RGH
2025-10-12	449	179	144	126
2025-10-19	452	151	159	142
2025-10-26	450	150	152	148
2025-11-02	451	150	148	153
2025-11-09	467	165	146	156
2025-11-16	494	179	146	169
2025-11-23	463	145	166	152
2025-11-30	495	143	194	158
2025-12-07	506	180	180	146
2025-12-14	521	161	155	205
2025-12-21	463	125	157	181
2025-12-28	476	156	174	146
2026-01-04	526	166	179	181

## Urgent and Emergency Care

		2024/2025 ACTUAL PERFORMANCE												2025/2026 PERFORMANCE											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	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	Jan-26	Feb-26	Mar-26
Number of ambulance patient handovers over 45 minutes	Actual	1226	1269	1141	1169	669	950	1010	868	1189	1232	827	1050	1163	1011	416	303	336	356	116	123	213			
	Target														969	775	582	388	194	0	0	0	0	0	0
% of Ambulance patient handovers over 45 minutes	Actual	54.2%	57.0%	53.0%	53.1%	33.6%	44.7%	48.2%	43.6%	56.3%	58.4%	47.5%	53.8%	57.3%	49.1%	21.9%	14.7%	15.9%	17.3%	5.5%	6.0%	10.5%			

# Summary

The health board has been actively managing the risk associated with ambulance handovers and discharges through several key initiatives. The focus has been on improving the flow of patients out of the Emergency Department (ED) and ensuring timely ambulance handovers. Key actions include:

- 1. Timely Ambulance Handover:** Every ambulance must be handed over within 15 minutes of arrival, in line with best evidence based on patient outcomes. This is crucial for reducing the risk for patients waiting in the community and optimizing care for those requiring hospital admission.
- 2. Proactive Bed Management:** Wards and assessment units are maintaining continual flow by identifying and moving patients at regular intervals, using live bed state systems to support real-time decision-making.
- 3. Early Discharge:** All patients identified as ready for discharge should be discharged before midday, with the transfer/discharge lounge at PCH & POW used as standard practice to facilitate timely transitions.
- 4. Improving Discharge Processes and Community Links:** There is a strong focus on discharging patients from acute areas rather than defaulting to community beds. However, community beds will be considered as available capacity to support flow from acute sites.

# Whole System Risk Management & Mitigations

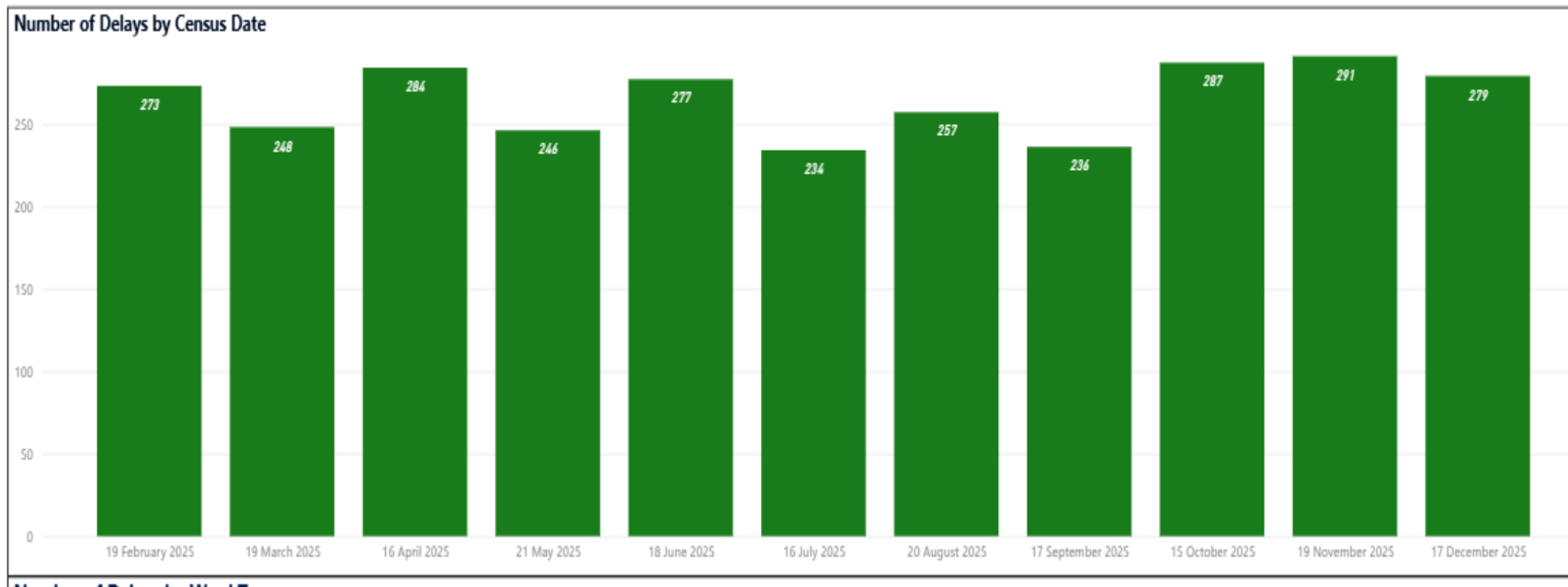
The health board has also been working on several other initiatives to manage risks associated with ambulance handovers and discharges:

- 1. Development and Implementation of Emergency Department 45 Minutes Ambulance Handover and Escalation framework (IESP)**
- 2. Pan CTM ED Weekly Meetings:** Performance and issues impacting ambulance handover are discussed in these meetings, along with clinical pathway changes.
- 3. Standardisation of Data Capture:** Across the three EDs, data capture has been standardised to ensure accurate reporting on ED activity.
- 4. Rapid Improvement Plan:** A 30/60/90-day rapid improvement plan has been developed, including the sign-off of internal professional standards.

# Discharge Update Process & Performance Update

January 2026

# Performance – Pathway of Care Delays



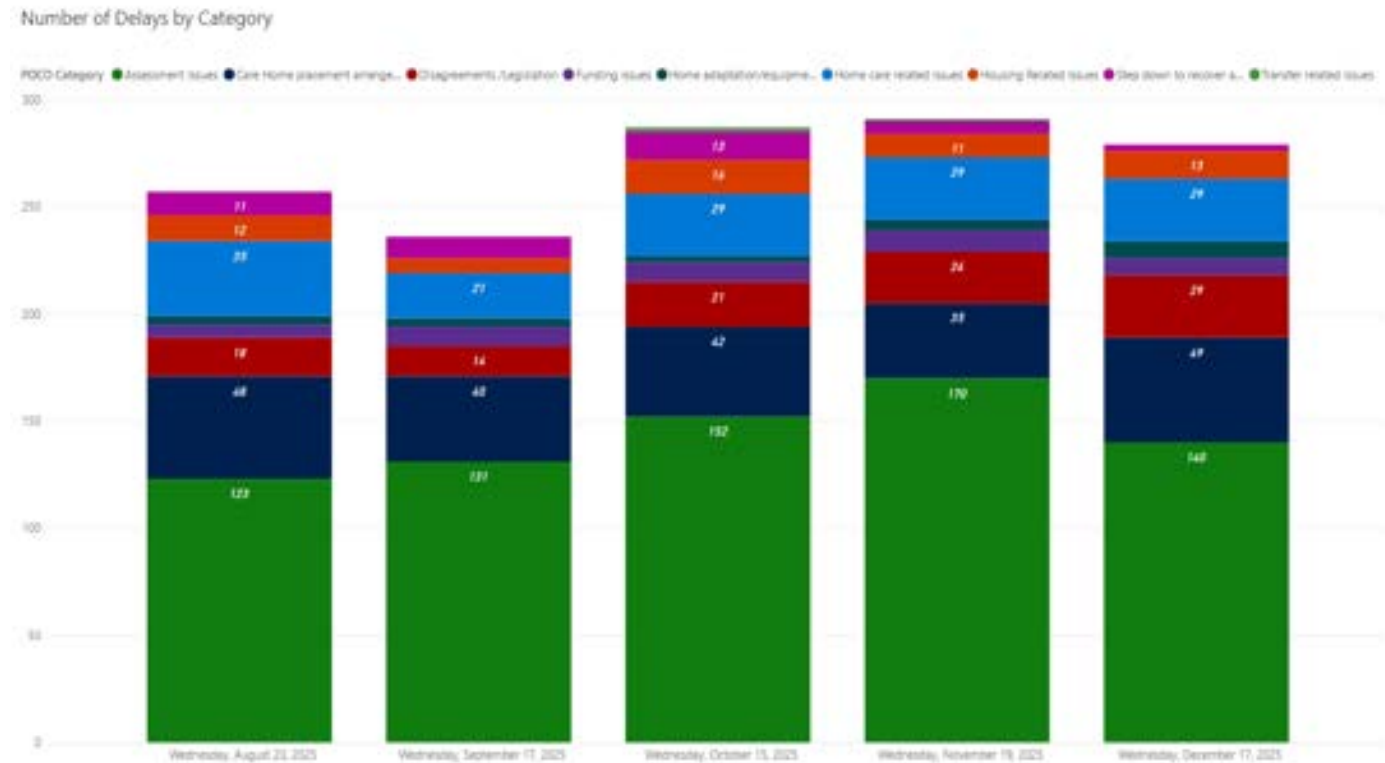
- Slight reduction in discharge delays after an increase in October and November.
- 279 people delayed across all of our hospitals in December 2025.

# Performance – Why patients are delayed

The top 3 reason that patients are delayed are:

- 1) Assessment
- 2) Care Home Placements
- 3) Home Care & Disagreements/Legislation

Significant improvement has been made in delays for patients waiting for care at home. The data reflects the increased complexity of the patients



[Open in Power BI](#)

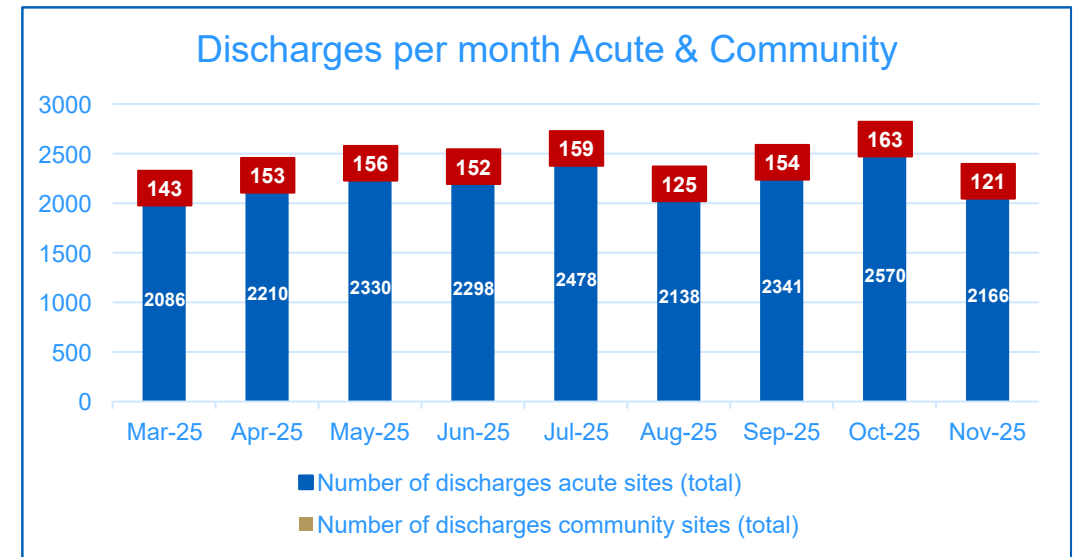
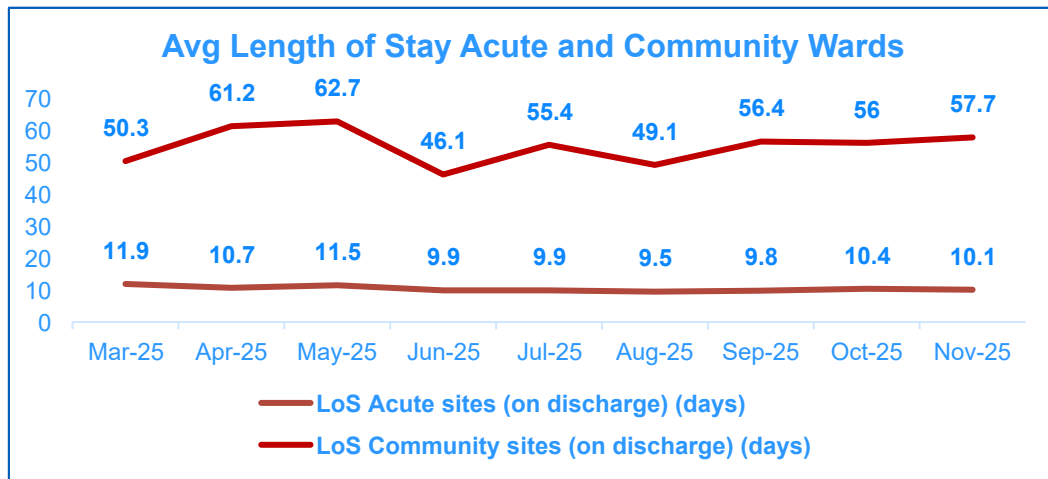
POCD Census Data - All Wards Types

Data as of 21/01/26, 09:47

Filtered by **Audit Date** (is on or after 18 January 2023), **Audit Date**

(24/07/2025 - 23/01/2026)

# Performance



# Actions

## 1. Develop a Single Health Board Overview of Discharge

- Led by the **Deputy Chief Operating Officer – Primary & Community Care (DCOO)**.
- Focus on creating a consolidated view of discharge pathways and addressing the longest waits across all sites.
- Standardisation of practice across LA areas

## 2. Strengthen Governance and Accountability

- Actions will be tracked via the Health Board's **audit tracker** following presentation to the Audit, Risk and Assurance Committee in February 2026.
- Periodic updates will be required from responsible leads to demonstrate progress.

## 3. Improve Use of Electronic White Boards (EWB)

- Ensure accurate and consistent data entry to support real-time discharge planning.
- Embed EWB processes into daily operational management across all hospital sites.

# Actions

## 4. Enhance Seven-Day Discharge Planning

- Implement measures to ensure discharge processes operate effectively every day of the week.
- Improve coordination with patients, families, carers, and social care partners for complex discharges.
- **5. Implement the pathways of care improvement plan through the Integrated Discharge Board**
- Priorities aware aligned to the longest length of delays
- Focus on court of protection process

## Follow-Up Audit

- A follow-up review is scheduled in the **2026/27 audit plan** to assess progress against these actions.

# Next Steps

- Monitor implementation through audit tracker
- Receive periodic progress updates from operational leads
- Support resource allocation for timely delivery
- Prepare for follow-up assurance review in next cycle

# Risk & Mitigations

- **Risk:** Delay in implementing actions → Impact on patient flow, resulting in whole system impact.
- **Mitigation:** Regular oversight, escalation of barriers, and resource prioritisation

# Welsh Government Discharge Sprint Fortnight

January 2026

# Acute Care Performance Highlights

- PCH showed sustained reduction in daily risk level
- ED waits over 12 hours reduced at PCH, stable at RGH and POW
- ED waits over 24 hours trended downward at PCH and RGH
- Ambulance handovers over 45 minutes improved in week 2
- Discharges by midday increased notably at PCH and POW
- Average longest wait for bed reduced by approximately 6%

# Community Care and Discharge Performance

- 64 discharges occurred across community hospitals (8–22 Dec)
- YCC and YCR identified as highest performing discharge sites
- YGT showed variable discharge percentages ranging from 0 to 30%
- Temporary reductions in site escalation levels noted at POW and PCH
- 11 long length-of-stay patients discharged during sprint period
- Overall community discharge efforts contributed to system flow

# December Sprint Feedback Overview

- Limited planning time impacted output quality of first sprint
- Positive LA involvement noted, with upcoming plans for improvements
  - [Partnership Sprint Review Meeting 15 January](#)
- Data sets were received late, affecting preparation and analysis
- Discharge rates improved at PCH and POW, stable or reduced at RGH
- Ambulance handover performance showed overall improvement in week 2
- System-wide response and impact analysis remain areas for clarity

## Actions and Improvements

- Fortnight Discharge Sprint Plan has been developed
- Review and implement super stranded patient review panel, with the aim to adopt business as usual
- Standardise red days validation in everyday practice
- Improving communication and engagement across teams
- Maintain close partnership and collaborative working internally and with partners to ensure a whole system approach
- Discharge Targets
  - 50 discharges per day for PCH
  - 50 for RGH
  - 40 for POW
- Maintain additional site escalation huddle focused on progress updates against sprint actions.
- Conduct a health board review of the seasonal initiative's response prior to next winter, engaging relevant partners to identify additional opportunities for adopting a comprehensive system-wide approach and to build upon the insights gained from the Sprints and winter 2025/26.



## Recommendation:

## The Board are asked to:

*Example:*

*The Board are asked to:*

- *NOTE the health board maintains rigorous oversight and effective management of ambulance performance, patient flow and the whole system approach*
- *CONSIDER whether the Board can seek assurance from the update that the health board has been actively managing the risk associated with ambulance handovers and discharges through several key initiatives.*
- *NOTE the health board engagement with the Welsh Government Sprint initiative in December and January*

# 2025-26 Finance Report

## Month 9

# Summary



## Situation

This Finance report outlines our financial performance for Month 9 (i.e. the period to 31<sup>st</sup> December 2025).

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 9 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.

## Background

Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers.

Our draft financial plan for 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
<p><b>Overall Revenue position - 2025/26:</b></p> <ul style="list-style-type: none"> <li>The M9 position reported a £0.6m surplus for the period with a year-to-date deficit of £3.4m against our plan.</li> <li>The current year forecast break-even position has been maintained at M9.</li> <li>The risks to the breakeven forecast have improved during Month 9 following confirmation from WG that funding support would be provided for the Welsh Risk Pool and the Band 2/3 framework.</li> </ul> <p><b>Recurrent Revenue position:</b></p> <ul style="list-style-type: none"> <li>The submitted IMTP for 2025/26 planned for an underlying recurrent surplus of £1.7m by the end of 2025/26.</li> <li>As at M9 we are reporting a forecast underlying deficit at the end of 2025/26 of £10.2m. This £10.2m recurrent deficit reflects lower than anticipated allocations along with a shortfall in savings achievement and increasing cost pressures including the Band 2/3 framework.</li> </ul> <p><b>Cashflow:</b></p> <ul style="list-style-type: none"> <li>The cash balance at the end of M9 was £5.7m.</li> </ul> <p><b>Capital Position:</b></p> <ul style="list-style-type: none"> <li>The capital resource limit is currently £93.3m and the forecast is to achieve a breakeven position.</li> </ul>	<p>The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to <b>DISCUSS</b> and <b>NOTE</b> the financial performance of the Health Board for the period to 31<sup>st</sup> December 2025.</p>



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## Overall Revenue Position

- The M9 position reported a £0.6m surplus with a year-to-date deficit of £3.4m.
- The forecast current year break-even position has been maintained at M9.
- The forecast recurrent position has remained at a £10.2m deficit at M9.
- The net opportunities/risks to the forecast break even position have improved at M9 at £1.5m (IMTP: £41.8m) which are summarised on Page 21.

## Savings Position

- Actual savings in M9 was £1.9m which was £0.7m below the M9 target of £2.6m.
- The M9 forecast in year savings is £25.9m, which is £5.4m below the £31.3m target.
- The M9 forecast recurrent savings is £27.3m, which is £4.0m below the £31.3m target

## Cash

- The cash balance at the end of M09 was £5.7m, this is below 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 £10.0m.

## Capital

- The Capital Resource Limit for 2025-26 of £94.0m was issued on the 8<sup>th</sup> January 2025.
- Expenditure to M9 amounted to £53.0m.
- The outturn capital position is breakeven.



# Summary Income & Expenditure Account



	M9 Actual	M9 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(135.7)	(1157.0)	(1541.1)
02. Capital Donation / Government Grant Income	(0.2)	(0.2)	(0.3)
03. Welsh NHS Local Health Boards & Trusts Income	(6.1)	(55.4)	(74.0)
04. WHSSC Income	(1.2)	(10.8)	(14.5)
05. Welsh Government Income (Non RRL)	(0.4)	(2.0)	(2.4)
06. Other Income	(4.4)	(40.0)	(52.7)
<b>Total Allocations &amp; Income</b>	<b>(147.8)</b>	<b>(1265.5)</b>	<b>(1685.1)</b>
08. Primary Care Contractor	19.2	131.0	174.8
09. Primary Care - Drugs & Appliances	7.9	76.8	102.5
10. Provided Services - Pay	64.1	576.3	771.1
11. Provider Services - Non-Pay	10.9	91.3	124.3
12. Secondary Care - Drugs	4.9	46.1	62.2
13. Healthcare Services Provided by Other NHS Bodies	26.9	229.3	306.0
14. Non-Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.4	58.6	80.0
16. Other Private & Voluntary Sector	1.2	11.1	16.3
17. Joint Financing and Other	1.4	14.0	18.8
18. Losses Special Payments and Irrecoverable Debts	0.1	2.8	3.4
22. DEL Depreciation\Accelerated Depreciation\Impairments	3.1	31.1	40.6
23. AME Donated Depreciation\Impairments	0.0	0.4	(14.9)
25. Profit\Loss Disposal of Assets	0.0	0.0	(0.0)
<b>Total Expenditure</b>	<b>147.2</b>	<b>1268.9</b>	<b>1685.1</b>
<b>Grand total</b>	<b>(0.6)</b>	<b>3.4</b>	<b>0.0</b>

### 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 M9 year to date position is reporting a deficit of £3.4m.
- 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

### Key Points:

- The M9 YTD overspend of £3.4m includes a £6.3m shortfall in savings.
- During M9, the level of operating variances deteriorated, mainly attributed to CHC Mental Health Placements and provider non pay.
- 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 £2.8m adverse impact.
- As at M9 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 £3.6m.
- 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 M9 Year-to-Date £m	M9 Forecast £m	M8 Forecast £m	IMTP £m
Savings Shortfall	7.3	(1.0)	6.3	5.4	5.8	0.0
Operational Variances	7.1	(6.3)	0.8	0.9	(0.6)	0.0
Plan Phasing Adjustments	0.0	2.4	2.4	0.0	0.0	0.0
Financial Plan Improvements	0.0	(3.6)	(3.6)	(4.8)	(2.7)	0.0
Additional Financial Allocation	0.0	(5.3)	(5.3)	(5.3)	(5.3)	0.0
Accountancy Gains	0.0	2.8	2.8	3.8	3.8	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	(1.0)	0.0
<b>Grand Total</b>	<b>14.4</b>	<b>(11.0)</b>	<b>3.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Key Points:

- The M9 position is reporting a £3.4m deficit (overspend) against the plan, of which £14.4m relates to delegated budgets with an £11.0m surplus position within non-delegated budgets and reserves.
- The main driver of the deficit position is the £6.3m shortfall in savings delivery compared to the straight-line target of £23.5m.
- The YTD accountancy gain recognised at M9 is £5.3m.
- All mitigating actions have now been identified, 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 9 (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 @ M9	Non-Delegated Recurrent @ M9 £m	Total Recurrent @ M9 £m	Total Recurrent @ M8 £m
Initial Financial Plan	(1.7)	0	(1.7)	(1.7)	(1.7)
Savings Variances	0.0	3.9	0.1	4.0	3.8
Operational Variances	0.0	18.1	(12.4)	5.7	7.9
Financial Plan Variances	0.0	0.0	(2.7)	(2.7)	(2.7)
Additional Financial Allocations	0.0	0.0	3.8	3.8	5.9
Band 2/3 Framework - TBC	0.0	0.0	2.8	2.8	0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	0.0	(1.7)	(1.7)	(3.0)
<b>Grand Total</b>	<b>(1.7)</b>	<b>22.0</b>	<b>(11.8)</b>	<b>10.2</b>	<b>10.2</b>

**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 £10.2m underlying deficit (£10.2m M8).
- The latest savings returns have indicated recurrent savings of £27.3m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £4.0m. At M9 we are anticipating this shortfall will be partially met by year end through £1.7m of further mitigating actions.
- 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 M9 the underlying position recognises an estimated £2.8m impact of the Band2/3 Framework.



# Non-Delegated Reserves



Reserves	Plan £m	Issued @ M9	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
Brought Forward Commitments	3.2	(4.4)	(1.2)	2.3	(1.1)	(0.7)
Brought Forward Planned Care	11.9	(11.0)	0.9	(0.9)	0.0	0.0
Recurrent Investment Plans	6.3	(3.3)	3.0	(0.9)	(2.1)	0.0
Non-Recurrent Investment Plans	1.0	(0.2)	0.8	(0.3)	(0.5)	0.0
Cost Pressures – Inflation	3.8	(2.0)	1.8	(0.2)	(1.6)	0.7
Cost Pressures – Growth/Demand	3.2	(1.2)	2.0	(0.5)	(1.6)	(1.6)
Cost Pressures – POW Non-Rec	10.0	(8.9)	1.1	(1.1)	0.0	0.0
Savings Target Yet to be Identified	(9.6)	8.8	(0.8)	1.3	(0.5)	0.1
Planned Deficit/Surplus	0.0	1.4	1.4	0.0	(1.4)	(3.1)
<b>Grand Total</b>	<b>29.8</b>	<b>(20.8)</b>	<b>9.0</b>	<b>(0.2)</b>	<b>(8.8)</b>	<b>(4.6)</b>

### Key Points:

- The approved plan identified £39.4m of reserves yet to be issued to delegated budgets, as at M9 £31.0m has been issued with £9.0m remaining. As at M9, there has been £8.8m 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 M9 £8.8m has been issued, with a further £1.3m identified to be actioned giving a £0.5m over achievement.



# IMTP Discretionary Investment Plans



Investment Plans	Plan £m	Issued @ M8	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	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	(0.1)	0.9	(0.9)	0	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	1.1	0.0	(1.1)	0
<b>Grand Total</b>	<b>6.3</b>	<b>(3.3)</b>	<b>3.0</b>	<b>(0.9)</b>	<b>2.1</b>	<b>0.0</b>

**Key Points:**

- The approved plan identified £6.3m of new investments, as at M9, £3.3m has been confirmed and issued with £3.0m remaining unallocated of which £2.1m 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 M9, the savings delivery is forecast to be £5.4m less than plan, this creates a pressure if the full investment plan is committed and delivered.
- As at M9, £2.1m of the £5.3m discretionary local investment plan has been confirmed and issued with £3.1m remaining unallocated of which £2.1m remains uncommitted. The committed plans yet to be issued include:
  - PMVA Training £0.1m.
  - Digital Investment Plans £0.9
- Given the forecast underachievement of the savings plan along with a deterioration in the delegated operating variances, the uncommitted £2.1m has been assumed to be slippage to support assurance upon achieving the forecast breakeven position.



# Pay Expenditure Trends



Staff Group	Qtr2 Ave £'m	Oct-25 £'m	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m
Administrative & Clerical	8.9	8.8	8.8	8.8	8.8
Medical And Dental	18.3	18.4	18.3	18.3	18.4
Nursing And Midwifery Registered	20.8	20.7	20.4	20.2	20.4
Add Prof Scientific And Technical	2.1	2.0	2.0	2.0	2.0
Additional Clinical Services	8.6	8.4	8.3	8.2	8.3
Allied Health Professionals	4.2	4.1	4.2	4.1	4.1
Healthcare Scientists	1.2	1.2	1.2	1.1	1.2
Estates And Ancillary	3.7	3.5	3.6	3.6	3.6
Students	.0	.0	.0	.0	.0
<b>Grand Total</b>	<b>67.9</b>	<b>67.1</b>	<b>66.9</b>	<b>66.4</b>	<b>66.8</b>

Spend category	Qtr2 Ave £'m	Oct-25 £'m	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m
Core	60.6	59.1	59.6	59.7	59.5
Agency	2.2	2.3	2.0	2.0	2.1
Overtime	1.7	1.7	1.8	1.3	1.6
ADH	1.5	2.1	2.0	1.6	1.9
Bank	1.5	1.6	1.6	1.5	1.6
WLI	0.4	0.2	(0.1)	0.3	0.1
<b>Grand Total</b>	<b>67.9</b>	<b>67.1</b>	<b>66.9</b>	<b>66.4</b>	<b>67.9</b>

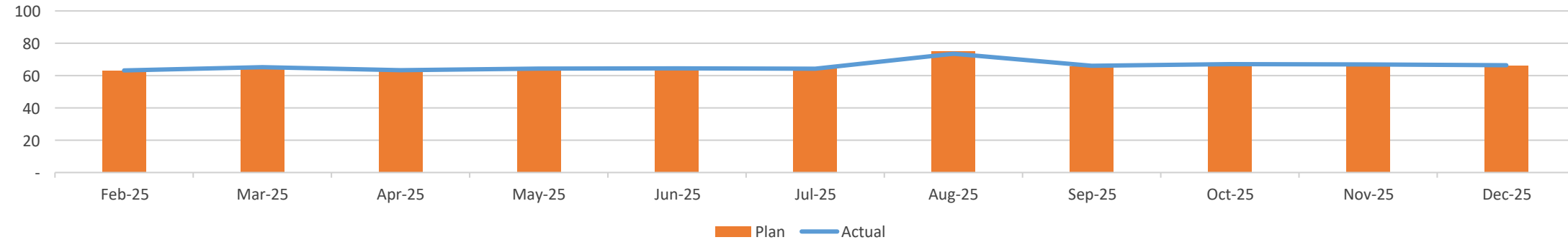
## Key Points:

- Total pay expenditure in M9 was £66.4m. This is a decrease of £0.5m compared to M8.
- When compared with the M8 actual, the following variable pay movements occurred:
  - Increase in Core costs of £0.1m
  - Decrease in Overtime of £0.5m
  - Decrease in ADHs of £0.4m
  - Decrease in Bank of £0.1m
  - Increase in WLIs of £0.4m
  - All other variable pay has remained consistent with M8
- The increase in ADH expenditure remains a concern given investment into core establishments should have created benefits.

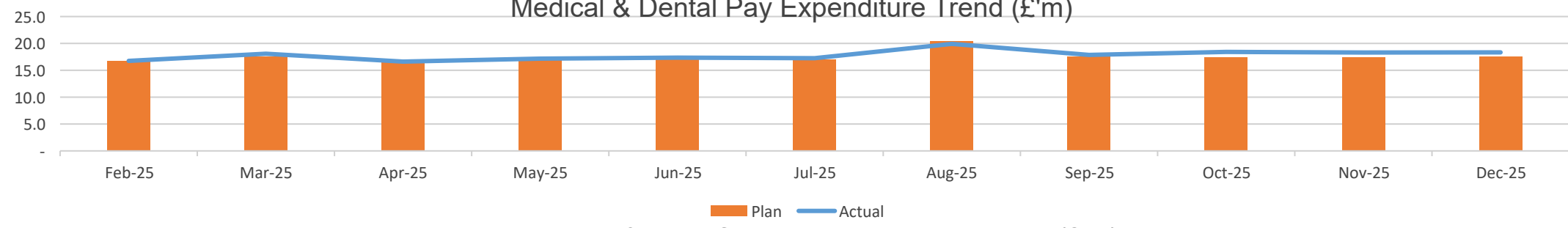


# Pay Expenditure Trends

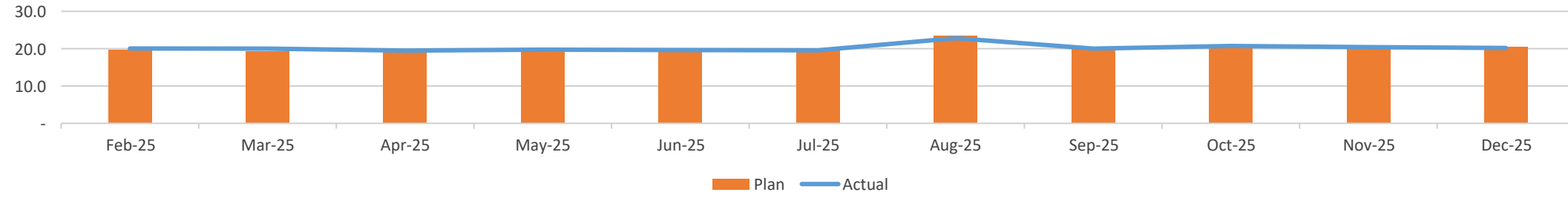
Total Pay Expenditure Trend (£'m)



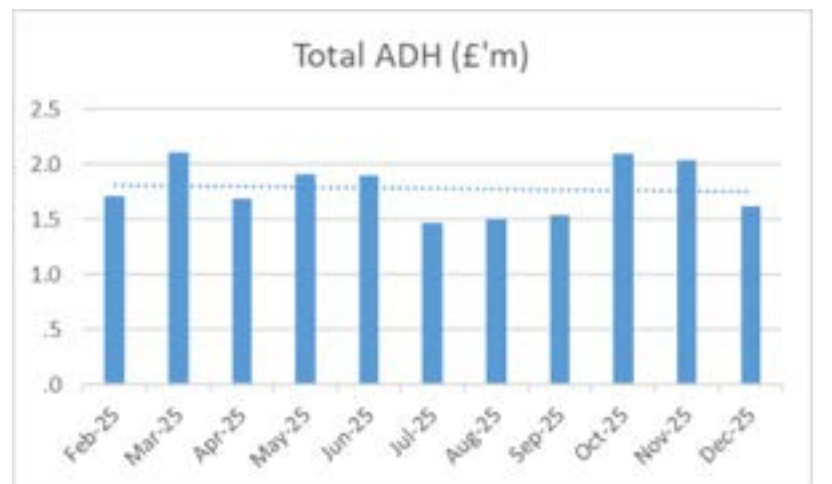
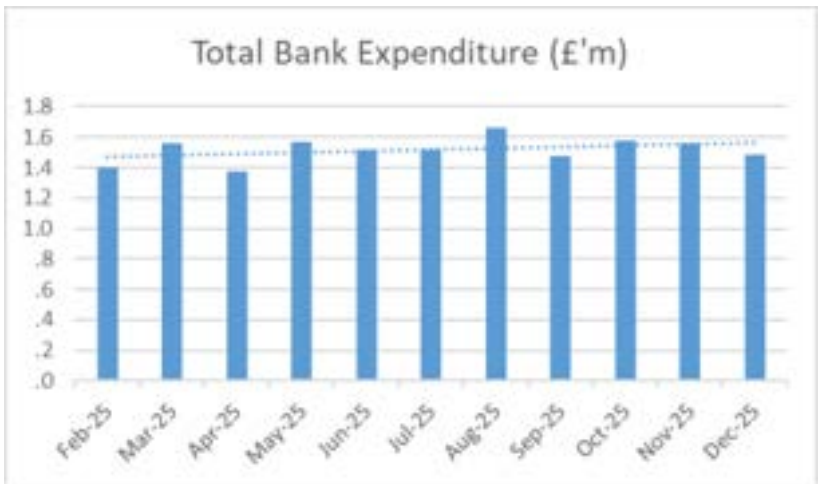
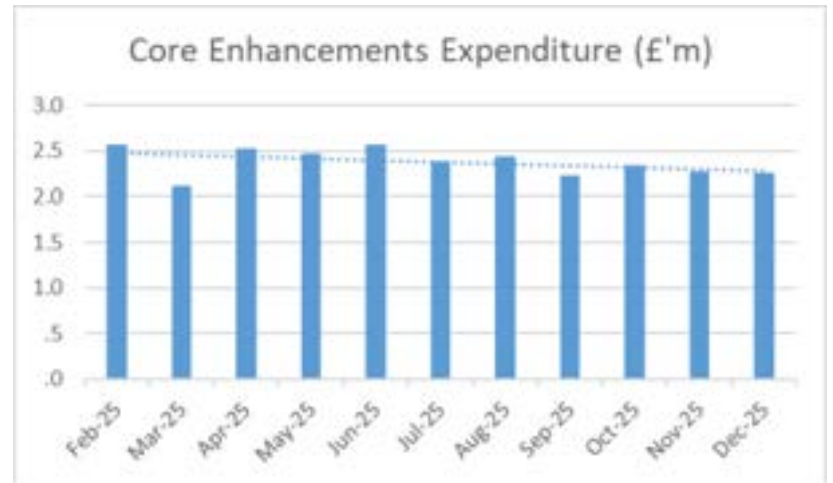
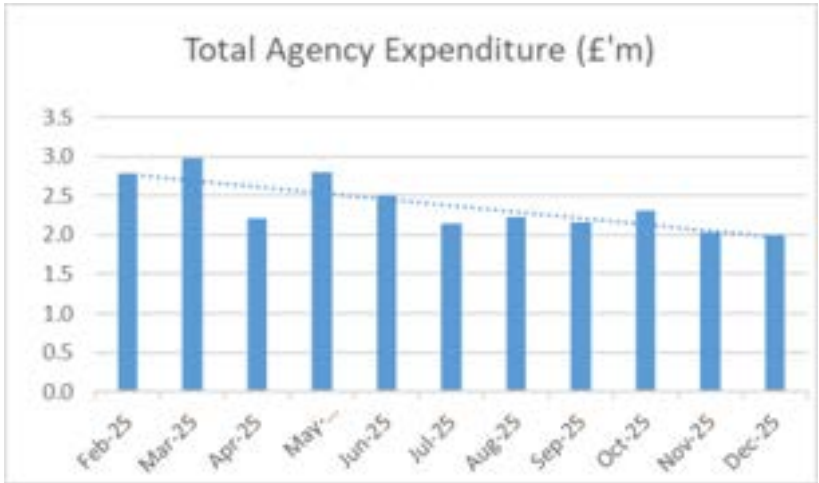
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)



# Variable Pay Expenditure Trends



- Key Points :**
- Agency spend – no material change but overall, a reduction in trend.
  - Overtime payments – has decreased when compared to M8 by £0.5m, with a decreasing trend.
  - Core enhancements – no material change but overall, a decreasing trend.
  - Bank – has decreased when compared to M8 by £0.1m, with an increasing trend.
  - ADH spend – has decreased by £0.6m but overall, a flat trend.



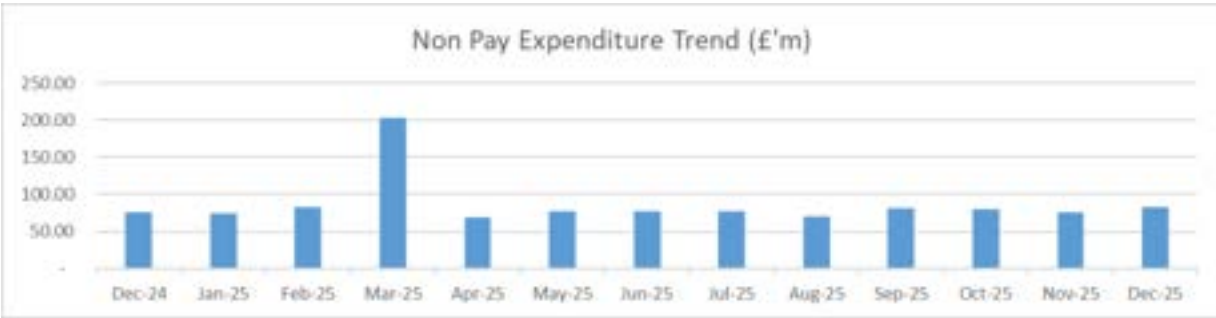
# Non Pay Expenditure Trends



Non Pay Group	Qtr2 Ave £'m	Oct-25 £'m	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m
Primary Care Contractors	13.2	13.8	13.1	18.3	15.0
Primary Care Drugs	8.7	8.3	7.6	7.9	7.9
Provider Non Pay	10.3	11.1	11.1	11.2	11.1
Secondary Care Drugs	5.0	5.9	5.2	4.9	5.4
Healthcare Commissioning	26.1	25.9	25.7	26.9	26.2
CHC & FNC	6.4	7.4	7.4	8.0	7.6
Other	6.4	7.6	6.0	5.7	6.4
<b>Total Expenditure</b>	<b>76.1</b>	<b>79.9</b>	<b>76.2</b>	<b>82.8</b>	<b>79.6</b>

### Key Points:

- The total spend in M9 of £82.8m was £6.6m higher than M8. The main movements were:
  - Increase in Primary Care Contractors of £5.2m as a result of the Dental & GMS 25/26 settlement which have been fully funded.
  - Increase in Healthcare Commissioning £1.2m. This is primarily Vertex payments relating to Q2 fully funded by WG.
  - CHC has reported a £0.6m increase, mainly attributed to additional Mental Health Placements.



# Income Trends



Income Group	Qtr2 Ave £'m	Oct-25 £'m	Nov-25 £'m	Dec-25 £'m	Qtr3 Ave £'m
Welsh NHS Income	6.4	6.4	6.2	6.0	6.2
JCC Income	1.2	1.3	1.2	1.2	1.2
Primary Care Contractor Income	1.2	1.3	1.2	1.2	1.2
CHC Income	0.7	0.7	0.7	0.8	0.8
Other Income	4.7	4.7	5.3	4.7	4.9
<b>Total Income</b>	<b>14.3</b>	<b>14.3</b>	<b>14.7</b>	<b>13.8</b>	<b>14.3</b>

**Key Points:**

- The total Income in M9 of £13.8m is £0.9m lower than M8.
- The main movements are:
  - Other Income - £0.6m decrease as a result of the M8 increase in primary care drug rebates, partly related to new Tirzepatide rebates. The decrease in M9 reduces income to expected levels.



# Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,390.6	32.2	27.8	95.4	1,546.1
<b>Anticipated Allocations:</b>					
Capital	(7.4)				(7.4)
IFRS 16 Revenue Adjustment	(2.6)				(2.6)
NWSSP Risk Pool Contribution Risk Share	(5.3)				(5.3)
Outpatient National Programme	4.3				4.3
104 Weeks T&O Plan	1.6				1.6
RTT Waiting Times - Phase 5	1.0				1.0
Planned Care Plan Phase 4 Diagnostics	0.9				0.9
Discovering a Digital Solution	1.0				1.0
Other	1.6				1.6
<b>Total Allocations</b>	<b>1,385.7</b>	<b>32.2</b>	<b>27.8</b>	<b>95.4</b>	<b>1,541.1</b>

### Key Points:

- As at M9 the confirmed Revenue Resource Limit (RRL) allocation was £1,546.1m.
- We are anticipating a further £4.8m net reduction 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	17.8	1.5	19.3
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	14.0	(0.1)	13.9
HEIW	0.0	19.1	19.1
NHS Wales Executive	0.0	0.0	0.0
<b>Total</b>	<b>83.6</b>	<b>32.1</b>	<b>115.7</b>

**Key Points :**

- Income assumptions have been agreed with the corresponding organisations.
- All LTAs have been agreed with both commissioners and providers.

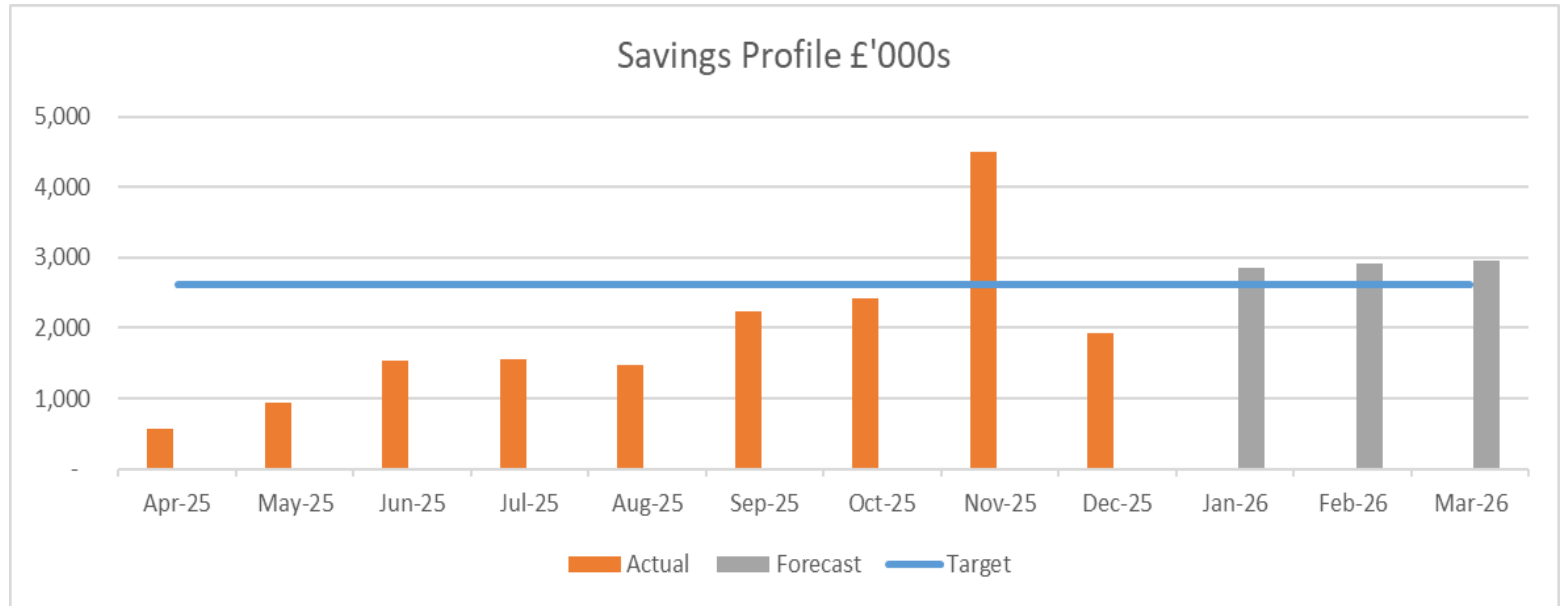


# Savings



	Month 9			Month 8		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
<b>Savings target as at M8</b>	23.5	31.3	31.3	20.9	31.3	31.3
<b>Actual and Forecast Savings</b>	(17.2)	(25.9)	(27.3)	(15.3)	(25.5)	(27.5)
<b>Total</b>	6.3	5.4	4.0	5.6	5.8	3.8

- Key Points:**
- The M9 YTD savings is reporting £17.2m of identified savings, which is £6.3m below the YTD target of £23.5m.
  - The forecast In year savings of £25.9m is £5.4m below the £31.3m target.
  - The M9 forecast Recurrent savings of £27.3m is £4.0m below the £31.3m target.
  - It is crucial that the level of savings achievement forecast for Q4 is achieved and further progress needs to be made on recurrent savings to meet its forecasts.



# Risks & Opportunities



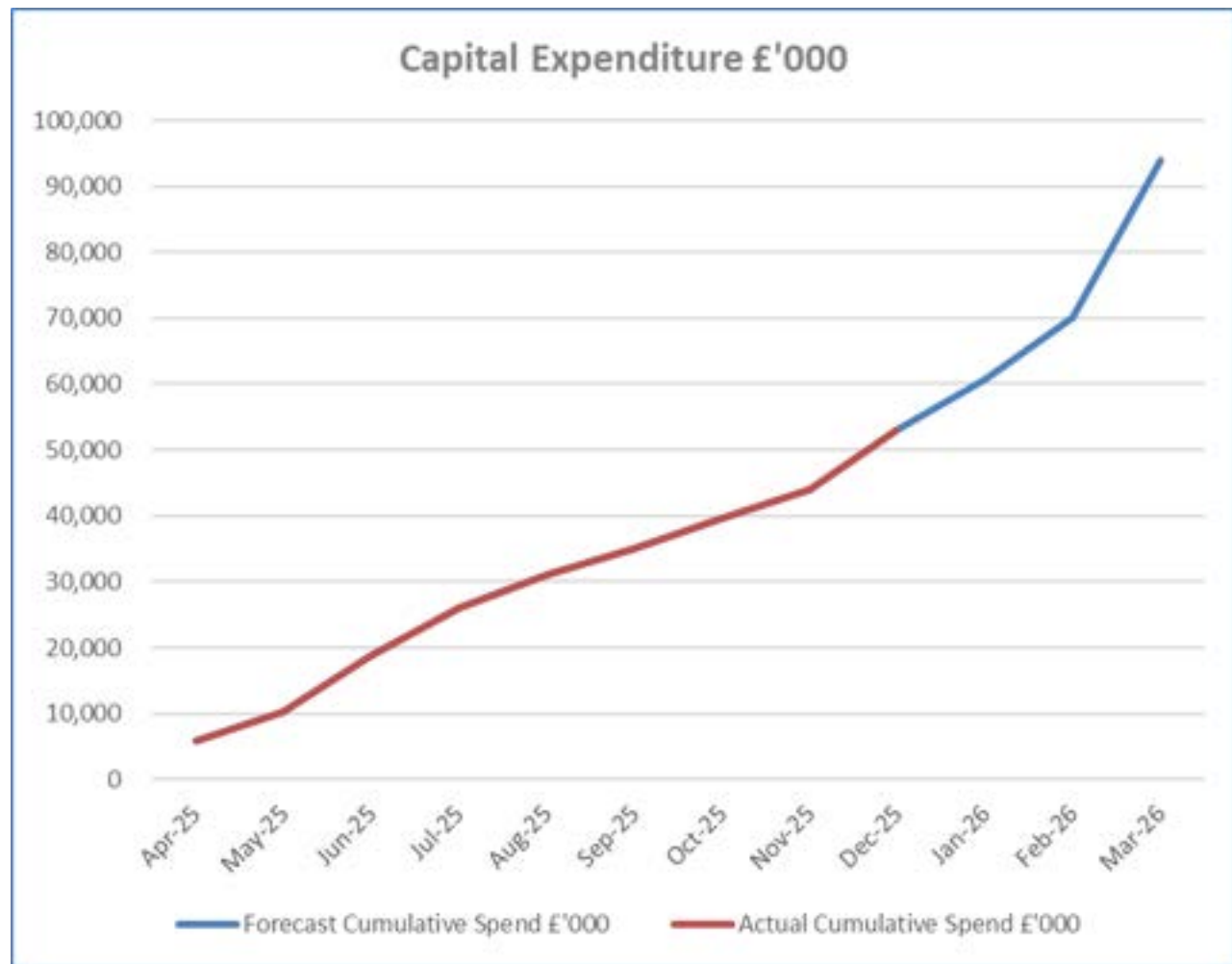
	M9 £m	M8 £m	Comment
<b>Funding risks:</b>			
<b>Other risks:</b>			
Delivery Risk on Identified Savings Plans	0.1	0.1	Table C3
Delivery Risk on Mitigating Actions yet to be Delivered	0	0.9	
Delegated Risk Assessments – High Risk	0.4	0.4	Revised assessment
Delegated Risk Assessments – Medium Risk	0.5	0.8	Revised assessment
NWJCC Risks not included in Forecast	0.7	0.7	NWJCC risks @M9
Further industrial action in 25/26.	Tbc	Tbc	
<b>Total Risks</b>	<b>1.7</b>	<b>2.9</b>	
<b>Opportunities</b>			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Primary Care Prescribing Growth lower than current forecast.	Tbc	Tbc	Current forecast reflects 7 months data received.
Further IMTP Planning slippage	Tbc	Tbc	To be reviewed
JCC Opportunities	(0.2)	(0.4)	NWJCC opportunities @M9
<b>Total Opportunities</b>	<b>(0.2)</b>	<b>(0.4)</b>	
<b>Net Risk</b>	<b>1.5</b>	<b>2.5</b>	

**Key Points:**

- As at M9 we have identified risks to the forecast, amounting to £1.7m.
- There is a small number of potential opportunities that could help mitigate the identified risks by £0.2m.



# Capital Expenditure



- Key Points:**
- The latest Capital Resource Limit (CRL) for 2025-26 of £93.3m was issued on the 8<sup>th</sup> January 2026.
  - Expenditure to M9 was £53.0m.
  - The outturn capital position is balanced against the CRL target.



# Statement of Financial Position

Balance Sheet	Closing Balance as at M08 £'000	Closing Balance as at M09 £'000	F/Cast Closing Balance as at M12 £'000
<b>Non Current Assets</b>			
Property, Plant & Equipment	702,651	708,511	708,511
Intangible Assets	2,010	2,010	2,010
Trade and Other Receivables	94,247	94,247	94,247
<b>Total Non-Current Assets</b>	<b>798,908</b>	<b>804,768</b>	<b>804,768</b>
<b>Current Assets</b>			
Inventories	7,600	7,527	7,527
Trade and Other Receivables	140,211	127,772	119,500
Cash and Cash Equivalents	6,476	5,672	218
Non Current Assets Classified as Held for Sale	0	0	0
<b>Total Current Assets</b>	<b>154,287</b>	<b>140,971</b>	<b>127,245</b>
<b>Current Liabilities</b>			
Trade and Other Payables	190,924	190,924	190,924
Provisions	44,210	44,210	44,210
<b>Total Current Liabilities</b>	<b>235,134</b>	<b>235,134</b>	<b>235,134</b>
<b>Non-Current Liabilities</b>			
Trade and Other Payables	25,982	9,177	19,100
Provisions	100,431	104,546	100,400
<b>Total Non-Current Liabilities</b>	<b>126,413</b>	<b>113,723</b>	<b>119,500</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>591,648</b>	<b>596,882</b>	<b>577,379</b>
<b>Financed By:</b>			
General Fund	490,806	496,041	476,538
Revaluation Reserve	100,841	100,841	100,841
<b>TOTAL</b>	<b>591,647</b>	<b>596,882</b>	<b>577,379</b>

## Key Points :

The main changes in the balance sheet figures from M5 to M6 include the following::

- Provisions have increased by £4.1m since M8, this is mainly due to an increase in the level of provision required for clinical negligence cases of £3.6m.
- Trade and Other Receivables have decreased by £12.4m.

The Welsh Risk Pool debtor has decreased by £8.1m, following reimbursements from the WRP of £13.7m.

The remainder of the decrease is due to a reduction of £4.2m in Non-NHS receivables.

- Creditors have decreased by £16.8m from M8, £12.6m relates to a decrease in the pharmacy accrual and the remaining decrease is due to a reduction in trade creditors.



## Cash Flow Forecast



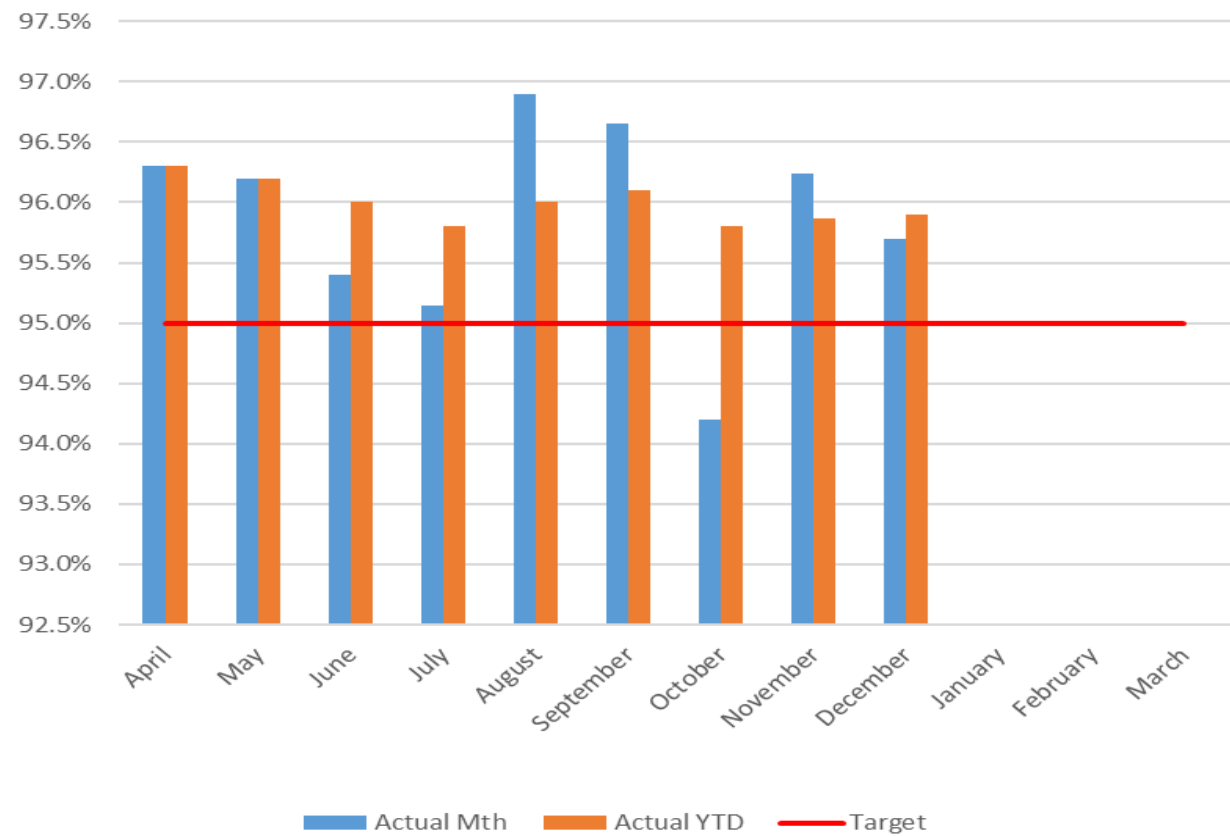
Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
<b>Receipts</b>													
WG Revenue Funding	125,821	129,267	109,434	135,697	144,727	136,034	134,274	112,997	135,697	134,789	125,900	114,284	1,538,921
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	25,563	95,463
Sale of Assets	0	0	0	0	11	0	8	0	0	0	0	0	19
Welsh NHS Org'ns	11,825	12,178	12,971	9,690	10,199	10,124	14,105	11,582	23,777	8,400	8,400	11,000	144,251
Other	5,152	8,326	2,908	2,147	4,511	2,306	6,299	4,428	7,343	6,000	6,000	8,000	63,420
<b>Total Receipts</b>	<b>153,798</b>	<b>154,771</b>	<b>130,013</b>	<b>152,634</b>	<b>166,048</b>	<b>154,864</b>	<b>160,786</b>	<b>134,307</b>	<b>172,657</b>	<b>154,649</b>	<b>148,700</b>	<b>158,847</b>	<b>1,842,074</b>
<b>Payments</b>													
Primary Care Services	20,053	30,973	11,632	18,986	19,660	21,566	29,677	9,251	36,232	21,832	21,032	11,029	251,923
Salaries and Wages	55,847	62,858	62,476	63,219	67,868	68,374	65,703	66,544	66,587	66,500	66,500	66,500	778,976
Non Pay Expenditure	66,690	54,927	52,665	60,239	69,891	51,318	75,281	48,366	62,678	60,000	56,000	59,399	717,454
Capital Payments	8,289	8,474	6,383	6,282	8,087	6,320	2,437	5,634	7,964	5,956	8,078	24,824	98,728
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Payments</b>	<b>150,879</b>	<b>157,232</b>	<b>133,156</b>	<b>148,726</b>	<b>165,506</b>	<b>147,578</b>	<b>173,098</b>	<b>129,795</b>	<b>173,461</b>	<b>154,288</b>	<b>151,610</b>	<b>161,752</b>	<b>1,847,081</b>
Net Cash In/Out	2,919	(2,461)	(3,143)	3,908	542	7,286	(12,312)	4,512	(804)	361	(2,910)	(2,905)	
Balance B/F	5,225	8,144	5,683	2,540	6,448	6,990	14,276	1,964	6,476	5,672	6,033	3,123	
Balance C/F	8,144	5,683	2,540	6,448	6,990	14,276	1,964	6,476	5,672	6,033	3,123	218	

## Key Points within the Cash Flow Forecast :

- In M9 the cash balance was £5.7m, with a split of revenue and capital of £5.6m and £0.1m respectively.
- At year end we are projecting a cash deficit of £10m for which there will be a requirement of working balances cash. We have anticipated that this £10m working balance requirement in the Cash Flow table.



30 Day Public Sector Payment Policy



**Key Points:**

- The percentage for the number of non-NHS invoices paid within the 30 day target in November was 95.7%.
- The cumulative percentage year to date is 95.9%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.



**Agenda Item**

6.3

**CTM Health Board**

**FOREST VIEW MEDICAL CENTRE – APPLICATION TO CLOSE BRANCH SURGERY LOCATED IN TREORCHY**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Nicola Lush, Advisor, Primary Care
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gethin Hughes, Chief Operating Officer
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Contract Variation Group	16/04/2025	Supported
Operational Management Board	03/09/2025	Supported
Executive Management Board	08/09/2025	Supported
Contract Variation Group	10/12/2025	Supported
Executive Management Board	29/12/2025	Supported



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Operational Delivery Committee	22/01/2026	Endorsed for Board Approval
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<b>Acronyms / Glossary of Terms</b>	
GMS	General Medical Services
EMB	Executive Management Board
ODC	Operational Delivery Committee
PPG	Patient Participation Group
BDP	Business Development Plan
FVMC	Forest View Medical Centre

## 1. Situation / Background

- 1.1 Forest View Medical Centre made an application to the Health Board earlier in the year to permanently close one of its branch surgeries 128 High Street, Treorchy. The application was considered at Contract Variation Group on the 16th April 2025. The Group was asked to SUPPORT the application to permanently close the branch site.
- 1.2 Any branch closure application is a significant change to services for the registered population and therefore subject to a robust branch surgery closure process. Several factors are taken into account when considering any application to close a branch for example registered list size, patient demographics, condition of the premises, proximity to the main branch, other provides in the area, financial viability and most importantly patient feedback. Appendix 1(a) (available on request) details the principle reasons provided by Forest View Medical Centre request to close 128 High Street. Appendix 1(b) (available on request) sets out the Business Development Plan (BDP) for Forest View Medical Centre for the period 2025-28.
- 1.3 Contract Variation Group agreed to SUPPORT the application to close the branch site located in Treorchy subject to patient and stakeholder engagement taking place. The Group requested a follow up report with the results and feedback received from the patient and stakeholder engagement. This was to include evidence of the Practice acting on any reasonable recommendations made during the engagement process.
- 1.4 The above recommendation of the Contract Variation Group was supported at the Operational Management Board meeting on the 3<sup>rd</sup> September 2025 and subsequent Executive Management Board on the 8<sup>th</sup> September 2025.

## 2. Specific Matters for Consideration

- 2.1 An eight-week engagement exercise commenced on Monday 6<sup>th</sup> October 2025 and ended on Friday 28<sup>th</sup> November 2025. The aim of the exercise was to gather the views of patients and key stakeholders to understand the effects that the closure of 128 High Street might have on the registered patient population.
- 2.2 A robust range of feedback approaches was utilised during the engagement period. These included: -
  - Meetings with staff and engagement with key stakeholders
  - Correspondence sent to all Head of Household explaining the reasoning behind the proposal (Appendix 2a – available on request) with a Frequently Asked Questions sheet and a few

options to allow them to feedback their views (Appendix 2b – available on request).

- Information posted on the practice website, the Patient Participation Group, social media publicity and shared with local politicians and Llais Cymru to raise awareness of the engagement exercise and provide information about how to get involved
- A public event was held for patients and stakeholders to discuss the proposal and offer their views. This meeting was chaired by Llais Cymru with representation from the Health Board and Forest View Medical Centre (Appendix 3 – available on request).

2.3 The practice showed real commitment to making sure the engagement exercise provided a genuine opportunity for local people to be heard and this was clearly demonstrated at the public event held on the 12th November. Patients were also invited to share their views with the Health Board or Practice in writing or email and/or Llais Cymru.

2.4 No comments/concerns were reported to the Health Board, the Practice or Llais via email, telephone or in writing. Attendance at the public event was limited but a robust exchange of views was undertaken (Appendix 4 – available on request). There was good representation from the Patient Participation Group and local Councillor's, however patient attendance was low, despite this meeting being widely advertised. The Patient Participation Group extended their support to the closure of 128 High Street and were in full agreement to the changes.

One patient did mention that 3 surgeries had closed in the vicinity during the last 20 years. The Health Board explained concerns were addressed at the time and most of the old surgeries were too old to meet GP Access Standards. It was explained GPs like to work as part of a larger team, which is safer for patients and professionals.

Assurances were provided with regard patient access. There would be no reduction in number of appointments available and patients would be asked their preference on where to be seen.

Councillors in attendance were extremely positive having been involved in regular meetings and observations from a public perspective and said it was evident that staff really do care about the community. Thanks was expressed for the care the practice provides and continuing to improve service for patients. It was also noted the train station in Ynyswen is due to open in December 2025 which will significantly improve transport links with 4 trains per hour operating.

**Overall, there was no negative or adverse feedback regarding the proposed closure of 128 High Street.**

- 2.5 The Practice listened to the feedback raised during the engagement exercise and decided to continue the application process to close 128 High Street branch. Operating over 2 sites will make the service more sustainable and allow the Practice to manage patient demand more effectively by implementing new ways of working.

### **3. Key Risks / Matters for Escalation**

- 3.1 Strategically the closure of 128 High Street offers a long-term solution for the delivery of services to the local community. Failure to support the closure may lead to the Practice not being able to secure the delivery of services to the local population due to the workforce and recruitment challenges at the current time.
- 3.2 Consideration is being given to all the necessary matters such as premises, financial matters and most importantly communication and engagement with key stakeholders and patients.
- 3.3 Those practices affected by any such proposed closures have been contacted. At the time of writing this report the Health Board has not received any reported concerns from those practices. However, the Health Board will monitor the impact on neighbouring practices and offer support where needed.
- 3.4 The practice will liaise with the HB, Llais, other appropriate agencies and patients continually throughout the process acting accordingly and responsibly to ensure the smooth transition of the reorganisation plan resulting in minimal disruption for patients and the practice.

The Practice would like to emphasise there is no intention to change the practice boundary. No patient currently registered with the Practice would be asked to register elsewhere. Any patient who needs to be seen will be seen and every effort will be made to ensure a smooth transition such that they can continue to receive high quality patient care at the remaining 2 sites.

- 3.5 If the application to close 128 High Street is approved the anticipated date of closure is the 1<sup>st</sup> March 2026. The Practice will continually monitor the impact of the closure and implement new mitigations or supportive solutions as needed. The Practice is committed to ensuring that patients receive the best possible care during this period of change.



#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
	If more than one applies please list below: Improving Care
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Resilient Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Leadership
	If more than one applies please list below: <b>Whole system perspective</b>
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Efficient
	If more than one applies please list below: Effective Person centred
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Choose an item.
	If more than one applies please list below:



<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: Continuation of the provision of high quality general medical services to the local population is paramount. The practice detail a positive impact on quality of core, enhanced and additional services to patients should the proposal be approved. The impact on the practices ability to remain sustainable will be positive should the proposal be approved.	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate):  <b>NEUTRAL &amp; NEGATIVE</b> See attached (Appendix 5 – available on request).  Outcome for Welsh Language NEUTRAL  See attached (Appendix 5 – available on request).	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	

	If the branch closures are not supported this would lead to unsustainable pressures on the GP partners, impinge on ability to recruit new GP partners and lead to a potential reduction in quality of service due to scarce resources being spread too thinly.
<b>Enw da / Reputational</b>	Yes (Include further detail below) Should the proposal not be taken through appropriate governance and scrutiny the reputation could be impacted negatively.
<b>Effaith Adnoddau</b> (Pobl /Ariannol) / <b>Resource Impact</b> (People / Financial)	Yes (Include further detail below) The practice may see a positive impact on their financial situation as they will no longer incur costs for the branch premises if the application is improved.

## 5. Recommendation

- 5.1 The Contract Variation Group reconsidered the proposal on the 10th December 2025 after taking into account the outcome of the public engagement exercise. The Group **SUPPORTED** the application to close the branch site located at 128 High Street, Treorchy.
- 5.2 The Executive Management Board agreed to **ENDORSE FOR ODC COMMITTEE/BOARD ENDORSEMENT AND APPROVAL** the application to close the branch site located at 128 High Street, Treorchy at its meeting held on the 29<sup>th</sup> December 2025. It was noted there had been a very good PPG engagement, local councillors were supportive of the branch closure and although the public meeting was poorly attended there were no reported concerns throughout the whole process.
- 5.3 The Operational Delivery Committee agreed to **ENDORSE FOR BOARD APPROVAL** the application to close the branch site located at 128 High Street, Treorchy.
- 5.4 The Board are being asked to **APPROVE** the application to close the branch site located at 128 High Street, Treorchy.

## 6. Next Steps

- 6.1 Ensure that all relevant stakeholders are informed about the decision. This includes internal teams, external partners, and any other parties affected by the decision.
- 6.2 Develop or update a detailed action plan outlining the steps required to implement the decision. Assign responsibilities and set deadlines to ensure timely execution.

- 6.3 Closely monitor and track the progress of the implementation. Regularly evaluate the outcomes to ensure that the decision is achieving the desired results.

Llais Cwm Taf Morgannwg  
Ty Antur  
Navigation Park  
Abercynon  
CF45 4SN

Llais Cwm Taf Morgannwg  
Ty Antur  
Parc Navigation  
Abercynon  
CF45 4SN



Date: 24<sup>th</sup> January 2026

## **RE: Forest View Medical Centre proposal to close the branch surgery at 126 High Street, Treorchy**

Dear Mr Mears

As yourself and Board members will be aware, Llais has a role in service change proposals. That role is to ensure that the views and experiences of the public are used by decision-makers to plan and deliver better health and social care services. In undertaking this role, we will consider the following when reflecting on any engagement and/or consultation process we are involved in or that has been brought to our attention:

1. Have the people likely to be affected by the proposals been given enough chance to have their say.
2. Have decision makers/service providers thought carefully and properly about what people have said about the proposals made.
3. Have decision makers/service providers answered the concerns raised by people and used what people have said to change plans where it needs to.
4. Have decision makers/service providers come up with the best way forward.

In relation to this specific proposal, Llais have been involved to some extent in the engagement process from beginning to end. Therefore, the following are representations we are able to make to the Board when forming it's final decision on this proposal and the future of the surgery at 126 High Street.

Cadeirydd | Chair: **Professor Medwin Hughes, DL**  
Prif Weithredwr | Chief Executive: **Alyson Thomas**  
Cyfarwyddwr Rhanbarthol | Regional Director: **Daniel Price**  
E-bost | E-mail: **CTM@llaiscymru.org**  
Ffôn | Tel: **01443 405830**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

- We can confirm that there have been no comments or views raised with us at any point in the process

Despite the lack of engagement from the public and patients, as noted above, this cannot be put down to a lack of opportunity to engage, which is our first consideration. The process followed mirrored that implemented for the Taff Vale Practice proposals that were decided upon in July 2024, a process that was commended by all involved at the time and one we would continue to suggest is use as a benchmark for future proposals of change, in Primary or Secondary care.

It should also be noted that the Practice were very willing, and even suggested, that a public meeting be held to engage their community and this is a stark change from the position the Practice were in, in late 2022, early 2023. From observing their presentation on the night, the Practice were able to demonstrate how they have delivered against the requests of their community and commitments they made following our engagement report at that time. It would seem, by the absence of any opposition from a previously vocal community, that there is harmony between Practice and patients and that this proposal is yet another step in their improvement journey.

I look forward to hearing the Boards final decision at the meeting.

Yours sincerely



Daniel Price  
Regional Director

Cadeirydd | Chair: **Professor Medwin Hughes, DL**  
Prif Weithredwr Dros Dro | Interim Chief Executive: **Alyson Thomas**  
Cyfarwyddwr Rhanbarthol | Regional Director: **Daniel Price**  
E-bost | E-mail: **CTM@llaiscymru.org**  
Ffôn | Tel: **01443 403590**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.



**Agenda Item**

7.1

**CTM Health Board**

**Integrated Medium Term Plan 2026 -2029 update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <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
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <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
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy & Transformation

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

<b>Acronyms / Glossary of Terms</b>	
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 19<sup>th</sup> December 2025 and the content is summarised in the attached presentation.

## 2. Specific Matters for Consideration

- 2.1 There is a maintenance of the Cabinet Secretary's performance 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.
- 2.2 The annual NHS Wales escalation framework, in support of risk rating our emerging plan is expected in early February.
- 2.3 Health organisations will be required to complete a minimum data set (MDS) comprising service, financial and workforce information. This quantitative information is used to provide assurance on the robustness of plans. The MDS template for this planning cycle was received on 20<sup>th</sup> January.
- 2.4 The health board's intention remains to seek to deliver a balanced financial plan during the period of the IMTP, however, as noted, the financial position remains challenging and the full impact of in-year pressures, including challenges to full delivery of the health board's savings plans, is yet to be fully determined.
- 2.5 Key milestones for submission of the plan are set out in the attached presentation and there are scheduled dates for Board development and briefing sessions throughout the development process to the end of March.

### 3. Key Risks / Matters for Escalation

- 3.1 This report is presented to provide the board with the detail of the planning framework for 2026/27.
- 3.2 The primary risk is the ability of the Health Board to deliver a balanced plan that delivers the requirements of the planning framework, and the underpinning choices and residual risks this creates will be presented for Board consideration before the final plan is submitted.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: The IMTP is drafted with consideration of all strategic goals
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	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
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: All domains of quality apply.
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Choose an item.
	If more than one applies please list below: The health board's sustainability impacts are considered in this plan.

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: rationale below:



Have you undertaken a Quality Impact Assessment Screening?		Requisite assessments will be completed.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: rationale below: Requisite assessments will be completed.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	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

- 5.1 The Board is requested to note the contents of this report with particular consideration of the risks to delivery of a balanced financial plan alongside delivery of the health board's objectives.

## 6. Next Steps

- 6.1 Further updates on the development of the plan and the delivery of priorities will be provided to board.

# 2026-2029 IMTP

## Board update on guidance January 2026

# Background & purpose

To update the Board on:

- The Welsh Government planning guidance for 2026/27
- Our process to respond to the guidance
- Discuss timeline ahead of a final plan by 31<sup>st</sup> March

# Summary of guidance received

Cabinet Secretary letter (19/12/25) ***Transforming Services to Deliver Better Care*** (NHS Wales Planning Framework 2026-2029) outlines 6 areas of focus:

Timely Access to Care

Population Health and Prevention

Community by Design

Mental Health Access

Women's Health

Quality and Safety

Year One delivery targets (19) and revised enabling actions specified in the annexes

Also received Director General letter outlining governance arrangements, & Health Board allocations

Anticipate performance framework (escalation arrangements) w/c 19 January.

# Timely access to care

RTT, diagnostics, longest waits, total list size

Improve hospital flow to meet 45 minute handover

Improve 'waiting well' communications

Maximise what can be done in community (CbD)

Ensure no ambulance patient handover waits over 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.

No patients waiting more than 104 weeks for referral to treatment.

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

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.

# Population health & prevention

Wales has higher levels of preventable deaths – focus on smoking cessation, reduce obesity & live healthier lives (especially children), manage chronic conditions such as diabetes, improve vaccination uptake / reduce vaccine inequity / catch up childhood imms

Community level integrated planning using population segmentation and risk stratification

Marmot nation and work with partners outside NHS to make progress on the principles

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.

At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.

Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

# Community by Design

Supporting those with LTC or frailty to remain well and receive care at home

Increase proportionate spend on primary and community care 26-29

Work collectively with LAs to avoid admission and improve timely discharge – RPB plans are key

Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard.

Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible.

(National requirements and expectations will be specified by the Community by Design Transformation Programme Board – note previously trailed as phlebotomy, spirometry/FeNo and BCCs)

# Mental health access

'Transforming our system to open access mental health support'

CbD approach and improve quality, safety, experience and outcomes

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

# Quality & safety

Address harm, waste and unwarranted variation

Duty of Quality & Health and care Standards

Quality statements – cancer, circulatory diseases, diabetes, P&ELOC

Identify clinical services meeting fragility principles in the National Clinical Framework

Variation in the Quality & Outcomes Framework and National Clinical Audit & Outcome Review Programme to be addressed

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, 90% of all identified coding errors must be corrected within 35 days of identification, a focus on quality of coding demonstrated by an increase in depth index by 10% year-on-year

# Women's health

Pathfinder hubs and respond to the requirements of the Women's Health Plan

Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan)

Improving the quality of our maternity services by reducing perinatal mortality rates.

# Enabling actions (annex 2)

Clear assessment of baseline position and planned improvements must form an annex to submitted plan

Assessment against MAG recommendations & the priorities set out in Improving Performance Together as well as a commitment to deliver these in year 1.

# Financial framework

Plans must deliver financial balance

Plans must be free of discretionary investment & show significant savings must be made in non-core areas and overheads

HBs to agree cross-border arrangements proactively & strengthen regional collaboration

Strong and effective financial management, cost control

Central retention of £20m for targeted support for waiting times only when all productivity proven

12% uplift on capital allocations

Plans to show shift from secondary to community (GMS investment)

# Initial Allocation Letter 2026/27

- Initial Allocation Letter from WG has confirmed:
  - 2026/27 Pay awards and Primary Care Contractor inflationary uplifts to be funded once negotiations are completed.
  - Confirmation of 2025/26 NI allocation being made recurrent.
  - 6 Goals/SDEC funding has been confirmed as recurrent.
  - General uplift of 1.11% for inflation and unavoidable pressures/demands £15.1m.
  - Confirmation of 2026/27 GMS investment for sustainable primary care £4.6m.
- WG have indicated that organisations should pass through the full 1.11% as part of LTA agreements.
- £20m will be retained centrally by WG for access and planned care targets on an All Wales basis.
- An additional £1.5m has been issued for Discretionary Capital Expenditure.

# Draft Financial Challenge

	Rec £m	N/Rec £m	Total £m
Underlying Deficit M8	14.2	0	14.2
WG Funding Settlement	(15.1)	0	(15.1)
Assumed Funding Pressure (Invest to Save)	0	0.8	0.8
Inflation Pressures	14.9	0	14.9
Service/Demand Pressures (excluding WRP)	21.2	0	21.2
Welsh Risk Pool Growth	18.4	0	18.4
Prior committed Business Cases/Investments	2.0	0	2.0
Non Recurrent Costs (including Change and Leadership)	0	1.0	1.0
<b>Net Position before Savings</b>	<b>55.6</b>	<b>1.8</b>	<b>57.4</b>

Version V3.2

## Savings – 2026/27

WG will expect a minimum of 2% = £21m

To maintain the underlying deficit (excluding WRP) a requirement of £25.1m (2.4%) of savings will be required.

To maintain the underlying deficit (including WRP) a requirement of £43.3m (4.2%) of savings will be required

Initial IMTP plans for 2026/27 = £9.7m

# HB Headline Financials

The Health Board spends £1.7bn per annum of revenue  
Costs

More than £800m on Pay

Commission £300m from other NHS,  
£170m Primary Care Contractors, £80m CHC.

Prescribing & Secondary Care Drugs £165m

Non Pay £190m

# Draft Financial Outlook – Key Messages

- New additional funding of 1.11% - £15.2m is to be used to support inescapable demand and unavoidable inflation in support of frontline service.
- Health Boards will need to ensure visibility for significant savings in non core areas and overheads to prioritise frontline services and to deliver savings and cost mitigations required to achieve financial balance.
- No Area of expenditure can be exempted from savings, cost mitigations and the need to increase productivity.
- Expect Health boards to proactively reach agreement on commissioning and providing services across organisational boundaries and strengthened collaboration on a regional basis.
- Expectation for strong and effective financial management that supports cost controls.
- Central funding of £20m for waiting times will only be used when all opportunities to deliver sustainability and productivity have demonstrably been exhausted.
- Following significant investment in GMS, expectation of how there will be a shift of activity and resource from secondary care into primary and community care.

# System leadership & transparency

Leadership with compassion and culture improvements

Greater clinical leadership

Greater streamlining of data & accountability between WG & NHS

Engage more & more transparently with populations

'Adapt, adopt or justify'

Digital innovation

Regional working

Delivery of NHS Wales Decarbonisation SDP, Anti-Racism Wales Action Plan, 'More than Just Words', VBHC, Wellbeing of Future Generations.

# Timeline

Date	Requirement
By 13 <sup>th</sup> February 2026	AO letter to DG if unable to present balanced plan
By 27 <sup>th</sup> February 2026	Confirmation of ability to agree LTAs and plans for commissioned & providers services
By 31 <sup>st</sup> March 2026	Final Board approved Plan, templates & MDS submission including financial templates
Other compliance requirements:	<ul style="list-style-type: none"> <li>• <i>Improving Performance Together</i></li> <li>• The Wellbeing of Future Generations Act (2015)</li> <li>• Social Partnership &amp; Public Procurement Act (2023)</li> <li>• Health Services (Provider Selection Regime) Regulations (2025)</li> <li>• Duty of Quality &amp; Duty of Candour (2023)</li> <li>• <i>A Healthier Wales</i> actions</li> <li>• MAG recommendations (include <b>baseline &amp; plans</b> as an annex)</li> <li>• Enabling actions (include <b>baseline &amp; plans</b> as an annex)</li> <li>• ‘Firm, indicative, outline’ levels of detail across the 3 years to complete a <b>narrative</b> document and the <b>Ministerial templates</b> aligned to the <b>MDS</b></li> <li>• Duty of Quality &amp; 12 Health &amp; Care Quality Standards should be used to <b>frame the submission</b> as will be used to assess the plans</li> <li>• Develop a <b>short video</b> summarising what our plan will deliver for stakeholders</li> </ul>

## Annex 2- Enabling Actions for Delivery in 2026/27

### New Actions for 2026/27

Strategic Priority	Enabling Action
Productivity	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.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.

### Actions to be rolled over to 2026/27 using the existing definition

Strategic Priority	Enabling Action
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2
Building Community Capacity	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
Maximising Value for Money	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.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.
Improving Value, Optimising Outcomes, &	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health

S

minimising Variation	
Workforce Productivity	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.
	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.
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.
	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.

#### Actions to be rolled over to 2026/27 with re-defined action definition

Strategic Priority	Newly defined action for 26/27
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits
	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.
	Through effective streaming of patients on arrival at the front door allied 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 2026/2027.

	<p>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 leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.</p>
	<p>Deliver medical same day emergency care (SDEC) and acute frailty 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 <i>Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals</i>.</p>
	<p>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.</p>
	<p>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.</p> <p>Prioritise tailored 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 response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.</p>
Population Health & Prevention	<p>Ensure progress of the focused Diabetes High Value High Impact pathway</p>
Improving Value, Optimising Outcomes, & minimising Variation	<p>Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.</p>

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## CTM Health Board

### Our Strategy Deployment

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <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
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <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
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Claire Thompson, Executive Director of Strategy & Transformation
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval As part of delivering CTMUHB's strategic direction and IMTP this report is presented for approval

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

Committee / Group / Forum Individuals	Date	Outcome
Executive Leadership Group	August 2025	Endorsed
Strategic Development Committee	October 2025	Noted

#### Acronyms / Glossary of Terms

CTM UHB	Cwm Taf Morgannwg University Health Board
MAG	Ministerial Advisory Group
RPB	Regional Partnership Board

## 1. Situation / Background

- 1.1 The current arrangements for delivering our strategic intentions are being reviewed as part of routine good practice within the Health Board and in the context of delivering the 2026-29 IMTP.
- 1.2 The reformation of the central NHS Wales operating model (NHS Performance & Improvement) on the back of the Ministerial Advisory Group report<sup>1</sup> and the development of South East Wales regional joint working has also provided a prompt to consider how CTM might want to adjust mechanisms for strategic delivery.
- 1.3 Earlier versions of this paper and the concept of the Strategy Deployment Framework have been shared with the Strategic Development Committee (October 2025), the Executive Leadership Group (August 2025, January 2026) and Care Groups through regular fora including Improving Care Board (November 2025 & January 2026).
- 1.4 This paper is shared with the Board to elicit their views on the desirability of adopting a strategy deployment framework and the contents of it for the Health Board.

## 2. Specific Matters for Consideration

### 2.1 Strategy deployment framework

- 2.1.1 A strategy deployment framework is a central mechanism to operationalise our strategy (pages 2-4). There are many models available, but the underlying principles are consistent<sup>2</sup>. They focus on making the organisation successful in the external and internal environment and all centre around the alignment of the activity/delivery, architecture, culture and resourcing to the vision (long term goals and aspirations) and mission (current purpose and core activities) of the organisation.
- 2.1.2 The CTM strategy (page 5) is clear and well understood internally and externally. The 'brand' is generally recognised as 'CTM2030'. The vision of 'building healthier communities together' and the 4 strategic goals of 'creating health', 'improving care', 'inspiring people' and 'sustaining our future' are strongly echoed in Board governance and have delivery mechanisms but these understandably become more diffuse further into or outside the organisation. Evidence indicates that tighter alignment of these and focus on a reduced number of priorities (echoing the recommendations of the MAG report) is likely to create an environment in which our people can do their best work.

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<sup>1</sup> [NHS Wales performance and productivity: independent review | GOV.WALES](#)

<sup>2</sup> [Enduring Ideas: The 7-S Framework | McKinsey](#); [StarModel](#);

- 2.1.3 The attached paper outlines a potential strategy deployment framework for the organisation (page 6), for discussion and further iteration, as it would impact all directorates and care groups within the Health Board. There is a connection to the update from the Regional Partnership Board (RPB) also presented at the October meeting of the Strategic Development Committee, in that the RPB is presenting a consolidated set of metrics to ensure delivery of partnership priorities.
- 2.1.4 The paper furthermore outlines the consolidation of change delivery resource within a strategic delivery unit (page 7) and describes a number of foundational elements that need to be secured as part of improving our strategy deployment (pages 8-9).

## **2. Key Risks / Matters for Escalation**

- 2.1 No matters for escalation as this paper is presented for awareness and discussion, however Board members' reflections on the foundational elements for strategy deployment are particularly welcomed.



### 3 Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below: All strategic goals are impacted- Inspiring People, Creating Health, Sustaining our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: All life course areas are affected – starting well, growing well, aging well, dying well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: The success of our strategy deployment 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
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Leadership
	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, Learning, Improvement & Research and Whole System approach.
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: Our strategy deployment should impact on all quality domains – Equitable, Efficient, Person centred, Timely, Safe.
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reduce
	If more than one applies please list below: As above strategy deployment should impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: QIAs will form part of the work of strategy deployment and this discussion paper in and of itself does not presuppose any action or changes
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  As above
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource this work which will need to be drawn from existing resources or identified in business planning.	

#### 4 Recommendation

4.1 The Board is asked to **APPROVE** this direction of travel and **COMMENT** on the suggested approach.

#### 5 Next Steps

5.1 Further work to deliver the foundational elements of strategy deployment, which the Board is advised the Strategic Development Committee wishes to receive updates on.

5.2 Further work to develop this approach with the Executive and Care Groups, including a revised performance accountability architecture, and work on behaviours as part of the People Plan.

5.3 Further socialisation of the strategy deployment approach with neighbouring Health Boards and as part of the NHS P&I operating model.

# Strategy Deployment

## Board Meeting January 2026



Our care groups are our units of 'business delivery'. We need a single strategic architecture and language that can support governance & accountability, values & behaviours and delivery.

We also have a set of external / partnership arrangements which are necessarily complex and which will be given greatest opportunity to succeed if there is strong internal clarity on strategic priorities.

As outlined in the MAG report ([NHS Wales performance and productivity: independent review | GOV.WALES](#)) there is an acceptance of the need to reduce the number of priorities placed on Health Boards by Welsh Government and to streamline accountability mechanisms.



## What is a strategy deployment framework?

- It is set by the Board and is based on our vision and goals
- Connects the delivery of our strategy to the work of our frontline teams
- Creates coherence for internal and external stakeholders
- Provides a structured method to define how our work (individual & collective) supports delivery of our key objectives
- It allows work across the organisation to be aligned to delivery of progress towards the vision - board committee priorities and integrated performance reporting can be linked to the SDF

*We know we need to identify trade-offs, choosing what not to do as much as what to do. Grading the importance of various initiatives in an environment of finite resources is difficult and needs a consistent approach.*



# Strategy deployment helps coordinate delivery

A: Conflicting department goals/priorities

B: Aligned department goals/priorities

Front line teams

Care Groups

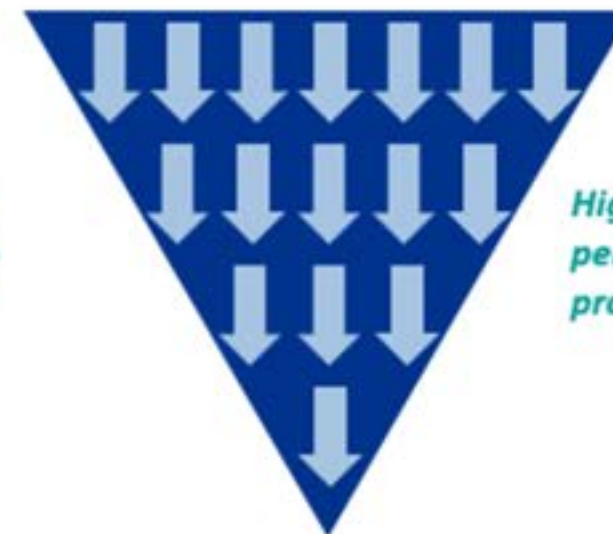
Front line teams

Care Groups

*Low  
performance  
process output*



*High  
performance  
process output*



Executives

Executives



**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**



# Strategy deployment – in year

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

*Examples of metrics to be updated based on 26/27 planning guidance*

Reducing emissions

Improving attendance rates

Reducing harm

Increasing healthy life years

Living within our means

Improving staff survey rates

Reducing length of stay

Parity of esteem

Reducing disparity

Improving elective access

Improving mortality

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. digital, R&D, estates, people*



Programme  
managers &  
Care Group  
change  
capacity

**Strategic Delivery Unit**

Consolidation of expertise in project and change management  
Use of improvement tools and programme methodology to support our strategic delivery  
Identify how we **do things better** and more importantly **do better things**  
Digital 'factory' to develop & test hypotheses  
Digital evidence base applied alongside e.g. pathway mapping  
Patient co-creation

iCTM

PMO

Digital  
transformation  
capacity

VBHC



## Elements of the strategy to enable deployment into the system (1-6) & Health Board (7-12)

	Element	Current state / action required
1	Organisational vision & strategic pillars	'Building Healthier Communities' and 4 strategic pillars
2	Corporate Identity	Recognised deficit - requires support to create single identity
3	Design principles	Drafted and testing through 25/26 plan delivery – to be used by Strategic Delivery Unit to prioritise programmes for 26/27
4	Priority areas	Recognised tacitly, requires codification and adoption as part of strategy deployment work
5	Case for change	'Do nothing' scenario. Specification drafted for work, underway with BI, public health, workforce & finance working group
6	Definition of future state	Articulation of care model, exciting vision of the future that can be easy read as well as for professional stakeholders, for strategic delivery plans to hang off – NOT a detailed prescription of the configuration of services



## Elements of the strategy to enable deployment within the organisation

	Element	Current state / actions required
7	Organisational vision & strategic pillars	'Building Healthier Communities' and 4 strategic pillars expanded into a document that is applicable to the organisation (rather than to the community / stakeholders) – would include elements of the people plan etc and is the internal corollary to (6) above
8	Strategy deployment framework	Clear articulation of annual/multi-year priorities to guide CTM (respects staff internally & provides coherence externally)
9	Key metrics (aligned focus)	Revision to the IPR
10	Operational management system	Framework of meetings and escalation levels to support delivery. Includes monthly integrated performance review, scorecards from team/specialty/care group/executive. Ensures all groups are mapped to relevant Board committee to reduce duplication / secure oversight
11	Improvement tools & techniques	Strategic Delivery Unit - tools and skills centrally managed but deployed to priority areas in line with strategic direction above
	Change management expertise	
12	Culture	Values, behaviours, leadership & management processes

# Thank you

## Unapproved Minutes of the Public Board

<b>Date and Time of Meeting</b>	Thursday 27 November 2025 10:00
<b>Venue</b>	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

<b>Members Present</b>	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Dilys Jouvenat	Independent Member – Third Sector
	Carolyn Donoghue	Independent Member – University (In part)
	Hayley Proctor	Independent Member – Trade Union (Virtually)
	Patsy Roseblade	Independent Member – Finance/Audit (Virtually)
	Neil Mesher	Independent Member – Commercial Business
	Kathy Mason	Independent Member – IT & Information Governance
	Helen Lentle	Independent Member – Legal
	Rachel Rowlands	Independent Member – Community (Virtually – In part)
	Paul Mears	Chief Executive Officer
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Lauren Edwards	Executive Director for AHPs and Health Science
	Philip Daniels	Executive Director of Public Health
	Claire Thompson	Executive Director of Strategy & Transformation (IN PART)
Sally May	Executive Director of Finance	
<b>In Attendance</b>	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital
	Becky Gammon	Interim Deputy Director of Nursing
	Simon Blackburn	Director of Communications, Engagement & Fundraising

	Daniel Price	Regional Director, Llais Cymru (Virtually)
	Emma Walters	Head of Corporate Governance & Board Business
	Ben Screen	Welsh Language Lead (In part)
	Rosie Cavill	Llantrisant Health Park Infrastructure Programme Director (In part)
<b>Meeting Observers</b>	Cally Hamblyn	Assistant Director of Governance and Risk (Virtually)
	Kathrine Davies	Corporate Governance Manager (Virtually)
	Tajwar Md Naqib Farhan	Aspiring Board Member Programme

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	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	<b>Apologies for Absence</b>
	Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Richard Hughes, Interim Executive Director of Nursing</li> <li>• Alex Brown, Associate Board Member</li> <li>• Lisa Curtis-Jones, Associate Board Member</li> <li>• Paul Deenik, Associate Board Member</li> </ul>
1.3	<b>Declarations of Interest</b>
	There were no interests declared.
<b>2.</b>	<b>CONSENT AGENDA BUSINESS</b>
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.
<b>3.</b>	<b>STAFF AND USER EXPERIENCE</b>
3.1	<b>Shared Listening and Learning Story – Learning that has been undertaken following stories received at Board over the last 12-18 months</b>
	The Chair invited B Gammon to present the report, expressing gratitude for the format and the way the stories and learning were compiled. The Chair

emphasised the importance of the "So what" question and how the organisation learns from both positive and negative experiences shared by staff, patients, and families.

B Gammon presented the report and highlighted the key matters for attention.

Following the presentation of the report, the Chair advised that he appreciated the list of organisational actions that had been taken in response to the stories, highlighting the value of responding to challenges and experiences brought forward. The Chair encouraged reflection and invited questions or comments from board members, reinforcing the significance of learning and improvement based on shared experiences.

D Hurford highlighted the progress made in relation to transition care from paediatrics to adult services, noting the establishment of a task and finish group and the plans to adopt and roll out the "Ready Steady Go" approach across Wales, commencing with a paper-based version before moving to digital. D Hurford credited the listening and learning process for bringing attention to this issue, which had enabled Board support and action.

L Edwards suggested that monitoring effectiveness could be achieved by looking at feedback from the Patient Advice Liaison Service (PALS) to identify recurring themes, which would allow for monitoring of the effectiveness of these changes to be undertaken.

G Hughes referred to 'Alan's story' which had recently been shared at the Operational Management Board and had a significant impact on operational leaders and advised that consideration now needed to be given to the thematic piece of work that would need to be shared more broadly within the organisation in order to influence culture and behaviour among all staff.

H Daniel advised that whilst he welcomed the work undertaken in relation to professional standards in nursing, it would be important to note that the feedback shared in 'Alan's story' did not solely relate to professional standards in nursing and added that a broader discussion was required regarding behaviours. Members noted that the People Services Team was currently developing a program of work focused on behaviours, including evidence-based behaviour change techniques, with plans to present the proposal on this work to the board in the new calendar year, aiming towards the end of the financial year. H Daniel advised that the work was being linked with ongoing efforts around professional standards, and added he intended to involve Executive Directors and Independent Members in discussions about desired organisational behaviours and how to measure progress over time.

S Blackburn advised that he had met with the Patient Experience Team to discuss practical ways to identify and capture patient stories, noting that many valuable stories and learning opportunities exist across the organisation but only a small portion are currently shared. S Blackburn emphasised the need to make

staff more comfortable with identifying and participating in the collection of these stories and mentioned the importance of aligning patient stories with organisational priorities and strategy, to enable the stories to inform board-level conversations and focus on areas relevant to the organisation's strategic direction.

D Jouvenat advised that whilst she welcomed the work that would be undertaken to address staff behaviours, she emphasised that it needed to be recognised that most staff were compassionate and could serve as models for desired conduct, which had been highlighted through the recent Seren Awards. D Jouvenat also expressed a preference for celebrating and appreciating staff achievements rather than implying that all 13,000 staff need behavioural training, reinforcing that many staff already exemplified the expected standards. The Chair supported the comments made stating the value of celebrating achievements, creativity, innovation, and positive care delivery.

P Mears also noted that most staff behave well and that many do not seek recognition for simply doing their job well and highlighted the challenge that compliments and positive stories were less frequently submitted compared to complaints, suggesting the need to elevate positive feedback to balance the focus on issues. P Mears reiterated that most people join the NHS to help others, and that compassion is common but highlighted that sometimes issues arise from processes or expectations rather than staff behaviour.

H Lentle welcomed the presentation, advised she found it valuable to see actions taken as a result of those stories shared, emphasised that stories were only powerful if they lead to action, and added that it was important for the board to receive updates showing follow-up and consequences, whether positive or negative.

C Donoghue commented that consistency was important particularly as patient experiences can be highly dependent on which staff members they encounter. C Donoghue noted that for individuals with learning disabilities, trust was built with familiar staff and encountering just one person who does not meet expectations could negatively affect the entire experience. C Donoghue expressed some discomfort with the idea of behaviour change programmes, suggesting the focus should be on creating a culture where poor behaviour was challenged and not accepted.

In response to a query raised by L Edwards as to whether this type of 'closing the loop' report would be a regular feature in the Board's cycle of business, the Chair advised that whilst shared listening and learning stories would continue to be presented to each Board meeting he felt an annual reflection would be sensible. The Chair also emphasised the board's role in setting expectations and culture, including challenging poor behaviour and reflecting on system or process faults, not just individual actions.

	<p>D Price made reference to targeted engagement activities with over 800 people in the communities of Hirwaun and Tonyrefail, with the majority of people engaged with being complimentary on their interactions with Health Board staff, with words used such as caring and supportive. D Price also referred to a recent visit Llais had undertaken to Maternity Services at Prince Charles Hospital which resulted in a report that was 100% positive regarding patient experience. D Price concluded that while complaints and incidents tend to get more attention, when issues do arise (such as with miscarriage experiences in maternity), the Health Board responded promptly and appropriately, resolving a serious issue within weeks. The Chair thanked D Price for the helpful feedback shared and noted that the team would value further information once the final report was available.</p> <p>The Chair extended his thanks to B Gammon for sharing the presentation, confirmed the commitment to conduct an annual review at Board of shared listening and learning stories and emphasised the importance of sharing learning more widely, monitoring for thematic issues, and ensuring staff were aware of how concerns were addressed.</p>
Resolution:	The Listening & Learning story was <b>NOTED</b> .
Action:	Annual Review of Listening and Learning Stories to be added to the Cycle of Business.
<b>4.</b>	<b>SETTING THE SCENE</b>
4.1	<b>Chair's Report</b>
	The Chair presented the report and highlighted the key matters for Members attention.
Resolution:	The Board resolved to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report.</li> <li>• <b>RATIFY</b> the Affixing of the Common Seal</li> </ul>
4.2	<b>Chief Executive's Report</b>
	<p>P Mears presented his report and highlighted the key matters for Members attention.</p> <p>K Palmer advised that whilst she acknowledged the positive work on improving ambulance handover times, she noted it causes pressure on the system and patients and suggested discussing this in detail at a future board briefing. P Mears supported this suggestion and proposed that an update was presented to the January 2026 Board in order to review how the end-to-end risk was managed across the system, including 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.</p>
Resolution:	The report was <b>NOTED</b> .
Action:	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.
<b>5.</b>	<b>BOARD GOVERNANCE ARRANGEMENTS</b>
5.1	<b>Action Log</b>

	The Chair presented the action log. Members agreed that the actions completed and closed could be removed from the action log.
Resolution:	The Action Log was <b>NOTED</b> .
5.2	<b>Matters Arising not Contained within the Action Log</b>
	There were no matters arising.
5.3	<b>Board Assurance Framework (BAF)</b>
	G Watts presented the report and highlighted the key matters. G Watts emphasised 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. Members noted that a proposal would be brought to the February Board Development Session with an aim to implement these changes for the next financial year.
Resolution:	The Board resolved to: <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the <b>amendments</b> made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.</li> </ul>
Action:	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.
5.4	<b>Board Committee and Advisory Group Highlight Reports</b>
5.4.1	<b>Quality, Safety &amp; Experience Committee Highlight Report 23 September 2025</b>
	C Donoghue presented the report.  In relation to Special School Nursing concerns, P Mears advised that the number of special schools within the Cwm Taf Morgannwg area was increasing, leading to more children with greater needs, and added there was a need to clarify what the school nursing service can provide versus what schools are expected to provide. Members noted that the nursing teams were working with Local Authority Education Directors to specify the service scope, emphasising that additional services would require extra funding, particularly as current staff cannot keep absorbing more responsibilities.  G Hughes advised that Cwm Taf Morgannwg has the highest proportion of special schools in Wales, with four special schools currently within Rhondda Cynon Taf, with a fifth special school being developed within the region. Members noted that the issue had been escalated to Welsh Government for support, given the inconsistency across Wales regarding what service health and local authorities should provide.  The Chair advised that given that this matter had been escalated to the Board prior to this, Executive Directors would need to ensure that a plan was put into place to address this.
Resolution:	The report was <b>NOTED</b> .
Action:	Executive Directors to ensure a plan was developed and out into place to address the concerns raised regarding Special School Nursing.
5.4.2	<b>Strategic Development Committee Highlight Report 1 October 2025</b>

	K Palmer presented the report.
Resolution:	The report was <b>NOTED</b> .
5.4.3	<b>Stakeholder Reference Group 15 October 2025</b>
	C Thompson presented the report.
	D Jouvenat declared an interest in relation to this item and advised that she was a Board Member of Interlink.
Resolution:	The report was <b>NOTED</b> and Members <b>APPROVED</b> the Member nominations outlined within the report.
5.4.4	<b>Operational Delivery Committee 28 October 2025</b>
	R Rowlands presented the report.
	R Rowlands commented on the heavy agenda and volume of work being received by the committee, noting that the committee sometimes lacks sufficient time for in-depth discussion and assurance. R Rowlands advised she had met with K Palmer to discuss improving agenda management and ensuring key items receive adequate attention.
	K Palmer confirmed that conversations were ongoing with the Chair, Director of Corporate Governance and the Chief Operating Officer to review agendas, terms of reference, and ways of working, which would be discussed further at the February Development Board session. Members noted that all Independent Member comments had been fed back to the Governance team in relation to the review of Committee effectiveness.
	The Chair welcomed the update provided by R Rowlands and recognised that, following the Board Effectiveness Review and redesign of the committee system, the Operational Delivery Committee was expected to present challenges in managing its agenda due to the vast area of activity it covered. The Chair stressed the importance of retaining focus on key items and avoiding situations where committees rush through large agendas, which could hinder assurance. He recognised that the Committee would likely require ongoing refinement, emphasising the need for clear agenda setting and appropriate levels of detail in reports, so that critical issues are not missed.
	R Rowlands expressed appreciation for the quality and thoroughness of the work of all those who brought work to the committee while highlighting the challenge of managing the volume of papers going forward.
Resolution:	The report was <b>NOTED</b> .
5.4.5	<b>Clinical Advisory Group Highlight Report</b>
	D Hurford presented the report and highlighted the key matters for Members attention.
	The Chair acknowledged the enthusiasm shown by A Brown for improving the Clinical Advisory Group and highlighted the difficulty in getting people together for meetings.

	<p>P Mears expressed frustration and acknowledgment of previous unsuccessful attempts to improve engagement and structure, queried whether membership should be mandated by role or based on willingness to participate, and suggested that support needed to be provided to A Brown to foster a culture where clinicians feel empowered to influence change.</p> <p>D Hurford advised he would welcome clarity from the Board on what it needs from the Clinical Advisory Group and suggested that the Board should decide and communicate what it sees as the group's role and purpose.</p> <p>H Daniel welcomed the structured approach and enthusiasm of A Brown to improve the effectiveness of the group, and expressed a willingness to collaborate and help make the Clinical Advisory Group a real strength for the Board, noting there would be a significant read-across to other work being undertaken within the nursing space.</p>
Resolution:	The Board <b>NOTED</b> and <b>SUPPORTED</b> the proposals highlighted within the report.
5.5	<b>Executive Director of Public Health Annual Report</b>
	<p>Prior to handing over to P Daniels to present the report, the Chair emphasised that public health is a critical factor for the sustainability of a universal, free health service, highlighting it as the biggest risk to future service provision if not addressed. The Chair noted the statutory duty of Welsh Government, and by extension the Health Board, not only to treat illness but also to work with partners to improve community health and welcomed the report's focus on early years and a healthy start in life, recognising the significant positive impact of early intervention for children and families. The Chair praised the excellent work already being undertaken in the Health Board to support families and children at crucial stages and expressed gratitude to P Daniels for focussing on this important topic within the report.</p> <p>P Daniels presented the report and drew out some of the key themes he wished to draw to the Board's attention.</p> <p>The Chair recognised the stark data contained within the report and made reference to a recent visit he had undertaken to the PIPYN scheme in Merthyr Tydfil, which he felt was a valuable initiative with significant impact and benefit for children and families and delivered excellent results with a relatively modest financial investment.</p> <p>P Mears suggested that the report should be shared with Local Authority Councillors and Leaders to champion the agenda and raise awareness, emphasising that many of the issues highlighted in the report, such as housing, employment, and education, were broader determinants of health and required collective action. P Daniels advised that once approved, the report would be shared with the Public Services Board and Regional Partnerships Board to help inform their work and added that he would be happy to present his report to Local Authority Leaders</p>

	<p>R Rowlands advised that she had recently met with Paul Mee, Chief Executive, Rhondda Cynon Taf (RCT) County Borough Council and noted his reorganisation of RCT departments would focus more on community development and public health improvement, moving away from crisis management and highlighted the opportunity to work directly with Local Authority Directors to take forward the report's recommendations. R Rowlands suggested using the RCT approach as a blueprint for engaging with Bridgend and Merthyr Tydfil County Borough Councils. R Rowlands also emphasised the importance of involving the right people beyond just the Public Services Board and Regional Partnerships Board forums and offered to connect P Daniels with Paul Mee and his team to advance the report's recommendations.</p> <p>K Mason questioned how the set of recommendations contained within the report would be monitored and overseen, specifically asking if the Board would be responsible for assuring delivery against them. P Daniels clarified that the recommendations would feed into the Regional Partnership Board strategy. P Mears further suggested that following the sharing of the report with the Regional Partnerships Board, an update should be presented to the Board on the outcomes and next steps and added it would be important to identify which recommendations were solely the health board's responsibility for direct assurance, and the recommendations that would be monitored through the regional agenda.</p> <p>K Palmer made reference to the recent Research &amp; Development Conference, which highlighted the valuable research presented on topics like C-section, smoking, and probiotics, which have significant public health implications, and queried how the board would connect the R&amp;D work with the recommendations and actions within the report. L Edwards advised that this would be considered further.</p>
Resolution:	The Executive Director of Public Health Annual Report was <b>APPROVED</b>
Actions:	<p>Report to be shared with Councillors and Leaders to champion the agenda and raise awareness.</p> <p>Update to be presented to the Board on the outcomes and next steps following the report being shared with the Regional Partnerships Board</p>
<b>6. DELIVERING OUR PLAN</b>	
6.1	<b>Integrated Performance Report (Quality, People &amp; Operational Performance)</b>
	<p>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.</p> <p>Members noted that in relation to ambulance response times, the Health Board had received its first set of data from the Joint Commissioning Committee which would be further analysed. Members noted that a report would be presented to the January Board meeting to highlight the correlation between reduced delays</p>

and ambulance handover performance, specifically focusing on the impact on the four-hour metric and other related balancing metrics.

The Chair commented on the current influenza data and modelling to the same period last year, specifically questioning whether last year tracked at the lower or median end of projections. P Daniels advised that last year was a relatively mild influenza season, whereas this year was tracking significantly higher, adding that the southern hemisphere experienced an earlier and higher peak, with evidence in place of a mutation in the virus leading to some vaccine evasion. P Daniels provided assurance that the vaccine still offered good protection and remained a safe and effective method to prevent influenza.

In response to a query raised by the Chair in relation to the spike in flu cases, G Hughes reported a significant spike in flu cases at Royal Glamorgan Hospital, with 53 positive patients, four cases at Princess of Wales, with no reported cases Prince Charles Hospital at this present time. Members noted that the impact included nearly all medical wards at Royal Glamorgan Hospital being closed to new admissions which had created operational challenges and required protection of elective pathways. G Hughes advised that measures such as mask-wearing across sites had been implemented to reduce spread, and added the situation was being monitored daily, with hopes that numbers would soon stabilise.

In relation to RSV rates, D Hurford advised that whilst rates were generally low, the Princess of Wales Hospital had experienced a couple of serious cases in children over the past seven days, with some requiring transport out of the unit. Members noted that ongoing monitoring would be undertaken on the position.

In response to a suggestion made by P Roseblade regarding reflecting updates made to the performance dashboard in a different colour to make it easier for Members to identify new information, C Thompson advised she would be happy to action this suggestion for future reports and acknowledged the broader need to focus the report on key metrics and reduce inclusion of long-term, unchanging data.

In response to a query raised by P Roseblade regarding the absence of red release information in the report, G Hughes advised that there had been no immediate response or requests for red release in the past three weeks, attributing this to improved handover performance and the automatic release of ambulance crews.

S Blackburn announced the launch of a new community vaccination campaign, developed in collaboration with community leaders across 33 boroughs. Members noted that this campaign departed from national messaging and instead featured films and social media assets created with and for local communities, aiming for greater relevance and impact. Members noted the assets would be shared through both official channels and directly by community

	<p>leaders and groups, with the hope that this approach will increase vaccination uptake.</p> <p>R Rowlands welcomed the work being undertaken on the new community vaccination campaign, expressed support for this new approach and highlighted that working with the community brings valuable resources, intelligence, and goodwill, noting positive feedback from community groups and leaders regarding the campaign, which could be used as a blueprint for future public health improvement initiatives.</p> <p>The Chair advised that whilst he acknowledged the achievement of reaching 65% cancer performance, he noted the target was 80% by the end of March 2026. He noted that while some tumour sites were performing well, others are not improving as much and questioned what could be done to drive significant improvement in those areas over the next four months. G Hughes advised that lower performance in some tumour sites was often as a result of diagnostic complexities and stated that once cancer is diagnosed, most patients were treated within 31 days. G Hughes advised there were challenges in the volume of suspected cancer referrals, with a low cancer pickup rate, making capacity a challenge, and added that whilst straight-to-test pathways were being refined, for some tumour sites, such as prostate cancer, current pathway design limits performance improvements. G Hughes concluded that the aim was to consistently achieve above 65% this year, with further development needed for higher performance, and that some challenges were UK-wide.</p>
Resolution:	The Board <b>NOTED</b> the Integrated Performance Dashboard.
Action:	Future reports to reflect updates made to the performance dashboard in a different colour to make it easier for Members to identify new information
6.2	<b>Month 7 Financial Performance Report</b>
	<p>S May presented the update and highlighted the key matters for members attention.</p> <p>K Palmer asked how the Board could gain more confidence in achieving the required levels of savings both in-year and in future years, acknowledging the difficulty and emphasising the need for assurance around savings plans and delivery. S May suggested that the Board could gain assurance by drilling down into the range of different savings schemes at the next Operational Delivery Committee, examining where success and variation exist, and learning from which initial schemes have or have not been deliverable.</p> <p>P Mears agreed that the suggestion made by S May would help with planning for next year and added that the Executive Team would also be reflecting on what has worked and what might work for future savings plans at a session planned for the 15 December 2025. P Mears highlighted the challenge of operational capacity, noting that the same people were often tasked with multiple improvement initiatives alongside delivering savings, and suggested the need to prioritise capacity and possibly rethink how people were utilised for major</p>

service changes, emphasising that achieving sustainable financial models will require more radical changes rather than minor efficiencies.

In response to clarification sought from N Mesher as to what was needed to achieve a break-even position and how the Board could get assurance on the elements within their control, S May confirmed that in order to achieve the break-even position, both the items on slide 4 (which are less within the Board's control) and the savings (slide 21, more within the Board's control) must be realised.

C Thompson emphasised the importance of clearly laying out and prioritising big strategic change programmes, such as those delivered through IMTP and strategy deployment and highlighted the need for every line manager to hold the core expectation of running services efficiently, linking this to delivering safer and more effective care. C Thompon added that driving productivity could be achieved through delivering safer care and that messaging and expectations around this should be clear to achieve both effective hygiene practice savings and larger strategic plans.

H Daniel welcomed the discussion about reflecting on what has worked well and what has not regarding centrally led schemes and emphasised the need to reflect on these experiences to help improve future delivery. H Daniel highlighted the importance of considering how expectations were deployed, what is held centrally, how this works in the delivery arm (care groups), and how to bring these together, including mechanisms to get back on track when off course. H Daniel also referred to the value of not losing good infrastructure that has been put in place, even though delivery had not always met expectations and stressed the need to set up in the best way to achieve what is needed in a challenging financial environment.

G Hughes advised that the financial settlement would be challenging for the next few years, not just next year and estimated the magnitude of required savings could be in the region of £160 million over three years, meaning care will need to be delivered for significantly less money. G Hughes emphasised that achieving these savings would require fundamental changes to services, suggested the need for a three-year plan to address both non-recurrent and recurrent savings, and highlighted the need for urgent work to be undertaken to understand the level of opportunity and to focus planning accordingly.

C Donoghue made reference to the posters and presentations that had been shared at the recent Research & Development conference which focussed on developments, innovations, and changes in practice, such as antibiotic overprescription and reducing unnecessary follow-up appointments, and noted whilst these projects could save money, they required significant work. C Donoghue highlighted the challenge of translating research findings into routine practice and emphasised the need to engage clinicians more with evidence-based changes. D Hurford agreed with the comments made by C Donoghue and emphasised the need for a higher level of maturity, where the organisation asks

difficult questions about what current practices could be stopped when new innovations were introduced.

The Chair noted that a significant portion of care group overspend was being offset by savings and reductions in non-delegated budgets and welcomed the suggestion for the Operational Delivery Committee to undertake a review of where each care group stands regarding their budget allocation, actual spending, and the impact of increasing demand. The Chair emphasised the need to articulate how the organisation was managing increased demand and to reflect on the challenges of a difficult budget settlement for the coming year and beyond.

S May confirmed that whilst a more detailed finance report, including a breakdown by care group, was provided to the Operational Delivery Committee, it did not currently map to demand and noted that, from a headline perspective, activity levels were probably not yet at pre-COVID levels, particularly for elective care. S May highlighted that while productivity improvements were being seen in areas like orthopaedics, these come with significant additional costs. S May also advised the organisation now had a much higher headcount and suggested the Board would need to spend more time understanding what is being delivered with these resources as the Board approaches a challenging financial year.

The Chair emphasised the importance of detailed financial thinking as the organisation commences planning for the next IMTP cycle and noted that the approach for the current year had been to find investment while balancing the plan, which would be a challenge for next year.

P Mears emphasised that not presenting a valid balanced plan would not be acceptable to Welsh Government unless costs were cut to match the available budget and acknowledged this would be a difficult message for staff given the flexible approach historically taken. P Mears noted the risk that delivering financial performance could make the organisation feel adversely impacted compared to others, stressed the importance of making the most of the available resources for the population and highlighted the broader debate about health spending limits, the need to fund other public services, and the necessity for radical thinking and smarter working to deliver a sustainable financial model. P Mears concluded by indicating that fundamental changes may be needed in service delivery.

D Hurford emphasised the importance of defining the core activities that the Health Board must deliver, stating that expectations for new services, for example, obesity medication prescribing, were being added without additional resources. D Hurford highlighted that the Health Board was currently unable to fund even the basic level of some services, and at some point, would need to clearly state what can and cannot be delivered within available resources, which would be a difficult message to communicate given public expectation.

	<p>S May made reference to short-term funding streams that were in place and stressed the need to be more rigorous as to whether the Health Board committed to funding new services if services could not be established sustainably with available resources.</p> <p>The Chair advised that further sessions would need to be held with the Board to discuss planning for next year once the financial allocations had been made clear.</p>
Resolution:	The report was <b>NOTED</b> .
Action:	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.
6.3	<b>Integrated Medium Term Plan 2025-2028 – Quarter 2 Review</b>
	C Thompson presented the report and highlighted the key matters for Members attention.
Resolution:	The report was <b>NOTED</b> .
6.4	<b>Capital Programme Update 2025/2026</b>
	<p>S May presented the report and highlighted the key matters for Members attention</p> <p>The Chair referred to the significant capital programme, noting the scale and importance of the projects being delivered and emphasised that seeing all the projects listed within the report demonstrated the substantial amount of work being undertaken.</p> <p>P Mears praised the capital and estates team for their efforts in delivering these projects and suggested improving communication to raise awareness with staff and the public of the ongoing investments and improvements across Health Board. S Blackburn supported this suggestion and mentioned that steps were being taken to highlight the improvements and investments being made within the Bridgend area via social media channels.</p>
Resolution:	The report was <b>NOTED</b> .
6.5	<b>Welsh Language Standards Annual Performance Report 2024/2025</b>
	<p>B Screen presented the report and highlighted the key matters for Members attention</p> <p>G Watts advised that he had worked closely with B Screen on the Welsh language agenda and highlighted the progress made, noting that the Health Board was now recognised by the Welsh Language Commissioner and Welsh Government colleagues as leading the way in some areas. G Watts added that the Health Board had recently received an award from the Welsh Language Commissioner for the work undertaken on introducing Welsh to e-white boards for inpatients and referenced the involvement of the Welsh Language Team with the Inspire programme, with other organisations seeking to learn from the approach being taken by the Health Board</p>

	<p>G Hughes welcomed the significant improvement highlighted within the report and referenced the recent focus by the Welsh Language Commissioner in relation to standard 110 (consultations in Welsh) which the Health Board needed to progress further on. G Hughes highlighted the need to support primary care in expanding Welsh language consultations, proposing collaboration and sharing of resources to increase Welsh consultations in general practice.</p> <p>P Mears acknowledged the significant achievements that had been accomplished by a small Welsh Language Team, noting the potential increased demands that may be placed on the team as more people become aware of the services provided. P Mears emphasised the importance of the Welsh language work and reiterated the need to further develop patient interactions, especially for first-language Welsh speakers, and to improve digital systems for managing language preferences. P Mears concluded by welcoming the approach and delivery that had been taken by the Team, describing the shift as a positive change for the organisation.</p> <p>H Daniel noted that recruitment plans and skills plans were well integrated, with a detailed plan in place to support standard 110 and emphasised how all related initiatives fit together to advance the Welsh language agenda. H Daniel also expressed appreciation for the positive approach taken on making the Welsh language agenda more engaging and effective.</p> <p>The Chair praised the Welsh language report as excellent and commended the team for their work and making significant progress in advancing the Welsh language agenda. D Jouvenat also reflected on the improvement compared to the first Welsh language report she had seen several years ago, noting the current report was much more engaging.</p>
Resolution:	The Welsh Language Standards Annual Performance Report was <b>APPROVED</b>
<b>7.</b>	<b>STRATEGIC PLANNING</b>
7.1	<b>CTMUHB Planning Together Winter Preparedness Operational Plan 2025/2026</b>
	<p>G Hughes presented the report.</p> <p>The Chair extended his thanks to G Hughes for the comprehensive report, noting the many moving parts and complexity involved.</p> <p>In response to a question raised by N Mesher as to whether 16 beds across the Health Board, would be adequate and sufficient and the learning that had been gained from last year to inform this decision, G Hughes advised that extensive bed modelling had been undertaken and added this year's planning was more challenging due to last winter's unique circumstances, such as the critical incident at the Princess of Wales Hospital, and explained that with a return to more normal service arrangements, the modelling suggests 16 beds is the appropriate number.</p> <p>In response to a query raised by K Mason as to whether the strong relationships built for this plan could be leveraged to bring in broader public health and</p>

	<p>strategic perspectives, G Hughes confirmed the plan was managed in partnership with the Regional Partnership Board and also involved broader collaboration with the Public Services Board and local authority partners. C Thompson confirmed that these established relationships were crucial for joint working and added she regularly meets with Local Authority Leaders to maintain this collaboration.</p> <p>S Blackburn advised there had been much more work undertaken on pre-emptive communications and messaging around winter and referred to ongoing content gathering with colleagues in primary care, acute, mental health, and public health to build a strong library of messages for both internal and external audiences during peak winter pressures.</p> <p>The Chair thanked the team for the significant work on the winter plan, acknowledged the challenges of any winter, highlighted the added complexity of the current flu season, emphasised the importance of communications and the depth of partnership with local government and social care and noted the alignment of plans across these sectors.</p>
Resolution:	The Board <b>NOTED</b> and <b>ENDORSED</b> the report
7.2	<b>Llantrisant Health Park – Outline Business Case, Phase 2 – Regional Arthroplasty Facility</b>
	<p>G Hughes and R Cavill presented the report and highlighted the key matters for Members attention.</p> <p>P Mears advised that without implementing the proposed solution, the Board would face an ever-increasing waiting list in three years' time, with waiting times continuing to rise. P Mears noted that the current approach had relied on short-term fixes and outsourcing, emphasised the need for a long-term, sustainable solution and recognised this would require significant investment.</p> <p>G Hughes advised there was a clear intent to move to two hip and two knee prosthetic suppliers, which the region would own, as part of a strategy to rationalise procurement and improve value. D Hurford added that whilst the Health Board had already made progress in rationalising suppliers, there was still variation across Wales, and confirmed the network was working to standardise to two main suppliers for the whole region.</p> <p>K Palmer advised she supported the regional orthopaedic facility proposal, acknowledging it would provide better services and was necessary, despite the challenges with long-term financial strategy and the need for national support for revenue costs.</p> <p>In response to concerns raised by K Palmer in relation to workforce planning and recruitment into the new centre, P Mears advised that he believed that a new dedicated orthopaedic centre would attract staff and would create opportunities to develop new roles and apprenticeships. H Daniel emphasised that workforce planning was being actively considered and monitored, and</p>

	<p>added collaboration with Cardiff and Vale UHB and other partners was ongoing to avoid destabilising the regional workforce.</p> <p>S Morris noted that digital provision in the region could be improved and highlighted a significant opportunity to maximize new advanced technologies as part of the regional digital workshop.</p> <p>The Chair described the project as an extremely exciting regional solution and added that it could be the first of several regional diagnostic and treatment centres in Wales.</p>
Resolution:	The Board <b>NOTED</b> the draft Phase 2 LHP OBC and <b>APPROVED</b> the submission of OBC into Welsh Government
<b>8. CONSENT AGENDA</b>	
8.1	<b>FOR APPROVAL</b>
8.1.1	<b>Unconfirmed Minutes of the meeting held on 25 September 2025</b>
Resolution:	The minutes were <b>APPROVED</b> .
8.1.2	<b>Unconfirmed Minutes of the In Committee meeting held on 25 September 2025</b>
Resolution:	The minutes were <b>APPROVED</b> .
8.1.3	<b>Minutes of the In Committee meeting held on 31 July 2025</b>
Resolution:	The Minutes were <b>APPROVED</b> .
8.1.4	<b>All Wales IPFR Policy (2025)</b>
Resolution:	The Policy was <b>APPROVED</b> .
8.1.5	<b>All Wales Prior Approval Policy (2025)</b>
Resolution:	The Policy was <b>APPROVED</b> .
8.1.6	<b>Annual Equality Report 2024/2025</b>
Resolution:	The Annual Report was <b>APPROVED</b> .
8.1.7	<b>5-year Diabetes Strategic Plan</b>
Resolution:	The report was <b>APPROVED</b> .
8.1.8	<b>Amendments to CTMUHB Standing Orders (Schedule 4.1 – Standing Orders for the NHS Wales Joint Commissioning Committee)</b>
Resolution:	The Amendments to the CTMUHB Standing Orders were <b>APPROVED</b> .
8.1.9	<b>Safeguarding Annual Report 24/25</b>
Resolution:	The Annual Report was <b>APPROVED</b> .
8.2	<b>FOR NOTING</b>
8.2.1	<b>Non-Routine Board Business (Forward Plan)</b>
Resolution:	The Non-Routine Board Business (Forward Plan) was <b>NOTED</b> .
8.2.2	<b>Annual Cycle of Business</b>
Resolution:	The Annual Cycle of Business was <b>NOTED</b> .

8.2.3	<b>Board Committee and Advisory Group Highlight Reports</b>
Resolution:	The report was <b>NOTED</b> .
8.2.4	<b>CTM Clinical Learning Academy Annual Report 24/25</b>
Resolution:	The report was <b>NOTED</b> .
8.2.5	<b>Regional Partnership (RP) Update September 2025</b>
Resolution:	The report was <b>NOTED</b> .
8.2.6	<b>Public Services Board 6 Monthly Report</b>
Resolution:	The report was <b>NOTED</b> .
8.2.7	<b>Annual presentation of Nurse Staffing Levels</b>
Resolution:	The report was <b>NOTED</b> .
<b>9.</b>	<b>CLOSE OUT BUSINESS</b>
9.1	<b>Any Other Business</b>
	There was no other business to report.
9.2	<b>Meeting Feedback</b>
	The Chair requested feedback on this meeting within the next two weeks.
10.	<b>Private/In Committee Session</b>
	Members noted that the following items were received in the In Committee session: <ul style="list-style-type: none"> <li>○ Llantrisant Health Park Full Business Case - Phase 1 Community Diagnostic Centre (Commercially Sensitive)</li> <li>○ Capital Update (Business Sensitive)</li> <li>○ Invest to Save Bid – Funding Application for Decarbonisation Measures (Commercially Sensitive)</li> </ul>
11.	<b>DATE AND TIME OF NEXT MEETING</b> The next meeting will be held on Thursday 29 January 2026
12.	<b>Close of Meeting</b>

## Unapproved Minutes of the In Committee Board

<b>Date and Time of Meeting</b>	Thursday 27 November 2025 8:30
<b>Venue</b>	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

<b>Members Present</b>	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 (Virtually)
	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 (Virtually)
	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
<b>In Attendance</b>	Gareth Watts	Director of Corporate Governance/Board Secretary
	Simon Blackburn	Director of Communications, Engagement & Fundraising
	Stuart Morris	Director of Digital
	Becky Gammon	Interim Deputy Executive Director of Nursing

	Rosie Cavill	LHP Infrastructure Programme Director (In part)
	Caroyn Blockley	Capital Finance Manager
	Emma Walters	Head of Corporate Governance & Board Business
<b>Meeting Observers</b>	There were none	

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	The Chair welcomed everyone to the meeting.
1.2	<b>Apologies for Absence</b>
	Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Richard Hughes, Interim Executive Director of Nursing;</li> <li>• Alex Brown, Associate Board Member;</li> <li>• Lisa Curtis-Jones, Associate Board Member</li> <li>• Paul Deenik, Associate Board Member</li> </ul>
1.3	<b>Declarations of Interest</b>
	None identified.
<b>2.</b>	<b>MAIN AGENDA</b>
2.1	<b>Llantrisant Health Park – Full Business Case</b>
	<p>G Hughes and R Cavill presented Members with the Full Business Case for the Llantrisant Health Park.</p> <p>In response to a query raised by C Donoghue as to whether advice should have been received at OBC stage in relation to VAT cost increases, R Cavill advised that there were some elements of the build that may have fallen under VAT recoverable schemes and added that she was now confident with the level of advice being given.</p> <p>In response to a query raised by the Chair as to whether there was confidence that the approval timescales would be met by Welsh Government as a result of Senedd recess end of March 2026 and the pre-election period in April 2026. G Hughes confirmed he was confident that this would be presented to the Cabinet Secretary prior to dissolution and added that approval of the Phase 2 Full Business Case may be impacted more.</p> <p>In response to a question raised by N Mesher as to whether potential challenges from unsuccessful suppliers would impact on timelines, S May confirmed that any challenges received would impact on timelines and confirmed that suppliers had a window of 8 days to submit any challenges.</p>

	<p>In response to a query raised by P Roseblade as to who would be responsible if the capital value was exceeded, R Cavill confirmed that once costs had been agreed, the risks of exceeding the target costs would be the responsibility of the contractor.</p> <p>In response to a query raised by P Roseblade as to whether Welsh Government would fund any variance in costs, R Cavill confirmed that Welsh Government would fund higher costs and added that any target costs that were higher than identified within the OBC would need to be presented back to Board for approval.</p>
Resolution:	<p>Following discussion, the Board <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the submission of the FBC to Welsh Government for the capital costs</li> <li>• <b>NOTE</b> the agreed commissioner shares set out within the FBC</li> </ul>
2.2	<b>Capital Programme Update</b>
	S May presented Members with the report and highlighted the key matters for Members attention.
Resolution:	<p>Following discussion the Board <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report.</li> </ul>
2.3	<b>Invest to Save Bid – Funding Application for Decarbonisation Measures</b>
	S May and C Blockley presented the report and highlighted the key matters for Members attention. Members noted that the Invest to Save Bid had been discussed in detail at the Operational Delivery Committee who endorsed the bid for Board approval.
Resolution:	The Board <b>RESOLVED</b> to <b>APPROVE</b> the Invest to Save funding application to be submitted for up to £11.5m to deliver the schemes detailed within the report, noting that no financial commitment is being made at this point.
<b>3.</b>	<b>CLOSE OUT BUSINESS</b>
3.1	<b>Any Other Business</b>
	There was no other business to report.
<b>4.</b>	<b>DATE AND TIME OF NEXT MEETING</b>
	<b>The next In Committee Board meeting would be held on Thursday 18 December 2025 at 9:00am</b>



**Unconfirmed Minutes of the In-Committee Board**

<b>Date and Time of Meeting</b>	Thursday 18 December at 9:00am
<b>Venue</b>	The Hub, Royal Glamorgan Hospital, Llantrisant Virtual Via Microsoft Teams

<b>Members Present</b>	Jonathan Morgan	Health Board Chair
	Paul Mears	Chief Executive Officer
	Kath Palmer	Vice Chair
	Dilys Jouvenat	Independent Member – Third Sector
	Helen Lentle	Independent Member – Legal
	Kathy Mason	Independent Member – Digital
	Neil Mesher	Independent Member – Commercial Business (Virtually)
	Patsy Roseblade	Independent Member - Finance
	Rachel Rowlands	Independent Member – Community
	Hayley Proctor	Independent Member – Trade Union – (For Part 2 of the Agenda Only)
	Claire Thompson	Executive Director of Strategy & Transformation
	Dom Hurford	Executive Medical Director (Virtually)
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director for People
	Philip Daniels	Executive Director of Public Health
	Richard Hughes	Interim Executive Director of Nursing
Sally May	Executive Director of Finance (Virtually)	
Alex Brown	Associate Board Member (virtually)	
<b>In Attendance</b>	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement & Fundraising
	Cally Hamblyn	Assistant Director of Governance & Risk (Meeting Secretariat)

	Jeremy Holifield	Responsible Officer Prince Charles Hospital Construction Programme (For Part 2 of the Agenda Only)
	Bill Rogers	Programme Director Prince Charles Hospital (For Part 2 of the Agenda only)
<b>Meeting Observers</b>	Not applicable	

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b> The Chair welcomed everyone to the meeting.
1.2	<b>Apologies for Absence</b> Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Lauren Edwards, Executive Director of Allied Health Professionals &amp; Health Sciences</li> <li>• Carolyn Donoghue, Independent Member - University</li> </ul>
1.3	<b>Declarations of Interest</b> At the request of the Chair, H Proctor did not attend Part 1 of the meeting in relation to the item on Shift Pattern Alignment given a potential conflict of interest.
<b>2.</b>	<b>MAIN AGENDA</b>
2.1	<b>PART 1 - Shift Pattern Alignment</b>  H Daniel presented the item and provided background and context regarding the identified need for a consistent shift pattern to address operational challenges and accommodating changing service requirements.  Attention was drawn to the decision at the Board meeting in May 2025, where the Board reviewed five shift pattern options for nursing, midwifery, and healthcare support worker (HCSW) roles and after considering service needs, workforce availability, financial implications, and patient safety, it agreed in principle to consult on 'Option 2: a 12.5-hour shift with two unpaid 30-minute breaks. H Daniel advised the Board that following a comprehensive initial consultation process which ran from 30 June 2025 to 5 September 2025, which involved several sessions with Leaders, Managers and front-line staff, the option received strong opposition.  The Board were advised that in listening to the challenges received following the conclusion of the initial consultation, alternative shift pattern proposals have been developed as outlined in the report. Assurance was provided to the Board that to help assess the development of alternative proposals, a consistent set of design principles were agreed with Trade Union colleagues. It was noted that these design principles underpin the need for a sustainable operating model that

balances evolving service requirements with staff experience. In summary, the aim being to develop a consistent shift pattern for nursing, midwifery and HCSWs across the Health Board which, taking account of the best available evidence:

- 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.

It was recognised throughout the discussion on this item that a wider piece of work is required which facilitates a greater understanding of what may be preventing staff taking breaks currently across all professions and establishing from a safety perspective a defined set of rostering principles and metrics that allows for ongoing monitoring.

The use of technology to manage rostering was also recognised as a key enabler to support an effective, efficient and consistent rostering approach across the Health Board.

The importance of developing a clear messaging plan with the Communication and Engagement Team was also noted.

In exploring the next steps in the process, the Board noted that it would be effectively embarking on a further phase of collective discussion with recognised Trade Unions in order to seek formal views and feedback on Option 2 and 8 (captured below), and inviting suggestions of any other alternative shift pattern options that would meet the design principles.

- **Option 2** – 3 x 12.5-hours shifts per week, each with 2 x 30-minute unpaid breaks. 6-hour make up shift every 2 weeks, or a 12.5-hour make up shift every 4 weeks (with 2 x 30-minute unpaid breaks).
- **Option 8** - 3 x 12.5-hour shifts per week, each with 2 x 30-minute unpaid breaks. Rotational 6.3-hour make-up shift (with 20-minute unpaid break) in month 1 and 12.5-hour make-up shift (with 2 x 30-minute unpaid break) in month 2. 3 hours CPD accumulated every 4 weeks. This leaves a deficit in FTE contracted hours of 0.5 hours every 8 weeks, which would be rolled towards CPD. Combined, this would equate to c.42 hours CPD per year.

H Daniel advised that the proposed preference is Option 8 on the grounds of overall strategic, legal and organisational benefit.

To support the recommendations in the paper the Board were briefed on the following matters:

- Consideration of the legal, operational, industrial relations and equality impact risks and complexities, and potential mitigating actions.
- Provided with an overview of the next phases of consultation required and a potential implementation plan, including indicative timelines.

	In drawing the item to a close, the Chair acknowledged the complexities of this multi-faceted process thanked all those involved for managing the process professionally and in accordance with agreed process.
Resolution:	<p>The Board resolved to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the complexity of legal and operational risks associated with the implementation approach.</li> <li>• <b>NOTE</b> the proposed timelines to mitigate some of these risks, and the need for these timelines to be flexible.</li> <li>• <b>ENDORSE</b> the recommendation to embark on a period of formal collective consultation with recognised Trade Unions, seeking formal views and feedback on Options 2 and 8, and inviting suggestions of any other alternative shift pattern options that continue to meet our design criteria.</li> <li>• <b>ENDORSE</b> the recommended implementation plan. This requires the conclusion of a period of formal collective consultation with Trade Unions, followed by individual consultation and seeking voluntary agreement to the proposed changes on an individual basis. Exemptions and tailored adjustments will be agreed, where necessary, ahead of provision of reasonable notice of implementation, relying on our variation clauses.</li> <li>• <b>ENDORSE</b> the recommendation to extend the current position whereby new hires join the organisation on the shift pattern relevant to their place of work. All new hires continue to be provided with robust information at application, interview and appointment to reinforce our right of variation. We will revert to Board for a further decision on new hires in due course.</li> <li>• <b>AGREE</b> that the Board will undertake a structured review and subsequent decisions on next steps for implementation, following conclusion of collective and individual consultation.</li> </ul>
Action:	<ul style="list-style-type: none"> <li>• Facilitation of a wider piece of work on rostering principles to enable breaks to be taken.</li> <li>• Implementing the use of available technology to achieve a consistent approach to rostering across the Health Board.</li> <li>• Develop clear messaging to support the further collective discussion phase where Option 2 and 8 will be further considered.</li> </ul>
2.2	<b>PART 2 - Prince Charles Hospital Refurbishment Project Finalised Phase 3 Full Business Case</b>
	<p>In introducing the item J Holifield apprised the Board of the work undertaken to further refine the Phase 3 programme and associated costs since the original draft business case was shared with the Board in September 2025.</p> <p>The Board recognised that the final FBC varies in two key aspects: through a significant realignment of the phasing and programme enabled both by the retention of the Portakabin Units 2 and 3 and by securing a one phase approach to internal works in partnership with the Supply Chain Partner.</p> <p>B Rogers provided the Board with an overview of the scope changes as set out in the report. The Board also noted the changes to the FBC since the report was considered at the Operational Delivery Committee on the 11 December, which was outlined in the Alterations Summary Report.</p>

	<p>In terms of timelines J Holifield outlined that whilst predicated by the approval the Board and then the Investment Improvement Board on the 13 February 2026, if supported work could start on site in March 2026 with a construction programme completion date of May 2028. The Committee welcomed the reduction in programme timescales from 158 weeks in the draft FBC to 104 weeks as outlined in the final FBC.</p> <p>The Board also noted difference between the 'Standalone' Programme Cost and the anticipated Capital Request that would be submitted to Welsh Government, which will show a reduced figure to account for fees received to date and savings to be realised if Phase 3 over-laps with Phase 2 being still on site.</p> <p>In concluding the presentation of the final FBC, S May outlined further points of detail and the ongoing scrutiny that will follow, particularly on the preliminary costs. Assurance was provided to the Board that the programme had been tendered in accordance with the Design for Life framework and where possible aspects had been explored at market for competitive pricing. She further confirmed that the final FBC identifies best value for money, as confirmed by CTMUHB's external Cost Advisors.</p> <p>P Roseblade reflected on the positive Internal Audit Review outcomes in relation to the Prince Charles Hospital Improvement programme that had been received at the Audit, Risk &amp; Assurance Committee.</p> <p>The Board welcomed the data that demonstrated the programme of works had exceeded requirements and targets in relation to Community Benefits and Local Contractors and noted where this aspect is monitored.</p>
Resolution:	The Board <b>AGREED</b> to the submission of the final FBC to Welsh Government.
Action:	Programme Team to revisit reference to the Strategic Clinical Services Plan within the FBC to ensure it is reflected in this new framing and not as the Acute Clinical Services Plan.
<b>3.</b>	<b>ANY OTHER BUSINESS</b>
3.1	<b>Any other Business</b>
	No further items were identified.
<b>4.</b>	<b>DATE AND TIME OF NEXT MEETING</b>
	29 January 2026

Agenda Item 8.1.4	29 <sup>th</sup> January 2026	CTM Public Board
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	Not applicable
Prepared By:	Richard Hughes– Interim Executive Director of Nursing & Midwifery
Presented By:	Richard Hughes– Interim Executive Director of Nursing & Midwifery
Approving Executive Sponsor:	Richard Hughes – Interim Executive Director of Nursing and Midwifery
Report Purpose	For Approval
Engagement undertaken to date:	Executive Directors Team Independent Members Patient Care & Safety Team

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Shared learning and visible leadership. Assurance of Quality and Safety standards.
Related Health and Care Standard	Governance, Leadership & Accountability
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No, refining the current model. Information will be made available in Welsh for Welsh speakers.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Improving Care, sustaining our future, Creating Health



# Purpose and outcomes



Provide visible leadership across our services and communities.



Triangulate assurance: data + lived experience + direct observation.



Understand pressures and what helps teams to deliver safe, kind, effective care.



Listen to patients, families and visitors and act on what we hear.



Strengthen a consistent 'Ward/Service to Board' quality management approach.

# Case for change (why now)

1. The current approach has shown some variability, which may have impacted overall effectiveness.
  - a) Inconsistent facilitation and preparation for visits.
  - b) Use of insights is not always systematic; actions are not consistently tracked.
  - c) Role clarity needed between Independent Members (assurance) and Executives (delivery).
  - d) Opportunity to align with committee/Board assurance cycles and our Quality Management System.

# Roles and responsibilities – Independent Members

01

Provide independent observation, challenge and assurance at the point of care.

02

Actively engage with staff, patients, and visitors.

03

Concentrate on enhancing experiences, culture, and learning, allowing for open dialogue.

04

Use the standard MS Form to effectively document observations, highlight strong practices, and identify areas for improvement.

05

Promptly address any immediate safety concerns through the designated channels on the same day, ensuring a proactive approach.

06

Embrace opportunities for growth by participating in visit-specific briefings, training sessions, and reflective learning.

# Roles – Executives and governance

1. Convert insights into delivery and maintain oversight.
2. Executive Director of Nursing, Midwifery & Patient Care (EDoN) as Executive Lead for the process and monitoring of associated actions.
3. Facilitation through the EDoN's office; monitoring through the Patient Care & Safety Directorate.
4. Translate findings into clear actions (operational, quality, safety and service).
5. Track actions via a shared tracker overseen by the Directorate Business Manager; visible to IMs and Executives.
6. Progress monitored at the Executive Management Board; annual reporting to the Board.

# Operating model

1. Six-month rolling programme linked to priorities and key events.
2. Areas selected six months in advance, aligned to Board/committee insights and national/international events (e.g. policy changes, professional recognition days).
3. Standard visit pack: aims, prompts, local data lens and site logistics.
4. Visit-specific training/coaching offer for IMs (Jan/Feb 2026).
5. MS Form remains the standard capture tool – ‘we heard, we did’ feedback loop to services and Board.

# Process flow and action tracking



# Measuring success



We will track impact at both activity and outcome levels.



% of planned visits delivered; % of visits with completed MS Forms.



Time to action; action closure rates.



Themes and learning (staff & patient experience); examples of improvement.



Feedback from IMs/Executives/teams; external assurance/inspection feedback.

# Measuring success, suggested measurable questions

Question ID	Domain	English	Welsh	Scale	Order
H1	Headline	Overall, how likely are you to recommend IM walkabouts as a way to strengthen Board assurance and visible leadership at CTMUHB?	Yn gyffredinol, pa mor debygol ydych chi o argymhell ymweliadau 'walkabout' Aelodau Annibynnol fel dull o gryfhau sicrwydd y Bwrdd ac arweinyddiaeth weladwy yn CTMUHB?	FFT	1
Q1	Preparation	I received a clear pre-visit brief (purpose, route, safety, roles) and knew what to look for.	Derbyniais friff cyn-ymweliad clir (pwrpas, llwybr, diogelwch, rolau) a gwyddwn beth i edrych amdano.	Likert	2
Q2	Preparation	On-site facilitation ensured staff and patient conversations were respectful, timely and proportionate.	Sicrhaodd hwyluso ar y safle fod sgysiau gyda staff a chleifion yn barchus, yn brydlon ac yn gymesur.	Likert	3
Q3	Preparation	The prompts and local data lens helped me triangulate what I saw/heard with committee/Board information.	Helpodd y cwestiynau cymorth a'r data lleol imi dryanglo'r hyn a welais/glywais gyda gwybodaeth y pwyllgor/y Bwrdd.	Likert	4
Q4	Role	I was clear about my role as an IM (assurance, insight, constructive challenge) versus operational roles.	Roedd yn glir imi beth oedd fy rôl fel AA (sicrwydd, mewnwelediad, her adeiladol) o gymharu â rolau gweithredol.	Likert	5
Q5	Role	I felt psychologically safe to ask questions and surface concerns without directing operations.	Teimlais yn ddiogel yn seicolegol i ofyn cwestiynau a chodi pryderon heb arwain gweithrediadau.	Likert	6
Q6	Role	I had sufficient opportunity to speak with staff, patients and/or visitors.	Cefais ddigon o gyfle i siarad â staff, cleifion a/neu ymwelwyr.	Likert	7
Q7	Value	Today's visit improved my understanding of risks, culture and service pressures in this area.	Gwnaeth yr ymweliad heddiw wella fy nealltwriaeth o'r risgiau, diwylliant a'r pwysau gwasanaeth yn yr ardal hon.	Likert	8
Q8	Value	What I observed corroborated or constructively challenged the assurance I've seen in committees/Board.	Cefnogodd yr hyn a welais neu heriodd yn adeiladol y sicrwydd a welais mewn pwyllgorau/y Bwrdd.	Likert	9
Q9	Value	I can identify at least one example of good practice to share ('we heard / we will amplify').	Gallaf nodi o leiaf un enghraifft o arfer da i'w rhannu ('clywsom / byddwn yn ei gryfhau').	Likert	10
Q10	Follow-through	Issues or improvements I noted have been captured with owners and dates.	Mae'r materion neu'r gwelliannau a nodais wedi'u cofnodi gyda pherchnogion a dyddiadau.	Likert	11
Q11	Follow-through	I am confident there is a clear route for tracking actions via EMB and reporting to QSEC/Board ('we heard, we did').	Rwy'n hyderus bod llwybr clir ar gyfer tracio camau drwy EMB ac adrodd i QSEC/y Bwrdd ('clywsom, gwnaethom').	Likert	12
Q12	Overall	Overall, this walkabout was time well spent for Board assurance.	Yn gyffredinol, roedd yr ymweliad hwn yn ddefnydd effeithiol o amser ar gyfer sicrwydd y Bwrdd.	Likert	13
Q13	Overall	I would take part in future IM walkabouts.	Byddwn yn cymryd rhan mewn ymweliadau 'walkabout' AA yn y dyfodol.	Likert	14

## Specific Matters for Consideration:

- The effectiveness of this approach depends on the quality and completeness of data captured, as well as the willingness of staff and patients to provide honest feedback. Consider mechanisms to encourage robust participation and to validate the data collected.
- If uptake is low, some IMs may not be fully prepared, potentially undermining the consistency and quality of visits. Consider whether training should be mandatory or if additional incentives/support are needed.

## Key Risks / Matters for Escalation:

- **Risk:** If the new model does not fully resolve issues of inconsistent facilitation, action tracking, or role clarity, previous weaknesses may persist, impacting quality and assurance.  
**Escalation:** Early warning signs of recurring issues should be escalated promptly to the Executive Management Board.
- **Risk:** The model relies on MS Forms and self-reporting. There is a risk of under-reporting or bias.  
**Escalation:** Any evidence of data gaps, incomplete forms, or reluctance to report issues should be escalated for review.
- **Risk:** The process depends on a shared tracker and timely closure of actions. If actions are not tracked or closed effectively, assurance and improvement will be undermined.  
**Escalation:** Persistent delays or failures in action closure should be escalated to the Board or relevant committee.

## Recommendation

*The Board are asked to:*  
**Approve** the operating model, governance and reporting.  
**Approve** the governance process with the Quality Safety and Experience Committee being the reporting committee.  
**Support** the visit-specific training/coaching offer for IMs (opt-in).

## Next Steps

Publish initial six-month schedule (for February 2026 onwards).  
Issue the visit pack and confirm the MS Form fields/assurance prompts.  
Launch training/coaching (Jan/Feb 2026); first EMB progress review in April 2026.



**Agenda Item**

8.1.6

**CTM Health Board**

**Highlight Report from the South East Wales Regional Joint Committee**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	C Dawson-Morris, Director South East Wales Regional Collaborative
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <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 (CTMUHB)
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Paul Mears Chief Executive (CTMUHB)

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting & Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
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 19 November 2025.
- 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

<b>Alert / Escalate</b>	No items identified for escalation to Boards on this occasion.
<b>Advise</b>	<p><b>Appointment of the SEWRJC Chair</b> - A nomination for Chair was sought from the three health boards and as a result J Morgan, Chair of Cwm Taf Morgannwg University Health Board was nominated and subsequently accepted the appointment of Chair to the South East Wales Regional Joint Committee (SEWRJC).</p> <p><b>Current Work Programme Updates</b> - 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.</p> <p><b>Organisational Development Partner Procurement Specification</b> - The SEWRJC supported the proposal to procure an Organisational Development Partner to facilitate the SEWRJC work, co-design operational processes, support executive teams, and engage with clinical leaders to enhance regional service delivery. The need to ensure value for money and anticipated impact was emphasised.</p>
<b>Assure</b>	<p><b>Terms of Reference</b> - The SEWRJC endorsed the changes to the Terms of Reference, suggested by the Cabinet Secretary and from those raised in the meeting for onwards approval at the three health boards. Please see Appendix 1 where changes are highlighted in red.</p>



<b>Inform</b>	<b>FUTURE WORK PROGRAMME</b> The plans to formalise the future work programme was outlined noting a focus on delivery of existing initiatives, developing shared narratives, and identifying collective opportunities, with further details to be brought to the next meeting.
<b>Appendices</b>	Updated Terms of Reference for Approval (Appendix 1)

### 3. Assessment

Objectives / Strategy	
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: 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
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	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.
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	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.
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reduce
	If more than one applies please list below: 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		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:  As above
<b>Cyfreithiol / Legal</b>	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	
<b>Enw da / Reputational</b>	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	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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.
- **APPROVE** the updates made to the Terms of Reference at Appendix 1.

# SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

## TERMS OF REFERENCE & OPERATING ARRANGEMENTS

### Introduction

1. On 2 April 2025, the Cabinet Secretary for Health and Social Care directed Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to establish a Regional Joint Committee (RJC) to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This direction is given pursuant to the Welsh Ministers' power in section 12(3) of the National Health Service (Wales) Act 2006.
2. For the purpose of these terms of reference, the three organisations comprising the RJC will be referred to as the health boards.
3. To enhance collaboration in integrated care, representatives from Powys Teaching Health Board and Velindre University NHS Trust will be Associate Members of the RJC.
4. Additionally, a Welsh Government Official is to receive a standing invitation to observe all meetings of the Committee. This will usually be a member of the Health, Social Care, and Early Years Executive Directors Team. This will provide the Cabinet Secretary with confidence that there is an appropriate level of oversight and assurance from the Welsh Government in place.
5. The RJC is expected to bring greater focus on:
  - regional planning and delivery of service models.
  - improved outcomes and a reduction in inequalities in access.
  - potential for service transformation, including new workforce models.
  - establishing new relationships and/or resetting existing relationships.
  - exploring regional solutions to advance sustainable service provision
  - providing coordinated support to the health boards.

### Status

6. The RJC is to be established under the powers vested in Welsh Ministers under Section 12 of the National Health (Wales) Act 2006 which allows:
  - (1) Welsh Ministers to direct a Local Health Board to exercise in relation to its area:
    - (a) functions which were transferred to the National Assembly of Wales (now Welsh Government following the Government of Wales Act 2006) by the Health Authorities (Transfer of Functions, Staff, Property, Rights and Liabilities and Abolition) (Wales) Order 2003 (S.I. 2003/813 (W.98)),
    - (b) such other of their functions relating to the health service as are specified in the direction.
  - (2) The functions which may be specified in directions under subsection (1) include functions under enactments relating to mental health and care homes.
  - (3) The Welsh Ministers may give directions to a Local Health Board about its exercise of any functions.

**Accountability, Responsibility and Authority**

7. The RJC is established by, and ultimately accountable to, the Boards of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB.
8. As a joint committee of the three Health Boards, the RJC is not a separate legal entity from each of the LHBs.
9. The RJC shall report to each Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf.
10. The three Health Boards remain accountable for planning, securing and delivering health services to their respective populations **with respective Chairs ultimately accountable to the Cabinet Secretary for Health and Social Care.**
11. Each Health Board has delegated authority to the RJC for the exercise of certain functions, as set out within these Terms of Reference.
12. These RJC Terms of Reference form a schedule of each Health Board's own Standing Orders and have effect as if incorporated within them.
13. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC (**Appendix A**).

**Purpose of the RJC**

14. 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 all populations which receive services** provided 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) Identify 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.
  - (g) Be cognisant of the wider environment of health services in Wales, including the needs of those who use health services in the south-east Wales region but are from populations which are outside of the responsibility of the three health boards.

## Objectives of the RJC

15. In-line with delegated levels of authority and accountability (**Appendix A**), the RJC will specifically:
- Develop a regional programme of work, aligned to individual Health Board plans, **Welsh Government priorities and any Ministerial Directions**, to ensure the benefits of a regional health economy for a population of over 1.5million are realised.
  - Review baseline activity, based on individual Health Board clinical services plans, focusing on cost efficiencies, quality, and service fragility.
  - Develop and oversee an approach to prioritisation of capital programmes which underpin the regional health economy approach.
  - Consider and prioritise the regional projects included within the regional programme of work, approving Business Cases and identifying and agreeing to any further projects to be included in the regional programme.
  - Seek assurance that projects deliver against their outcomes and timescales, and deliver against the quality measures and programme benefits, as identified in their PIDs and or Business Cases.
  - Provide a vehicle to progress work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
  - Seek assurance that integrated impact assessments are undertaken of all planned service change programmes and embedded in the ways of working of the RJC.
  - Develop, implement and evaluate the required governance framework to deliver the regional programme of work, underpinning the RJC.
  - Consider any audit and review related activity relevant to the work of the RJC to inform learning and improvement.

## Partnership Principles

16. As a strategic partnership of the three Health Boards in the region, the RJC will adopt and embed the following four partnership principles into its business and operating arrangements. The RJC will be:
- A partnership with a system focus which seeks to collectively agree the outcomes it wants for its combined population.
  - A partnership that is a system enabler.
  - A low bureaucracy, high trust partnership.
  - A partnership of constructive behaviors.



<p><b>Chairing Arrangements</b></p>	<p><b>17.</b> The Chair of the RJC will be drawn from one of the Chairs of the three health boards and this position will rotate amongst the three chairs on an annual basis at the meeting of the RJC in April of each year. The RJC will be established in October 2025 and the first appointed Chair will serve until March 2027.</p> <p><b>18.</b> The other two health board Chairs will jointly become vice chairs of the RJC and will agree who deputises and presides at a meeting in the absence of the Chair.</p>
<p><b>Membership</b></p>	<p><b>19.</b> The RJC shall have the following members drawn from the three health boards, as follows:</p> <ul style="list-style-type: none"> <li>• Chairs of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> <li>• Vice Chairs, or 1 nominated Independent Member, of each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> <li>• Chief Executives of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> <li>• 1 nominated Executive Director from each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> </ul> <p><b>20.</b> With the permission of the Chair of the RJC, the members of the RJC set out above may nominate a substitute, equivalent Board Member (as defined above) to attend a meeting that they are unable to attend. The substitute may speak and vote on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.</p>
<p><b>Associate Membership</b></p>	<p><b>21.</b> The RJC shall have the following associate members, attending meetings on an ex-officio basis, without voting rights:</p> <ol style="list-style-type: none"> <li>a) A nominated Board Member of Powys Teaching Health Board (1)</li> <li>b) A nominated Board Member of Velindre <b>University</b> NHS Trust (1)</li> </ol> <p><b>22.</b> With the permission of the Chair of the RJC, the associate members of the RJC set out above may nominate a substitute to attend a meeting that they are unable to attend. The substitute may speak on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.</p>

<p><b>In Attendance</b></p>	<p><b>23.</b> At the discretion of the Chair of the RJC, the RJC may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>a) Employees of the three Health Boards as appropriate.</li> <li>b) The Senior Responsible Officers of RJC programmes.</li> <li>c) Representatives from the Health and Care system, including NHS Bodies and Local Authorities.</li> <li>d) Representatives from the Voluntary, Community and Social Enterprise sector.</li> <li>e) Representatives of Llais.</li> </ul> <p><b>24.</b> The RJC will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the RJC (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business.</p> <p><b>25.</b> A Welsh Government Official will receive a standing invitation to observe all meetings of the RJC.</p>
<p><b>Accountable Officers</b></p>	<p><b>26.</b> Chief Executives of Health Boards are designated Accountable Officers, in-line with <a href="#">Managing Welsh Public Money</a>, and hold several personal responsibilities. Accountable Officers have a personal responsibility for: propriety and regularity of the public finances delegated to them; affordability and sustainability; value for money; management of opportunity and risk; learning from feedback; and accounting accurately.</p> <p><b>27.</b> The Chief Executive, as the Accountable Officer (Accounting Officer), of each respective Health Board is included within the membership of the RJC to ensure any decisions delegated from Boards to the RJC do not undermine the personal responsibilities Accountable Officers hold.</p> <p><b>28.</b> Accountable Officers will need to be cognisant of their responsibilities, as set out within <a href="#">Managing Welsh Public Money</a> (MWPM) and their respective Accountable Officer Memorandums, ensuring principles are applied to decision making, including:</p> <ul style="list-style-type: none"> <li>a) MWPM 3.8.5 – “There are sensitivities about the role of the Accounting Officer in a public body which is governed by an independent board, e.g. a charity or a company. The Accounting Officer, who will normally be a member of the board, must take care that his or her personal responsibilities do not conflict with his or her duties as a board member. In particular, the Accounting Officer should vote against any proposal which appears to cause such a conflict; it is not sufficient to abstain.”</li> <li>b) MWPM 3.8.6 – “Moreover, if the chair or board of such a public body is minded to instruct its Accounting Officer to carry out a course inconsistent with the standards in box 3.1, then the Accounting Officer should make his or her reservations clear, preferably in writing....”</li> </ul>

**Working with Llais (Citizen Body for Health and Social Care)**

29. In exercising its responsibilities, the RJC shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.
30. Part 4 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on Local Health Boards and Trusts in relation to the engagement and involvement of Llais in their operations, which are extended to the activities of the RJC.
31. The RJC will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change, in-line with delegated levels of authority.

**Delegated Functions and Powers**

32. When exercising any Delegated Functions, the RJC will ensure that it acts in accordance with, and that its decisions are informed by, the relevant policies and procedures which have been developed by the three health boards to support those functions and to inform the commissioning, provision and delivery of any relevant services.
33. Within the framework approved by each Health Board and set out within these RJC Terms of Reference, and subject to any directions that may be given by the Welsh Ministers; the RJC may make arrangements for certain functions to be carried out on its behalf, so that regional planning and delivery may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the RJC must set out clearly the terms and conditions upon which any delegation is made.
34. The RJC's determination of those matters that it will retain, and those that will be delegated to others shall be set out in **Appendix A**:
- a) Schedule of matters reserved for the RJC; and a
  - b) Scheme of delegation to joint sub-Committees and others; all of which must be formally adopted by the RJC and approved by Health Boards as a schedule to their own Standing Orders.

**Sub-Committees, Groups and Panels**

35. The RJC may and, where approved by the LHB Boards jointly, or directed by Welsh Ministers, must appoint joint sub-Committees of the RJC either to undertake specific functions on the RJC's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
36. This may also extend to:
- a) Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects.
  - b) Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field.
  - c) Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.

37. The RJC shall determine a governance structure that meets its own advisory and assurance needs and in doing so the needs of the three Health Boards. These would be set out within agreed Terms of Reference and Operating Arrangements, agreed by the RJC.

## Meetings

### *Scheduling meetings*

38. The RJC will ordinarily meet quarterly, and, as a minimum, shall meet on three occasions each year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.
39. The three Health Boards may ask the RJC to convene further meetings to discuss issues on which they want RJC advice, subject to the agreement of the Chair.

### *Quoracy*

40. In order for a meeting to be quorate there must be at least six members in attendance, which shall include:
- a) An Independent Member (Chair or Vice Chair) and an Executive member (CEO or other executive) from each of the three health boards.
41. If any member of the RJC has been disqualified from participating in an item on the agenda, because of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Nominated deputies who have been authorised by the Chair shall count towards quorum.
42. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### *Voting*

43. The RJC will ordinarily reach conclusions by consensus. If this is not possible, the Chair may call a vote. Only members of the RJC Committee (or nominated substitute as set out in section 20) may vote; each Member is allowed one vote. The result of the vote will be recorded in minutes.
44. Where there is no consensus and the likelihood of no consensus at a subsequent meeting, the Chair of the RJC will refer the decision to each Board of the three respective Health Boards for further consideration. If the same decision is not made by each of the three Health Boards, the dispute process (**Appendix B**) will be enacted.
45. Should a decision be referred to the three respective Health Boards as set out in section 44, the outcome of all three decisions will be reported to the next meeting of the RJC and recorded in minutes.

### *Papers and notice*

46. A minimum of seven clear days' notice of all meetings is required, which

shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

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47. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

#### *Virtual attendance*

48. It is for the Chair to decide whether the RJC will meet virtually. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such a meeting. How a person has attended a meeting shall be specified in the meeting minutes.

#### *Recordings of meetings*

49. Except with the permission of the Chair, no person admitted to a meeting of the RJC shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

#### *Minutes*

50. The minutes of meetings will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the RJC together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting.

#### *Governance support*

51. Governance Advice and Secretariat support for the RJC will be provided by the organisation from which the Chair is elected and will therefore rotate between the three Health Boards on an annual basis.

#### *Interpretation*

52. Where there is doubt as to the applicability or interpretation of the RJC's terms of reference and operating arrangements, the Chair of the RJC, with advice from the nominated Governance Advisor, shall have the final say, provided that the decision does not conflict with rights, liabilities or duties as prescribed by law.

#### *Confidential information*

53. Where confidential information is presented to the RJC all attendees will ensure that they treat that information appropriately considering any confidentiality requirements and information governance principles.

#### *Openness and Transparency*

54. As far as is practicably possible and appropriate, the RJC will meet in public to promote openness and transparency. A public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on each Health Boards website, where the papers supporting the public part of the agenda will be available.

	<p><b>55.</b> There will be occasions when some of the RJC’s business is more appropriately considered in private session; this is to ensure that any business considered is not prejudicial to public interest, commercial sensitivities and data protection.</p> <p><b>56.</b> The final decision on whether business should be discussed in private or public session shall be made by the RJC Chair, having taken advice from the nominated Governance Advisor.</p>
<p><b>Conflicts of interest</b></p>	<p><b>57.</b> Conflicts of interest will be managed in accordance with relevant policies and procedures and shall be consistent with the three health boards’ respective statutory duties and applicable national guidance.</p> <p><b>58.</b> Where individual RJC members identify an interest in relation to any aspect of RJC business set out in the meeting agenda, that member must declare an interest at the start of the meeting. RJC members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting.</p> <p><b>59.</b> All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.</p> <p><b>60.</b> It is the responsibility of the Chair, on behalf of the RJC, to determine the action to be taken in response to a declaration of interest declared. Where the Joint Committee Chair declares a personal interest, any decision on the action to be taken shall be made the Vice-Chair designated for that meeting.</p>
<p><b>Disputes</b></p>	<p><b>61.</b> Where a dispute arises between the three health boards, which is connected to the operation of the RJC and its work, this shall be resolved in accordance with the dispute resolution procedure at <b>Appendix B.</b></p>
<p><b>Behaviours and Conduct</b></p>	<p><b>62.</b> Members will be expected to behave and conduct business in accordance with:</p> <ul style="list-style-type: none"> <li>a) The policies, procedures and governance documents that apply to their respective Health Board.</li> <li>b) Any collectively developed procedures or codes.</li> <li>c) The Values and Standards of Behaviour Framework of NHS Wales.</li> <li>d) The Nolan Principles</li> <li>e) Agreed partnership principles.</li> </ul> <p><b>63.</b> Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.</p> <p><b>64.</b> Within the constraints of these Terms of Reference, RJC Members will act in the best interests of the population of the south-east Wales region, rather than representing the individual interests of an individual health board.</p>

<b>Reporting Arrangements</b>	<p><b>65.</b> A copy of the meeting minutes of each meeting of the RJC, along with a summary report, shall be shared with the three Health Boards for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval.</p> <p><b>66.</b> There will be regular joint reporting through existing accountability meetings between the three health board Chairs and the Cabinet Secretary for Health and Social Care.</p>
<b>Review</b>	<p><b>67.</b> The RJC will review its effectiveness at least annually on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. The outcome of this will be included within the standing report to the three Health Boards set out in 65.</p> <p><b>68.</b> These terms of reference, including membership and chairing arrangements, will be reviewed at least annually and more frequently if required.</p> <p><b>69.</b> Any proposed amendments to these terms of reference will be submitted to the three Health Boards for approval.</p>

DRAFT

## SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

### SCHEME OF DELEGATION AND RESERVATION OF POWERS

The tables below set out a Framework of Reservation and Delegations anticipated in respect of RJC business.

Unless explicitly set out within the RJC's Terms of Reference and this Framework, everything is retained by the three Health Boards respectively. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC

This Framework will be kept under active review and, where appropriate, will be revised to take account of developments, review findings or other changes.

<b>A. MATTERS RELATING TO THE RJC, RESERVED FOR HEALTH BOARDS</b>		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approve the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC)
A2.	Strategy & Planning	Approve the annual priorities and programme of work for regional developments, as recommended by the RJC
A3.	Strategy & Planning	Approve a Regional Commissioning Strategy, if recommended by the RJC, for inclusion in Health Board Integrated Medium-Term Plans
A4.	Strategy & Planning	Approve the overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A2 and A3)
A5.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: <ul style="list-style-type: none"> <li>• The agreed annual priorities and programme of work for regional developments (A2)</li> <li>• The agreed Regional Commissioning Strategy (A3)</li> <li>• The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A4)</li> </ul>
A6.	Strategy & Planning	Approve the commencement of formal engagement and consultation on significant service change proposals
A7.	Strategy & Planning	Approve significant service change proposals for implementation

<b>B. MATTERS RELATING TO THE RJC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE</b>		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC) for Health Board approval
B2.	Operating Arrangements	Develop and Approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to support the RJC in the exercise of its functions:

		<ul style="list-style-type: none"> <li>• Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects.</li> <li>• Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field.</li> <li>• Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.</li> </ul>
B3.	Strategy & Planning	Develop and approve, prior to Health Board approval, the annual priorities and programme of work for regional developments, in line with the RJC's purpose and responsibilities
B4.	Strategy & Planning	Develop and approve, prior to Health Board approval, a Regional Commissioning Strategy, for inclusion in Health Board Integrated Medium-Term Plans, where it is required
B5.	Strategy & Planning	Determine, for Health Board approval, the required financial commitment and financial framework to enable delivery of the priorities set for the RJC (A2 and A3)
B6.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: <ul style="list-style-type: none"> <li>• The agreed annual priorities and programme of work for regional developments (B3)</li> <li>• The agreed Regional Commissioning Strategy (B4)</li> <li>• The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (B5)</li> </ul>
B6.	Strategy & Planning	Develop significant service change proposals which relate to regional developments, for Health Board approval
B7.	Strategy & Planning	Develop arrangements for the commencement of formal engagement and consultation on service change proposals, for Health Board approval
B8.	Performance & Assurance	Receive reports from Senior Responsible Officers on progress and performance in the delivery of the RJC's priorities and programme of work, and approve action required, including improvement plans where required
B9.	Performance & Assurance	Receive assurance reports from the RJC's sub-Committees and groups on the delivery of those delegated programmes of work
B10.	Performance & Assurance	Receive audit and review reports related to the work of the RJC (in addition to consideration through Health Boards)

**C. MATTERS RELATING TO THE RJC, DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEES, GROUPS AND OTHERS**

REF.	AREA	MATTER
		<i>To be determined upon establishment of the RJC</i>

**SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)****PROCESS FOR DISPUTES AND ARBITRATION**

1. In accordance with the Terms of Reference for the RJC, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board (the Health Boards) will seek to work cooperatively with each other as constituent members of the RJC and with the RJC as a whole. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the following process should be followed.
2. In the event of any dispute between Health Boards relating to RJC business, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.
3. If a dispute cannot be resolved in accordance with the provisions of paragraph 2, the respective Health Board Chief Executive should have a further meeting with the two other Chief Executives of the RJC to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference.
4. If a dispute cannot be resolved in accordance with the provisions of paragraph 3, the respective Health Board Chair should have a further meeting with the two other Health Board Chairs to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference. The Health Board Chairs may wish to engage their respective wider Boards on this matter.
5. If a dispute still cannot be resolved in accordance with the provisions of paragraph 5, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to the Cabinet Secretary for Health and Social Services for resolution.

**Health Board Meeting – Non Routine Board Business Forward Plan**

(1<sup>st</sup> January 2026 to the 31<sup>st</sup> 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	<b>In Progress</b> 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 March 2026	<b>In Progress</b> Will now be presented to <b>March 2026 Board</b>
	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	<b>In progress</b> Awaiting revised date for presentation
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	<b>Proposed for Closure</b> 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
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 <b>Now 26 March 2026</b>	<b>In progress</b> Will be presented to the Board in March 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	<b>In progress</b> This will now be received at a future Board meeting – <b>date to be confirmed</b>
	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 <b>This has now been deferred to 29 January 2026</b>	<b>On agenda</b> Report being received via the closed session of the Board taking

								place on 29 January 2026
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	<b>In progress</b> Will be presented to the July 2026 Board
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 <b>Now 29 January 2026</b>	<b>On agenda</b> This will now be captured under the IMTP Planning Framework item being 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	<b>On agenda</b>
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	March 2026	<b>In progress</b> Date for presentation to be confirmed. Aiming for March 2026 Board
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	March/May 2026	<b>In progress</b> Date for presentation to be confirmed. Aiming for March or May 2026 Board
8/12/2025	Identified as an item for approval at Board at agenda planning session for the January Charitable Funds Committee	Head of Charity & Income Generation	CTM NHS Charity Branding	To be presented to Board for approval	Head of Charity & Income Generation	Director of Communications, Engagement & Fundraising	29 January 2026 <b>Now 26 March 2026</b>	<b>In progress</b> This will now be received at the March 2026 Board meeting
18/12/2025	Identified as an item for approval at Board at the Board Development Session held on 18 December	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	<b>On agenda</b> Is being received for approval via the consent agenda
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	<b>On agenda</b>
<b>Completed Items</b>								
19/05/2025	Reference made to this item at the Briefing session held with Strategic Development Committee Members on 19 May 2025	Chief Operating Officer	Full Business Case – Llantrisant Health Park	To be presented to Board for Approval	Chief Operating Officer	Chief Operating Officer	25 September 2025 <b>Now 27 November 2025</b>	<b>Completed</b> Received and approved at the Closed Board meeting held on 27 November 2025
29/05/2025	Email request received from the Head of	Executive Director for People	Annual Equality Report 2024/2025	To be presented to Board for Approval	Executive Director for People	Executive Director for People	27 November 2025	<b>Completed</b>

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**Agenda Item 8.2.1**

	Organisational Development & Inclusion							Received and approved at the Board meeting held on 27 November 2025
24/09/2025	Email request from the Director of Corporate Governance	Executive Director of Public Health	All Wales Individual Patient Funding Request Policy	To be presented to Board for Approval	Executive Director of Public Health	Executive Director of Public Health	27 November 2025	<b>Completed</b> Received and approved at the Board meeting held on 27 November 2025
24/09/2025	Email request from the Director of Corporate Governance	Executive Director of Public Health	All Wales Prior Approval Policy	To be presented to Board for Approval	Executive Director of Public Health	Executive Director of Public Health	27 November 2025	<b>Completed</b> Received and approved at the Board meeting held on 27 November 2025
24/09/2025	Paper received for Strategic Development Committee requesting endorsement for Board approval	Executive Director of Strategy & Transformation	5 Year Diabetes Strategic Plan	To be presented to Board for Approval	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	27 November 2025	<b>Completed</b> Received and approved at the Board meeting held on 27 November 2025
22/10/2025	Request received from Capital Finance Manager	Capital Finance Manager	Invest to Save Bid – Funding Application for Decarbonisation ReFit Measures	To be presented to Board for Approval	Capital Finance Manager	Executive Director of Finance	27 November 2025	<b>Completed</b> Received and approved at the Board meeting held on 27 November 2025



**Agenda Item**

8.2.2

**CTM Health Board**

**Board Committee and Advisory Group Highlight Reports**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Emma Walters, Head of Corporate Governance & Board Business
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance/Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	

## 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 November 2025.

## 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	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</b>	Safe
	If more than one applies please list below:



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

Impact Assessment						
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Yes: <input type="checkbox"/></td> <td style="width: 50%;">No: <input checked="" type="checkbox"/></td> </tr> <tr> <td>Outcome:</td> <td>If no, please include rationale below:</td> </tr> </table> <p>This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.</p>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Outcome:	If no, please include rationale below:	
Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>					
Outcome:	If no, please include rationale below:					
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Yes: <input type="checkbox"/></td> <td style="width: 50%;">No: <input checked="" type="checkbox"/></td> </tr> <tr> <td>Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE</td> <td rowspan="2">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.</td> </tr> <tr> <td>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</td> </tr> </table>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE	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.	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE
Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>					
Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE	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.					
Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE						
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.					
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.					
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 being asked to **NOTE** the following Highlight Reports:
- CTMUHB Audit, Risk & Assurance Committee 13 November 2025 (Appendix 1)
  - Hosted Bodies Audit, Risk & Assurance Committee 13 November 2025 (Appendix 2)
  - Quality, Safety & Experience Committee 18 November 2025 (On main agenda)
  - Mental Health Act Monitoring Committee 4 December 2025 (On main agenda)
  - Charitable Funds Committee 21 January 2026 (On main agenda)

## CTM Health Board

### Highlight Report from the Audit, Risk & Assurance Committee

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Patsy Roseblade, Independent Member, (Chair of Audit, Risk & Assurance Committee)
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary/ Sally May, Executive Director of Finance & Procurement

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
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 13 November 2025.

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

<b>Alert / Escalate</b>	No items were identified for escalation.
<b>Advise</b>	<p><b>Losses and Special Payments Report:</b> The Committee were informed of the increase in the net cash write-off and net provision of values owed from the Welsh Risk Pool, noting that the amount being paid out is currently higher than the value being recovered. This was partly attributed to a timing issue and the importance of timely completion of learning for reimbursements was emphasised.</p> <p>The Committee noted the potential overspend against the Welsh Risk Pool sharing agreement which continued to be reported as a significant risk pending allocation adjustments are confirmed by Welsh Government.</p> <p><b>Procurement and Scheme of Delegation Update:</b> The Committee noted the position on procurement matters for the</p>

period 1 July – 30 September 2025; The Committee noted the update regarding Purchase to Pay and achievement of the PSPP target up to Month 6 of 2025-26 and approved the updated Financial Control Procedures. The Committee were advised of the implementation of a new file note process for retrospective procurement expenditure over £5,000, the process aims to address issues where procurement cannot approve spend retrospectively, allowing for better transparency and tracking of cases via ARAC.

**National Fraud Initiatives Progress and Outcomes Update**

– The Committee noted that participation in the National Fraud Initiative (NFI) is mandatory, and the report outlined the tasks and actions undertaken with the four strategic counter fraud work areas.

The **Post Payment Verification Mid-Year Report** was received, noting an update on PPV activities with a strong start to the financial year, changes in reporting for more detail, and new duplicate reporting checks that have prompted system validation and prepayment check discussions. Progress was shared with 41 GMS visits planned, 11 in progress; 1 of 19 ophthalmic visits and 8 of 38 pharmacy visits underway. Dispensing work is now included and conducted every six months, with recovery ongoing from previous delays.

The **Internal Audit Progress Report** was received, noting that three reports were on the agenda, five reviews were in draft, six in progress and several at the planning stage. The Committee were advised that the February meeting would have a heavy workload due to the number of reports expected. The Committee noted changes to the follow-up approach in line with new internal audit standard methods for follow-ups and re-audits, especially for limited assurance reports.

**Internal Audit Reports:** The following reports were received by the Committee:

- The Internal Audit Review – **Prince Charles Hospital (PCH) Financial and Technical** was received. Members noted that the review had been allocated a ‘Substantial’ Assurance rating
- The Internal Audit Review - **PCH Redevelopment Programme Integrated Audit Plan 2025/26** was received. Members noted the report and the proposed Audit Plan for 2025-26.
- The Internal Audit Review - **Vaccination Policy – Follow Up** was received. Members noted the reviewed actions

	<p>agreed in the original audit and that out of three agreed actions (two high and one medium) two have been fully implemented and closed while one action remained ongoing.</p> <p><b>Audit Wales Update</b> – The Committee noted that the audit of the 2024-25 Charitable Funds has commenced. Fieldwork for the 2025 structured assessment and digital transformation reviews had been completed with reports being drafted. The unscheduled care report (front door) has been issued with the (back door) report to follow soon. The eye care services report has been finalised with reviews of estates, cancer services and outpatient follow-up being in the scoping phase and will progress in the coming months.</p> <p>The findings of the <b>Audit Wales Review – National Fraud Initiative 2024-25 Update for CTMUHB</b> – was noted and that work would focus on governance arrangements and that matches had been referred to the health board for counter fraud to progress, aligning with the further report on the agenda from Local Counter Fraud specialists.</p>
<p><b>Assure</b></p>	<p><b>Organisational Risk Register November 2025 Iteration</b> – Organisational Risk Register Review: The Committee noted the updates organisational risk register, detailing new and de-escalated risks as well sign posting emerging risks in the planned care area.</p> <p><b>Audit Recommendations Tracker</b> – The Committee noted the tracker’s evolution and the improvements being made for clarity and usability. The tracker now highlighted high-risk overdue recommendations and challenges were noted with long-standing outstanding items. The Committee were advised that work including the cleansing of historic recommendations was ongoing. Updates on progress would be given in the new year.</p> <p>A report was received on <b>Data Lapses /Data Loss Updates</b>, assuring the Committee that while there had been some service disruptions, none required escalation to NISD or the Cyber Resilience Unit. Key issues highlighted included National Intelligent Integrated Audit Solution (NIIAS) disconnection and a master patient index update error, both mitigated locally and with ongoing work with Digital Health and Care Wales for permanent fixes.</p> <p><b>Closed ‘In Committee’ Session of the Audit, Risk &amp; Assurance Committee</b> - Committee Members received an</p>

	update on the Organisational Risk Register Business Sensitive Risks, and the Local Counter Fraud Report during the closed session.
<b>Inform</b>	<p>The <b>Declarations of Interest and Gifts, Hospitality &amp; Sponsorship Report</b> was received, noting the entries on the registers.</p> <p>The <b>Amendments to CTMUHB Standing Orders (Schedule 4.1 – Standing Orders for the NHS Wales Joint Commissioning Committee)</b> was endorsed for Board Approval.</p> <p>The following Consent Agenda Items were <b>APPROVED</b>:</p> <ul style="list-style-type: none"> <li>• The Unconfirmed Minutes of the meeting held on 14 August 2025;</li> <li>• The Unconfirmed 'In Committee' Minutes of the meeting held on 14 August 2025;</li> </ul> <p>The following Consent Agenda items were <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• Outcome of the Committee Referral to Quality, Safety &amp; Experience Committee – Concern in relation to increased medical negligence costs – The Committee were satisfied that the review had provided sufficient assurances and that the Committee Referral could now be closed;</li> <li>• Audit Wales Review – Tackling the Planned Care Challenges Report and Management Response;</li> <li>• The Annual Cycle of Business for 2024-25;</li> <li>• The Forward Work Programme.</li> </ul>
<b>Appendices</b>	Not applicable.

#### 4. Assessment

<b>Objectives / Strategy</b>	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies, please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies, please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies, please list below:



<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies, please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	All domains can apply due to the nature of the business of the Committee.
	If more than one applies, please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Choose an item.
	If more than one applies, please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Highlight report so n/a
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Highlight Report so n/a
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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**

8.2.2 Appendix 2

**CTM Health Board**

**Highlight Report from the Hosted Bodies Audit, Risk & Assurance Committee**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Patsy Roseblade, Independent Member/Committee Chair
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**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 & Assurance Committee at its meeting on 13 November 2025.
- 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

<b>Alert / Escalate</b>	There were no matters for alert or escalation on this occasion.
<b>Advise</b>	<p>The Committee received the <b>Joint Commissioning Committee Update</b>, which focussed on the following key areas:</p> <p><b>Joint Commissioning Committee Risk Register</b> – The Committee received the risk register which represented the position as at the end of August 2025. It was reported that the risk register remains transitional and as a priority the JCC will be looking to re-set and re-consider risk management and reporting processes in line with the CTM Risk Management approach, an overview of risks as at the 31<sup>st</sup> August was reported to JCC Sub-Committee’s in October, as opposed to the</p>

	<p>scheduled update for September. This pause in reporting supported a move to bi-monthly risk reporting which aligns to updates to the NJCC meeting schedule and will support the timelier reporting of risks to the Joint Committee and its Sub-committees.</p> <p><b>JCC Financial Control Procedures</b> – The Committee endorsed the updated NJCC Financial Control procedures that had been recommended as part of the internal audit report on Financial Arrangements approved by the Committee at its meeting held on the 14<sup>th</sup> August 2025 and ratified the proposed actions.</p> <p><b>Write Off Irrecoverable Debts 2025-26</b> – The Committee endorsed the write off of irrecoverable debts during 2025-26, in line with the recommendation on aged debts, from the internal audit report on Financial Arrangements approved by the Committee at its meeting held on the 14<sup>th</sup> August 2025 and ratified the proposed actions.</p>
<p><b>Assure</b></p>	<p><b>Joint Commissioning Committee Audit Tracker</b> – 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 the majority of recommendations had been closed since the last report and that there were two ongoing recommendations relating to single tender actions. The Committee were advised that there would be audit recommendations resulting from the Individual Patient Funding Requests (IPFR) review leading to a further 3 audits with regular meetings being held with internal and external audit.</p> <p><b>Ambulance Service Commissioner Risk Update</b> – Following a request at the August Meeting of the Committee, the Committee received assurances on the two risks, namely, Risk 77 - Commissioning of sufficient Emergency Ambulance Services capacity, and, Risk 78 - Utilisation of Emergency Ambulance Capacity. The Committee requested that an update on 111 should be provided to a future meeting.</p> <p><b>Internal Audit Review – Review of Traumatic Stress Wales</b> – The Committee were informed of the key findings identified within the report which had received a 'Limited' assurance rating.</p>
<p><b>Inform</b></p>	<p>The <b>Unconfirmed Minutes of the meeting held on 14 August 2025</b> were <b>APPROVED</b>.</p> <p>The <b>Action Log</b> was received and noted.</p>



<b>Appendices</b>	Not applicable.
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### 3. Assessment

4. Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a></b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Not Applicable
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below:</p> <p>Not Required</p>
<p><b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p> <p>Outcome for Equality (delete as appropriate):</p> <p>POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate):</p> <p>POSITIVE/NEUTRAL NEGATIVE</p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below:</p> <p>Not Required</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## 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

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	16/12/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Maxine Evans, Assurance and Risk Officer, NWJCC
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Huw George, Chief Commissioner, NWJCC
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Huw George, Chief Commissioner, NWJCC

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Health Boards	December 2025	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 extraordinary public meeting on 16 December 2025.

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 [December 2025 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
<b>Alert / Escalate</b>	<ul style="list-style-type: none"> <li data-bbox="395 398 1431 745"> <p>• <a href="#"><b>Care Home Framework</b></a>            Members received a paper providing additional information on the benefits, both financial and non-financial, of investment into the NWJCC Care Home Framework. It was noted that several iterations of the paper had been discussed at previous JC and Collaborative Commissioning Leadership Group (CCLG) meetings. Members noted the deadline for the Framework, due to expire in March 2026 and that a resolution was required.</p> <p>There was support for Option 4 as a sustainable, once for Wales solution on behalf of all Health Boards, maximising economies of scale and reducing duplication. Members approved the release of funding to support delivery of Option 4 as a spend to save opportunity noting the risks associated with not approving the recommendation.</p> <p>It was agreed that assurance would need to be provided regarding the improvement in outcomes, the ambition to generate savings and contain costs to be delivered. As a result, it was further agreed that the NWJCC will monitor savings to ensure that the benefits derived exceed the funding to be provided, working with the NHS Wales Finance Working Group with oversight provided by the CCLG. Regular updates will then be reported to the JC.</p> </li> <li data-bbox="395 1406 1431 2018"> <p>• <a href="#"><b>2025/26 Specialised Commissioning Financial Recovery - Managing Activity</b></a>            Members received a paper providing further financial detail, detail of risks and a plan of action for the three areas of opportunity to support an improvement in this year's financial position, that had been agreed at the JC meeting on 25 November 2025. The areas included:</p> <ul style="list-style-type: none"> <li>○ Reducing elective activity through the management of activity for English provider contracts during Quarter 4.</li> <li>○ To find mitigating Savings through:               <ul style="list-style-type: none"> <li>• Early cessation of the Salford Obesity Surgery Contract</li> <li>• Understanding Local Health Boards pass through costs, identifying any efficiency opportunities.</li> </ul> </li> </ul> <p>A <a href="#">Quality Impact Assessment</a> of undertaking the actions was included and would continue to be refined subject to approval.</p> </li> </ul>

Status	Update
	It was noted that the above actions to improve the end of year deficit position could be taken forward immediately if a decision was taken at today's meeting, recognising however that the greater financial benefit would be realised in 2026-27. Welsh Government is sighted on the financial position of the JC and the expectation is on improvement wherever possible. Members approved moving forward with the proposed workplan with progress reports to be shared at future JC meetings.
<b>Advise</b>	<ul style="list-style-type: none"> <li>There were no matters to be raised.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>There were no matters for assurance.</li> </ul>
<b>Inform</b>	<ul style="list-style-type: none"> <li>There were no matters for information.</li> </ul>
<b>Appendices</b>	None.

#### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC</b> <b>Link to JCC Strategic Objectives(s)</b>	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /</b> <b>Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Resilient Wales
	A Healthier Wales
<b>Dolen i Hwyluswyr Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance gov.wales)</a>	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
<b>Dolen i Feysydd Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance gov.wales)</a>	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
	No - Not Applicable

<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	
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<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): <del>POSITIVE/NEUTRAL/NEGATIVE</del>  Outcome for Welsh Language (delete as appropriate): <del>POSITIVE/NEUTRAL/NEGATIVE</del>	If no, please include rationale below: This is a summary of the latest meeting of the JCC
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	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.



**Agenda Item**

8.2.4

**CTM Health Board**

**Capital Programme Update 2025/26**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Carolyn Blockley, Head of Capital
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sally May, Executive Director of Finance
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Due to timing of meetings , latest update not yet reported to ECMG – due to be reported 23/01/2026	Click or tap to enter a date.	
Operational Delivery Committee	22/02/2026	NOTED

<b>Acronyms / Glossary of Terms</b>	
ECMG	Executive Capital Management Group
IRCF	Integration and Rebalancing Care Fund
IPC	Infection Prevention and Control
DPIF	Digital Priorities Investment Fund
FEN	Fire Enforcement Notice
CRL	Capital Resource Limit
AWCP	All Wales Capital Programme
NBV	Net Book Value
WG	Welsh Government
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital
YCC	Ysbyty Cwm Cynon
ED	Emergency Department
SOC	Strategic Outline Case
OBC	Outline Business Case
KHHP	Keir Hardie Health Park
YCR	Ysbyty Cwm Rhondda

## 1. Situation /Background

The purpose of this report is to provide an update on the current Capital resource limit for 2025/26 and expenditure commitments made to date. The report also covers the actual capital expenditure as at Month 9 and a brief update on all current major capital projects

## 2. Specific Matters for Consideration

### 2.1 25/26 Capital Funding Position

The latest capital funding position for 25/26 is shown in **Table 1** below comprising £7.375m discretionary and £85.606m All Wales Capital funding.

<b>Table 1 Confirmed CRL funding 2025/26</b>	<b>Current CRL £'000</b>
Discretionary allocation 2025/2026	7,375
Prince Charles Hospital Refurbishment - Phase 2	27,265
<b>Purchase of Units 2 and 3, Prince Charles Hospital</b>	<b>3,310</b>
National Imaging Academy Wales Discretionary	200
Princess of Wales Hospital replacement of roof covering, Fire Enforcement Notice and Electrical Upgrade	10,277
Works at Ysbyty George Thomas - Linked to POW Roof	149
Works at Ysbyty Cwm Cynon - Linked to POW Roof	643
Diagnostic and Medical Equipment 2024-25	169
Llantrisant Health Park – Site Demolition Costs	700
Llantrisant Health Park – RIBA Stage 3	1,056
Llantrisant Health Park – OBC Phase 1 – Community Diagnostic Hub	2,828
<b>Llantrisant Health Park - Fees to FBC for Phase 1 - Community Diagnostic Hub</b>	<b>1,888</b>
<b>Llantrisant Health Park - Fees to OBC for Phase 2 - Regional Orthopaedic Hub</b>	<b>1,934</b>
Efab - Fire	136
Efab - Decarbonisation	339
Backlog Maintenance - 2024-25	1,079
TEF - Fire	1,071
TEF - Infrastructure	4,403
TEF - Decarbonisation	1,205
TEF - Mental Health	1,782
TEF - Infection Prevention Control	1,052
TEF - Decontamination	1,366
Interventional Radiology (IR), Royal Glamorgan Hospital	1,571
Pharmacy Robot, Royal Glamorgan Hospital	1,200
Non-Radiology Ultrasound Replacement	474
Mental Health Quality and Safety Schemes	593
Radiology Ultrasound Replacement	858
<b>Hospital Helicopter Landing Site Schemes 2025-26</b>	<b>170</b>
End of Year Funding 2025-26	650
End of Year Digital Funding 2025-26	1,614
NIAW End of Year Digital Funding 2025-26	205
Replacement Diagnostic and Treatment Equipment	204
End of Year Digital Funding - December 2025	1,500
<b>DPIF</b>	
DPIF - single clinical record within mental health and learning disabilities' (MHLDD)	250
DPIF - Digital Maternity Cymru Implementation 2024-25	50
DPIF - Medicines & Prescribing: Electronic Prescribing & Medicines Administration (ePMA)	1,417
DPIF - RISP funding for National Imaging Academy Wales	53
DPIF - RISP	422
<b>DPIF - Connecting Care</b>	<b>326</b>
<b>IRCF</b>	
Bridgend Health & Wellbeing Centre	10,485
Maesteg Health and Wellbeing Park	712
<b>All Wales Capital Funding</b>	<b>85,606</b>
<b>IFRS 16 Funding</b>	<b>-194</b>
<b>Total WG Funding</b>	<b>92,787</b>
Disposal of Assets with NBV	
Government granted/Donated income	228
<b>Total Capital Funding as at 08.01.2026</b>	<b>93,015</b>

The highlighted schemes shown in Table 1 have received funding approval since the last reported position in October. Total of additional funding approvals is

£11.305m. This has been offset by reductions to reflect scheme slippage on PCH G&FF and Bridgend Health and Wellbeing Centre resulting in a net increase of c£5m

Significant additional allocations to the CRL are anticipated for recent funding approvals linked to the below schemes. Approval letters are in the process of being issued/returned but funding will be added to the CRL in the next few weeks.

<b>Table 2 - Anticipated Allocations</b>	<b>£'0000</b>
Entonox cracking devices	11
Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) for NIAW	70
End of Year Digital Funding - January 2026	4,859
End of Year Estates and Equipment Funding - December 2025	549
End of Year Funding - January 2026	1,377
Invest to Safe - REFIT	1,500
<b>Total</b>	<b>8,366</b>

The actual spend to 31<sup>st</sup> December is £52.951m which is equal to 57% of the total allocation. This is in line with financial planning assumptions.

## **2.2 Discretionary Programme Commitments 2025/26**

As noted above there is £7.375m of Discretionary Capital available in 2025/26. In addition to this, the ECMG agree each year to over commit the programme to assist with managing inevitable year end slippage on capital schemes. Last year this was set at 13.5% however this did not cover the slippage encountered and hence a c17.5% overcommitment was agreed for 2025/26. This is based on the initial allocation before deductions such as TEF contribution and hence equates to £2.1m for this year. When slippage is confirmed it is managed appropriately to ensure a balanced outturn position at the end of the financial year.

**Table 3** below shows all approvals and commitments as at December 2025 against the areas of ICT, Equipment, Backlog Maintenance, Statutory Compliance and Service Redesign.

<b>Cwm Taf Morgannwg Discretionary Capital Plan 25/26 M9</b>		
<b>Table 3 - Discretionary Funding and Allocations</b>		<b>December Closing position</b>
<b>Funding Sources</b>		
Discretionary Capital Funding		12,000
TEF Top Slice		-3,196
All Wales Capital Scheme Commitments B/F		-1,429
Property Disposals		0
17.5% Over commitment		2,100
<b>Total Funding (Including over-commitment)</b>		<b>9,475</b>
<b>Department Allocations</b>		-
<b>IT</b>	Funding	1,795
	Expenditure Allocations	1,800
	Contingency Allocation	-
<b>Statutory Compliance</b>	Funding	1,486
	Expenditure Allocations	1,500
	Contingency Allocation	-
<b>Backlog Maintenance</b>	Funding	2,401
	Expenditure Allocations	2,577
	Contingency Allocation	-
<b>Equipment</b>	Funding	2,106
	Expenditure Allocations	1,951
	Contingency Allocation	155
<b>Service Redesign</b>	Funding	1,563
	Expenditure Allocations	944
	Contingency Allocation	596
		-
	Contingency b/f disc schemes	-
<b>Sub Total Committed Expenditure</b>		<b>8,772</b>
<b>Subtotal amounts remaining to commit</b>		<b>751</b>
<b>Total anticipated Spend</b>		<b>9,523</b>
<b>Position against Funding ( including planned overcommitment )</b>		<b>- 48</b>
<b>Position against actual funding under/(Over)</b>		<b>- 2,148</b>

The table shows that the position is currently £2.148m overcommitted if all funding is fully allocated. This is in line with the planned overcommitted position to allow for natural slippage on schemes. Currently £0.751m of the above is however not yet committed but is earmarked for schemes in development. Based on the latest position, slippage in excess of £2m is expected in the last 3 months of the financial year. This will be discussed in detail at January ECMG and recommendations provided to ensure a balanced outturn position is achieved.

### 2.2.1 Statutory Compliance and Backlog Maintenance

Funding has been fully allocated to high-risk backlog maintenance priorities and statutory compliance with no contingency remaining.

There were a number of outstanding requests for funding, some of these were therefore included in the bids recently submitted to WG. Approval of £0.4m has recently been provided by WG for a chiller replacement in PoWH and flooring replacements in RGH and PoWH, these will aim to be delivered by the end of March 2026. There is limited capacity to deliver any further schemes hence no further allocations are anticipated unless unforeseen issues emerge.

### 2.2.2 Service Driven Schemes

Works schemes are presented and discussed at Operational Capital Group meetings attended by Care Group Directors. There are a significant number of priorities escalated however there is insufficient capacity within the Capital and Estates team to progress all schemes.

Given the extensive number of schemes to develop, the works are being carried out on a phased basis. The priority schemes currently in development are the air handling unit replacement in the RGH Gynaecology Hub, the blast chillers replacement in the Central Production Unit and room refurbishments in the YCC Women's Hub. An element of funding is currently being held for these in 2025/26 however the majority of the spend will now fall into 2026/27.

### **2.2.3 Equipment Allocation**

Significant additional year end equipment funding allocations of £2.175m were provided by Welsh Government in December 2025 and January 2026. This will enable a number of high-risk equipment purchases to be progressed. The majority of the unfunded bids have long lead times and hence are considered riskier purchases in terms of securing delivery by the end of March 2026. The unfunded equipment list and any newly escalated priorities will however be reviewed by Operational Capital Group (OCG) and if required (due to escalating clinical risk or internal slippage) recommended for approval from discretionary capital as appropriate. The remaining list will form the basis of the 2026/27 discretionary capital plan.

Digital bids totalling £10.503m were also submitted to WG for consideration, funding of £7.983m has been received over a number of phased allocations in November 2025– January 2026.

## **2.3 Major Capital Schemes**

The update on the major capital projects is provided in **Appendix 1**.

## **2.4 Disposals**

The disposal of Pontypridd Health Centre is progressing. The sale was anticipated to complete late in 2025 however a number of late queries were raised by the other party's solicitor. These have now been resolved and completion is expected January 2026. Proceeds from the sale will be reinvested in the digital programme as directed by Executives when setting the capital programme for 25/26.

The disposal of Bryncethin Clinic is also anticipated to complete by the end of the financial year, again this was delayed however all queries now resolved. This is part of the land swap arrangement with Linc Cymru for the land on which Bridgend Health and Wellbeing Centre is being built.

Plans for vacating Pontypridd Cottage Hospital are under review

## **3. Key Risks / Matters for Escalation**

Significant additional funding allocations have been received late in the financial year, requiring coordinated support from multiple teams across the Health Board. While these investments, once implemented, will help mitigate several estate, equipment, and digital-related risks, they also increase the challenge of achieving a balanced CRL outturn. This position will be closely monitored by the Head of Capital and escalated as required.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Safe
	If more than one applies please list below:
	Effective Efficient
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A

<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): NEUTRAL  Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: N/A
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Legal implications of the capital programme are assessed for each project and advice sought accordingly	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	The paper discusses the use of capital resources	

## 5. Recommendation

5.1 The Board are asked to

**NOTE** the funding position for 25/26, commitments made against this allocation and significant additional funding received and anticipated

**NOTE** the spend to date

**NOTE** progress on Major Capital Schemes

**NOTE** planned disposals in 2025/26

## Appendix 1 – Major Capital Schemes Update

### 1.1. PCH ground and first floor Phase 2

CRL funding for 25/26 for phases 2 and 3 is £27.265M. Approval received also for the purchase of the modular buildings at PCH currently rented as part of the scheme (units 2 and 3).

The full scheme is due to complete in October 2026 and the current forecast is that there will be a £0.95m overspend against the total budget of £224.6m. This overspend is caused by inflationary pressures and it is hoped to mitigate most of this with final VAT recovery and gain share although this will be later after the scheme has completed.

The scheme is split into 7 sections (6 approved within this phase) Sections 1, 2, 3 and 6 have completed.

Construction work is ongoing concurrently in the 2 remaining work sections, namely Sections 4 & 5.

The remaining contingency balance on the total scheme is currently £0.4m.

Final accounts have been agreed on sections 1, 2 and 6 and the gainshare for these is confirmed at £2.6m. However, the remaining gainshare figure is yet to be determined as Section 3 final account is yet to be agreed and Sections 4 & 5 are still in progress. A request to retain the confirmed gainshare to date to cover inflationary pressures on the scheme has been made and agreed with WG.

The scheme has currently committed 98.6% of the available contingency. This is being kept under close review with NWSSP-SES and Welsh Government and will be linked to discussions around retention of the gain share and VAT reclaim.

### 1.2. **PCH ground and first floor Phase 3**

The Full Business Case for Phase 3 was submitted to WG on the 19<sup>th</sup> December 2025 following Board approval. Scrutiny is ongoing with the expectation that this will conclude in time for the Health Board to present to the Welsh Government Infrastructure Investment Board in February 2026. The Health Board are mobilising to enable the scheme to potentially commence March /April 2026.

### 1.3. **Bridgend Health and Wellbeing Centre**

On site works are progressing however a further delay has been reported by the contractor and a revised programme has been provided with a forecast completion date of 30<sup>th</sup> April 2026 (original completion date October 2025).

The primary reasons given for the initial programme delays are: Incomplete stage 3 designs, inadequate service voids, impact of decarbonisation requirements, room use amendments, technical submittal approvals and access control RFI ( request for information) timescales. Following discussion and advice from the Health Boards consultants, a deed of variation has been progressed by Linc Cymru on behalf of the Health Board to agree an extended completion date of 31<sup>st</sup> March with no financial penalty for the Health Board or for the contractor. The latest delay is linked to requests for additional power and data points throughout the building and on-going site related delays.

Discussions regarding a pharmacy provider are continuing through the Pharmacy Advisor although this can be a long, complicated process and will not be resolved in time for the opening of the centre which has a revenue impact. A request for expressions of interest is due to be sent out to providers following agreement re the lease term and rental value.

Approval has been received from WG for the disposal of Bryncethin, Bryntirion and Quarella Road Clinics. The transfer to Linc of Bryncethin has been expedited however did not complete in 2025 as planned due to delays on Linc's side regarding their planned onward transfer to another organisation. This is still progressing however and will be completed as soon as practically possible.

Whilst this is part of the land swap arrangement with Linc Cymru , initially Bryncethin will be purchased by Linc at the value agreed in the business case. On completion of the Health Centre and hence transfer of land to the Health Board, the 2 remaining clinics will transfer to Linc along with repayment of funds received.

#### 1.4. **RGH Temporary Theatres**

As a consequence of the PoWH roof works, alternative capacity of 4 theatres and 2 endoscopy rooms was sourced for Royal Glamorgan.

The theatres are now currently being utilised as a decant to support replacement of critical mechanical ventilation in RGH theatres. It should be noted that the Health Board are currently in discussion with the supplier over the final account for the enabling works for this scheme. There are a number of variations included that the Health Board consider should already be included as part of a turnkey solution and hence these requests for additional fees are being challenged. A meeting was held on 20th November to discuss in detail with the supplier, but no resolution was reached. This is expected to be escalated as a dispute by the supplier under the contract, which will mean discussion between the Chief Operating Officer and their Chief Commercial Officer.

#### 1.5. **Maesteg Health and Wellbeing Centre**

The development of the SOC/OBC for Maesteg Health and Wellbeing Centre has now restarted following a pause to explore and discuss further potential options available. Additional fees funding was approved by WG in October 2025. The SOC/OBC is now targeted for submission Sept 2026 however formal updates to the Board will be provided at critical stages in the development of the business case.

## 1.6. **Targeted Estates Funding (TEF) Schemes**

### **Background**

The Welsh Government approved £23.63M of schemes over 2 years as part of its TEF programme to upgrade and replace significant elements of the Health Board's Estates infrastructure across various sites. The Health Board must contribute 30% of this funding, which is top sliced from the opening discretionary position.

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 significant external mechanical and electrical engineering expertise is required to ensure appropriately designed schemes are prepared for competitive tender and experienced contractors are appointed to ensure delivery. In some cases, however, procurement of contractors will be via direct ward to ensure compatibility with existing systems and processes (this is particularly the case regarding our fire and BMS systems).

### **RGH Air Handling Unit (AHU) Replacement Theatres 1-4**

This package of works is the most significant and incorporates four TEF bids with the principal project to replace end of life air handling unit plant feeding theatres 1-4 at the Royal Glamorgan Hospital. While the theatres are vacant there will be upgrades to the emergency and general lighting in Theatres 1 and 2 as well as cosmetic upgrades to all four theatres. The scheme is utilising the temporary Vanguard mobile theatre provision already on the RGH site and works are due to be completed by March 2026.

Following completion of the theatre works the scheme includes upgrading the Uninterruptible Power Supply (UPS) battery backup and installing Isolated Power Supply (IPS) to the Intensive Therapy Unit (ITU) to bring it in line with current standards. This also provides opportunity to replace the obsolete nurse call currently serving the area.

The final element of this works package is to introduce new UPS and IPS to the Coronary Care Unit (CCU) at the Royal Glamorgan Hospital. This will provide flexibility and resilience to the site, as well as providing a safe and resilient electrical system for our patients ensuring they remain safe by

removing the risks of electrical failure or electrical faults that may cause them harm.

The works have been split into three phases, Phase 1 theatre works, Phase 2 CCU works and Phase 3 ITU works.

The decant strategy for Phase 2 of the works is still in discussion with the service.

### **POWH Centralised Scope Decontamination**

Funding has been approved to centralise scope decontamination in POWH. The principal driver is to retain Joint Advisory Group ( JAG) accreditation for Endoscopy as the current non-compliant layout has led to the loss of accreditation, but the scheme includes decontamination for all the flexible endoscopes on site in other services such as Urology and Ear Nose and Throat. A provisional layout has been agreed with the users and this informed the brief.

This scheme has not progressed as quickly as planned in 2025/26 and hence the main works will now commence in 2026/27

### **PoWH Hospital Sterilisation and Disinfection Unit (HSDU) AHU Replacement**

Work commenced mid-October to replace the air handling unit in PoWH HSDU and is currently on track to complete Feb 2026. For the duration of the works programme all services transferred from HSDU PoWH to HSDU RGH. Following completion of this work and the return to PoWH, minor works are planned for RGH including a replacement steriliser, racking and drying cabinet. Discussions are continuing with the PCH Major Projects team to ensure their timescales to vacate HSDU PCH and handover to the contractor in March 2026 can be met.

### **Ty Llidiard Extra Care Areas (ECA)**

Lead Consultants for this scheme have worked closely with the Care Group to progress the detailed design. Specialist anti-ligature & anti-barricade doors with associated access control systems are an essential requirement for this environment and have been incorporated into the detailed design and funded from discretionary capital.

Following a successful tender process the main contractor has now been appointed for this scheme and works are due to commence in January 2026

### **Mental Health works – YCC and Angelton**

The capital team have been working with the Care Group to establish a viable programme of works for the IP&C works in Angelton along with the two phases of work to develop fit for purpose Older Adult Wards. It was agreed that these works will be packaged together with one contractor to give maximum flexibility with the order in which the works progress, given the uncertainty around access to these areas. This has delayed the programme slightly, but this is being managed in conjunction with care group leads, slippage on this funding is anticipated.

### **PoWH Roof works**

Whilst the funding for remaining roof replacements/upgrades is programmed into 2026/27 urgent works have been identified that will be progressed in year. The works were scoped following recent water ingress in Ward 16 and Y Bwythen Newydd. A direct award for these works was confirmed and work commenced December 2025. This will bring forward c£300k of spend.

### **Other TEF Schemes**

Project managers are working on a further 28 TEF funded schemes including nurse call replacements, lift upgrades and significant fire safety works. Updates will be provided based on risk. Discussions have commenced regarding a number of key 26/27 schemes that have a service impact, as a reminder some of the are listed below.

#### **RGH**

- Negative pressure isolation room – service confirmation that location is preferably in Ambulatory Emergency Care Unit ( AECU ) , detail needs to be worked up
- Accident & Emergency ( A&E ) IPS/UPS to resus and majors

#### **PoWH**

- Negative pressure isolation room- service confirmation that location is preferably in the Acute Medical Unit (AMU) , detail needs to be worked up
- A&E IPS/UPS to resus and majors
- Main entrance toilets

In addition, there are significant Mental Health related schemes to deliver in Pinewood and PCH Emergency Department

## **1.7. Llantrisant Health Park**

The Phase 1, Community Diagnostic Hub FBC was approved by Board at end of November for submission to WG. Infrastructure Investment Board (IIB) is scheduled for 16<sup>th</sup> January.

The sitewide planning application has been approved, Sustainable Drainage (SAB) approval remains outstanding but following a meeting this is now expected imminently. Work is already commencing on the discharge of pre commencement conditions.

An application for Phase 2 fees to support the development of the OBC for the orthopaedic hub has been approved. The Phase 2 OBC was also approved at November Board for submission to WG and will be presented at the January IIB

The site currently remains in use as overflow parking during the day however if phase 1 remains on programme this will need to vacate by January 2026.

#### 1.8. **Llanilid Health and Wellbeing Hub**

Fees were approved October 2025 for SOC/OBC business case development across 2025/2026 and 2026/27.

The process of appointing a Project Manager and Cost Advisor have commenced, a Supply Chain Partner will follow after some initial work with consultants.

#### 1.9. **Kier Hardie Health Park**

Fees approved to develop costs for inclusion in BJC for IRCF capital investment. 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

### 2.0 **Invest to Save -RE:FIT Framework**

Repayable funding of £11.4m approved in December 2025 to progress a number of decarbonisation schemes across the Health Board. High level information provided below. Further detail will be provided on commencement of the scheme in late January 2026.



ECM Description	RGH	POW	PCH	WMR	KHHP	YCC	YCR	Community Sites*
Low carbon heating				✓				
LED lighting and lighting controls	✓			✓	✓	✓	✓	
PV		✓				✓		✓
BMS optimisation	✓	✓	✓					
Battery Energy Storage				✓				

\*Community sites to include Dewi Sant Health Park, Tonypany Health Clinic, Maritime Resource Centre, Trealaw Resource Centre and Pencoed Medical Centre