CTMUHB Public Board Meeting

Thursday 30 July 2026, 10:00 - 14:00

In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Agenda

10:00 - 10:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information *Jonathan Morgan, Health Board Chair*

1.2. Apologies for Absence

Information *Jonathan Morgan, Health Board Chair*

1.3. Declarations of Interest

Information *Jonathan Morgan, Health Board Chair*

10:05 - 10:10
5 min

2. CONSENT AGENDA BUSINESS

Information *Jonathan Morgan, Health Board Chair*

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

10:10 - 10:55
45 min

3. IMPROVING CARE - PART 1

3.1. Shift Pattern Alignment

Decision *Hywel Daniel, Executive Director for People/Richard Hughes, Executive Director of Nursing*

- 3.1a Shift Pattern Alignment Board 30 July 2026.pdf (18 pages)
- 3.1b Appendix 1_Collective Consultation Closure Report UHB 30 July 2026.pdf (12 pages)
- 3.1c Appendix 2 EWLIA Shift Patterns July 2026 UHB 30 July 2026.pdf (13 pages)
- 3.1d Appendix 3 QIA Shift Harmonisation CTMUHB UHB 30 July 2026.pdf (8 pages)
- 3.1e Appendix 4 Shift Pattern Communication and Engagement Plan UHB 30 July 2026.pdf (10 pages)
- 3.1f Appendix 5 Letter to Board re Shift Patterns UHB 30 July 2026.pdf (2 pages)

10:55 - 11:15
20 min

4. GOVERNANCE/BOARD BUSINESS GOVERNANCE ACTIVITY

4.1. Action Log - To follow

Discussion *Jonathan Morgan, Health Board Chair*

4.2. Matters Arising not Contained within the Action Log

Discussion *Jonathan Morgan, Health Board Chair*

4.3. Board Committee and Advisory Group Highlight Reports

Discussion *Committee Chairs*

4.3.1. Strategic Development Committee 12 May 2026

Discussion *Kath Palmer, Vice Chair*

4.3.1 SDC Highlight Report 12 May 2026 UHB 30 July 2026.pdf (8 pages)

4.3.2. Mental Health Act Monitoring Committee 27 May 2026

Discussion *Kath Palmer, Vice Chair*

4.3.2 MHAMC Highlight Report 27 May 2026 UHB 30 July 2026.pdf (6 pages)

4.3.3. Quality, Safety & Experience Committee Highlight Report 3 June 2026

Discussion *Carolyn Donoghue, Independent Member*

4.3.3 QSEC Highlight Report 3 June 2026 UHB 30 July 2026.pdf (6 pages)

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

Discussion *Jonathan Morgan, Health Board Chair*

4.3.4 SEWRJC Highlight Report UHB 30 July 2026.pdf (6 pages)

4.4. Health Visiting Industrial Action: Quality & Safety Summary

Discussion *Richard Hughes, Executive Director of Nursing*

4.4 HV IA Quality & Safety Summary UHB 30 July 2026.pdf (12 pages)

11:15 - 11:30
15 min

5. INSPIRING PEOPLE

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

Decision *Jonathan Morgan, Health Board Chair*

5.1 Chairs Report UHB 30 July 2026.pdf (7 pages)

5.2. Chief Executives Report - To follow

Discussion *Paul Mears, Chief Executive*

5.3. Speaking Up Safely Update

Discussion *Gareth Watts, Director of Corporate Governance*

5.3 Speaking Up Safely Update UHB 30 July 2026.pdf (6 pages)

11:30 - 11:50
20 min

6. SUSTAINING OUR FUTURE

6.1. Month 3 Financial Performance Report

Discussion *Sally May, Executive Director of Finance*

6.1 M3 Finance Report UHB 30 July 2026.pdf (24 pages)

11:50 - 13:10
80 min

7. IMPROVING CARE - PART 2

7.1. Primary & Community Care Development - To follow

Discussion *Gethin Hughes, Chief Operating Officer*

7.2. Llynfi Valley Engagement Plan

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

7.2a Llynfi Valley Engagement Plan Cover Paper CTMUHB 30 July 2026.pdf (5 pages)
7.2b Llynfi Valley Health and Wellbeing Centre - Engagement Plan CTMUHB 30 July 2026.pdf (24 pages)

7.3. Board Assurance Framework Report

Decision *Gareth Watts, Director of Corporate Governance*

7.3a BAF_Board_COVER UHB 30 July 2026.pdf (6 pages)
7.3b BAF_BOARD_FINAL UHB 30 July 2026.pdf (73 pages)

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

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

7.4 HB Integrated Performance Dashboard July 2026 UHB 30 July 2026.pdf (27 pages)

13:10 - 13:20
10 min

8. CREATING HEALTH

8.1. Healthy Weight Strategic Plan

Decision *Philip Daniels, Executive Director of Public Health*

8.1a CTMUHB Healthy Weight Strategic Plan Report UHB 30 July 2026.pdf (11 pages)
8.1b CTMUHB Healthy Weight Strategic Plan UHB 30 July 2026.pdf (40 pages)

13:20 - 13:25
5 min

9. CONSENT AGENDA

9.1. FOR APPROVAL

9.1.1. Unconfirmed Minutes of the Meeting held on 21 May 2026 - To follow

Decision *Jonathan Morgan, Health Board Chai*

9.1.2. Unconfirmed Minutes of the Extra Ordinary Meeting held on 29 June 2026

Decision *Jonathan Morgan, Health Board Chair*

9.1.2 Unconfirmed Minutes EO Board Meeting 25 June 2026 UHB 30 July 2026.pdf (3 pages)

9.1.3. Amendments to the Standing Orders - Clinical Advisory Group Terms of Reference

Decision *Dom Hurford, Executive Medical Director*

9.1.3a Standing Orders Amendment UHB 30 July 2026.pdf (4 pages)
9.1.3b GC01 Standing Orders - Schedule 5.2 - Clinical Advisory Group ToR - Final Version June 2026.pdf (8 pages)

9.1.4. Revised Standards of Good Governance and Probity (in Public Service Roles) Policy

Decision *Gareth Watts, Director of Corporate Governance/Board Secretary*

9.1.4a Standards of Good Governance Probity UHB 30 July 2026.pdf (4 pages)
9.1.4b POL_CG04_StandardofGoodGovernanceProbity_Finalv9.pdf (21 pages)

9.2. FOR NOTING

9.2.1. Non-Routine Committee Business (Forward Plan)

Information *Gareth Watts, Director of Corporate Governance*

9.2.1 Non Routine Board Business Forward Plan 2026 UHB 30 July 2026.pdf (3 pages)

9.2.2. Annual Cycle of Business

Information *Gareth Watts, Director of Corporate Governance*

9.2.2 CTMUHB Board Cycle of Business 2026 UHB 30 July 2026.pdf (9 pages)

9.2.3. Board Committee and Advisory Group Highlight Reports

Information *Committee Chairs*

9.2.3a Board Committee and Advisory Group Highlight Reports UHB 30 July 2026.pdf (4 pages)
9.2.3b App 1 RTSC Committee Highlight Report March-July 2026 UHB 30 July 2026.pdf (5 pages)
9.2.3c App 2 ARAC Highlight Report 19.5.26 UHB 30 July 2026.pdf (6 pages)
9.2.3d App 3 Hosted Bodies ARAC Highlight Report 19.5.26 UHB 30 July 2026.pdf (7 pages)
9.2.3e Appendix 4 SRG Highlight Report UHB 30 July 2026.pdf (7 pages)
9.2.3f Appendix 5 Highlight Report LPF 16.06.26 UHB 30 July 2026.pdf (6 pages)

9.2.4. Capital Update

Information *Sally May, Executive Director of Finance*

9.2.4 Capital Update UHB 30 July 2026.pdf (18 pages)

13:25 - 13:30
5 min

10. CLOSE OUT BUSINESS

10.1. Any Other Business

Discussion *Jonathan Morgan, Chair*

10.2. Meeting Feedback

Discussion *Jonathan Morgan, 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?

13:30 - 13:30
0 min

11. Private/Closed Session Business

Information *Jonathan Morgan, Chair*

The following items will be take in closed session:

- Transforming Access to Medicines FBC Response
- South East Wales Regional Arthroplasty Plan & LHP Outline/Full Business Case
- CTMUHB Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2025/26/CTMUHB Overarching Major Incident Guidance 2026/CTMUHB Business Continuity Management Policy 2026
- Planned Care Recovery Regional Plan

13:30 - 13:30
0 min

12. Date and Time of the Next meeting

The next meeting takes place on Thursday 24 September 2026 at 9:00am

CTMUHB Public Board

Shift Pattern Alignment

Eitem yr Agenda / Agenda Item	3.1
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Hayleigh Jones, Deputy Director for People Charlotte Clarke, Head of People Services Sara Mason, Head of People Becky Gammon, Interim Deputy Director of Nursing
Cyflwynydd yr Adroddiad / Report Presenter:	Hywel Daniel, Deputy CEO/ Executive Director for People Richard Hughes, Executive Director for Nursing, Midwifery and Patient Care
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	Endorse recommendations
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Sustaining Our Future If more than one applies please list below: Inspiring People
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)*	Value and effectiveness People Plan deliverable Staff engagement and wellbeing Fairness and equality

Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)*	

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	Following Board approval in December 2025, formal collective consultation with recognised Trade Unions took place between January - April 2026. The collective consultation phase focussed on Option 2 and Option 8, noting that the Health Board continues to encourage any alternative proposals that meet our design criteria. This report provides an update on the outcomes of collective consultation and recommended next steps for shift pattern alignment, for Board endorsement.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	No jointly agreed shift pattern proposal was reached with our Trade Unions during the collective consultation period. However, the Health Board and Trade Unions remain in agreement as to the need for a consistent shift pattern to support a fair and consistent staff experience. UNISON has confirmed that Option 8 is its preferred option out of the two proposals. Option 8 was developed in response to feedback from staff and Trade Unions during earlier engagement, including concerns about work-life balance, long working weeks, rest breaks and access to CPD. Option 8 remains the Health Board's preferred option as it maintains 2 x 30-minute breaks in addition to building in 42 hours of CPD. However, UNISON has emphasised the need for improved communication and clear, accessible information regarding the proposals, and emphasised the need to properly work through individual impacts during future phases of consultation, before any decisions are reached. RCN, RCM, Unite and GMB have not supported either proposal and have expressed a preference for the 'former Cwm Taf (CT)' model, which has 1 x 30-minute unpaid break, reflecting concerns about wellbeing, work-life balance and personal circumstances. The Trade Unions also put forward a proposal for one unpaid break alongside one paid break. Both proposals were considered by the

	Health Board, however neither meet our design criteria and therefore have not been pursued.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Although we have not reached an agreed recommendation during collective consultation, all Trade Unions have expressed a commitment to continue working in partnership with the Health Board as this work progresses. There is shared agreement that, subject to Board approval, the next phase should focus on dedicated engagement with affected staff, ensuring that information is as accessible and transparent as possible. On 29 June 2026, EMB endorsed the recommendation to progress to individual consultation, subject to Board approval.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	Board is asked to approve the recommendations within section 5, including endorsement to move to the next phase of individual consultation with affected staff, from August 2026.

1. Background

1.1 The Health Board continues to recognise the need for a consistent shift pattern to address operational challenges and accommodate changing service requirements. Variations in existing shift arrangements have resulted in inconsistencies, staffing pressures, and feedback from staff and Trade Unions which underscores the importance of fairness, sufficient rest periods, and consistent scheduling practices.

1.2 In December 2025, the Board considered three alternative shift pattern proposals, informed by workforce insights that were generated via an informal consultation phase (June- September 2025), alongside equality impacts, agreed design principles and core service requirements. The alternative proposals aimed to respond to initial concerns around wellbeing, fairness, and the practical implementation of shift and break arrangements. On balance, following an initial evaluation of the alternative proposals, Option 8 was recommended as the Health Board's preferred shift pattern proposal.

1.3 Following detailed discussion, Board endorsed the recommendation to embark on a period of formal collective consultation with recognised Trade Unions, seeking formal views and feedback on both Options 2 (original proposal) and 8 (revised proposed following initial consultation), in addition to inviting suggestions of any other alternative shift pattern options that continue to meet our design principles.

1.4 Our design principles underpin the need for a sustainable operating model that balances evolving service needs with staff experience. Our aim is 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.

1.5 In reaching the decision to expand the scope of proposals under consultation to Option 2 and Option 8, the Board recognised the complexity associated with this change and the need for a flexible and proportionate approach. A summary of the current shift patterns in operation alongside a high-level impact assessment of Options 2 and 8 is included in tables 1 and 2.

Table 1: Current shift patterns

'Former CT' shift pattern *Approx. 2,652 staff*	**'PoW' shift pattern** *Approx. 691 staff*
3 x 12.5-hours shifts per week, each with 1 x 30-minute unpaid break. Plus a 6-hour shift every 4 weeks	3 x 12.5-hours shifts per week, each with 2 x 30-minute unpaid breaks. Plus a 12.5-hour shift every 4 weeks

Table 2: Summary of Option 2 and Option 8

Option	Proposed Shift Pattern	Projected Impact Assessment
Option 2 (original proposal) *Endorsed in principle by Board for initial consultation in May 2025.*	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)	Received strong opposition during initial consultation period. Approx. £5m cost reduction per annum. Approx. 105 WTE reduction. Does not enable any guaranteed CPD. 6-hour make up shift does not enable any handover period. **Key differences for those currently working on the 'former CT' shift pattern** - 12.5-hour shift (instead of a 6-hour shift) every 4th week **(difference = additional 6.5 hours once every 4 weeks)** - 2 x 30 mins rest breaks built into 12.5 hour shifts (New) **Key differences for those currently working on the 'PoW' shift pattern** - No change

Option 8 (revised proposal) *Endorsed in principle by Board for collective consultation in December 2025.*	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, equating to c.42 hours CPD per year (pro-rata).	4 long shifts required once every 8 weeks (instead of once every 4 weeks). Enables 2 x 30-minute breaks per long shift. Approx. £3.28m cost reduction per annum. Approx. 78 WTE reduction. Approx. 42 hours CPD per annum for both registrants and non registrants. **Key differences for those currently working on the 'former CT' shift pattern** - 12.5-hour shift (instead of a 6-hour shift) every 8th week **(difference = additional 6.5 hours once every 8 weeks)** - 42 hours CPD per FTE (New) - 2 x 30 mins rest breaks built into 12.5 hour shifts (New) - Handover time built into 6.3 hour shifts (New) **Key differences for those currently working on the 'PoW' shift pattern** - 6.3-hour shift (instead of a 12.5-hour shift) every 8th week **(difference = reduction of 6.2 hours every 8 weeks)** - 42 hours CPD per FTE (New) - Retain 2 x 30 min breaks - Handover time built into 6.3 hour shifts (New)

2. Overview of Collective Consultation

2.1 Terms of reference were agreed with Trade Unions to govern the collective consultation phase which commenced in January 2026 and concluded in April 2026.

2.2 Five formal collective consultation meetings were held with in-scope Trade Unions (Unite, GMB, RCN, RCM and Unison). The following matters were considered during the period of collective consultation:

- The impact of the proposed shift pattern options on nursing, midwifery and healthcare support workers, including implications for both full-time and part-time staff.
- Rest breaks, including adequacy, recording arrangements, access to rest room facilities and associated safety and wellbeing considerations, informed by work undertaken by the Breaks Task and Finish Group.
- Discussion about paid and unpaid breaks under the proposed arrangements, including confirmation that breaks are unpaid.
- Equality, quality, safety and wider workforce impacts, supported by relevant impact assessments.
- Flexible working considerations, including childcare implications and the potential impact of reducing contracted hours.
- CPD requirements and principles linked to the proposed shift patterns.
- Workforce communications and approaches to staff engagement during and beyond collective consultation.
- Requests from Trade Unions for clarification, examples and further modelling to support member engagement.
- Consideration of any alternative shift pattern options within the agreed design principles.

2.3 During collective consultation there was a consensus that the need to address inconsistencies in shift patterns remains a priority for reasons of fairness and equality. Whilst Trade Unions acknowledged that the Health Board had made material changes to the original proposal in response to initial feedback, GMB, RCN, RCM and Unite maintained a position of opposition to both Option 2 and Option 8 throughout the discussions. No further proposals, that aligned to our design principles, were tabled for consideration by the Health Board.

2.4 Each Trade Union was invited to provide a closing statement to inform the Health Board's assessment before proceeding to agree the formal closure of the collective consultation phase. Unite, GMB, RCN and RCM opted to provide a joint closing statement. Unison confirmed they would provide a separate position statement.

2.5 The Joint Trade Unions (GMB, RCM, RCN and Unite) submitted a collective response stating that their members unanimously and unequivocally reject both proposed shift pattern options. The only proposal members are prepared to accept is full harmonisation to the 'former Cwm Taf' shift pattern. Given that this option does not align to our design principles, Trade Unions were informed that this continues to be unviable option for the Health Board. Namely, it would result in an estimated cost increase of up to £1.7m, require an additional 29 WTEs and formalise the requirement for

only one 30-minute break in a 12.5-hour shift across all sites. The Joint Trade Unions describe the consultation process, ongoing since August 2025, as prolonged and flawed. The Trade Unions state that any change to current shift patterns would have a significant detrimental impact on staff health, wellbeing and work–life balance, with a disproportionate adverse impact on female staff, particularly those with caring responsibilities, as identified in the Health Board's Equality Impact Assessment. This concern is emphasised as critical given the gender profile of the nursing workforce. Members have also raised serious concerns about unsafe staffing levels and the routine inability to take rest breaks. The Trade Unions highlight that previously agreed work to review access to breaks has not been undertaken and are calling for a jointly agreed programme to assess break compliance before any shift pattern changes progress. While acknowledging the intention to restart consultation through individual 1:1 meetings, the Trade Unions reiterate that their members' position remains unchanged and expect clear, inclusive communication, senior management engagement, and full access to Trade Union representation

2.6 UNISON submitted a separate closing statement which reports consistent and ongoing concern from members regarding the proposed shift pattern changes, particularly the negative impact on work–life balance and wellbeing. Members expressed a lack of confidence that the proposals would deliver any improvement, citing existing pressures including refusals of annual leave and flexible working requests, and dissatisfaction with current arrangements for make-up shifts. Following review of the available options, Option 8 is identified as the preferred option, offering the greatest perceived benefit to staff. However, UNISON highlights a continued lack of clear, accessible information on the implications of the proposed changes, which is undermining staff confidence. The branch also raises concerns about ineffective communication, recommending more consistent and visible methods to ensure all staff receive timely and accurate information. UNISON concludes that while Option 8 is preferred, improved transparency, communication and responsiveness to staff concerns are essential for any shift pattern changes to be considered fair and credible.

2.7 The formal collective consultation closing report is included at **appendix 1.**

3. Proposed Individual Consultation Phase

3.1 As communicated to Board in December 2025, whether agreement was reached during the collective consultation phase or not, we are required to undertake a robust individual consultation process before moving to any consideration of implementation. Proposals will need to be re-evaluated at the end of individual consultation to consider any alternative options aligned to our design principles, any objections raised, and to assess whether the proposals for shift pattern alignment remain viable.

3.2 As of August 2025, there were c.3,343 staff in scope of the potential shift pattern changes. Consultation with individual employees must take the

form of meaningful discussion with each member of staff, as to the individual implications of the proposed changes. This requirement has been reiterated in correspondence from RCN and shared by Trade Unions in the collective consultation phase. All Trade Unions also referred to the critical importance of individual engagement within their closing statements.

3.3 Following conclusion of the collective consultation phase, it is recommended that the Board endorses formal individual consultation on Option 2 and Option 8, noting that the Health Board's proposed preference is Option 8.

3.4 Trade Unions have indicated a preference for a multi-channelled, accessible engagement approach, akin to the initial consultation exercise undertaken previously.

3.5 Subject to endorsement from the Board and ongoing input from Trade Union partners, the proposed engagement methods during the individual consultation phase will include a mixture of face-to-face and virtual sessions, at group and individual level, supported by nursing leadership, people services and Trade Union colleagues. This will be supplemented by FAQs and pay modellers/ case studies. A high-level summary of proposed communications activity is included in table 3. A detailed communications and engagement schedule is currently under development with input from Trade Union partners.

3.6 An update will be provided to Executive Management Board (EMB) and the Board at the conclusion of the individual consultation phase to evaluate the proposals in-light of the final feedback from staff and Trade Unions. This will inform next steps and whether, on balance, the Health Board retains the need to implement an aligned shift pattern, and if so, the detail of the proposed aligned shift pattern.

Table 3: High level summary of proposed individual engagement approach

Date (indicative)	**Activity**
2.07.2026	Communications and engagement planning workshop with Trade Unions
7.07.2026	Senior Nurse Leadership briefing
9.07.2026	Board briefing item
30.07.2026	**Board discussion and decision**
THE FOLLOWING ITEMS ARE SUBJECT TO BOARD DECISION	
30.07.2026	Immediate all-staff article on Board outcome- noting further information to follow
03.08.2026	Trade Union briefing on Board outcome, followed by fortnightly TU checkpoints

03.08.2026	Senior Nurse Leadership briefing on Board outcome, to clarify roles and responsibilities
04.08.2026	All-staff communication including links to: - Consultation information letter and consultation pack - FAQs - Case studies, worked examples, part-time hours modelling - Dedicated inbox for queries
05.08.2026	Ward manager briefing on Board outcome and next steps, led by Nurse Director/ Head of Nursing/ Lead Nurses.
w/c 10 August (c. 4 weeks)	Staff briefing sessions (virtual and in-person) led by Lead Nurses. Individual consultation information to be provided to staff on wards and to absent employees.
End August	FAQ refresh
w/c 7 September (c.5 weeks)	1:1 meetings offered for all in-scope staff led by Ward Managers. MS form provided to collate feedback. Secondary 1:1 with People Services representative if required. Trade unions to attend 1:1 meetings if requested by employee.
End September	FAQ refresh
October/ November 2026 tbc	EMB and Board update – review consultation feedback and agree next steps.
December 2026 tbc	Notification to all staff on outcome of consultation and next steps. *If a new shift pattern is confirmed, this will require provision of reasonable notice period.*

4. Key Risks

Industrial Action

4.1 The collective consultation period has not resulted in an agreed recommendation from the Trade Unions to their members.

4.2 Over the same period RCN has engaged their members across the affected hospital sites and shared key findings from their consultation. Although the number of respondents was not shared with CTM, RCN confirmed that 81% of their respondents had voted against the proposed changes with 78% of respondents stating they would be prepared to take industrial action over the proposals.

4.3 Under TULRA, Trade Unions are entitled to ballot their members for industrial action at any stage where there is a disagreement about terms and conditions of employment. The revisions within Option 8 may help to mitigate (not eradicate) some of the concerns posed during the initial consultation phase, primarily because they reduce the frequency of shifts in comparison to Option 2.

4.4 The Health Board's position has evolved from the initial proposal in June 2025 in response to staff feedback. It is imperative that this approach is maintained throughout the period of formal individual consultation to reinforce the credibility of the consultation process and lead to a greater potential for more staff to agree the change where genuine consideration and flexibility for individual circumstances has been demonstrably accounted for.

4.5 However, there is a realistic prospect that members may opt to take industrial action. The impact of this needs to be set against the current industrial relations landscape and the ongoing dispute with our Health Visiting workforce. There is potential for multiple disputes, ongoing over a parallel period, with the potential for severe service disruption.

Collective Consultation Process

4.6 In February 2026, formal correspondence was received from RCN Wales requesting an extension to the collective consultation period. This request was accommodated and the collective consultation period was extended from 24 February to 24 April 2026. Further correspondence received in April 2026 set out requests for continued review of the current proposals, review of the ability of staff to take breaks, transparency of the evidence base underpinning the model, including workforce modelling, safe staffing assumptions, financial considerations and the Equality Impact Assessment and to engage meaningfully with staff and trade union representatives on any revised proposal, ensuring that members have a genuine opportunity to influence the outcome before any decision is taken.

4.7 Trade Unions were provided with workforce modelling and financial considerations relating to all options under discussion prior to the Board approval in principle of Option 2 and Option 8, in May 2025 and December 2025 respectively. The evidence base for these options has been available to Trade Unions throughout the discussions, along with the Equality and Welsh Language Impact Assessment (EWLIA) and Quality Impact Assessment (QIA) which were shared during the collective consultation phase.

4.8 The Health Board maintains that proposed changes to shift patterns are not arbitrary and are grounded in a clear and evidenced service need. This is driven by the changing needs of our population and wider economic, clinical and technological advances that mean we need to change to offer those we serve the best possible clinical care. It is essential to ensure CTMUHB can deliver safe, effective, and equitable care in a rapidly evolving healthcare environment. The variation supports strategic alignment, operational efficiency, and workforce equity.

4.9 Throughout consultation, Trade Unions received regular updates on the work of the Breaks Task and Finish Group and are represented on the reconvened group, with a specific focus on the health and safety impacts of staff breaks across the Health Board, and reporting of breaks (including missed breaks).

4.10 Mechanisms for both group and individual staff engagement and consultation have been an ongoing area of discussion, and Trade Unions have been explicitly invited to set out their preferred approaches for engagement in the next phase of implementation. As such, Trade Unions included valuable practical suggestions and feedback within their closing statements, which have been further explored via a partnership communications and engagement planning workshop.

4.11 The Health Board is therefore satisfied that the collective consultation requirements have been met and that Trade Unions were given a genuine opportunity to contribute and influence the proposals presented for decision.

Individual Consultation Process

4.12 There is a risk that the next phase of consultation will generate a high volume of requests for individual consultation discussions, creating capacity pressures for leaders, people services and Trade Union colleagues, and potential service disruption and/or delays in the timely evaluation of individual impacts. While uptake of individual engagement opportunities was limited during the initial consultation phase, this cannot be assumed to be representative of future demand, particularly now that proposals have progressed and individual implications are clearer.

4.13 There is a related risk that variability in local leadership confidence, capability and experience in handling complex, sensitive discussions could result in inconsistent messaging, variable quality of engagement, and reduced staff confidence in the process, undermining the credibility of consultation and increasing the likelihood of escalation or challenge.

4.14 Effective delivery of the individual consultation process is dependent on strong local leadership ownership, supported by clear organisational messaging and practical tools. Local leaders will be expected to play a

central role in driving consistent, transparent communication and engagement with staff.

4.15 To mitigate capacity and capability risks, a blended engagement approach will be developed in discussion with Trade Union colleagues. This approach is intended to manage demand, maximise reach, and ensure that individual consultation remains focused, meaningful and proportionate. This will include:

- Delivery of structured group engagement sessions to act as the primary mechanism for early engagement.
- Use of group sessions to explain proposals, outline mitigations, address common themes, mythbust misinformation, and clarify what can and cannot be considered through individual consultation.
- Clear signposting from group sessions to individual consultation discussions, where specific personal impacts need to be explored.
- Provision of a suite of supporting materials for leaders, including standardised briefings, FAQs, key messages, and scenario-based guidance to support consistent and confident conversations.
- Clear, multi-channel communications so staff understand the purpose, scope and process for both group and individual engagement

4.16 The communications approach is therefore being designed to strengthen leadership confidence, reduce unnecessary escalation to individual discussion, manage capacity pressures across the service and Trade Union colleagues, and support a transparent, equitable and credible consultation process.

Equality Impacts

4.17 The Equality Impact Assessment (EIA) identifies disproportionate impacts on certain protected groups, particularly women, those with caring responsibilities and staff from lower socio-economic backgrounds, reflecting the gendered and part-time profile of the nursing and HCSW workforce. Our Trade Unions have strongly reinforced this position, asserting that the proposals would have a significant detrimental impact on health, wellbeing and work–life balance, with particular concern regarding disproportionate impact on female staff.

4.18 For staff on the 'former Cwm Taf' model, the requirement to work an additional 6.5-hours once every eight weeks is identified as a potential adverse impact on caring responsibilities and recovery time. While long shifts and make-up shifts are already established elements of ways of working for in-scope staff, Trade Unions consider changes to their frequency or distribution to represent a material change with equality implications.

4.19 The EIA also identifies potential indirect impacts on older staff, disabled staff and those returning from maternity leave, and a risk that staff may reduce contracted hours to mitigate impact, affecting pay, pensions and service capacity. Given the predominance of women within the affected

groups, there is a risk of indirect sex discrimination if impacts are not fully explored and mitigated, presenting legal, governance and reputational risk.

4.20 Individual consultation is intended to understand and address individual equality impacts and to adjust, mitigate or accommodate those impacts where reasonably practicable, including through reasonable adjustments and flexible working arrangements. Mitigations identified in the EIA include the move to two 30-minute unpaid breaks and continued work to improve access to and recording of breaks. The revised model also reduces the frequency of long shifts for some staff, including those at Princess of Wales (PoW) Hospital

Flexible Working Requests

4.21 There is a risk that revised shift patterns will lead to a significant increase in statutory flexible working requests. The organisation is legally required to consider such requests, including appeals, within an eight-week timeframe, and a high volume could create capacity pressures for managers and People Services, with risks to legal compliance and decision-making consistency.

4.22 This risk is likely to be most significant for staff who previously reduced hours to avoid make-up shifts and who may now be required (in some circumstances) to work up to an additional 6.3-hour shift every eight weeks. While the revised model redistributes existing hours rather than increasing contractual hours overall, and offers additional rest breaks and protected CPD time, perceived changes may prompt requests.

4.23 Impact will vary by site. For some staff, including at Princess of Wales Hospital, the revised model represents a reduction in extended shift frequency and is therefore likely to be received favourably. This variation nonetheless increases complexity and may drive additional requests, including potential requests to increase hours.

4.24 Mitigation will include clear, evidence-based modelling of the practical and financial impacts, including scenarios showing that staff are generally already rostered to work these shifts, albeit of longer duration, and highlighting where the revised pattern represents a reduction rather than an increase. This information, alongside modelling of the financial implications of reducing hours, will support informed decision-making and reduce avoidable requests. HR and operational leaders will plan for temporary increased capacity and standardised handling arrangements should volumes rise.

5. Conclusion

5.1 Following conclusion of the formal collective consultation phase on the proposed shift pattern changes, it is recommended that the Board endorses individual engagement on Option 2 and Option 8, noting that the Health Board's preference remains to be Option 8 on the grounds of balancing service needs, risk management, equality impacts and staff feedback.

6. Recommendation

6.1 Board is asked to:

- **NOTE** the complexity of risks associated with the change programme, accepting that it remains an organisational priority to align our shift patterns.
- **ENDORSE** the recommendation to proceed to individual consultation from August 2026.
- **ENDORSE** the recommendation to consult on Option 2 and Option 8, noting the Health Board's preference is for Option 8.
- **NOTE** the initial timeline for the individual consultation phase, and that this will remain subject to change.
- **AGREE** that Board will undertake a structured review and subsequent decisions on any next steps for implementation, following conclusion of individual consultation.
- **NOTE** that any subsequent Board agreement to implement an aligned shift pattern will require the Health Board to issue a reasonable period of notice to affected staff.

7. Appendices

Appendix 1: Collective consultation closure report
Appendix 2: Equality and Welsh Language Impact Assessment
Appendix 3: Quality Impact Assessment
Appendix 4: Communications and Engagement Plan

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)*	Strategic Risk 3
	If more than one applies please list below:

Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	

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

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

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

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact: To note that for Sex and Socio-economic status, Option 8 may have a negative impact on staff under the 'former CT' model, while potentially having a positive impact on staff under the 'POW' model Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion: Hywel Daniel
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*	Yes- Full QIA indicated with the highest score being 16, triggered by staff wellbeing concern and resource implications.	

Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	
Cyfreithiol / Legal	**Yes (Include further detail below)**
Enw da / Reputational	**Yes (include further detail below)**
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)**

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Initial working Group with Trade Unions	2/12/2024	Initial discussion – fortnightly meetings thereafter
Staff Questionnaire issued	3/03/2025-21/03/2025	1,464 responses - feedback analysed and incorporated
Executive Leadership Group	19/05/2025	Endorsed recommendation for option 2
Operational Delivery Committee	19/05/2025	Endorsed recommendation for option 2
Board	29/05/2025	Endorsed decision in principle to commence initial consultation on option 2
Initial consultation period	30/06/2025 – 5/09/2025	Staff briefing sessions. Individual meetings on request. Dedicated mailbox for queries. Staff consultation feedback form.
Board – Chair's action	10/07/2025	Agreement that new entrants are brought in on the shift pattern applicable to their place of work.
Staff consultation feedback form	16/07/2025 - Extended until 5/09/2025	1,162 responses – feedback analysed and incorporated
Shared alternative proposals (verbally) with Trade Unions	2/10/2025 and 14/10/2025	Initial discussion

Shared alternative proposals (in writing) with Trade Unions	16/10/2025	No feedback provided at this stage. Trade Unions requested proposal for collective consultation phase.
Rest breaks questionnaire	17/11/2025 to 7/12/2025	Results considered by Rest Break Task and Finish Group
Closed Board	18/12/2025	Endorsed the recommendation to embark on a period of formal collective consultation with recognised Trade Unions on Options 2 and 8
Formal Collective Consultation Meetings	20/01/2026 05/02/2026 17/02/2026 24/02/2026 14/04/2026	Meetings held to provide a fair, transparent and jointly governed mechanism for formally consulting trade unions on the proposals endorsed in principle by the Board in December 2025.
Receipt of collective consultation closing statements	Joint GMB, RCM, RCN and UNITE closing statement received 27/04/26 Unison closing statement received 30/04/26	Formal close down of collective consultation phase
Collective consultation closure report	Finalised 29 May 2026	Shared with Trade Unions on 14 May 2026, with receipt of final comments by 29 May 2026 (no comments received.)
Executive Management Board	29 June 2026	Endorsed proposal to move to individual consultation phase, subject to Board approval
Communications and Engagement Planning workshop with Trade Unions	2 July 2026	Initial workshop to discuss requirements, timelines and communications products required for the next phase

Acronyms / Glossary of Terms	
RCN	Royal college of nursing
RCM	Royal college of midwifery
HCSW	Health care support worker
TULRA	Trade Union and Labour Relations (Consolidation) Act 1992
CPD	Continuing Professional Development

Appendix 1: Collective Consultation Closure Report

1. Purpose

As agreed with in-scope Trade Unions (RCN, RCM, Unite, GMB and UNISON) within the Collective Consultation Terms of Reference, this document represents the formal closure of the collective consultation phase on shift pattern alignment.

It sets out a summary of the approach undertaken, including the discussions that have taken place, key actions and decisions agreed during the process, and the final positions of Trade Unions.

The purpose of the collective consultation period was to enable meaningful engagement with in-scope Trade Unions on proposed options for aligning shift patterns for nursing, midwifery and healthcare support workers, with a commitment from the Health Board to give serious and demonstrable consideration to union feedback.

The collective consultation process has not resulted in an agreed option for shift pattern alignment. The Health Board will consider all Trade Union feedback prior to determining a final position, but retains final decision-making responsibility. The Health Board is committed to explaining how union feedback has influenced the final position and to working with Trade Unions during subsequent phases of engagement.

2. Background and Context

The collective consultation was undertaken in relation to proposals to align shift patterns for nursing, midwifery and healthcare support workers across CTMUHB, following Board endorsement in principle of proposed options in May 2025 and December 2025.

The Health Board’s position remains that these changes are permitted under employees’ existing terms and conditions. However, although the Health Board does not consider itself under a formal obligation to do so, it has entered into a collective consultation process with a view to reaching agreement on the proposed shift pattern changes where possible.

The proposals were designed to develop a shift pattern which, taking account of the best available evidence:

- allows us to continue 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

These design principles were created with input from Trade Union partners to guide the change in support of overall service need. The need for change is driven by wider strategic considerations, such as an aging, increasingly multi-morbid population, our staff demographic and wider employment market, changes in professional standards and greater clinical sub-specialisation, the shift of hospital provision to community care and the advance of technology. Our care provision must centre around the changing needs of our population linked to these factors.

The consultation process was conducted in line with the Health Board's commitments to collective consultation, partnership working and the agreed Terms of Reference which called for a collective consultation with in-scope Trade Unions, followed by individual consultation with affected staff members as neessary.

The collective consultation focused on two options:

Option 2 - endorsed in principle by Board for consultation in May 2025.

- 3 x 12.5-hours shifts per week, each with 2 x 30-minute unpaid breaks.
- Plus a 12.5-hour shift every 4 weeks (or 6-hour shift every 2 weeks)

<u>Impact assessment</u>

- 105 WTE reduction
- £5m cost reduction
- Does not enable any guaranteed CPD
- 6-hour make up shift does not enable any handover period

Option 8 – revised proposal developed in response to feedback from staff and Trade Unions during the initial consultation period (June to September 2025). This option was endorsed in principle by Board for consultation in December 2025

- 3 x 12.5-hour shift with 2 x 30-minute unpaid breaks.
- Rotational 6.3-hour make-up shift in month 1, and 12.5-hour make-up shift in month 2.

- 42 hours CPD per year (FTE) for registrants and non-registrants.

Impact assessment

- Reduces frequency of long working weeks in comparison to option 2
- c.42 hours CPD p/a
- 78 WTE reduction
- £3.28m cost reduction
- Handover time built into short shifts

3. Collective Consultation Approach

Formal collective consultation meetings were chaired by the Executive Director of Nursing, Midwifery and Patient Care and were held in person and via Microsoft Teams, against set agendas agreed with Trade Union input.

Discussion during these meetings focused on the proposed alignment of shift patterns and associated workforce considerations, including rest breaks, CPD, equality and safety impacts. Trade Unions were provided with information and modelling to support member engagement and were able to raise queries, seek clarification, request extensions, and submit feedback throughout the consultation period.

Actions and decisions were recorded and communicated following each meeting.

Meetings were held weekly initially, with flexibility agreed at each meeting on whether further meetings were required.

Information shared during consultation included:

- Proposal documentation
- Equality Impact Assessments and Quality Impact Assessments
- Workforce modelling and shift pattern illustrations
- Outputs from the Breaks Task and Finish Group
- Written clarifications and responses to Trade Union correspondence

4. Summary of Collective Consultation Activity

Collective consultation commenced on 19 January 2026 and, following an agreed extension with Trade Unions, concluded on 24 April 2026.

The collective consultation was conducted through a structured programme of meetings, comprising:

- 20 January 2026 – Launch meeting
- 5 February 2026 – Mid-point review meeting
- 17 February 2026 – Consultation meeting
- 24 February 2026 – Final meeting (extension subsequently agreed via correspondence)
- 14 April 2026 – Further face-to-face meeting during which it was agreed with Trade Unions to conclude collective consultation activity. A further extension to 24 April 2026 was agreed for submission of Trade Union closing statements.

5. Key Issues Discussed

Key themes raised and considered during the collective consultation included:

- Impact of the proposed shift patterns on full-time and part-time staff
- Adequacy, recording and protection of rest breaks
- Health, safety and service continuity considerations
- Equality, quality and wider workforce impacts
- Flexible working considerations, including childcare
- Financial implications of reducing contracted hours
- CPD requirements and principles
- Staff communications and engagement approaches
- Requests for clarification, examples and further modelling
- Consideration of alternative options within agreed design principles (no alternative shift pattern proposals were formally submitted during the collective consultation period which aligned with our design principles.)

6. Actions Taken During Consultation

Actions arising during the consultation were logged, tracked and monitored throughout. These included:

- Agreement and finalisation of the collective consultation Terms of Reference
- Provision of additional modelling for common part-time working patterns
- Sharing of Equality and Quality Impact Assessments
- Establishment, review and reporting of a Breaks Task and Finish Group
- Issuing written responses to joint and individual Trade Union correspondence
- Agreement of consultation timelines and extensions
- Clarification of communications and engagement arrangements

All actions arising from the collective consultation phase were either completed or appropriately transitioned to subsequent phases, where applicable.

7. Final Trade Union Position Statements

Trade Unions were invited to submit final written positions by 24 April 2026, including preferences, any alternative suggestions, outstanding concerns and views on the next phase of engagement.

Whilst collective union feedback continues to be welcomed by the Health Board, it is recognised that each Trade Union retains authority to independently represent the interests of their respective members. Therefore, each in-scope Trade Union was invited to provide independent feedback as part of the closure of the collective consultation phase.

At the conclusion of collective consultation Unite, GMB, RCN and RCM provided a joint closing statement. The joint response stated that their members unanimously reject both proposed shift pattern options, given the impacts on members' health, wellbeing, work–life balance, and personal circumstances—particularly for women with caring responsibilities. This concern is emphasised given the gender profile of the nursing workforce.

Members have also raised concerns about unsafe staffing levels and the routine inability to take statutory rest breaks. The Trade Unions would welcome a jointly agreed programme of work to assess and record whether breaks have been taken and suggest that this should be implemented as a matter of urgency.

The Trade Unions acknowledge that option 8 represents a revised proposal following initial staff consultation, and that there will be an opportunity for staff to raise individual concerns through subsequent 1:1 meetings. The Trade Unions will support members throughout this process and will continue to maintain regular dialogue with the Health Board. Trade Unions expect clear, inclusive communication, senior management engagement, and full access to Trade Union representation during the next phase of engagement. However, the closing statement reiterates that, at this stage, members continue to reject both proposals and that the only proposal members are prepared to accept is full harmonisation to the former CT shift pattern.

UNISON confirmed they would provide a separate position statement. UNISON's closing summary reports consistent and ongoing concern from members regarding the proposed shift pattern changes, particularly the negative impact on

work–life balance and wellbeing. Members express a lack of confidence that the proposals would deliver any improvement, citing existing pressures including refusals of annual leave and flexible working requests, and dissatisfaction with current arrangements for makeup shifts.

Following review of the available options, UNISON identifies Option 8 as the preferred option, offering the greatest perceived benefit to staff. However, UNISON highlights the need for clear, accessible information for staff on the implications of the proposed changes. UNISON also raises concerns about ineffective communication, recommending more consistent and visible methods to ensure all staff receive timely and accurate information.

UNISON concludes that while Option 8 is preferred, improved transparency, communication and responsiveness to staff concerns are essential for any shift pattern changes to be considered fair and credible during the next phase of engagement.

Closing statements are included in full at **appendix 1** (Unite, GMB, RCN and RCM) and **appendix 2** (UNISON).

In submitting their final written position statements, the Trade Unions acknowledge that this represents the formal closure of the collective consultation phase. Both closing statements have expressed a desire for the Health Board to proceed to meaningful and genuinely impactful individual consultation, supported by Trade Union representatives, and both statements included valuable, practical suggestions as to how the next phase of engagement ought to be implemented.

8. Final Decisions

The collective consultation concluded on 24 April 2026. The Health Board will review all final Trade Union position statements before presenting to Board for a decision on whether the Health Board moves to the next phase of consultation and, if so, which shift pattern proposal(s) will form part of the individual consultation phase.

9. Next Steps and Implementation Planning

The next steps following the closure of the collective consultation stage include:

- Trade Unions are invited to share any final comments on this collective consultation summary report by 29 May 2026.
- Review by CTMUHB of final Trade Union position statements
- Board update (date TBC) and decision on next steps
- Further engagement with Trade Unions on the approach to individual consultation, if endorsed at Board
- Continued partnership working on implementation planning, communications and engagement approaches

<u>Appendix 1:</u> Joint Trade Union Response (received 27/04/26)

Dear Richard

RE: Shift Pattern

Following a protracted and, in our view, deeply flawed consultation process conducted directly with nursing staff that commenced in August 2025, Cwm Taf Morgannwg University Health Board advised the joint trade unions (GMB, RCM, RCN, and Unite) at the shift pattern meeting held on 14 April 2026 of its intention to begin a further period of consultation, including individual 1:1 meetings with staff.

After extensive engagement with our members, the Joint Trade Unions have provided the Health Board with unequivocal feedback. Our members unanimously and unilaterally reject both proposed options. The Joint Trade Unions have made it explicitly clear that the only proposal members are prepared to accept is the harmonisation of all affected staff into the former CTM shift pattern.

Our members have consistently reported that the imposition of any change to current shift patterns would have a significant and detrimental impact on them. The Health Board's own Equality Impact Assessment highlights the disproportionate impact these proposed changes would have on the female workforce, particularly those with caring responsibilities. This is a critical concern given that nursing and midwifery are professions with a significantly higher proportion of female staff. The RCN has already formally challenged why similar changes are not being explored in other areas of the organisation with a higher proportion of male employees.

Members have further expressed serious concerns regarding the impact of proposed shift changes on their health, wellbeing, and work–life balance. Those with caring responsibilities have highlighted real and practical difficulties, including childcare availability and affordability, as well as their ability to care for older or disabled family members. In addition, members report ongoing issues relating to the inability to take rest breaks due to unsafe staffing levels, patient safety pressures, and operational constraints. There are examples of staff being unable to leave clinical areas because they are the only registered nurse on duty or because they are required to carry a bleep.

The RCN has previously requested that the Health Board undertake a review of staff break arrangements before progressing any changes to shift patterns. To date, the Health Board has failed to take any meaningful action to address these health and safety concerns. This is despite the Health Board agreeing, during the early stages of the consultation process, to carry out work to better understand break patterns across the organisation and to establish whether staff are realistically able to leave their clinical areas to rest, refuel, and rehydrate in line with statutory break requirements.

This agreed work has not been undertaken and we are not aware of any current plans in place to do so. The Joint Trade Unions would welcome a jointly agreed programme of work to map staff access to breaks across clinical areas. Furthermore, a formal mechanism to record and evidence whether breaks have been taken should be implemented as a matter of urgency.

The Joint Trade Unions proposed that the Health Board reinstate a former policy which allowed staff one unpaid break alongside one paid concessionary break. This proposal was discounted by the Health Board.

We acknowledge that the Health Board developed a second proposal following initial staff consultation and that there will now be an opportunity for staff to raise individual concerns through the proposed 1:1 meetings. The Trade Unions will support members throughout this process and will continue to maintain regular dialogue with the Health Board

The Joint Trade Unions have requested that the Health Board formally communicates any proposed changes by issuing a letter to every affected member of staff, including those absent from work for reasons such as sickness, maternity leave, or suspension. These communications should be provided in hard copy to staff wards or home addresses, as many staff are unable to access email or SharePoint systems. We also requested the use of a standardised template letter to ensure consistency and accuracy of information. In addition, a QR code linked to clear information and FAQs could be displayed on posters. Senior management should also meet directly with staff, cascading information through ward managers to ensure messages are consistently relayed.

The Health Board have suggested that proposed 1:1 meetings should be conducted through the management structure. All staff must be offered the option to be accompanied by their respective Trade Union representative and should be

advised to contact their Trade Union for guidance and support ahead of these meetings.

Finally, the Joint Trade Unions must reiterate that, at this stage, members continue to reject both proposals. This position is based on the clear and evidenced impact these changes would have on members' health, wellbeing, work–life balance, and personal circumstances—particularly for women with caring responsibilities.

Regards,

GMB, RCM, RCN, UNITE

Jo Trewartha, Lee Lee, Gaynor Jones, Trina Coomber

Appendix 2: Unison Trade Union Response (received 30/04/26)

Feedback Report on Shift Pattern Discussions

Since the AGM season in March, we have had ongoing discussions regarding proposed shift pattern changes. Throughout this period, members have consistently raised concerns about the impact these changes may have on their ability to achieve a healthy work–life balance.

Key Issues Raised by Members

• Work–life balance concerns: Members are struggling to see how the proposed shift changes will support or improve their overall wellbeing.
• Annual leave refusals: There have been multiple reports of annual leave requests being declined without clear justification. Members worry this shift pattern will exasperate this issue further.
• Flexible working applications: Members have experienced refusals to flexible working applications, further reducing confidence in the organisation's commitment to supporting staff needs and wellbeing.
• Lack of confidence in shift changes: Members do not believe the proposed changes will lead to a better quality of work–life balance.
• Dissatisfaction with makeup shifts: There is widespread unhappiness with the current approach to makeup shifts.

Option 8 – Member Preference

After reviewing all available options, Option 8 has been identified as offering the greatest benefits to members. However, it remains concerning that there is still a significant lack of clear, accessible information regarding the facts and implications of the shift pattern changes.

Communication and Information Sharing

Members have highlighted the need for improved communication. To support this:

• We ask whether the ICT message banner can be used across all desktops to direct staff to the relevant intranet pages.
• We note that Cardiff and Vale use a screensaver-style information loop that displays key staff updates on every desktop when desktop is locked.

A similar approach could help ensure all staff receive consistent and timely information.

Conclusion

Taking into account all feedback received by the branch, Option 8 remains the option that provides the best overall benefits to staff. However, improved communication, transparency, and responsiveness to staff concerns are essential to rebuilding confidence and ensuring any shift pattern changes are implemented fairly and effectively.

Equality Impact Assessment (EIA) & Welsh Language Impact Assessment (WLIA)	
SECTION 1	
Preparation - See the definition of 'policy' for EIAs & WLIA and review the guidance attached. - Click here for link to monthly drop in sessions to support you in completing the EIA & WLIA - Please contact the Organisational Development & Inclusion (OD&I) team on CTM_Equality@wales.nhs.uk or the Welsh Language Team on CTT_WelshLanguage@wales.nhs.uk for further support	
Title of policy or initiative	**Board & Committee Report - Shift Patterns**
Policy/Initiative Aims and Brief Description *Please see some possible considerations to help below:* 1. *What is the policy or initiative meant to achieve?* 2. *Why is the policy being written or the initiative being carried out?* 3. *Who are the target groups, or who will be affected by this?* 4. *What results would you like it to have?* 5. *How does it relate to other services/policies and the IMTP*	• Analyse the current arrangements of 12.5-hour shifts for our NMR and HCSW communities across CTMUHB • Evaluate the implications of different unpaid break structures on staff working hours and make-up shifts • Assess the impact of these differences on staff perceptions of fairness and equity • Explore options for aligning shift patterns across all sites to ensure parity and fairness • Consider the financial, workforce (including staff wellbeing) and operational implications of potential changes to shift patterns • Examine the effects of different shift patterns on patient safety and care quality This EWLIA is an update to the original assessment carried out for Option 2. It reflects the feedback received from over 1,000 staff working in the affected areas, gathered through recent consultation. Option 8 was developed in direct response to that feedback and aims to address concerns raised around fairness,

	flexibility, and wellbeing. Rather than starting from scratch, this updated proposal builds on the original EWLIA and demonstrates how Option 8 helps to mitigate some of the risks identified in Option 2, while continuing to work towards fair and consistent shift patterns across CTM. **Under Option 8,** staff will continue to work a 12.5-hour shift pattern with 2 x 30-minute unpaid breaks. In addition, a rotational 6.3-hour make-up shift will be scheduled in month 1, followed by a 12.5-hour make-up shift in month 2. Staff will also accumulate 3 hours of Continuing Professional Development (CPD) every 4 weeks. A remaining 0.5-hour deficit in contracted hours every 8 weeks will be rolled into CPD time, resulting in a total of 42 hours CPD per year. The new 6.3 hour shifts will incorporate a 20 minute break, and enable a dedicated 20minute handover period between start and finish times. **Note:** The above timings and calculations are based on full-time equivalent (FTE) contracts. While the model is intended to apply to all staff, the same principles will be applied proportionally for part-time staff. Adjusted entitlements and schedules will be developed and shared in the next phase of implementation to ensure fairness, transparency, and inclusivity across all working patterns. During the initial consultation period, staff across all affected sites raised concerns about variation in unpaid breaks, additional make-up shifts and challenges with taking rest breaks because of acuity and staffing

	levels. Over 1000 staff provided feedback, which highlighted the need for a fairer and more consistent approach to shift patterns, with clearer expectations around rest breaks and improved support for staff wellbeing. Option 8 was developed directly in response to this feedback and reflects the themes identified during the consultation.
Name of Author & Responsible Manager / Group	Richard Hughes, Executive Nurse Director Hayleigh Jones, Deputy Director for People Sue Holroyd, Assistant Director of Finance Donna White, Assistant Director of Finance Sara Mason, Head of People Charlotte Clarke, Head of People Services Becky Gammon, Interim Deputy Director of Nursing
Who is involved in undertaking this Equality Impact Assessment & Welsh Language Impact Assessment?	The proposed change (Option 8) will impact Nursing, Midwifery and Healthcare Support Workers (HCSWs) currently working 12.5-hour shifts at all of our sites (whereas the original proposal only impacted staff at 'former CT' sites). It is recognised that the principles may apply to other staff groups and services at a later stage, e.g. Administrative and Clerical roles, Ward Receptionists and Ward Clerks, Facilities, Primary & Community (Transformation), and Operating Department Practitioners (ODPs).
Does the policy **impact** on any of the areas below *(further info in Section 1 of the guidance notes)* - Eliminating discrimination and/or harassment - Promoting equity of opportunity - Promoting good relationships and positive attitudes	Yes - it promotes equity of opportunity and parity of working conditions by introducing a consistent approach to shift patterns and break structures across our NMR and HCSW communities. The current differential treatment has been an area of staff discontent as staff perceive that it is unfair.

SECTION 2 – Understanding the Potential Impact for Equality, Diversity, Inclusion (EDI)

This section is about understanding where the policy or initiative may have an impact on the different groups identified in the guidance notes attached. This includes the 9 groups identified in the Equality Act 2010 plus an additional 2 areas. To help you complete this please read Section 2 of the guidance notes. Note briefly where the EDI related items could be relevant under '*Summary of potential impact*'.

Summary of potential impact: *(please include brief notes)*

By using 'Option 8' of the paper as the recommendation:

- **Equity and parity of working conditions:** In the main, staff working at former CT sites (such as Royal Glamorgan Hospital (RGH), Prince Charles Hospital (PCH), Ysbyty Cwm Cynon (YCC), Ysbyty Cwm Rhondda (YCR), Glanrhyd and Pinewood House) take one 30-minute unpaid break, whereas staff who work at Princess of Wales Hospital (POW) take two 30-minute unpaid breaks. The different break structure has implications on the frequency of make-up shifts that staff are required to work, with staff at POW having to work a 12.5 hour make-up shift every 4 weeks, whereas staff at former CT sites work a 12.5 hour make-up shift every 8 weeks. The disparity has caused staff dissatisfaction and feelings of unfair treatment, which was further highlighted as a result of the service moves in response to the critical incident at POW. Implementing an aligned approach to shift patterns/ break structures across CTM would ensure equal working conditions, parity and fairness across our workforce.

  Option 8 introduces a standardised shift structure across CTM, with all FTE staff working 12.5-hour shifts including 2 x 30-minute unpaid breaks, supported by a rotational 6.3-hour make-up shift in month 1 and a 12.5-hour make-up shift in month 2. Additionally, staff will accumulate 3 hours of CPD every 4 weeks, with 0.5-hour deficit every 8 weeks rolled into CPD and supervision time. This results in a total of 42 hours CPD/ supervision per year for FTE staff, promoting professional development, clinical standards and staff engagement and wellbeing. Option 8 impacts on a larger staff group than the original option, as it brings POW into scope of the change. However, it reflects a middle ground option between the two models that are currently in operation in CTM and represents a fresh start for all, rather than selecting the former CT or POW model. Furthermore, Option 8 is likely to be received positively by POW staff as it reduces the amount of clinical shifts required for this staff group, plus incorporates guaranteed CPD. Implementing Option 8 will ensure consistent working conditions across sites, addressing historical disparities and fostering a culture of fairness, equity, and inclusion.

Note: The above timings and calculations are based on full-time equivalent (FTE) contracts. While the model is intended to apply to all staff, the same principles will be applied proportionally for part-time staff. Adjusted entitlements and schedules will be developed and shared in the next phase of implementation to ensure fairness, transparency, and inclusivity across all working patterns.

- **Impact on Work-Life Balance:** Option 8 is likely to be perceived as having a positive impact on work-life balance for staff currently on the POW model (who currently have 2 x 30 -minute unpaid breaks and work a 12.5 -hour make-up shift every 4 weeks). Conversely, Option 8 is likely to be perceived as having a negative impact on work-life balance for staff on the former CT model (who currently have 1 x 30-minute unpaid break and work a 12.5 hour make-up shift every 8 weeks.) However, staff currently on the former CT model will benefit from 2 x 30 minute breaks under option 8, as opposed to 1 x 30-minute break, as at present.

  Option 8 introduces a more consistent and equitable shift pattern across CTM. While the rotational make-up shift may require additional planning, the standardisation of two 30-minute unpaid breaks for FTE provides meaningful rest during long shifts, helping to reduce fatigue and support wellbeing.

  The inclusion within Option 8 of structured CPD time, totalling 42 hours per annum, offers protected space for professional development and reflection, without encroaching on personal time. This contributes positively to morale and work-life balance. However, there is currently no outline for the structured facilitation of this CPD time. There is a risk of this not being a mitigating factor if there is not structured facilitation of this, e.g. this CPD time is self-driven. CPD time will also need to be accurately recorded and evaluated, and the national work around CPD will need to be taken into account.

- **Flexibility and Staff Mobility:** Option 8 still includes extra make-up shifts; a shorter 6.3-hour shift in month 1 and a 12.5-hour shift in month 2. For POW staff, who currently work a 12.5 hour make-up shift every 4 weeks, this is likely to impact positively on flexibility. For staff on the former CT model, who currently work a 12.5 hour shift every 8 weeks, Option 8 represents an additional 6.3-hour shift every 8 weeks. This means staff will need to plan for these additional shifts, which could affect how easily they manage personal or caring responsibilities. However, Option 8 is less impactful for former CT staff than the original proposal of a 12.5 hour make-up shift every 4 weeks. Furthermore, having the same shift pattern across all CTM sites should have a positive impact on staff mobility. It also helps managers plan more fairly and consistently. Over time, this

consistency should improve flexibility across the organisation and make it easier for staff to work where they're needed most enabling CTM to better respond to patient demand and to address fragile service provision.

- **Consideration for Part-Time Workers:** Option 8 applies to all staff, but the current timings and CPD calculations are based on full-time hours at this stage. Part-time arrangements will follow the same principles and the most popular patterns were modelled and shared with Trade Unions as part of the collective consultation period. These will need to be further developed and shared as part of the next phase of consultation to ensure fairness and clarity for all staff.

- **Age:** Long shifts can be more physically demanding, especially for older staff. The move to two 30-minute breaks is likely to help by giving more time to rest during the day. However, the need to work an additional 6.3 hour shift every 8 weeks might be challenging for some staff who are currently on the former CT pattern. If staff feel they can't manage the extra shift, they may choose to reduce their hours, which could affect their pay or pension, especially for those nearing retirement. For older staff who currently work a 12.5 hour make-up shift every 4 weeks, the move to a shorter make-up shift once every 8 weeks under Option C is likely to impact positively.

- **Disability:** Having two breaks during a long shift can help staff manage health conditions more comfortably. This is likely to be a positive change for many. However, the extra make-up shift might be harder to manage for some staff who are currently on the former CT pattern, especially if their condition affects stamina or recovery. Some may choose to reduce their hours, which could affect their pay or pension. Conversely, for disabled staff who currently work a 12.5 hour make-up shift every 4 weeks, the move to a shorter make-up shift once every 8 weeks under Option 8 is likely to impact positively. Feedback also showed that missed breaks were common for some staff groups, which can be particularly challenging for older staff and those with health conditions.

- **Gender Reassignment:** Longer and more frequent breaks can support staff who are recovering from medical procedures or attending appointments. This is a positive step. However, the extra shift may be difficult to manage during recovery periods. Staff might choose to reduce their hours, which could impact their income or pension. Conversely, for staff on the POW model, who currently work a 12.5 hour make-up shift every 4 weeks, the move to a shorter make-up shift once every 8 weeks under Option 8 is likely to impact positively.

- **Pregnancy and Maternity:** More frequent breaks can help staff manage pregnancy-related health needs and ease the return to work after maternity leave. The extra shift, however, may be harder to balance with childcare responsibilities. Some may reduce their hours, which could affect pay and pension. Conversely, for staff on the POW model, who currently work a 12.5 hour make-up shift every 4 weeks, the move to a shorter make-up shift once every 8 weeks under Option 8 is likely to impact positively.

- **Race:** There are no expected impacts related to race. Staff diversity is similar across all sites, so the change should affect everyone equally.

- **Religion or Belief:** Having longer breaks may help staff observe religious practices during their shift. The extra shift for staff currently on the former CT model could make scheduling more difficult, but religious needs are already managed through individual adjustments, and this will continue. For staff on the POW model, who currently work a 12.5 hour make-up shift every 4 weeks, the move to a shorter make-up shift once every 8 weeks under Option 8 is likely to impact positively.

- **Sex:** While staff are fairly balanced across sites, many affected teams have a high number of women, who may have childcare responsibilities. For some staff currently on the former CT model, the extra make up shift could make balancing work and home life more difficult, albeit the impact is mitigated in comparison to the original Option, as the requirement for make-up shifts in Option 8 is reduced. This would need to be considered on a case-by-case basis. For staff on the POW model, who currently work a 12.5 hour make-up shift every 4 weeks, the move to a shorter make-up shift once every 8 weeks under Option 8 is likely to impact positively in respect of any childcare responsibilities, which tend to fall predominately on women.

- **Socio-Economic Status:** Some staff currently on the former CT model who are from lower-income backgrounds may find it harder to work the extra shift, especially if they rely on picking up bank shifts or extra hours. Bank shifts would be paid at 11.5 hours (as opposed to 12 hours in some current instances). This could affect their ability to earn additional income. Conversely, for staff on the POW model, who currently work a 12.5 hour make-up shift every 4 weeks, the move to a shorter make-up shift once every 8 weeks under Option 8 is likely to impact positively by freeing up time.

Now, based on above, select whether your policy or initiative would have a positive, neutral or negative impact on the 11 protected characteristics identified (please note some groups may fall into different groups)

Outcome of impact assessment (put the name of each group in relevant boxes):

Positive impact	Neutral impact	Negative impact
Equity and parity of working conditions **Staff mobility** **Sex (for PoW)** **Socio-economic status (for PoW)**	**Age** **Disability** **Gender reassignment** **Pregnancy and maternity** **Race** **Religion or belief**	**Sex (for former CT)** **Socio-economic status (for former CT)**

SECTION 3 – Strengthening or mitigating the identified impact for Equality, Diversity, Inclusion (EDI)

This section is about ensuring the policy or initiative is amended where necessary. This will ensure CTM UHB carries out its responsibility under the Public Sector Equality Duty in a way that promotes inclusion and addresses structural inequity. If no action is required (i.e. all groups fall under neutral impact), leave blank.

Consider what actions need to be taken to strengthen any positive impact of your policy/initiative for EDI, or what actions are needed to avoid or mitigate any negative impact. Please seek support from OD&I team where necessary.

Action to be taken	Completion date	Responsible person
Equality of Working Conditions Action: Implement a consistent approach to shift patterns and breaks across all hospitals to ensure equal working conditions and entitlements for our NMR and HCSW communities.	**Implementation timeline tbc**	**People Directorate, plus Care Groups Managers**
Impact on Work-Life Balance Action: Standardise break arrangements. Consider offering	**Implementation timeline tbc**	**Corporate Nursing.** **Break taking Task and Finish group led by Becky Gammon**

options for shorter, more frequent breaks to support staff wellbeing. Consider options for implementation of the additional make-up shift to reduce strain on impacted individuals. Continue the improvement work already underway to understand and address concerns raised about missed breaks / recording breaks during consultation. This includes; • A pilot survey completed in ITU POW, YCR Ward D4 and Ward 2 Angleton • A CTM-wide survey running from November 2025 to capture wider staff experiences (noting that this will overlap with the NHS Wales Staff Survey, so care will be needed to minimise survey fatigue and keep questions short and easy to complete) • A new data- collection form for Ward managers to record missed breaks and contributing factors. Findings will be used to strengthen wellbeing support, identify good practice, and reduce negative	**August 2026**	**Corporate Nursing** **Break taking Task and Finish group led by Becky Gammon**

impacts linked to break patterns and additional shifts. Support Needed: Work with the OD&I team to develop guidelines that balance operational needs with staff well-being, ensuring guidance and support considers staff with caring responsibilities and those at greater risk of negative impact (e.g. part-time staff, women, lower-income staff).		
Flexibility and Staff Mobility Action: Standardise break patterns across all hospitals to improve staff mobility and flexibility by providing consistent employment terms.	**Implementation timeline tbc**	**People Directorate and Corporate Nursing**
Consideration for Part-Time Workers Action: Assess the impact of the new policy on part-time workers and consider adjustments to break schedules to accommodate their needs.	**Part time modelling to be provided for individual consultation phase** **Continue to review requests for part-time hours**	**People Directorate and Communications team will develop supporting materials** **Nurse leadership to review flexible working requests**
For all staff with additional break requirements The policy will be alongside reasonable adjustments and existing processes.	**Implementation timeline tbc**	**Nurse leadership to review reasonable adjustment requests, with support from People Directorate** **People Directorate**

Diversity Distribution Monitor the diversity make-up of the teams. If there is a disproportionate representation of certain racial groups at different sites, the discrepancy in shift patterns and breaks could indirectly lead to discrimination. At policy writing, May 2025, this is not currently a risk as the team diversity is not significantly different between sites.	**Review at rollout**	
Reducing Negative Impact Implementing processes to reduce negative impacts, particularly for sex and socio-economic status. To be reviewed and agreed.	**Review at rollout**	**To be further informed via individual consultation approach in Summer 2026**
Support For Managers Action: Provide short, clear guidance for line managers once the new shift pattern is introduced. This will include where to find updated/correct information on breaks, make-up shifts and CPD time and how to record this in a consistent way. This will also support new managers by giving them one place to check the correct approach.	**Nurse leadership briefing sessions to commence from July 2026**	**Comms and engagement support being developed with input from TU partners**

SECTION 4 – Understanding the potential impact for Welsh Language

This section is about understanding where your policy or initiative is relevant to national legislation and CTM UHB's ambition for Welsh. To help you complete this please read Section 3 – *Welsh Language Checklist: What should I consider?* Note briefly where the Welsh language could be relevant under '*Summary of potential impact*'.

Summary of potential impact: *(please include brief notes)*
This is not likely to impact on Welsh language, however it should be noted that Welsh language skills are noted on Allocate Optima, the shift management system.

Now, based on above, select whether your policy or initiative would have a positive, neutral or negative impact on opportunities to use Welsh and not treating Welsh less favourably than English.

Outcome of impact assessment (put 'X' in relevant box):

Positive outcome	Neutral outcome	Negative outcome
	X	

SECTION 5 Strengthening or mitigating the identified impact for Welsh Language

This section is about ensuring the policy or initiative is amended where necessary in relation to Welsh Language This will ensure CTM UHB carries out its business in a way that promotes opportunities to use Welsh and does not treat Welsh less favourably. If no action is required, leave blank.

Consider what actions need to be taken to strengthen any positive impact of your policy/initiative for EDI, or what actions are needed to avoid or mitigate any negative impact. Please seek support from Welsh Language team where necessary.

Action to be taken	Completion date	Responsible person
N/A		

SECTION 6 Governance

Sign off by Responsible Manager/Group	**Hywel Daniel and Richard Hughes**

Date of completion	Updated 06/07/2026

(Please send copy to OD&I Team on CTM_Equality@wales.nhs.uk)

Please read this

Purpose

The QIA tool

Step one - Please

Step Two - Save assessme

Please contact the Cwm

QIA Tool Question Guidelines

Section 1. Provide a brief overview of the proposal.

Complete all boxes wihtin Section 1.

Section 2. Screening Tool.

The screening tool enables all

Section 3. Provide a brief overview of the proposal.

Explain the purpose of the

Section 4.

Section 4. Consider

For

Safe Care

Questions / Prompts (not exhaustive):
• What is the impact on other NHS organisations?

Timely

Questions / Prompts (not

Equitable Care

Questions / Prompts (not exhaustive):
• Has

Effective Care

Questions / Prompts (not exhaustive):
• What is the

Efficient

Questions / Prompts (not exhaustiv

Person Centred

Questions / Prompts (not exhaustive):
• What is the likely

Financial Position

Questions / Prompts

Section 5.

Is an

Section 6.
Following completio
Section 7 .
The QIA

CTMUHB
Quality Impact Assessment Tool

1. Care Group	Corporate	Specific Service Area (to be adjusted)	Whole Health Board
	Updated 06.07.2026	Scheme Savings Value	TBC

2. Quality Impact Screening Tool - must be completed

Domains of Quality	Potential / Actual Impact Question	Potential Impacts? Positive (P), Neutral (N), Adverse (A)	Mitigating actions or additional narrative (for use where full QIA not required, <12)	Impact Score	Likelihood Score	Score Likelihood x impact	Score 12 & Above = Full QIA
Safe	Could the proposal impact on any of the following? Impact on serious incidents, their reporting and learning, systems in place to safeguard patients /staff and prevent harm?	**Positive Impact:** Harmonising shift patterns could lead to more consistent reporting and learning from serious incidents across all sites, as staff would work under the same conditions. Harmonised and well-designed shift patterns can reduce sickness absence, presenteeism, and errors at work, thereby improving patient safety incidents and outcomes. The incorporation of 42 hours CPD under Option 8 could enhance staff engagement due to dedicated learning time, as well as contribute to improve patient safety and quality outcomes. Option 8 also includes a dedicated handover period of 20 minutes for short shifts, ensuring consistency of handover and improving patient care outcomes. **Neutral Impact:** The proposal maintains current safety systems and protocols. Poorly managed or inflexible harmonised shift patterns may lead to increased stress, fatigue, and lowered staff morale, which could increase risks of errors and adverse patient events.	The proposal aims to harmonise shift patterns, which could lead to more consistent reporting and learning from serious incidents across all sites. However, there will need to be a process to monitor the impact closely to ensure patient safety is not compromised. Option 8 incorporate 42 hours of CPD per annum (FTE). Guiding principles and a reporting system would need to be implemented to support this. Option 8 also incorporates a dedicated handover period for short shifts, as well as long shifts, improving consistency of handover and patient care.	3	2	6	*No*
Safe	Could the proposal impact on staff safety and/or wellbeing?	**Positive Impact:** Standardising shift patterns may reduce perceived inequities and improve staff morale.Well-managed harmonised shifts improve work-life balance, reduce sickness absence, and lower presenteeism by condensing working time and aligning with caring responsibilities. The inclusion of guaranteed CPD under option 8 may increase staff engagement, learning and development, impacting improved patient outcomes. Option 8 would result in fewer shifts for staff members currently on the POW model. **Neutral Impact:** The proposal does not introduce new safety measures but maintains existing ones. **Adverse Impact:** may adversely affect	**Mitigating Action:** Introduce mandatory rest breaks and ensure compliance with Working Time Regulations (WTR). Provide access to mental health support and wellbeing programs to help staff manage the demands of longer shifts. **Additional Narrative:** While standardising shift patterns may improve staff morale by addressing perceived inequities, it is essential to ensure that staff have adequate rest and support to prevent burnout and maintain their well-being.	4	4	16	*Yes*
Timely	Could the proposal impact on care being provided in a timely way?	**Positive Impact:** Consistent shift patterns could improve staff availability and reduce delays in care delivery. **Neutral Impact:** The proposal does not directly address the timeliness of care. **Adverse Impact**: Increased staff turnover and sickness due to dissatisfaction with shift patterns could lead to delays in care. Poorly managed or inflexible harmonised shift patterns may lead to increased stress, fatigue, and lowered staff morale, which could increase risks of errors and adverse patient events.	Consistent shift patterns could improve staff availability and reduce delays in care delivery. However, it is important to have a plan in place to address any potential disruptions caused by staff turnover or sickness.	3	2	6	*No*
Effective	Could the service change impact on evidence based practice, clinical standards (NICE/JRCALC), clinical leadership and/or engagement?	**Positive Impact:** Harmonising shift patterns may facilitate better adherence to clinical standards and evidence-based practices by reducing variability in working conditions. THe inclusion of guaranteed CPD under option 8 may enhance learning and development opportunities, resulting in improved clinical standards. **Neutral Impact:** The proposal does not directly address clinical leadership or engagement.Without thoughtful planning and inclusive leadership, there is risk of negative impacts on practice	Harmonising shift patterns may facilitate better adherence to clinical standards and evidence-based practices by reducing variability in working conditions. The inclusion of guaranteed CPD under option 8 may also enhance clinical education and outcomes. It will be essential to support staff with continuous professional development to maintain high standards of care.	2	3	6	*No*

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

1-3	Low	This type of risk is considered low and should be reviewed and progress on actions updated at least every six months.
4-12	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least quarterly
15-25	High	This type of risk is considered high and should be reviewed and progress on actions updated, at least every two months. If scored 20 or above the risk should be reviewed on a monthly basis.

Equitable	Could people be treated differently in terms of race, religion, disability, gender, sexual orientation pregnancy, gender reassignment, civil partnerships or age?	**Positive Impact**: Standardising shift patterns across all sites ensures fairness and equity among staff, reducing perceived disparities.	Standardising shift patterns across all sites ensures fairness and equity among staff, reducing perceived disparities. It is important to monitor the impact to ensure no unintended biases are introduced. Individual consideration needs to be reviewed and considered where extra breaks for medication, rest, or symptom management, and limit or exclude night shifts if conditions like fatigue or chronic illnesses are exacerbated.	3	3	9	*No*
Person Centred	Could the proposal impact on patient choice, dignity and respect, service user experience? Could the proposal impact on eliminating discrimination, on eliminating harassment and or on promoting good community relations /positive attitudes?	**Positive Impact:** Consistent shift patterns may improve patient experience by ensuring more reliable and consistent care.Harmonised shifts may enhance continuity of care and multidisciplinary teamwork, improving patient outcomes, respect, and seamless experiences when staffing is stable. The inclusion of CPD under option 8 will ensure guaranteed CPD for all registrants and non-registrants which may enhance clinical standards and patient experience. **Neutral Impact:** The proposal does not directly address patient choice or dignity if shifts increase fatigue or burnout, staff may have less time for individualised communication, reducing patient involvement in choices and dignity in	Consistent shift patterns may improve patient experience by ensuring more reliable and consistent care. THe inclusion of CPD under Option 8 may enhance service user experience as a result of dedicated lerarning and development for all in-scope staff. However, it is important to actively engage with patients to ensure their needs and preferences are met.	3	2	6	*No*
Staffing & Resources	Could the proposal impact on staff satisfaction, retention and recruitment, staff sickness and or public perception of the Trust or its services?	**Positive Impact**: Harmonising shift patterns could improve staff satisfaction by addressing perceived inequities.Positive shift harmonisation that incorporates flexibility, staff involvement, and evidence-based scheduling improves job satisfaction by promoting work-life balance and reducing burnout. Conversely, rigid or poorly planned shifts can increase stress and dissatisfaction, driving higher turnover and absenteeism. Initial staff feedback included the need for dedicated CPD time- 42 hours CPD has now been incorporated into option 8 which will apply to both registrants and non-registrants. **Neutral Impact:** The proposal does not introduce new recruitment or retention strategies. **Adverse Impact:** A change to the shift pattern due to break structure could lead to increased staff sickness, turnover, and reliance on temporary staff, negatively impacting public perception. Lack of flexibility or harmful shift designs deter candidates and contributes to	Harmonising shift patterns could improve staff satisfaction by addressing perceived inequities. However, it is important to support staff through the transition and address any concerns to prevent increased sickness and turnover.	4	4	16	*Yes*
Summary rating = highest individual risk score **If the highest individual score is >12, please complete the Full QIA below**							16

3. Provide a brief overview of the service to be adjusted:

The proposal to standardise break structures for 12.5-hour shifts across all sites within Cwm Taf Morgannwg University Health Board (CTM UHB) involves

4. Full QIA

4.1. QIA Duty of Quality Standards Domain: SAFE CARE

Questions / Prompts (not exhaustive):

- **What is the impact on other NHS organisations?**
- **What is the impact on other areas within CTMUHB?**
- **Is there an impact on any aspect of shared risk?**
- **Will the proposed scheme impact on the organisations duty to protect children, young people and adults?**
- **What is the impact on patient safety?**
- **What is the impact on preventable harm?**
- **Will it affect the reliability of safety systems?**
- **How will it impact on systems and processes for ensuring that the risks of healthcare acquired infections to patients is reduced?**
- **What is the impact on clinical workforce capability care and skills?**

Brief Description & Actual / Potential Adverse Impacts:	**While implementing Option 2 or Option 8 will require a large-scale consultation and significant workforce coordination, it presents an opportunity to standardise shift patterns across CTMUHB (whilst also guaranteeing CPD in Option 8), which may enhance consistency in care delivery and reduce variability in staffing models. With appropriate planning and support, the change can strengthen safety systems by ensuring equitable break structures that exceed minimum regulatory standards, potentially reducing fatigue-related errors. Ongoing monitoring and engagement will be essential to mitigate transitional pressures and maintain clinical capability and patient safety standards.**
Benefits :	Implementing Option 2 or Option 8, offers a consistent and standardised shift pattern across CTMUHB, addressing long-standing
Risk:	Implementing Option 2 or option 8 carries several risks, particularly during the transition phase. The scale of change—impacting

Current Risk Score (No Mitigations):	**16**	**HIGH**	
Mitigation being taken:	To mitigate the risks associated with implementing Option 2 or option 8 , CTMUHB will undertake a structured and inclusive collective and individual consultation process, supported by a detailed implementation plan and clear communication strategy.		
Mitigated Target Risk Score:	**12**	**MODERATE**	
4.2. QIA Duty of Quality Standards Domain: TIMELY CARE			
Questions / Prompts (not exhaustive): **• What is the impact on the timeliness of people's access to services across CTMUHB?** **• What is the impact on waiting lists?**			
.	**The implementation of Option 2 or Option 8 has the potential to positively impact timely care by introducing consistent shift patterns across CTMUHB, which may improve workforce planning, reduce variability in staffing, and enhance continuity of care.**		
Benefits :	Option 2 or option 8 could improve timely care by standardising shift patterns across CTMUHB, enabling more consistent staffing		
Risk:	While Option 2 or Option 8 aims to standardise shift patterns, there is a risk that increased dissatisfaction among staff, particularly		
Current Risk Score (No Mitigations):	**6**	**LOW**	
Mitigation being taken:			
Mitigated Target Risk Score:	**6**	**LOW**	
4.3. QIA Duty of Quality Standards Domain: EQUITABLE CARE			
Questions / Prompts (not exhaustive): **• Has consideration been given to patients, carers, the public and stakeholder engagement in line with the Welsh Equality Duties including Welsh language?** **• What is the impact on race, sex, gender reassignment, age, disability, sexual orientation, religion or belief (including those with no belief), marriage or civil partnership and pregnancy/ maternity for individual and community health access to services and experience?**			
Brief Description & Actual / Potential Adverse Impacts:	**While Option 2 or Option 8 promotes fairness through standardised shift patterns, it may adversely affect equity if not carefully implemented. Staff with disabilities, caring responsibilities, or health conditions may find increased make-up shifts harder to manage, potentially impacting their work-life balance and access to development opportunities. Without appropriate support and flexibility, this could unintentionally disadvantage certain groups and affect their experience within the organisation.**		
Benefits :	Standardising shift patterns under Option 2 or Option 8 promotes fairness by ensuring all staff across CTMUHB operate under the same break and make-up shift structure, reducing long-standing disparities between sites. This consistency supports a more		
Risk:	While Option 2 and Option 8 aim to promote fairness, there is a risk that it may disproportionately affect staff with protected characteristics, such as those with disabilities, caring responsibilities, or pregnancy, who may find increased make-up shifts or longer		
Current Risk Score (No Mitigations):	**9**	**MODERATE**	
Mitigation / Monitoring being taken:	To mitigate equity risks, CTMUHB will ensure inclusive consultation with staff and trade unions, with particular attention to the needs of those with protected characteristics. Flexible rostering, reasonable adjustments, and clear guidance on managing make-up		
Mitigated Target Risk Score:	**6**	**LOW**	
4.4. QIA Duty of Quality Standards Domain: EFFECTIVE CARE			
Questions / Prompts (not exhaustive): **• What is the impact on implementation of evidence based practice?** **• What is the impact on leadership?** **• Does it reduce or have a negative impact on variations in care provision to all groups?** **• Does it affect supporting staff to stay well/staff experience?** **• Does it promote self-care for people with long terms conditions?** **• Does it impact on ensuring that care is delivered in the most clinically and cost effective setting?**			
Brief Description & Actual / Potential Adverse Impacts:	**While Option 2 or Option 8 may support consistency in shift patterns, there is a potential adverse impact on effective care if staff experience reduced morale due to more frequent make-up shifts. This could affect engagement with evidence-based practice, reduce time for reflective learning, and limit participation in training or leadership development. If not carefully managed, these factors may contribute to variation in care delivery and reduce the capacity of staff to maintain high standards, particularly in high-pressure or complex clinical environments.**		
Benefits :	Option 2 or Option 8 supports more effective care by harmonising shift patterns, which can reduce variability in working conditions and promote more consistent adherence to clinical standards and evidence-based practice. Standardisation may also improve		
Risk:	Option 2 or Option 8 may pose risks to effective care if increased make-up shifts and longer unpaid breaks lead to reduced morale or disengagement. These factors could limit participation in training, reflective practice, and leadership development, potentially		
Current Risk Score (No Mitigations):	**6**	**LOW**	
Mitigation / Monitoring being taken:	To mitigate risks to effective care, CTMUHB will embed training and development opportunities as part of Option 8, to maintain clinical capability and support evidence-based practice. Leadership teams will monitor staff wellbeing, engagement, and turnover to identify early signs of fatigue or disengagement. Regular audits and feedback loops will ensure care quality remains consistent, and any variation in practice or service delivery is addressed promptly. This approach will help sustain high standards while supporting		
Mitigated Target Risk Score:	**3**	**LOW**	
4.5. QIA Duty of Quality Standards Domain: EFFICIENT			

Questions / Prompts (not exhaustive): **• Does it eliminate inefficiency and waste by design?** **• Does it lead to improvements/deterioration in care pathways?** **• How else could this be improved?**			
Brief Description & Actual / Potential Adverse Impacts:	**Option 2 or Option 8 has the potential to improve efficiency by standardising shift patterns across CTMUHB, reducing variation in rostering, and enabling more predictable workforce planning. This consistency may help eliminate inefficiencies linked to inconsistent break structures and make-up shift requirements, supporting smoother care pathways and better use of resources. However, the scale of implementation poses short-term risks, including disruption to staffing models, increased demand on management capacity, and potential disengagement if staff feel the change is driven by cost-saving rather than service improvement. Careful planning, clear communication, and ongoing monitoring will be essential to ensure the efficiency gains are realised without compromising staff experience or care delivery.**		
Benefits :	Option 2 or Option 8 supports greater efficiency by standardising shift patterns across CTMUHB, reducing variation in rostering and simplifying workforce planning. This consistency can help eliminate duplication, streamline scheduling, and reduce administrative		
Risk:	While Option 2 or Option 8 is designed to streamline shift patterns and reduce costs, its implementation carries short-term efficiency risks. The scale of change—impacting around 3,000 staff—requires significant management and administrative resources,		
Current Risk Score (No Mitigations):	**16**	**HIGH**	
Mitigation / Monitoring being taken:	To manage the efficiency risks of implementing Option 2 or Option 8 , CTMUHB will adopt a phased and well-resourced consultation and implementation plan, supported by clear communication and engagement with staff and trade unions. Dedicated workforce		
Mitigated Target Risk Score:	**9**	**MODERATE**	
4.6. QIA Duty of Quality Standards Domain: PERSON CENTRED			
Questions / Prompts (not exhaustive): **• What is the likely impact on self-reported experience of patients and service users? (Response to concerns & feedback from service users).** **• How will it impact on the patient choice agenda?** **• Are there any avoidable risks associated with complaints, Clinical Negligence claims, National Reportable Incidents, poor patient and family experiences, or ability of patient to access service?** **• How will it impact on the compassionate care and personalised care agenda?**			
Brief Description & Actual / Potential Adverse Impacts:	**While Option 2 or option 8** aims to improve consistency in staffing, there is a potential adverse impact on person-centred care if staff experience increased fatigue or reduced morale due to more frequent make-up shifts. This could affect the quality of interactions with patients, responsiveness to concerns, and the ability to deliver compassionate, personalised care consistently. If staff are overstretched or disengaged, there may also be a higher risk of complaints or negative experiences, particularly in high-demand areas where continuity and attentiveness are critical to patient satisfaction.		
Benefits :	**Option 2 or Option 8** may enhance person-centred care by promoting more consistent staffing across CTMUHB, which can improve continuity, reliability, and responsiveness in patient interactions. Standardised shift patterns may reduce variability in care delivery,		
Risk:	**Option 2 or Option 8** may pose risks to person-centred care if increased make-up shifts lead to reduced morale, potentially affecting the quality of patient interactions and responsiveness to individual needs. If staff feel overstretched or disengaged, there		
Current Risk Score (No Mitigations):	**6**	**LOW**	
Mitigation / Monitoring being taken:	To mitigate risks to person-centred care, CTMUHB will ensure that implementation of **Option 2 or Option 8** is supported by clear communication, staff engagement, and leadership visibility to maintain morale and compassion in care delivery. Monitoring will		
Mitigated Target Risk Score:	**6**	**LOW**	
4.7. Impact on FINANCIAL POSITION:			
Questions / Prompts (not exhaustive): **• This should include increases/decreases to variable costs that are not being currently incurred (£):**			
Brief Description & Actual / Potential Adverse Impacts:	**Financially, option 2 would reduce costs by approximately £5 million annually and require 105 fewer WTE posts for option 2. Option 8 would reduce costs by approximately £3.28m million and require 78 fewer WTE posts. However both options may trigger short-term pay protection for staff currently on different shift patterns, potentially impacting budgets. While the change aligns with Working Time Regulations and could improve rest opportunities, it may also lead to increased make-up shifts, staff dissatisfaction, and potential claims for unpaid work if breaks are not consistently taken, posing longer-term financial and**		
Benefits :	**Option 2** offers significant financial benefits by standardising all Nursing and Midwifery and HCSW staff across CTM UHB to a 12.5-hour shift with two 30-minute unpaid breaks, resulting in an estimated annual cost saving of approximately £5 million. This is		
Risk:	Option 2 or Option 8 carries several financial risks despite its projected cost savings. The shift to a 12.5-hour day with two unpaid 30-minute breaks may trigger short-term pay protection obligations for staff currently on different patterns, potentially impacting		
Current Risk Score (No Mitigations):	**6**	**LOW**	
Mitigation / Monitoring being taken:	A formal consultation process will be undertaken with staff, trade unions, and professional bodies, ensuring transparency and engagement throughout the transition. A three-month lead-in period is planned to allow for adjustments to rostering and pay		
Mitigated Target Risk Score:	**4**	**LOW**	
Proposed date of service adjustment:			
dd/mm/yyyy	**TBC**		
dd/mm/yyyy			
5. Equality Impact Assessment (EQIA)			

Is an EQIA assessment required? YES			**If YES, please complete an EQIA.**

6. Next steps		
Following completion of the QIA, the proposal for adjusting the service should now be considered and signed off by Service Group Senior Triumvirate Team.		
Decision:	Next steps:	Following the conclusion of the formal collective consutlation phase in April 2026, the decision to proceed to individual consultation on Option 2 and Option 8 was endorsed by Executive Leadership Group in June 2026. The accompanying Quality Impact Assessment (QIA) and Equality and Welsh Language Impact Assessment (FIA) are now being submitted to
Select option		

7. Approval	**Signature**	**Date**
Service Leads (clinical and operational)		
Care Group Director		
Care Group Nurse Director		06.07.2026
Care Group Medical Director		

Select Option
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Select Option
Yes
No

30.06.2026

Communication and Engagement Plan

Shift Pattern Alignment

Contents

Purpose and context

This plan sets out a coordinated approach to communication and engagement to support the next phase of the Shift Pattern Alignment programme, specifically the transition to individual consultation (from August 2026), subject to Board approval.

It recognises that:

- Communications and engagement are critical success factors and strongly emphasised by Trade Unions
- There is a significant external dimension, including potential media and national Trade Union interest
- Trust, transparency and consistency of messaging will be key

This is a complex and sensitive programme of change, with a direct impact on staff work-life balance, wellbeing and day-to-day experience of work.

Core narrative

Our communication approach will consistently reinforce that:

- This is a genuine consultation and no final decisions have been made
- No changes will be implemented without consideration of staff and Trade Union views, including any alternative suggestions that meet our design criteria
- The rationale for change is to:
    - Improve fairness and consistency across the Health Board
    - Address longstanding variation in shift patterns across sites, which has created inconsistency and perceived inequity for staff
    - Support staff to take appropriate breaks
    - Deliver safe, sustainable and financially efficient services for patients and staff

All proposals are assessed against clear design principles. Any future shift pattern must:

- Deliver safe, high-quality patient care
- Support workforce wellbeing
- Improve overall workforce availability
- Be financially sustainable

We recognise that the variation in shift patterns across CTM is a longstanding area of concern that needs addressing fairly and consistently. We also recognise that the proposals for shift pattern alignment will impact staff differently and may raise questions and concerns. Our approach will be open, transparent and empathetic, with a clear commitment to listen, learn and adapt.

Communication & Engagement to date

A substantial programme of engagement has already been delivered:

Internal / Corporate

- Staff questionnaire (March 2025) – 1,464 responses
- Initial consultation period (June–September 2025):
    - Staff briefings (site based and virtual)
    - Individual meetings
    - Feedback forms (1,162 responses)
- Ongoing internal communications:
    - Dedicated mailbox for queries
    - Intranet updates and FAQs
- Rest break survey and Task & Finish Group engagement

Trade Unions

- Regular engagement since December 2024 via working group
- Formal collective consultation period (Jan–April 2026)
- Receipt of formal closing statements from in-scope Trade Unions (April 2026)
- Ongoing commitment to partnership working during subsequent phases, including throughout the proposed individual consultation phase

Leadership and Governance

- Executive Management Board, Operational Delivery Committee, and Board engagement / approvals at key points
- Board endorsement (Dec 2025) to proceed to formal collective consultation

How we have demonstrated responsiveness - “You said, together we”

- Alternative options (including the latest revised proposal - ‘Option 8’) developed in response to feedback provided during the initial consultation phase
- Trade Union acknowledgement that Option 8 represents a materially different option, in response to initial feedback
- Decision on new starters aligning to the proposed shift pattern was reversed following feedback
- Collective consultation timelines extended to April 2026 at request of Trade Union partners
- Trade Union input into comms and engagement planning for the proposed individual consultation phase

Objectives going forwards

- Build understanding of the case for change and proposed options
- Enable meaningful, informed consultation at individual level
- Maintain trust and credibility in the consultation process
- Mitigate risk of misinformation, escalation and industrial action
- Ensure consistent, inclusive, accessible and empathetic communication across all audiences
- Maintain and manage the Health Board's reputation with the public and stakeholders

Key principles

- Transparency – clear, honest communication throughout
- Consistency – aligned messages across all channels
- Accessibility – inclusive, multi-channel approach
- Engagement – two-way dialogue, not just broadcast
- Empathy – recognising the individual impact on staff
- Responsiveness – demonstrating feedback informs decisions
- Partnership – continued work with Trade Unions

Stakeholder mapping and approach

Internal (primary focus)

Audience:

- CTMs Nursing, Midwifery and HCSWs (~3,300 substantive staff)
- Line managers and senior nursing leadership
- Corporate teams
- Bank staff and new starters

Approach: A multi-channel, highly visible and locally delivered approach, ensuring all affected staff have opportunity to engage.

Engagement methods include:

- All-staff communication updates
- Group engagement sessions (virtual + face-to-face)
- Service-specific sessions (e.g. maternity, mental health, community)
- Care-group and team level discussions
- Structured group discussion (staff, manager, People representative, TU rep if requested)
- 1:1 consultation meetings
- Dedicated mailbox and feedback routes
- Specific messaging for bank staff and prospective candidates, to inform them of the ongoing consultation

Communication will include practical, personalised information and scenario-based examples to help staff understand what the proposals mean for them individually.

Key principle: *"Clear, consistent, two-way and empathetic engagement at every stage"*

Trade Unions

Audience:

- Local representatives
- National bodies (RCN, UNISON, Unite, GMB, RCM)

Approach:

- Continue formal partnership model
- Pre-brief local and national TU leads ahead of key milestones
- Joint / aligned messaging where possible (or transparent explanation where not)
- Ensure visibility of:
    - Evidence base
    - Decision making
    - Proposed communications
    - Responsiveness to feedback
    - Commitment to meaningful consultation

Media / Press

Risk profile: moderate–high (potential escalation linked to workforce and industrial relations)

Approach: Reactive media management* / handling plan led by Communications Team

Prepare:

- Holding statements
- Reactive Q&A
- Key messages aligned to:
    - patient safety
    - fairness, consistency and sustainability
    - workforce wellbeing
    - wider NHS Wales approach
- Trained spokespeople
- Monitor press and social media sentiment

** Proactive media management if required to manage risk.*

Social media

Approach:

- Monitoring of social media activity across key channels
- Swift correction of inaccuracies
- Proactive posting as required to manage narrative

Elected Members / Welsh Government

Further context: New MS relationships still developing

Approach:

- Early, proactive briefings ahead of Board publication, using established touchpoints where possible.
- Provide clear briefing packs including FAQs, key messages and constituency-level impacts (where relevant)
- Regular updates and engagement post-Board

Key Stakeholders / Community

Audience:

- Patient groups
- Community representatives
- Third sector partners

Approach:

- Proportionate, reassurance-led engagement
- Messaging focused on:
    - Maintaining safe services
    - Supporting staff wellbeing
- Use established stakeholder channels and forums

Tools and products

A comprehensive suite of tools will continue to support engagement:

Core tools include:

- Shift pattern microsite
- Regularly updated FAQs
- Dedicated mailbox for queries

Additional tools include:

- Consultation pack
- Staff personas to illustrate different impacts
- Case studies and practical examples
- Pay modellers
- Video briefings / recorded sessions

- Booking platform for sessions

A dedicated workstream is also in place to improve how staff are supported to take breaks, including how breaks are recorded and monitored consistently in practice.

These tools will ensure information is accessible, consistent and tailored to staff needs.

Proposed next steps

The communication and engagement approach aligns to a structured framework:

Inform → Prepare → Consider → Decide → Implement

Phase 1: Pre-Board (June–July 2026)

- Finalise core narrative and key messages, subject to Board endorsement
- Briefing session for Nurse Directors, Heads of Nursing and Lead Nurses
- Planning workshop with Trade Union partners, to develop communication toolkit and materials, including FAQs and leader briefing pack
- Pre brief:
    - Welsh Government / MSs
    - Trade Unions (local and national)
- Prepare reactive media statement

Phase 2: Post-Board (July–Aug 2026)

- All-staff communication following Board decision
- Publish FAQs, consultation materials and engagement schedule
- Begin staff engagement sessions programme
- Issue stakeholder briefings and publish public information

Phase 3: Consultation period (Aug–Sept 2026)

- Group engagement sessions and 1:1 consultations
- Individual consultation will focus on meaningful discussion of personal impact, including individual circumstances, adjustments and support, with Trade Union representation available
- Maintain regular messaging rhythm - weekly / fortnightly updates
- “You said / together we” updates
- Myth-busting communications
- Ensure all questions are captured and reflected in updated FAQs
- Ongoing TU engagement
- Media and social media monitoring and response

Phase 4: Post-Consultation (Oct-Nov 2026 tbc)

- Review feedback generated via individual consultation period and revert to Board for further decision on next steps
- Communicate outcomes clearly and promptly
- Targeted communication and engagement with impacted groups
- Update stakeholders and media
- Subject to outcome and subsequent Board decision, future phases could include detailed implementation planning

How we will measure success

The effectiveness of communication and engagement will be monitored through:

- Attendance and participation in engagement sessions
- Volume and themes of staff feedback and queries
- Engagement with communication channels (e.g. intranet, FAQs)
- Uptake of 1:1 consultation meetings
- Feedback from staff, managers and Trade Union partners

Insights will be used to adapt and refine the approach in real time.

Risks and mitigations

Industrial Relations and/ or potential for Industrial Action

Risk: High likelihood, given current opposition

Further context: Concurrent Health Visiting industrial action increases system pressure

Mitigation:

- Transparent, evidence-based messaging
- Visible senior leadership
- Demonstrate responsiveness to feedback, including consideration of any alternative suggestions that meet design criteria, and consideration of individual adjustments and support, as required
- Regular TU engagement throughout subsequent phases
- Align messaging across all channels
- Focus on the rationale for change, fairness and consistency

Credibility and trust

Risk: Perception of poor communication (clarity and / or openness) undermining process

Mitigation:

- Consistent messaging toolkit
- Manager training and briefing
- Clear explanation of what can change / cannot change, and why
- Regular updates
- Visible responsiveness / ‘you said, together we’ approach

Reach and engagement

Risk: Difficulty reaching all staff (including shift workers, lack of digital access, move from staff Facebook group onto Viva Engage, absent staff)

Mitigation:

- Segment audiences (by staff group/ role, location, shift pattern)
- Multi-channel / layered approach:
    - Organisation-wide messaging (recorded, where appropriate)
    - Local / team level discussions
    - Manager led conversations
    - Face-to-face engagement, prioritised for hard to reach groups
    - Printed materials, as needed
    - Posted materials, as needed
    - Digital channels / touchpoints
    - Clear signposting to engagement routes
- Reinforce via:
    - Leadership visibility
    - TU networks / channels
- Track reach, attendance, engagement and feedback, and adapt as needed

External escalation (media / political)

Risk: Negative coverage impacting reputation

Mitigation:

- Proactive briefings and messaging
- Clear narrative, aligned to patient safety and fairness
- Rapid response protocol
- Monitoring and response to social media activity

Leadership capacity and consistency

Risk: Inconsistent local engagement/ lack of resource

Mitigation:

- Standardised FAQ and briefing materials
- Central support for managers

- Clear coordination and escalation routes
- Explicit focus on leadership readiness and expectations, ensuring managers are confident and supported to deliver consistent, high-quality engagement

Conclusion

This Communication and Engagement Plan sets out a comprehensive, multi-channel approach to supporting the next phase of the Shift Pattern alignment programme.

It reflects:

- The scale and complexity of the change, including the current industrial relations climate
- The importance of meaningful, inclusive engagement, particularly as we move into individual consultation
- The need to balance transparency, consistency and empathy in all communications

The approach is designed to:

- Ensure all affected staff have a clear understanding of the proposals and their individual impact
- Provide accessible and meaningful opportunities to engage and influence outcomes
- Maintain trust and credibility throughout the consultation process
- Support effective management of organisational and reputational risks

This plan will remain dynamic and responsive, evolving in line with feedback from staff, Trade Unions and stakeholders as the programme progresses.

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Ty Ynysmeurig
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Eich cyf/Your Ref: RH / SH
Ein cyf/Our Ref:
Ebost Email: Richard.f.hughes@wales.nhs.uk

Dyddiad/Date: 22nd July 2026

Dear Colleagues,

Professional Statement

As Executive Director of Nursing, Midwifery and Patient Care, I offer a professional perspective in support of progressing to this next phase of consultation and the significant programme of work it represents. This work sits within our wider ambition to ensure that our nursing, midwifery, and healthcare support workforce can continue to deliver safe, effective, and compassionate care, whilst improving staff experience, wellbeing, and the long-term sustainability of our services.

Importantly, the rationale for reviewing and aligning shift patterns is driven by changes in the services we provide and the needs of the population we serve. Increasing complexity of care, and ageing population, rising levels of multi-morbidity, developments in clinical practice, changing workforce demographics, and the move towards more integrated and community-based models of care all require us to consider whether our current workforce arrangements remain fit for purpose. Reviewing our shift patterns is therefore a reasonable and necessary part of ensuring that our workforce model continues to support these evolving demands.

I also believe it is important to recognise that this proposal has evolved since it was first presented. Following engagement with staff, Trade Union colleagues and other stakeholders, the Health Board has listened carefully to the feedback received and has moved from the original outline proposal. The recommendation to proceed to individual consultation reflects that engagement and demonstrates a commitment to understanding the practical impact on staff before any decisions are made. This stage provides and opportunity to fully consider individual circumstances, identify potential mitigations and ensure that staff voices continue to shape the outcome.

This work must also be viewed in the context of the Health Board's responsibility to use public resources prudently and to develop workforce models that are financially sustainable over the longer term. Whilst patient safety, quality of care and staff wellbeing must remain the primary considerations, it is important that we also consider affordability and ensure that our workforce arrangements support the effective use of resources. Achieving the right balance between these factors is essential if we are to maintain safe and sustainable services for the population we serve.

From a professional nursing and midwifery perspective, any proposed changes to shift patterns must be considered through the lens of patient safety, quality of care and workforce wellbeing. There is well-established evidence linking fatigue, inadequate recovery time, and inconsistent access to breaks with increased clinical risk and reduced staff wellbeing. It is therefore entirely appropriate that this consultation considers how future working arrangements can best support safe and sustainable practice for both staff and patients. A particularly important aspect of this work is the focus on rest breaks. The work undertaken through the Breaks Task and Finish Group, together with the emphasis within these proposals on improving break arrangements and compliance, represents a positive step forward. Test breaks should not be viewed solely as employment entitlement. They are an important component of safe clinical practice, supporting staff wellbeing, concentration, decision-making and ultimately patient safety.

The inclusion of protected Continuing Professional Development (CPD) within the proposed model also merits careful consideration. Access to structured learning and development opportunities for both registered and non-registered staff is essential in maintaining capability, supporting professional standards, and strengthening delivery of the Fundamentals of Care. Any future model should ensure that protected learning time is both accessible and used effectively to improve patient care and staff experience. Aligning shift patterns may also support wider efforts to reduce reliance on temporary staffing and strengthen team stability. More consistent team structures can improve continuity of care, support team cohesion and reduce unwarranted variation in practice, all of which are important contributors to quality and patient safety.

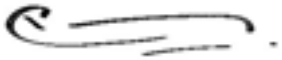
I also recognise that his work is closely connected to wider organisational priorities, including safe staffing, staff wellbeing, equality, inclusion, and workforce engagement. The Equality Impact Assessment identifies important considerations, particularly for staff with caring responsibilities and other protected characteristics. These considerations must remain central throughout the consultation process, and every effort should be made to understand individual circumstances and minimise any unintended impacts.

The feedback received to date from staff and Trade Union representatives reflects genuine concerns regarding work-life balance, the practical implications of potential changes and the importance of maintaining adequate opportunities for rest and recovery. As a professional leader, I want to acknowledge that these concerns are valid and should be carefully considered. Whilst there may be aspects of the preferred option that offer benefits from both a professional and organisational perspective, no final decision has been made. Progressing to individual consultation provides an important opportunity to better understand the potential impact of the proposals and to ensure that concerns, risks, and mitigating actions are fully explored before any future decisions are taken.

As we move into this next phase, visible nursing and midwifery leadership will be essential. We must ensure that communication remains clear, consistent, and honest, that engagement is meaningful, and that individual consultation is undertaken with professionalism, compassion, and respect.

In conclusion this programme represents a complex but necessary examination of how we create a workforce model that is equitable, sustainable, affordable, and focused on delivering safe, high-quality care for the future. It is underpinned by a clear service need arising from the changing nature of healthcare delivery and population demand. I support progressing to the next phase of consultation, recognising that the proposal has developed through engagement and discussion, and with the clear expectation that patient safety, staff wellbeing, equality, affordability, and professional standards will remain at the centre of all subsequent considerations and decision-making.

Yours sincerely,



Richard Hughes
Cyfarwyddwr Gweithredol Nyrsio, Bydwreigiaeth a Gofal Cleifion /
Executive Director of Nursing, Midwifery and Patient Care

Version 1 June 2026

CTMUHB Public Board

Strategic Development Committee Highlight Report

Eitem yr Agenda / Agenda Item	4.3.1
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Kath Palmer, Vice Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Sustaining Our Future If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Strategic Development Committee at its meeting on 12 May 2026.

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

2. Purpose of this Meeting

2.1 In summary, the purpose of the Strategic Development Committee is to:

- Provide evidence based and timely strategic assurance to the Board to assist it in discharging its functions and responsibilities with regard to the:
  - Strategic direction;
  - Strategic planning and associated investments;
  - Long term financial sustainability
  - Setting our Culture;
  - People retention and succession planning.

- Scrutinise strategic risks on the Board Assurance Framework and their impact upon CTMUHB's ability to deliver its strategic ambitions.
- Provide assurance to the Board in relation to strategic decision-making, ensuring it is supported with a robust understanding of risks in relation to the achievement of organisational goals and strategic objectives.
- Provide assurance to the Board that, wherever possible, CTMUHB plans are aligned with partnership plans developed with Regional Partners, Local Authorities, Universities, Collaboratives, Alliances and other key partners.

3. Highlight Report

Alert / Escalate	The Committee would like to **alert** the Board to the following: **South-East Wales Partnership Working for Clinical Services** The Committee noted the delay in the orthopaedic programme which could impact progress on the Llantrisant Health Park and associated business cases and could have an effect on wider strategic delivery. The Committee were advised that whilst regional ambitions remain, stroke transformation is currently on hold at a strategic level with the priority being to stabilise and improve upon existing services locally whilst options were still being considered. Members expressed concerns about the pause in the regional stroke programme where a significant amount of work had already been undertaken on stroke services, particularly at a regional level, and questioned what this pause would mean for future progress.

Advise	**Work Plans of the Strategy & Transformation Work Groups to support Building Healthier Communities Together -** The Committee received a presentation on the following: • **Starting Well and Growing Well – Focus on Diabetes –** A Presentation was received that demonstrated strong early progress and innovation in diabetes care, particularly in prevention, digital solutions, and primary care delivery, while highlighting that long-term success depends on tackling obesity and sustaining a whole-system, prevention-focused approach. The **Strategic Clinical Services Plan (SCSP) Update** was received with presentations provided to the Committee in the following areas: • **Primary Care Transformation Programme** - Updates were provided on the Primary and Community Care Transformation Programme, including a presentation that outlined a system-wide transformation programme for primary and community care, focused on integration, prevention, and delivering more care in community settings, while acknowledging that successful delivery will depend on aligning resources, infrastructure, and partnerships. The Committee requested a joined-up view of services, funding, and delivery for Board development discussions. • **Integrated Community Care Programme -** The Committee received an update on the Integrated Community Care programme, noting the work undertaken to date. • **Mental Health Transformation Programme** - A detailed overview was provided on mental health transformation, including positive progress on community models, early intervention and digital enablement. The Committee noted that the programme remains dependent on digital funding decisions and workforce stability. **Shared Listening & Learning Story - Population Health Management (PHM)** The Committee received a presentation on Population Health Management and in particular a pilot project focussing on patients at risk of frailty using the Health Board's data driven population segmentation model. The pilot demonstrated proactive identification and intervention for at risk patients with referrals to a range of services including mental health and social support. Staff feedback had indicated reduced GP demand and improved patient outcomes with

	evidence of preventative benefits such as avoiding falls. The committee were excited by the progress and keen to understand how this could be accelerated and scaled up in the future. **South East Wales Regional Working for Clinical Services –** the Committee were provided with an overview of the work being undertaken to deliver regional clinical services and an overview of the 2026/27 work programme for the clinical programmes under the Regional Joint Committee (RJC). **People Plan -** The Committee received a verbal update on the People Plan, a five-year strategy to 2030 aligned to the Health Board's overall objectives and developed through extensive staff engagement. The Plan continues to focus on four core themes getting the basics right, great leadership, an inclusive and healthy environment, and a modern skilled workforce which remain relevant following recent staff survey feedback. Good progress was noted across areas such as recruitment improvements, flexible working policies, leadership development, staff support initiatives, and workforce analytics. The Plan is being iteratively reviewed and delivered across the organisation, with further detailed reporting, including longer term workforce planning and future skills requirements, to be brought back to Committee. **Creating Health Annual Report (including Delivery Plan refresh) -** The Committee noted strong progress across the Creating Health programme, which remains central to delivering the Health Board's ambition to become a population health-focused organisation. Key achievements include successful prevention initiatives (e.g. hepatitis C elimination and healthy weight programmes) and significant improvements in diabetes outcomes. The programme continues to adopt an iterative, whole-system approach, aligned to Marmot principles and focused on reducing inequalities and strengthening community health. While progress is positive, the Committee highlighted resource constraints as an ongoing risk to delivery and sustainability. The Committee **APPROVED** the Creating Health Delivery Plan 2026-29 **Healthy Weights Strategic Plan -** The Committee reviewed and **Endorsed for Board Approval** the **Healthy Weight Strategic Plan**, which sets out a whole-system, multi-agency approach aligned to the national *Healthy Weight: Healthy Wales* strategy. The Plan focuses on prevention, early intervention, and supporting behaviour change across the life course, with delivery spanning health services, schools, communities, and wider

	environmental factors. While early signs of stabilisation in some indicators were noted, the Committee recognised obesity as a significant long-term challenge, with particular concerns around low engagement in lower-tier services and high demand for specialist provision. The importance of a coordinated, trauma-informed and system-wide response was emphasised to achieve sustainable impact. **Three Year Financial Outlook – IMTP Years 2 and 3 Indicative Plan -** the Committee noted that the financial outlook remains challenging with reliance on savings targets with delivery slightly off plan. Significant financial challenges were being faced by the organisation, including the Welsh Risk Pool liability impacting the long-term financial position. A report was received on the **Area Planning Board Update – Substance Misuse -** noting that services were performing but under significant pressure with high levels of demand and harm. The Committee expressed concerns in relation to the number of red/amber risks, particularly around capacity and pathways and a lack of clear trajectories for improvement and continued monitoring was agreed with potential for a further deep dive if required. The Committee noted a significant issue where a criminal justice prescribing service lost its licence**,** requiring CTM services to step in temporarily, with ongoing work to resolve the situation and recover associated costs.
Assure	**Board Assurance Framework (BAF)** The Committee reviewed the BAF and noted that there have been no significant changes to risk scores or overall risk profiles, which is expected given the long-term nature of strategic risks**.** All six risks within the Committee's remit remain actively managed with mitigations in place, though many continue to be tolerated due to their systemic and enduring nature**.** The highest-rated risk remains prevention and early intervention, reflecting slower progress in delivery, while other key risks relate to digital infrastructure**,** integrated care, estates, and partnership working**.** Overall, the Committee was assured that risks are stable and appropriately managed**,** but recognised that progress will be incremental, with continued focus required on delivery of mitigations rather than expecting short-term changes in risk scores**.**

	Regional Partnership Board (RPB)– The Committee received an update on the RPB noting the following matters: • The RPB was refocusing and strengthening its governance arrangements, particularly by clarifying delivery responsibilities through the Adult and Children's Boards to ensure clearer oversight of priorities • The development of a Population Needs Assessment**,** which will provide a single, shared evidence base across the Health Board and Local Authorities to inform planning and decision-making. • A strong focus on market sufficiency and care home capacity**,** recognising this as a critical issue for system sustainability and service delivery. • Ongoing review of the Regional Integration Fund (RIF) which is circa £20m, including assessing value for money and impact ahead of future funding decisions, with the expectation that funding will continue in some form. The Committee received an update on the **Public Services Board** noting good progress and strong partnership working, with a clear emphasis on system-wide approaches to inequalities, coordinated population intelligence, and collaborative delivery across organisations.
Inform	The Committee supported the actions for closure on the **Action Log** and noted that the remaining open actions were either being dealt with on the agenda or are on track for completion. The following items were **Approved** on the **Consent Agenda:** • Unconfirmed minutes of the Strategic Development Committee held on the 11th February 2026. The following items were **Noted** on the **Consent Agenda**: • Committee Annual Cycle of Business – The Committee noted that the Annual Cycle of Business had been approved at the February Board Development Session. • Committee Forward Work Plan
Appendices	Not applicable

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

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

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

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

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

Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (include further detail below) There are areas of the updates within the Highlight Report which refer to financial / resource challenges.	

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

Acronyms / Glossary of Terms	

Version 1 June 2026

CTMUHB Public Board

Mental Health Act Monitoring Committee Highlight Report

Eitem yr Agenda / Agenda Item	4.3.2
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Sharon Edwards, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Kath Palmer, Vice Chair (Chair of the Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Deputy CEO/Chief Operating Officer
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This paper has 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 27 May 2026.

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

1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. Purpose of this Meeting

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

3. Highlight Report

Alert / Escalate	**Positive Escalation – Organisational Risk Register** It was highlighted that the Welsh Government have approved the Mental Health IT system and funding has been secured in writing. However, the programme is currently in the procurement appeals stage, meaning the system cannot yet be progressed further until this process is concluded **Positive Escalation – Deep Dive on Statutory documentation audit for patients detained under the Mental Health Act (2025)** The Committee received a high level of assurance from the HIW audit findings, noting consistently high compliance levels across Mental Health Act statutory documentation. The Chair, along with representatives from South Wales Police and the County Borough Councils expressed their appreciation for the quality of the report, as well as the strong partnership working and support provided.
Advise	The **Organisational Risk Register** was received and considered. Queries were raised in relation to two risks, which will be reviewed, with an update to be provided to the Committee for further consideration. The **MHA Operational Group Update Report** was received and discussed. Members noted that a patient lived experience story will be presented at the next meeting. A representative from the Independent Mental Health Advocacy (IMHA) service will support the presentation of the report and provide an update on the Quarter 1 report. It was also acknowledged that, while a deep dive into 12-hour waiting times in Emergency Departments will be brought to a future meeting, the review should also include details of delays within places of safety. The deep dive should incorporate specific questions which will help to explore the reasons for these delays and identify any patients reaching the 24-hour upper limit, with

	any extensions beyond this limit being formally authorised by a doctor. The **MHA Quarterly Activity Report / Analysis of Unlawful Detentions** update was received. The Committee received the Quarter 4 Activity Report, noting that Mental Health Act activity remains stable, with detention levels and Section 135/136 activity in line with expected averages. It was reported that no fundamental breaches were identified, continuing a positive trend. A small number of minor errors were recorded, primarily relating to documentation, all of which were rectified within required timescales. The **Risks Relating to Monitoring of MHA** update was received and highlighted stable MHA activity with no fundamental breaches, a small increase in minor errors (all rectified), and ongoing monitoring of key risks including Section 136 waiting times and system pressures, alongside positive assurance from HIW inspection feedback The **Hospital Managers Power of Discharge Sub-Committee** update was received, which included discussion on opening Power of Discharge training sessions to members of this Committee to enhance knowledge and understanding. Members agreed that widening access to the training would be beneficial. A **Strategic Update from South Wales Police** was received with members noting that the Section 135/136 Overarching Policy Review has undergone partner consultation and is nearing finalisation with the legal department. It was also noted that all phases of the Right Care, Right Person approach have now been implemented, with early indications demonstrating positive partnership working and outcomes across the region. A **Strategic Update from Local Authorities** outlined the regional work to standardise AMHP policies, including alignment of warranting processes and updates to guardianship policies. It was also highlighted that workforce pressures remain a key focus, with actions underway to support recruitment, retention, and sustainability. Positive progress against inspection improvement plans was noted, with high-quality evidence submitted on time.
Assure	**Deep Dive Spotlight: Section 136 Emergency Department waiting times** It was also acknowledged that, while a deep dive into 12-hour waiting times in Emergency Departments will be brought to a future meeting, the review should also include details of delays within the "places of safety". The deep dive should incorporate specific questions which will help to explore the reasons for these

	delays and identify any patients reaching the 24-hour upper limit, with any extensions beyond this limit being formally authorised by a doctor. **Collaborative working** This was the first in-person Committee meeting, and members welcomed the positive engagement from all involved, particularly the Local Authorities and South Wales Police. Strong ongoing working relationships between the three organisations were acknowledged, supporting continued compliance.
Inform	• The Unconfirmed Minutes of the meeting held on 25th February 2026 were **approved.** • The Forward Work Plan was **noted.**
Appendices	Not applicable

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

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

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable

Environmental Sustainability Impact (5Rs)	If more than one applies please list below:

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

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

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

Version 1 June 2026

CTMUHB Public Board

Quality, Safety & Experience Committee Highlight Report

Eitem yr Agenda / Agenda Item	4.3.3
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Sharon Edwards, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Carolyn Donoghue, Committee Chair, Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 3rd June 2026.

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

2. Purpose of this Meeting

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

2.2 The Committee will:

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

3. Highlight Report

Alert / Escalate	• Whilst reviewing the **Care Group Highlight Reports**, the Committee escalated the fragility of the current **unscheduled care** position, noting that while quality and safety indicators were broadly being maintained, prolonged waits, system strain and limitations in current measures may not fully capture the impact on patient and staff experience ahead of further seasonal pressures. • It was noted that **Stroke Performance** remains an area of concern, particularly in relation to patients presenting out of hours, timely access to the stroke unit, and the need for clearer improvement trajectories and strengthened monitoring. • Risks associated with ongoing Welsh Government GP contract negotiations were highlighted within the **Primary Care & Community Highlight Report**, noting the absence of a confirmed timeframe, the non-acceptance of the latest offer

	by the British Medical Association, and the potential implications for primary care stability and service delivery. • The Committee noted concerns regarding **Organ Donation Committee reporting arrangement**s, particularly the lack of reporting from Ophthalmology. This matter is being clarified with the relevant Committee Chair.
Advise	• In receiving the **Report from the Clinical Executives**, the Committee supported the proposal for a future paper on multi-professional workforce challenges, including training, commissioning and retention, to be added to the forward work programme. • Following presentation of the **Quality Dashboard Report**, the Committee requested that the Listening to People Framework, including its legal implications, be considered as a Board Development session topic, given its significance. • The Committee noted that future **Primary Care & Community highlight reports** on paediatric dental general anaesthetic waiting times should include clearer breakdowns of patient numbers, distinguishing between standard and complex cases within the longest-wait cohort, to provide greater clarity on the scale, complexity and context of the longest waits being experienced. • Members welcomed the work being undertaken through the **People's Experience Activity Report** and noted the need to strengthen how patient experience themes and feedback are captured and aligned to Committee agendas and strategic risks, including the potential development of a repository of patient stories.
Assure	• Members received assurance that quality and safety indicators are broadly being maintained across **Care Groups** despite significant operational pressures, with no significant escalation in levels of harm reported. • Members noted positive progress in **Mental Health & Learning Disabilities** following inspection activity, including improvements in documentation, patient restraint practices, discharge planning and patient and family engagement. Members also noted positive feedback from Healthcare Inspectorate Wales, which provided a good level of assurance. • The Committee was assured that improvement work is progressing in relation to **HIW action plans**, with the majority of actions either complete and approved or awaiting final approval. Members recognised the significant progress made, while noting the need for clearer and more meaningful updates on outstanding or overdue actions. • Within the **Quality Dashboard Report**, Members noted that there had been no reported increase in medication incidents at Princess of Wales Hospital following implementation of

	Electronic Prescribing and Medicines Administration, with anticipated safety benefits expected to be realised over time. • Within the **Mortality Indicators and Mortality Reviews report**, the Committee welcomed the progress made in mortality review arrangements, particularly the approach to triangulating data and strengthening learning across the system.
Inform	• The Committee received a report on **Redress Case Management** and supported the proposal for regular standalone updates to maintain oversight. Members noted improved and constructive engagement with the Public Services Ombudsman for Wales in relation to day-to-day case management and recognised the need for further work on the links between redress activity, Welsh Risk Pool costs, escalation to full claims and opportunities for earlier resolution. • A verbal update was provided in relation to the **Organisational Risk Register**. The Committee highlighted the need for timely, complete and meaningful updates to support effective scrutiny and ensure Members are able to gain appropriate assurance. The following items were approved via the Consent agenda: • Unconfirmed Minutes of the meeting held on 24th March 2026 • Unlicenced Medicines Policy • Ventilation Policy • Pharmaceutical Needs Assessment The following items were noted via the consent agenda: • Non-Routine Committee Business (Forward Plan) • Annual Cycle of business • Cancer Services Annual Report • Bi – Annual Report CTM Radiation Safety Committee • Antimicrobial Stewardship Report • Annual Report of the Decision – Making and Consent Working Group • RADAR Programme- Outline of Activities, Areas of Focus and Roles • Update: Explosion of Pacemaker at Glyntaff Crematorium
Appendices	Not applicable

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

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

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

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

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

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

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

Acronyms / Glossary of Terms	

CTMUHB Public Board

Highlight Report from the South East Wales Regional Joint Committee

Eitem yr Agenda / Agenda Item	**4.3.4**
Dyddiad y Cyfarfod / Date of Meeting:	30 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Gareth Watts, Director of Corporate Governance/Board Secretary – Cwm Taf Morgannwg UHB
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary – Cwm Taf Morgannwg UHB
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive/Accountable Officer
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to: • **NOTE** the highlights outlined in section 3 of this report; and • **NOTE** that the Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC will progress through constituent Health Board governance arrangements and then to Welsh Government, subject to each organisation's own approval process.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Sustaining Our Future If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni	Not applicable for this report

Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the SEWRJC at its public meeting on 20 July 2026. The meeting was recorded and the public-facing session considered minutes and actions, the Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC, and the regional work programme progress highlight report.

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

2. Purpose of this Meeting

2.1 The SEWRJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.

3. Highlight Report

Alert / Escalate	No items were identified for escalation to Boards on this occasion. The Committee did, however, note key delivery risks and dependencies associated with ongoing regional work that will require continued oversight through individual Health Board governance arrangements.
Advise	**Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC:** The Committee considered the public-facing report alongside acknowledgement that the detailed OBC/FBC had been considered through the private/confidential governance route because it contains commercially sensitive financial, procurement and delivery assumptions. The Committee noted that the LHP OBC/FBC forms a key enabling component of the Regional Orthopaedic Plan, supporting the proposed use of Llantrisant Health Park to increase regional lower limb arthroplasty capacity, accelerate backlog reduction and contribute to a more sustainable regional service model. The Committee also noted key delivery dependencies including workforce capacity, digital and data requirements, funding, pathway standardisation and shared regional governance arrangements.

	Following discussion, the Committee approved onward submission of the OBC/FBC through Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Board governance arrangements and then to Welsh Government, subject to each organisation's own approval process. The Committee also approved the Regional Orthopaedic Plan as the regional route map for recovery, stabilisation and long-term sustainability. **Powys implications and engagement:** The Committee noted the implications for Powys residents who currently travel into provider Health Boards for hip and knee replacements, and the importance of ensuring ongoing engagement with the Powys population alongside engagement with provider Health Board communities.
Assure	**Regional planning and delivery assurance:** The Committee received assurance that the Orthopaedic Plan has been clinically led and supported by operational, workforce, finance and planning colleagues across the region. The plan describes a phased approach: optimising existing facilities and services; using Llantrisant Health Park to accelerate backlog reduction; and establishing a sustainable regional model for lower limb arthroplasty services. The Committee recognised that the approach is both about increasing capacity through LHP and making better use of existing resources, including efficiency opportunities that support movement towards demand and capacity equilibrium. Key risks and dependencies acknowledged included workforce availability, digital and data requirements, capital and revenue funding, pathway standardisation, shared regional governance arrangements and continued leadership support. **Regional work programme progress:** The Committee noted significant progress on the Regional Orthopaedic Plan, including consistent demand and capacity modelling, workforce baselining, financial modelling and consistent pre-assessment pathway development. Regional cataract services delivered more than 25,000 procedures in the last financial year, nearly 600 ahead of plan, with the total waiting list reduced by approximately 10,000 cases. Progress was also reported on diagnostics, including securing a supplier to support radiology and endoscopy delivery at the Regional Diagnostic Hub aligned to Llantrisant Health Park;

	pathology work on standardisation and shared information; and procurement of an organisational design partner, which is in the final stages to support maturation of regional structures, Board development and ways of working.
Inform	The unconfirmed minutes of the meeting held on 24 February 2026 were approved as a true and accurate record. There were no open actions on the action log and no additional declarations of interest were raised. The Chair also recorded thanks to Suzanne Rankin for her leadership of Cardiff and Vale within the SEWRJC and for her contribution to regional collaboration across South East Wales. The next meeting of the SEWRJC is scheduled for 3 September 2026 at 2.00pm.

3. Assessment

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales The work also has relevance to a More Equal Wales, A Prosperous Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language and A Globally Responsible Wales.

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective The programme also supports Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Reduce The regional approach is intended to make more effective use of existing capacity and estate and supports further opportunities to refine, reuse and repurpose resources.

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE No for this Highlight Report. The LHP Programme has separately completed Equality and Welsh Language Impact Assessment work to support consideration of impacts, mitigations and ongoing monitoring. Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE No for this Highlight Report. The LHP Programme has separately completed Equality and Welsh Language Impact Assessment work to support consideration of impacts, mitigations and ongoing monitoring. Summary of impact:	If no, please select a reason below. Policy/Plan/Proposal too broad Named Executive/Board member sign off for no EWLIA completion: Gareth Watts, Director of Corporate Governance
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain*	This Highlight Report summarises matters considered by the Committee. Quality assessment requirements will be addressed through the relevant programmes and business cases.	

rationale for why it was not required)	
Cyfreithiol / Legal	**Yes (Include further detail below)** The Committee noted reliance on constituent Health Board governance processes and Welsh Government consideration, alongside the need for appropriate shared regional governance arrangements.
Enw da / Reputational	**Yes (include further detail below)** There are reputational implications associated with delivery of the regional programme, including public confidence in timely access to planned care and the Health Board's contribution to regional collaboration.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** There is a requirement to resource the Committee's programmes of work. This will need to be drawn from existing resources dedicated to regional activities, alongside opportunities to reduce duplication between Health Boards.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
South East Wales Regional Joint Committee	20/07/2026	Approved the Regional Orthopaedic Plan and approved onward submission of the Llantrisant Health Park OBC/FBC through constituent Health Board governance arrangements and then to Welsh Government, subject to each organisation's approval process.
Regional Development Group	10/07/2026	Approved the supporting regional work programme and papers for progression to the Committee.

Acronyms / Glossary of Terms	
SEWRJC	South East Wales Regional Joint Committee
LHP	Llantrisant Health Park

CTMUHB Public Board

Health Visiting Industrial Action: Quality & Safety Summary

Eitem yr Agenda / Agenda Item	4.4
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Richard Hughes, Executive Director of Nursing and Midwifery
Cyflwynydd yr Adroddiad / Report Presenter:	Richard Hughes, Executive Director of Nursing and Midwifery
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to note the current mitigation, recognise the residual risk, and endorse the proposed next phase of assurance and recovery planning.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below: Quality and safety; safeguarding; children and young people; population health; partnership working
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Supports delivery of safe, effective and person-centred services, with particular relevance to Duty of Quality, safeguarding responsibilities and early years prevention.

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

Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	Health Visiting services continue to operate under sustained industrial action, with less than a quarter of the workforce available at the point of the summer assurance report. The current issue is not the industrial action itself, but the mitigation required to maintain essential safeguarding, newborn, triage and targeted support functions during a period when children under five have reduced routine visibility through education settings. Industrial action is now extending to October 2026, which moves the response from short-term continuity planning into sustained risk management.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The Care Group plan has maintained essential functions through a hub model, Single Point of Access, targeted birth visits, safeguarding prioritisation, 5 to 7 month contact clinics, weighing clinics, infant feeding support, multi-agency information sharing, scrutiny of Police Public Protection Notifications, and escalation through MASH and MARAC where indicated. However, a risk-based model does not replace the universal Health Visiting offer. The residual risk is that emerging developmental, family support and early help needs may be identified later than would ordinarily be expected.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The Board is asked to support continued summer mitigation and endorse a further assurance phase focused on what the risk-based model may not fully detect. This should include review of referral patterns, missed developmental contacts, emerging need, partner intelligence, recovery planning and the ongoing impact of reduced universal provision through to October 2026.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*	1. Note the mitigation arrangements in place for Health Visiting industrial action,

Recommendation (Linked to the "What Next" section above).	with particular focus on the summer holiday period. 2. Recognise that the mitigation model is risk-based and does not represent the universal Health Visiting service offer as business as usual. 3. Endorse the next phase of assurance work to understand residual risk, including developmental support, referrals, early help, children not known to statutory services and recovery planning. 4. Support continued multi-agency oversight with Local Authorities, Police, MASH, MARAC, maternity, paediatrics, emergency departments, primary care and community services.

1. Background / Context

1.1 Health Visiting provides universal and targeted support to families with children aged 0 to 5. This includes safeguarding, infant feeding support, perinatal mental health monitoring, developmental surveillance, early identification of risk and support during the first 1,000 days.

1.2 During industrial action, the service has been required to step down elements of universal delivery and prioritise available capacity towards essential functions. The original mitigation plan identified immediate risks for newborn babies and mothers in the first 42 days, families with safeguarding concerns, domestic abuse, substance misuse, parental vulnerability, infants with faltering growth or feeding concerns, perinatal mental health concerns, children subject to Child Protection Plans, Care and Support Plans, MARAC processes, Cause for Concern categorisation and children assessed as Welsh Levels of Care 3 and above.

1.3 The workforce position has remained constrained. The original operational plan recorded 143 Band 6 Health Visitors, with 108 balloted by Unite. The summer assurance report states that less than a quarter of the workforce was available. This has required the service to maintain a prioritised model rather than full universal delivery.

1.4 The summer holiday period is a specific focus because children under five are not routinely visible through school-based safeguarding oversight. At the same time, routine Health Visiting contacts are reduced, and available staffing is further affected by annual leave. This creates a different risk profile from industrial action alone.

1.5 This paper therefore focuses on what the service is doing in mitigation, what assurance is available, and what further work is required as industrial action continues into October 2026.

2. Strategic Insights

2.1 The initial response was designed to preserve essential service functions. It was not designed to maintain the whole universal Health Visiting offer. The priority was to protect immediate safety and safeguarding functions, including birth visits, urgent safeguarding concerns, children with identified higher levels of need, and a central route for professional and family contact.

2.2 Key operational mitigations introduced during the early period included:

a) **Hub coordination:** work directed through three hubs, with Deputy Senior Nurse or Senior Nurse oversight to support triage, allocation and escalation.

b) **Single Point of Access:** a central route for families and professionals to seek advice, raise concerns and enable triage.

c) **Birth visit prioritisation:** primary birth visits offered between 10 and 14 days, with midwifery support extended where required and GP six-week checks retained as an additional point of visibility.

d) **Safeguarding work:** immediate safeguarding activity handed over before industrial action and triaged with safeguarding support.

e) **Use of wider skill mix:** community nursery nurses, community children's nurses, infant feeding support and Clinical Nurse Specialists used to support follow-up, clinics and escalation.

f) **Case conference and statutory activity:** prioritised attendance or written information for initial child protection processes and core safeguarding functions.

2.3 Early operational review identified that essential services had been maintained during the first four weeks, with all birth visits completed, all case conferences attended, WLoC 3, 4 and 5 activity completed as appropriate, and SPOA averaging around 50 calls per day. The early review also identified fragility in one hub, IT access concerns during industrial action, and the need for clear arrangements for mail opening.

2.4 As the action continued, the Care Group adapted the model. By the later review period, all essential services were maintained, 5 to 7 month contact clinics were established, weighing clinics were available in all areas, safeguarding risk assessments had been repeated, and additional support for emerging needs, including enhanced play service, was under review.

2.5 The risk register has remained live. It identifies the risk as a service and business interruption risk affecting the Healthy Child Wales Programme, Flying Start and CWTCH programmes, with potential impact on contacts, health needs assessment, data submission and early identification of need. The current risk score recorded in the July risk register was 16, categorised as high.

3. Risks and Opportunities

3.1 The current mitigation plan has been strengthened for the school summer holiday period. The main concern is that children under five may be less visible to professionals when routine education-based oversight is unavailable, routine developmental Health Visiting contacts are reduced, and family stressors may increase.

3.2 The Care Group summer plan identifies key areas of risk:

- Reduced visibility of children under five, including fewer opportunities for home observation, developmental assessment and assessment of parent-child interaction.
- Potential delayed identification of neglect, developmental concerns, safeguarding disclosure and escalating family stress.
- Increased risk of domestic abuse and hidden harm associated with financial pressure, childcare demands, family conflict, social isolation and reduced access to safe spaces for disclosure.
- Additional staffing pressure arising from annual leave during an already reduced workforce position.

3.3 The summer mitigation plan is therefore centred on multi-agency visibility, intelligence sharing and targeted response rather than routine universal contacts. The main elements are set out below.

Mitigation area	Actions in place	Intended assurance/effect
Domestic abuse and hidden harm	Awareness communications to paediatrics, emergency departments, maternity, primary care and community teams. Ask and Act and VAWDASV pathways reinforced. PPNs scrutinised. MARAC review used where domestic abuse is identified. Escalation through MASH where cumulative risk factors emerge.	Earlier recognition of domestic abuse or hidden harm where routine Health Visiting contact is reduced.
Multi-agency intelligence sharing	SPOA maintained as the central route for escalation and information sharing. Reinforcement of expectations with Local Authorities, Police, Midwifery, Paediatrics, General Practice and School Nursing. Triangulation of PPNs, ED attendances, admissions, Was Not Brought episodes, no-access visits, partner concerns and repeat contacts.	A wider system of professional visibility to compensate, in part, for reduced routine Health Visiting contacts.
Safeguarding indicators	Ongoing scrutiny of ED attendances for children under five, recurrent injury presentations, bruising and injury referrals, missed appointments, repeated no-access visits and repeat safeguarding contacts.	Earlier recognition of patterns that may indicate emerging or cumulative risk.
Children not currently known to services	Shift in focus towards families not currently open to Children's Services, children without recent Health Visiting contact, children not seen by another professional, and new	Focus on the cohort most likely to be less visible within statutory arrangements.

	safeguarding information received during the holiday period.	
Professional support and oversight	Safeguarding supervision continues, Clinical Nurse Specialists for Safeguarding are attached to each hub, and operational escalation routes continue. Attendance at MASH, strategy discussions, child protection conferences and first core groups is maintained in line with priorities.	Consistent decision-making and escalation during reduced workforce capacity.
Access for families and professionals	SPOA promoted. Partner agencies reminded of routes for raising concern. Infant feeding, weighing and advice clinics continued. 5 to 7 month contact clinics continued as an additional opportunity to identify concern.	A visible route for advice, triage and escalation during the summer period.

3.4 A multi-agency meeting took place on 15 July 2026 with Health Board and Local Authority safeguarding leaders. The meeting recognised the reduction in Health Visitor capacity, concerns about missed safeguarding issues and reduced referrals, and the need to maintain frequent information sharing. It also identified that children already in statutory processes may be more visible than those with emerging needs who are not open to Children's Services.

3.5 This has led to a more deliberate focus on children and families who do not meet statutory thresholds but may have emerging need. This is an important adjustment and should be presented as a response to scrutiny rather than a static position.

3.6 Activity evidence provides some assurance. The summer paper records 9,259 contacts through SPOA and 10,772 contacts with families through visits, clinics , and telephone consultations during the first twenty weeks of industrial action. This demonstrates continued contact, but it does not provide full assurance on the universal elements that have been stepped down.

Strategic insights

3.7 The central strategic issue is that a risk-based approach is necessary but incomplete. It enables the service to direct limited resources to child safety, newborn contacts and known or emerging safeguarding risk. It cannot fully replicate the universal Health Visiting offer, which relies on routine contact, professional observation, relationship-building, developmental surveillance and early intervention.

3.8 The summer holiday plan is a proportionate response to the current risk profile. It broadens the lens from known safeguarding cohorts to children not currently known to services, using partner intelligence and wider NHS contact points to increase visibility.

3.9 The Board should therefore receive assurance that the Care Group is adapting its mitigation as new risk emerges. The Board should also recognise that some risk remains because the service is operating below normal capacity and because the universal elements of Health Visiting are not being delivered in the usual way.

3.10 As industrial action extends to October 2026, the issue becomes one of sustained impact. The service will need to evidence not only what has been maintained, but also what has been deferred, what has been missed, and what recovery will require.

4. Compliance and Governance

4.1 The service continues to prioritise statutory and safeguarding functions, including MASH participation, strategy discussions, initial child protection conferences, initial core groups, safeguarding supervision and SPOA arrangements.

4.2 A Quality Impact Assessment has been undertaken in relation to stepped-down developmental contacts. The original plan identified the highest QIA score as 6 at that point. The risk register records the current overall service risk at 16, high, with weekly review.

4.3 Reports and updates are being shared through organisational and safeguarding governance routes. The 15 July multi-agency meeting identified further actions including sharing outputs with participants, risk register updates, discussion regarding system access or alternative information-sharing arrangements, and scheduling follow-up in September.

4.4 The governance position should remain clear: the mitigation plan reduces risk but does not remove it. It is therefore appropriate that this remains visible to Board, Care Group governance, safeguarding leadership and Local Authority partners while action continues.

4.5 Risks and opportunities:

Risk theme	Current mitigation	Residual risk	Next assurance action
Safeguarding / hidden harm	SPOA, PPN scrutiny, MASH, MARAC, LA information sharing, targeted visiting, safeguarding supervision.	Some concerns may present later where routine contact and home observation are reduced.	Track PPN themes, ED attendance, WNB, no-access visits, repeat contacts and partner concerns.
Developmental need	5 to 7 month clinics, weighing clinics, infant feeding support, wider skill mix support.	Developmental delay or parental support needs may not be identified at the usual point.	Review missed developmental contacts and referrals to speech and language, community paediatrics, early years and early help.
Children not known to services	Shift in focus to families not open to Children's Services and children not recently seen by another professional.	Emerging needs may not meet statutory threshold but still require Health Visiting support.	Create a residual risk review focused on children not known to statutory services.
Data and records	Live logs, hub triage, paper record retrieval, information sharing with partners.	Paper records and limited system access can delay information sharing.	Continue work with Local Authority partners on information access routes and designated contacts.
Workforce sustainability	Hub model, CNS support, bank staff exploration, supervision and wellbeing support.	Sustained model may affect staff capacity, continuity and recovery.	Develop recovery workforce plan and monitor sickness, turnover, staff experience and workload.

Reputation and confidence	Board reporting, multi-agency meetings, risk register, summer assurance plan.	External scrutiny may increase if assurance over residual risk is unclear.	Provide clear, balanced reporting that distinguishes maintained essential services from reduced universal offer.

5. Benchmarks

5.1 No formal external benchmarking data has been provided with this paper. The Care Group operational plan notes that Health Visiting contacts in England within the first six weeks are fewer than those mandated in Wales. This may provide context but should not be used as a direct assurance measure because the Welsh service model and statutory context differ.

5.2 The more meaningful benchmark for this purpose is internal comparison over time. Future assurance should include comparison of referral volumes and themes before and during industrial action, including safeguarding referrals, early help referrals, developmental referrals, speech and language referrals, infant feeding contacts, ED attendance, WNB patterns and repeat PPN activity.

6. Conclusion

6.1 The Health Visiting Service has maintained essential functions during industrial action through a risk-based service model. This has included birth visits, safeguarding response, SPOA, targeted clinics, hub coordination, wider skill mix support and multi-agency escalation routes.

6.2 The school summer holiday period creates additional risk because children under five may have fewer routine opportunities to be seen by professionals. The Care Group has responded by increasing the focus on domestic abuse, hidden harm, PPNs, Emergency Department and WNB indicators, partner intelligence and children not currently known to Children's Services.

6.3 The Board can take assurance that the mitigation plan is active, adaptive and supported by multi-agency working. The Board should also recognise that risk remains. The current model is necessary because of reduced capacity, but it is not the universal Health Visiting offer. The next phase must therefore evidence what is being identified, what may be missed, and what recovery will require as industrial action extends to October 2026.

Future considerations

6.4 The next phase should explicitly examine what the risk-based approach may not fully detect. This is not a criticism of the mitigation model. It is a necessary step because the Health Visiting role is broader than an immediate safeguarding response.

6.5 The proposed scope should include:

a) Review of missed Healthy Child Wales Programme developmental contacts and the potential impact on identification of developmental concern.

b) Analysis of referral patterns into safeguarding, early help, speech and language, community paediatrics, perinatal mental health, infant feeding and other early years support.

c) Review of children not currently known to Children's Services who have not recently been seen by Health Visiting or another professional.

d) Triangulation with Local Authority, Police, maternity, paediatrics, emergency departments, primary care and community services.

e) Assessment of backlog and recovery requirements once industrial action ceases or capacity improves.

f) Clear communication with families and partner agencies about available routes for advice, support and escalation.

6.6 The recovery plan should distinguish between immediate safety work, deferred mandated contacts, developmental support, family support, data quality, staff wellbeing and partner confidence. This will help the Board understand the implications beyond October 2026.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 1a
	If more than one applies please list below: Strategic risks 2 and 8.

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

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Leadership
	If more than one applies please list below:

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

Asesiad Effaith Impact Assessment

Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): NEUTRAL Summary of impact: Potential negative impact if access routes, communication or reduced contact affect families differently. Outcome for Welsh Language (delete as appropriate): Unable to determine at this stage. Summary of impact: Awaiting assessment of availability of Welsh language staff available within the health visiting service.	If no, please select a reason below. Emergency Named Executive/Board member sign off for no EWLIA completion: R Hughes
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Completed for stepped-down development contacts, with continued need for review as duration extends. The QIA should be revisited as industrial action continues to October 2026 and as evidence emerges about missed or delayed need.	
Cyfreithiol / Legal	**Yes (Include further detail below)** Risk requires continued oversight. Safeguarding duties, information sharing and statutory child protection activity remain central controls. Any inability to meet required contacts or assessments should be recorded and escalated.	
Enw da / Reputational	**Yes (include further detail below)** High external interest and confidence risk. Senedd Member scrutiny has focused on whether the approach provides sufficient assurance during school holidays. Reporting must be balanced, evidence-based and clear about residual risk.	

Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** Significant people impact. Sustained reliance on limited Health Visitor capacity, hub coordination, Midwifery, multi-professional and CNS input, wider skill mix and partner services creates ongoing operational and recovery pressure.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Care Group senior nursing, Health Visiting and safeguarding leads	Ongoing during industrial action	Development and revision of operational mitigation plan, QIA, risk register review and summer holiday assurance plan.
Health Board and Local Authority safeguarding leaders across three Local Authorities	15 July 2026 (Last meeting).	Reviewed capacity, safeguarding and referral concerns, information sharing, summer risk and the need to focus on children not currently known to statutory services.
CQAP / Safeguarding Board governance routes	Ongoing / as scheduled	Updates and reports to be shared and risk register updated as required.
Senedd Members	Week preceding this briefing, as advised by Executive Director	Scrutiny focused on assurance regarding the Health Board approach, with particular concern about the school summer holiday period.
Quality, Safety, Experience Committee	Verbal summary 21/07/2026 following supplementary question from the Committee Chair	Report to be shared following Board.

Acronyms / Glossary of Terms	
ALN	Additional Learning Needs
CNS	Clinical Nurse Specialist

CWTCH	Local early years/family support Programme referenced in Care Group documentation
ED	Emergency Department
HCWP	Healthy Child Wales Programme
IA	Industrial Action
LA	Local Authority
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
PPN	Police Public Protection Notification
QIA	Quality Impact Assessment
SIP	Sharing of Information in Pregnancy
SPOA	Single Point of Access
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence
WLoC	Welsh Levels of Care
WNB	Was Not Brought

CTMUHB Public Board

Chairs Report

Eitem yr Agenda / Agenda Item	5.1
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Jonathan Morgan, UHB Chair
Cyflwynydd yr Adroddiad / Report Presenter:	Jonathan Morgan, UHB chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Jonathan Morgan, UHB chair
Diben yr Adroddiad / Report Purpose:	For Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	Members of the Board are asked to: • **NOTE** the report. • **RATIFY** the Affixing of the Common Seal as captured in section 3.1

1. Background

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

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

2. Specific Matters for Consideration

2.1 Chair Update

Over the past month I have started my Chair's summer tour which is proving a valuable opportunity to visit a range of our services and to thank our staff for what they do across CTM. The Board will understand the

direction of travel for the NHS as articulated by the Welsh Government, where we will see a greater emphasis on relocating services closer to our communities, relying less on our larger hospitals, and a renewed effort to make better use of our community hospitals, integrated services and primary care.

Reimaging how we deliver our health services will require an ambitious conversation with our communities and staff. There will be support for services being seen and felt closer to where people live, and reducing the reliance on our bigger hospitals for those things we can do better more locally. There will be challenges too. We duplicate services across our three bigger hospitals, and some services are not designed in a way that maximises the work of our staff or leads to the best patient outcomes we can deliver.

Our community hospitals – having again been to Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda – are a reminder of their importance as we reshape our services. At YCC I met with staff in our dementia services, saw the new and exciting development of a Women's Health Hub, and saw the challenges of older people stuck in hospital because of the lack of social care capacity. At YCR I spent time with staff in our stroke rehabilitation ward, minor injuries ward and with the incredible team planning patient discharge across all our sites.

More of our Board activity will focus on our community provision. This Board meeting is the start with a dedicated item focusing on community and primary care provision. If we are to reshape our services towards communities, we'll need a line of sight to know if we are making a difference, and to do so with pace and persistence.

2.2 Independent Member Recruitment Update

I can confirm that Dilys Jouvenat's term as Independent Member of the Board is due to end on the 2 August 2026. Dilys has been a committed Independent Member of this Borad for the past 8 years and has brought a wealth of experience and expertise from her background in local government, the trade union movement and crucially the third sector. I would like to take this opportunity to place on record my sincere thanks to Dilys for her service to the Health Board and I wish her all the very best for the future.

The recruitment process for the Independent Member, Third Sector role is underway with interviews planned for the 25 September 2026.

2.3 Board Briefings and Board Development Sessions

2.3.1 The Board briefing held on the 11 June 2026 focussed on the following key areas as a Board:

- Prince Charles Hospital Emergency Department GMC position
- Financial Audit
- Month 2 Finance update
- Maesteg
- Independent Member Third Sector
- Specialist Palliative Care
- WG meeting to discuss streamlining process
- WG meeting re Community by Design in Primary Care

2.4 CTMUHB Health Board Meeting

The Extra Ordinary Health Board Meeting held on the 29 June 2026 covered the following:

- CTMUHB - Annual Report and Annual Accounts 2025-26
- Joint Commissioning Committee Annual Governance Statement 2025-26
- National Imaging Academy Governance Compliance Statement 2025-26
- Joint Commissioning Committee Annual Accounts 2025-26
- Head of Internal Audit Opinion and Annual Report 2025-2026
- Audit of the Financial Statements (ISA 260) Report (including the Letter of Representation and Audit Opinion)

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
- Independent Member Appraisal Meetings
- Executive Director / Chair – Walkround at Research & Development Department at RGH.
- NHS Wales Peer Group Event
- NHS Confed Conference in Manchester
- Senedd drop in event: Meeting Welsh NHS Leaders
- Powys THB Visit to Prince Charles Hospital
- Community by Design Reference and Advisory Group
- Meeting with Internal Audit
- Chairs Development Session
- AFC Introductory meeting with RPB Cwm Taf Morgannwg
- Extra Ordinary Audit, Risk & Assurance Committee
- A Population Health Approach to HealthCare Delivery in Wales Workshop

- Meeting between Welsh Government Health and Care Ministers and NHS leaders
- Meeting with CEO and Health Inspectorate Wales (HIW)
- Board Briefing Meeting
- Visit to YCC & Tonteg
- Remuneration & Terms of Services Committee
- Quality Improvement Annual Showcase 2026
- CTM Community Leaders' Network meeting
- Meet with Chairs for Aneurin Bevan UHB and Cardiff and Vale UHB
- Regional Joint Committee OD Supplier Interviews
- SE Wales Regional Joint Committee
- Visit to Ysbyty Cwm Rhondda (YCR) Hospital
- Visit to Keir Hardie Health Park
- Board Briefing/IM Catch Up Chair and CEO
- Consultant interview panels
- Welsh NHS Confederation Management Committee Meeting
- Visits to Prince Charles Hospital and Glanrhyd Hospital

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;

- **Agreement between Cwm Taf Morgannwg University Local Health Board and MTX Contracts Ltd whose Registered Office is Innovation House, Lower Meadow Road, Wilmslow, Cheshire, SK9 3ND -** NEC4 Engineering and Construction Contract Option C for works comprising Design and Construction of Llantrisant Health Park – Community Diagnostic Hub (Phase 1).
- **Agreement between Cwm Taf Morgannwg University Local Health Board and Mace Consult Limited whose Registered Office is 155 Moorgate, London, EC2M 6XB -** call off contract For Regional Project Manager for the Maesteg Health and Wellbeing Centre Hub-And-Spoke Primary Care Development.
- **Minor Works Building Contract between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd whose Registered Office is Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL** relating to the electrical periodic inspection and addressing of subsequent remedial issues at Princess of Wales Hospital as identified within the 'Specification for Electrical Systems.
- **New Engineering and Construction Contract Short Contract between Cwm Taf Morgannwg University Health Board and 2D Building Contractors Ltd of Unit 19b Ely Valley Industrial Estate, Pontyclun, Wales, CF72 9DZ.**

- **Agreement between (1) Cwm Taf Morgannwg University Health Board and (2) MTX Contracts Limited whose registered office is at Innovation House Lower Meadow Road, Handforth, Wilmslow, Cheshire, England, SK9 3ND (3) Ideal Building Systems Limited whose registered office is at Lancaster Road, Carnaby Industrial Estate, Bridlington, East Yorkshire, YO15 3QY -** Vesting Certificate – Subcontractor.
- **Agreement between Kier Hardie Health Park between (1) Cwm Taf Morgannwg University Health Board and (2) Janet Davies and Huw Davies -** Lease relating to GP Practice 1 Surgery Premises.
- **Agreement between Kier Hardie Health Park between (1) Cwm Taf Morgannwg University Health Board and (2) Padma Nannarpaneni -** Lease relating to GP Practice 2 Surgery Premises.
- **Kier Hardie Health Park between (1) Cwm Taf Morgannwg University Health Board and (2) Shyama Velupillai and Mair Strinati and Alexander Aubrey -** Lease relating to GP Practice 3 Surgery Premises.
- (**Phase 1) between (1)Cwm Taf Morgannwg University Health Board (2) MTX Contracts Limited whose Registered Office is at Innovation House, Lower Meadow Road, Handforth, Wilmslow, Cheshire, England, CK9 3ND and (3) Ideal Building Systems Limited whose registered office is at Lancaster Road, Carnaby Industrial Estate, Bridlington, East Yorkshire, YO15 3QY -** Vesting Certificate subcontractor relating to Llantrisant Health Park.

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

4. Assessment

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales

Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies please list below:

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

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

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

rationale for why it was not required)	
Cyfreithiol / Legal	Yes (Include further detail below) Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

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

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

CTM Health Board

Speaking Up Safely Update

Eitem yr Agenda / Agenda Item	5.3
Dyddiad y Cyfarfod / Date of Meeting:	30 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Rachel Breen – Speaking Up Safely Co-ordinator Gareth Watts – Director of Corporate Governance/Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts – Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board is asked to **NOTE** that the Audit, Risk and Assurance Committee considered the detailed assurance position on Speaking Up Safely on 19 May 2026 and was able to take reasonable assurance from the triangulated evidence presented; and **NOTE** the areas for continued focus as arrangements mature, particularly consistency of feedback, organisational learning, reporting maturity and continued oversight of culture and speaking up.

1. Situation / Background

1.1 This report provides the Board with a high-level assurance update on Speaking Up Safely arrangements within Cwm Taf Morgannwg University Health Board, drawing together the detailed assurance considered by the Audit, Risk and Assurance Committee on 19 May 2026 and the operational update considered by the Operational Delivery Committee.

1.2 Speaking Up Safely is a nationally mandated requirement under the Welsh Government NHS Wales Speaking Up Safely Framework. The Framework

requires Boards to ensure that staff can raise concerns safely, confidentially and without fear of detriment, supported by visible leadership, effective governance and appropriate independent assurance.

1.3 The Health Board has strengthened its arrangements through refreshed guidance, dedicated Speaking Up Safely Guardians, the Work in Confidence platform, multiple confidential and anonymous routes, and a programme of communication and engagement to improve visibility and accessibility.

1.4 The Board can take reasonable assurance that arrangements are established, aligned to the national framework and operating in practice. This assurance is drawn from nationally aligned policy and guidance, Internal Audit Reasonable Assurance, operational evidence from Work in Confidence, governance oversight and workforce evidence from the NHS Wales Staff Survey.

Assurance source	Board-level assurance provided
Internal Audit	Reasonable Assurance conclusion, confirming that core arrangements are appropriately designed and operating, with actions identified to support further maturity.
Work in Confidence and Guardian model	Evidence that concerns can be raised confidentially and managed through a dedicated process, with staff able to access digital, email, telephone and direct Guardian routes.
Governance oversight	Detailed scrutiny through ARAC, operational review through ODC, and planned ongoing annual assurance reporting with escalation where significant themes, issues or risks require Board attention.
Staff Survey and workforce insight	Improvement in staff confidence to raise concerns provides a positive direction of travel, while also confirming the need for continued focus on visible action, timely feedback and psychological safety.

1.5 Early activity indicates that the available routes are being used. As of 30 June 2026, 21 approaches had been received across all communication mechanisms. The dataset remains small and should not be over-interpreted, but the main themes emerging to date relate to management concerns, discrimination/inequality and patient safety. These themes will be triangulated with wider workforce, equality, quality, safety, complaints, patient experience and local culture intelligence as reporting matures.

1.6 The 2025 Staff Survey provides a further triangulation point, showing improvement in the "Raising concerns" sub-theme from 56% in 2024 to 62.2% in 2025, with 66.4% of respondents locally indicating that they felt able to speak up in their workplace. This is encouraging but also confirms

the need for continued focus because a significant minority of staff do not yet respond positively.

2 Specific Matters for Consideration

2.1 The Board is asked to consider whether the triangulated assurance provides sufficient confidence that arrangements are established and operating; whether it is sighted on the areas requiring further maturity; and whether planned next steps are sufficient to strengthen feedback, learning, thematic reporting and escalation as the service embeds.

3 Assurance, Key Risks / Matters for Escalation

3.1 The Board can take reasonable assurance that Speaking Up Safely has been implemented within CTMUHB, with dedicated Guardians, multiple reporting routes, confidentiality safeguards and governance oversight in place. Internal Audit has provided Reasonable Assurance and the Staff Survey shows improvement in relevant indicators of confidence and reporting culture.

3.2 The key risks are that arrangements remain at an early stage of maturity, staff confidence may not be sustained without timely feedback and visible action, early themes may be over-interpreted without triangulation, and service resilience will need to be maintained as demand and expectations increase.

3.3 These risks are being mitigated through the Speaking Up Safely Action Plan, continued engagement, strengthening of reporting and feedback arrangements, and planned triangulation with wider workforce, quality, safety, equality and culture intelligence.

3.4 There are no matters requiring immediate escalation to the Board beyond the continued oversight described in this report. Future assurance reports should provide clearer evidence of outcomes, themes, learning, user feedback and any systemic changes arising from concerns raised.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 3 – organisational culture, leadership and staff experience. Speaking Up Safely supports mitigation by strengthening routes for staff to raise concerns, enabling earlier identification of themes and supporting learning, openness and psychological safety. If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Culture & Valuing People	
	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): NEUTRAL Summary of impact: Neutral overall impact. The report provides an assurance update and does not propose a change to policy, service provision or access. Speaking Up Safely is intended to support all staff to raise concerns safely, including concerns relating to discrimination, inequality, management practice, behaviour and workplace culture. Continued engagement, multiple access routes and triangulation with equality and workforce data will help identify and address any barriers to speaking up. Outcome for Welsh Language (delete as appropriate): NEUTRAL Summary of impact: Neutral overall impact. The report does not propose any change to Welsh language service provision. Communications and	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:

	engagement should continue to reflect the Health Board's Welsh language duties and ensure staff can access information and raise concerns through appropriate routes.	
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Positive/neutral quality impact. The report does not introduce a clinical service change; however, Speaking Up Safely supports quality, safety and learning by enabling staff to raise concerns, including those relating to patient safety, culture, systems and processes. Continued reporting, feedback and triangulation with quality and patient safety intelligence will support organisational learning.	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	**Yes.** Strengthening speaking up arrangements supports organisational openness, learning and staff confidence to raise concerns.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes.** Delivered within existing approved resources; ongoing resilience of the Speaking Up Safely team is identified as a key risk.	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Audit, Risk and Assurance Committee	19 May 2026	The Committee considered the detailed assurance position and was able to take reasonable assurance from the triangulated evidence presented.
Operational Delivery Committee	28 July 2026	The Committee received the operational update, including early activity, engagement and learning themes.

Acronyms / Glossary of Terms	
SUS	Speaking Up Safely

WIC	Secure online platform that enables two-way confidential communication between staff and a Speaking Up Safely Guardian.

5. Next Steps

5.1 The next stage will focus on embedding and evidencing impact through continued engagement and promotion, including:

- Speak Up Month in October 2026;
- Implementation and monitoring of the Speaking Up Safely Action Plan;
- Development of feedback mechanisms, including a planned user feedback survey;
- Improved thematic reporting; and triangulation with wider workforce, equality, culture, quality, patient safety, complaints and patient experience data.
- Future assurance reporting through ARAC will provide the Board with clearer evidence of themes, outcomes, learning and any required escalation.

2026-27 Finance Report

Month 3

Summary

Situation	Background
This Finance report outlines our financial performance for Month 3 (i.e. the period to 30th June 2026). This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 3 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 26/27 was submitted to Welsh Government (WG) at the end of March 2026. This plan showed a breakeven position with a net risk to the plan of £38.6m. A formal response to the plan is awaited from WG. As the Health Board has an approved plan and has achieved a breakeven position over the last 2 financial years (2024/25 & 2025/26), delivering the breakeven plan in 2026/27 would allow the Health Board to meet its financial duties.

Summary

Assessment	Recommendation
Overall revenue position - 2026/27: • The M3 position reported a £2.2m in month deficit giving a year to date deficit of £7.4m against our plan. • The current year forecast break-even position has been maintained at M3. • The risks to the breakeven forecast have been assessed at £38.6m. **Recurrent revenue position:** • The submitted IMTP for 2026/27 planned for an underlying recurrent surplus of £0.3m by the end of 2026/27. • As at M03 we are maintaining a forecast underlying surplus at the end of 2026/27 of £0.3m. This will require mitigating savings plans of £15.8m to be achieved. **Cashflow:** • In M3 the cash balance was £6.3m, comprising £3.3m revenue and capital of £3.0m. **Capital position:** • The Capital Resource Limit for 2026-27 of £133.529m was issued on the 30th June 2026. • Expenditure to 30.06.26 amounted to £15.656M • The outturn capital position is breakeven	The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 30th June 2026.

Contents

Executive Summary

Overall Revenue Position	• The M3 position reported a £2.2m in month deficit, giving a £7.4m year to date deficit. • The forecast current year break-even position has been maintained at M3. • The forecast recurrent position has been maintained at £0.3m surplus at M3. • The net opportunities/risks to the forecast break even position at M3 is £38.6m (M2: £54.3m) which are summarised on Page 21.
Savings Position	• Actual savings in M3 was £1.5m with year to date savings of £2.3m, which was £5.5m below the year to date target of £7.8m. • The M3 forecast in year savings is £16.0m, which is £15.3m below the £31.3m target. • The M3 forecast recurrent savings is £17.0m, which is £14.2m below the £31.3m target
Cash	• In M3 the cash balance was £6.3m, comprising £3.3m revenue and capital of £3.0m.
Capital	• The Capital Resource Limit for 2026-27 of £133.529m was issued on the 30th June 2026. • Expenditure to 30.06.26 amounted to £15.656M • The outturn capital position is breakeven

Summary
Income & Expenditure Account

	M3 Actual	M3 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(132.3)	(390.2)	(1576.4)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.0)
03. Welsh NHS Local Health Boards & Trusts Income	(5.9)	(17.6)	(70.6)
04. WHSSC Income	(1.1)	(3.7)	(15.1)
05. Welsh Government Income (Non RRL)	(0.5)	(0.7)	(2.7)
06. Other Income	(4.7)	(13.9)	(55.3)
Total Allocations & Income	**(144.5)**	**(426.1)**	**(1720.1)**
08. Primary Care Contractor	15.0	44.8	182.0
09. Primary Care - Drugs & Appliances	9.4	28.0	108.2
10. Provided Services - Pay	67.1	198.9	791.7
11. Provider Services - Non-Pay	10.4	29.7	116.4
12. Secondary Care - Drugs	5.2	14.8	60.7
13. Healthcare Services Provided by Other NHS Bodies	26.5	78.6	313.2
14. Non-Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.6	22.4	85.5
16. Other Private & Voluntary Sector	0.9	2.7	7.8
17. Joint Financing and Other	1.4	4.1	18.5
18. Losses Special Payments and Irrecoverable Debts	0.4	1.2	3.2
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.7	8.2	32.8
23. AME Donated Depreciation\Impairments	0.0	0.0	0.1
25. Profit\Loss Disposal of Assets	0.0	(0.1)	(0.0)
Total Expenditure	**146.7**	**433.5**	**1720.1**
Grand total	**(2.2)**	**(7.4)**	**0.0**

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The M03 year to date position is reporting a deficit of £7.4m.
- We are currently forecasting a year end break-even position.
- The main drivers of pressure in achieving the forecast break even position are:
  - Savings shortfall currently £15.3m
  - Clinical Negligence cost pressures – At M3 the position is reporting over £0.6m more than plan.
  - Continuing Health Care cost pressures – At M3 the position is reporting £0.9m over plan.
  - Provider LTA Income shortfall – At M3 the position is reporting £1.0m shortfall against plan.
  - Activity driven non pay growth

Year-to-Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.4	1.4	0.0
Month 3	3.8	5.2	0.0
Month 3	2.2	7.4	0.0

Key Points:

- The M03 YTD overspend of £7.4m includes a £5.5m shortfall in savings.
- The initial financial plan assumed that 2025/26 was the final year of EPMA financial support, the Health Board has recently been informed that £1.9m funding will be provided by DHCW for 2026/27, this has resulted in a £0.5m improvement in M3.
- 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 M3 Year-to-Date £m	M3 Forecast £m	Recurrent Forecast £m	IMTP £m
Savings Shortfall	5.7	(0.2)	5.5	15.3	14.2	0.0
Operational Variances	3.1	(0.8)	2.4	2.4	0.0	0.0
Plan Phasing Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Financial Plan Improvements	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocation	0.0	(0.5)	(0.5)	(1.9)	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	(15.8)	(14.2)	0.0
Grand Total	**8.8**	**(1.5)**	**7.4**	**0.0**	**(0.3)**	**0.0**

Key Points:

- The M03 position is reporting a £7.4m deficit (overspend) against the plan, of which £8.8m relates to delegated budgets.
- The main driver of the deficit position is the £5.5m shortfall in savings delivery.
- Additional Financial Allocations of £1.9m (£0.5m YTD) has been confirmed for EPMA programme.
- Mitigating actions of £15.8m have yet to be identified, and it is essential that savings plans are identified to meet this requirement.
- 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 3 (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 @ M02 £m	Non-Delegated Recurrent @ M02 £m	Total Recurrent @ M03 £m	Total Recurrent @ Prev Mth £m
Initial Financial Plan	**(0.3)**	**0.0**	**(0.3)**	**(0.3)**	**(0.3)**
Savings Variances	0.0	15.0	(0.7)	14.2	16.5
Operational Variances	0.0	0.0	0.0	0.0	0.0
Financial Plan Variances	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocations	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	(15.0)	0.7	(14.2)	(16.5)
Grand Total	**(0.3)**	**0.0**	**(0.3)**	**(0.3)**	**(0.3)**

Key Points:

- The B/fwd recurrent deficit at the end of 2025/26 was £9.2m, the submitted IMTP for 2026/27 planned for an in-year recurrent surplus of £9.5m giving an underlying surplus of £0.3m by the end of 2026/27. The latest assessment is maintaining a £0.3m underlying surplus.
- The latest savings returns have indicated recurrent savings of £17.0m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £14.2m.
- As at M3 the underlying position recognises a requirement for £14.2m of mitigating actions.

Non-Delegated Reserves

Reserves	Plan £m	Issued @ M03 £m	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
IMTP Demand & Cost Pressures	4.3	0.1	4.2	2.9	(1.2)	0
IMTP Non-Recurrent Plans	0.5	0.0	0.5	0.5	0	0
Local Planned Care Reserves	1.4	0.0	1.4	1.4	0	0
Pre-committed business cases	2.0	0.0	2.0	0.1	(1.9)	0
Grand Total	8.2	0.1	8.1	4.9	(3.1)	0

Key Points:

- The approved plan identified £8.2m of reserves yet to be issued to delegated budgets.
- As at M3, £8.1m remains within the non delegated budgets. Funding will be issued as pressures and demands materialise through the year.
- The latest forecast assumes that £3.1m of the reserves will not be required and will be released to support the balanced financial plan. This is anticipated to be a non recurrent benefit only.
- Further detail of the Pre committed business cases is provided on the next page.

IMTP Prior Committed Plans

Investment Plans	Plan £m	Issued @ M02	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
EMPA Business Case	1.9	(0.0)	1.9	0	(1.9)	0
Digital Cellular Pathology Bus Case	0.1	0	0.1	0.1	0	0
Grand Total	**2.0**	**(0.6)**	**1.4**	**0.1**	**(1.9)**	**0.0**

Key Points:

- The approved plan identified £2.0m of prior approved business case commitments, as at M2, £0.0m has been confirmed and issued.
- Following confirmation from DHCW that the EPMA costs in 2026/27 will be funded, the initial planning requirement of £1.9m can be released to support delivery of the break even financial plan.

Pay Expenditure Trends

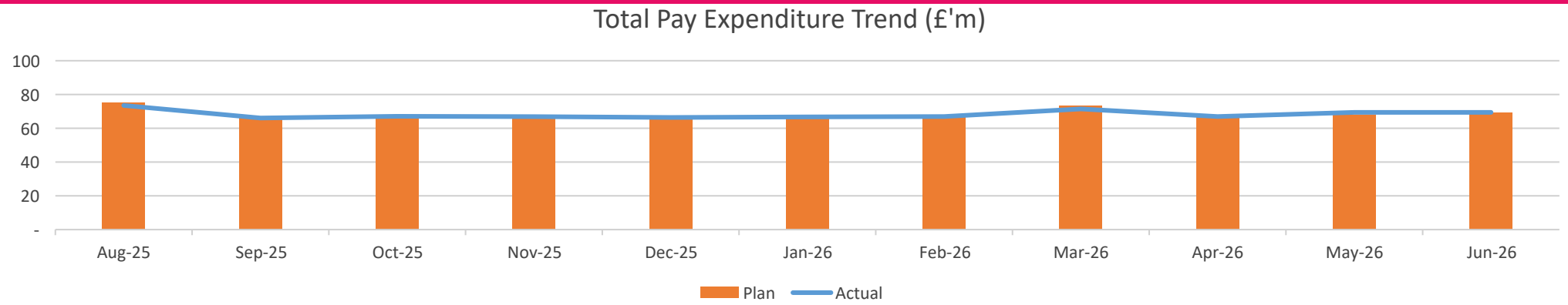
Staff Group	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Administrative & Clerical	8.9	9.1	9.2	9.1	9.1
Medical And Dental	18.2	17.3	18.5	19.3	18.4
Nursing And Midwifery Registered	21.0	20.6	21.3	20.9	20.9
Add Prof Scientific And Technical	2.1	2.2	2.2	2.2	2.2
Additional Clinical Services	10.1	8.5	8.9	8.7	8.7
Allied Health Professionals	4.3	4.2	4.3	4.2	4.2
Healthcare Scientists	1.2	1.2	1.2	1.2	1.2
Estates And Ancillary	2.7	3.8	3.9	3.7	3.8
Students	0.0	0.0	0.0	0.0	0.0
Grand Total	**68.4**	**66.9**	**69.4**	**69.4**	**68.6**

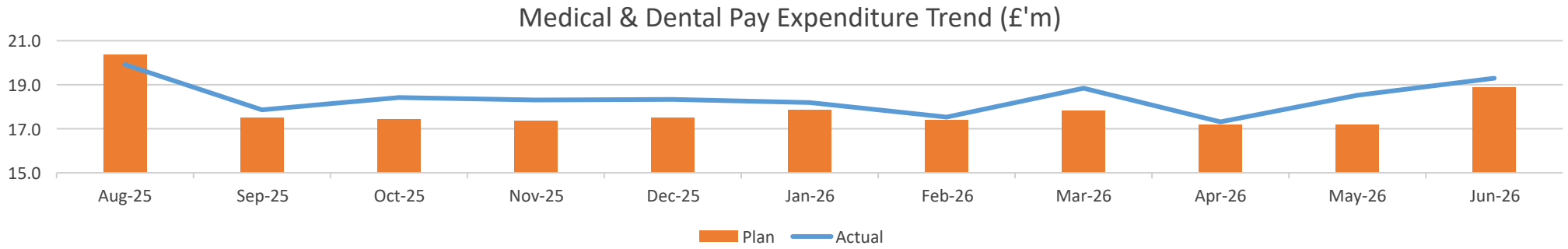
Spend category	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Core	61.0	60.8	61.7	62.8	61.8
Agency	2.0	1.5	1.8	1.4	1.6
Overtime	1.8	1.5	1.6	1.4	1.5
ADH	1.6	1.5	2.2	1.4	1.7
Bank	1.7	1.6	1.9	1.8	1.7
WLI	0.2	0.0	0.3	0.6	0.3
Grand Total	**68.4**	**66.9**	**69.4**	**69.4**	**68.6**

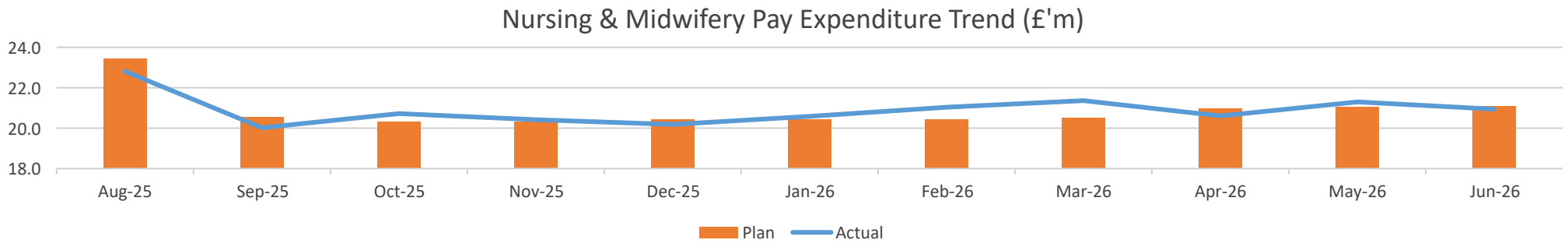
Key Points:

- Total pay expenditure in M03 was £69.4m. This is equal to M02.
- When compared with the M02 actual, the following variable pay movements occurred:
  - Increase in Core costs of £1.1m
    - Medical Pay award totalling £1.0m in arrears paid in M3.
  - Decrease in Agency of £0.4m
  - Decrease in Overtime of £0.2m
  - Decrease in ADHs of £0.8m
  - Decrease in Bank of £0.1m
  - Increase in WLIs of £0.3m

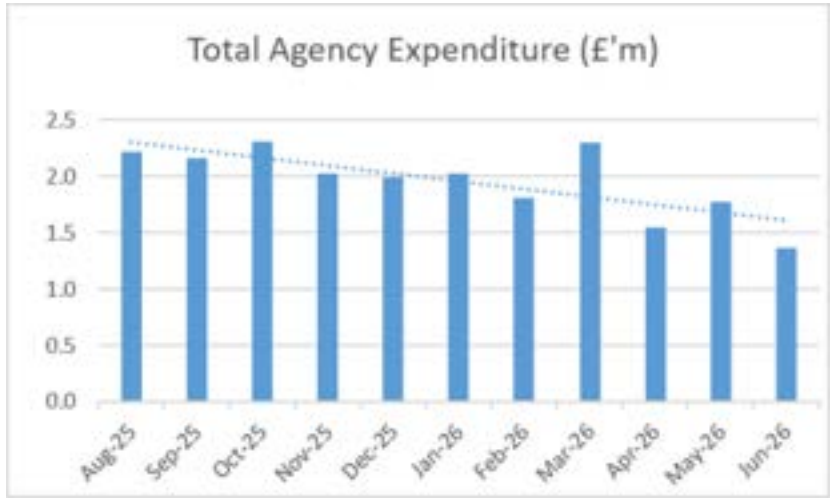
Pay Expenditure Trends

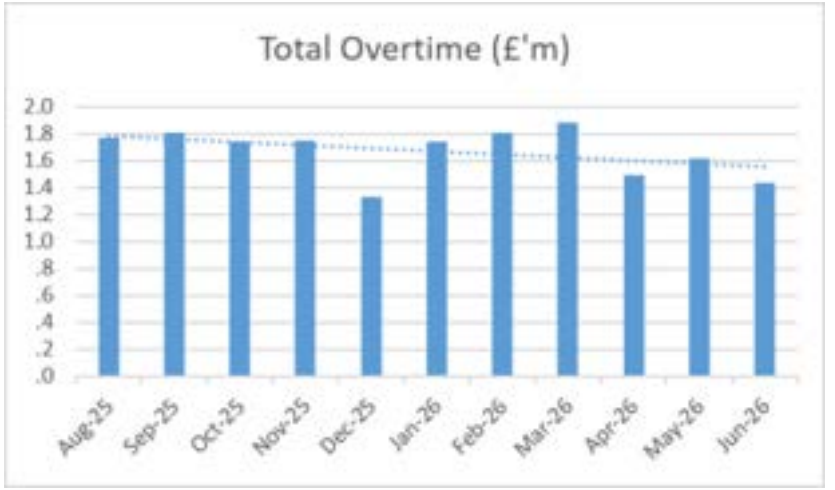


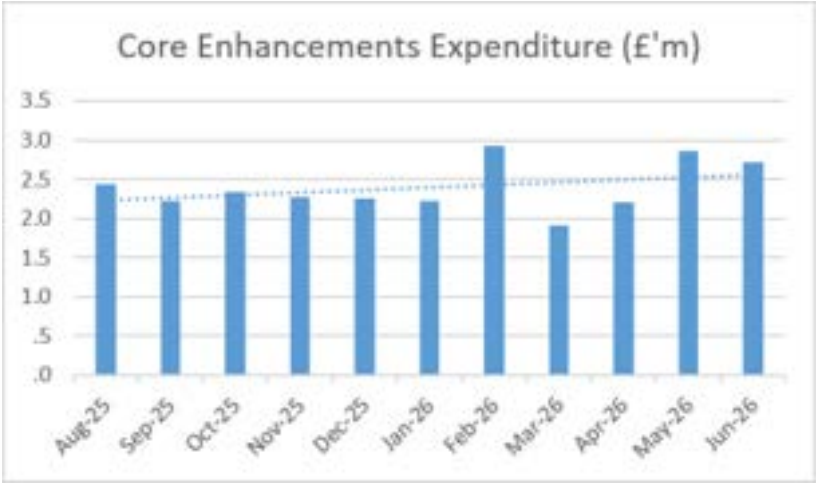


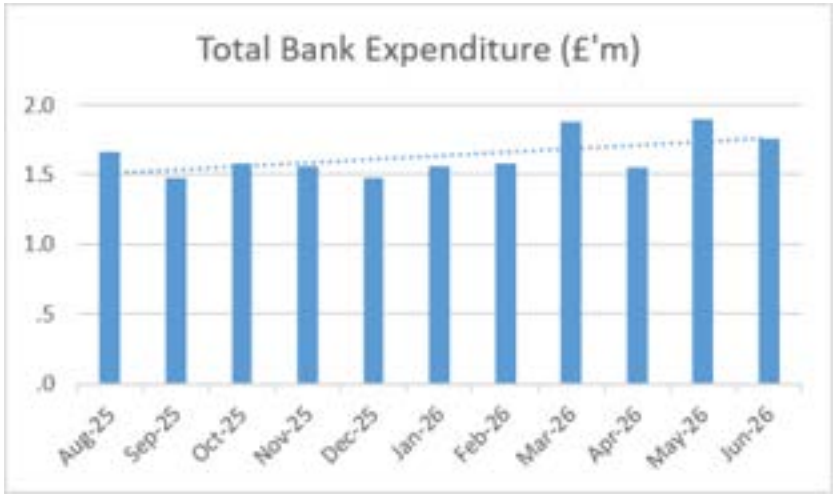


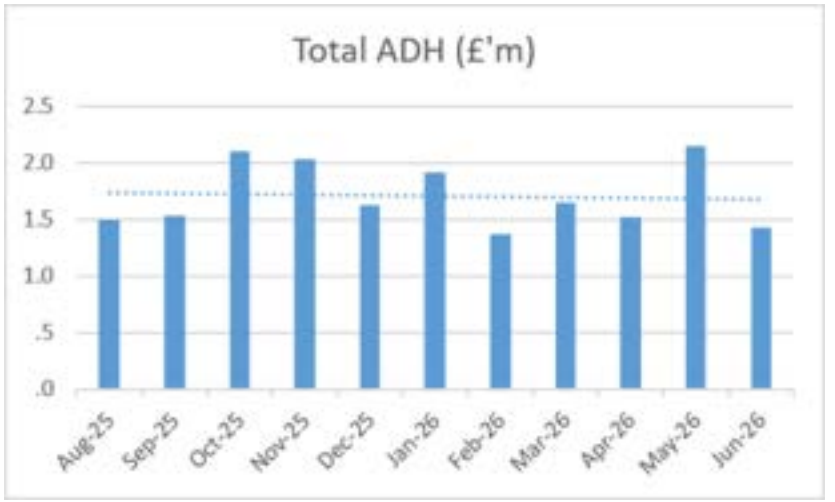
Variable Pay Expenditure Trends









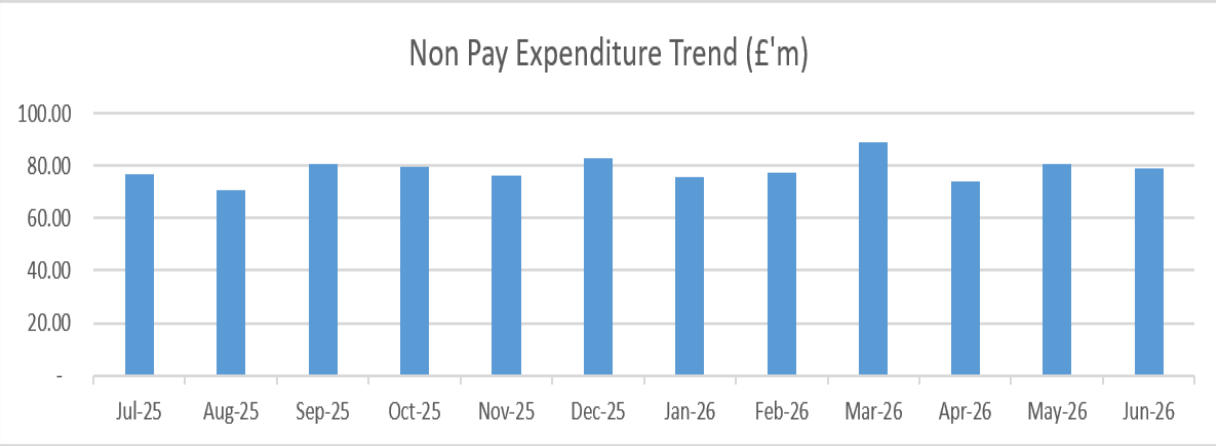


Key Points :

- Agency spend – has decreased by £0.4m but overall, a downward trend.
- Overtime – has decreased by £0.2m when compared to M02, but overall, a decreasing trend.
- Core enhancements – has decrease by £0.1m when compared to M02, with an increasing trend.
- Bank – has decreased by £0.1m, with an upward trend.
- ADH spend – has decreased by £0.8m, with a flat trend.

Non Pay Expenditure Trends

Non Pay Group	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Primary Care Contractors	14.9	13.9	14.0	14.1	14.0
Primary Care Drugs	8.8	8.9	9.8	9.4	9.3
Provider Non Pay	11.7	9.5	9.7	10.4	9.9
Secondary Care Drugs	4.7	5.0	4.6	5.2	4.9
Healthcare Commissioning	26.0	26.2	26.0	26.5	26.2
CHC & FNC	7.7	7.6	8.2	8.1	8.0
Other	6.8	2.9	8.4	5.5	5.6
Total Expenditure	**80.6**	**73.8**	**80.7**	**79.1**	**77.9**



Key Points:

- The total spend in M03 of £79.1m was £1.6m higher than M02. The main movements were:
- Increase in Provider Non-Pay by £0.7m, Non-Pay has deteriorated in month as a result of the following:
  - £0.2m increase in T&O as a result of increased activity.
  - £0.1m increase in Ophthalmology due to Cataracts.
  - £0.2m increase in Diabetes expenditure.
- Increase in Secondary Care Drugs by £0.6m, as a result of increased volume of items issued compared to M2 for NICE.
- Decrease in Other of £2.9m. This is the result of the prior months capital adjustment in M2 returning to normal levels.

Income Trends

Income Group	Qtr4 Ave £'m	Apr-26 £'m	May-26 £'m	Jun-26 £'m	Qtr1 Ave £'m
Welsh NHS Income	6.9	6.2	5.5	5.9	5.9
JCC Income	1.2	1.2	1.3	1.1	1.2
Primary Care Contractor Income	1.2	1.1	1.1	1.2	1.2
CHC Income	0.8	0.8	0.8	0.7	0.8
Other Income	6.0	4.0	5.2	4.7	4.6
Total Income	**16.1**	**13.3**	**13.9**	**13.7**	**13.6**

Key Points:

- The total income in M03 of £13.7m was £0.2m lower than M02.
- The main movements were:
  - NHS Income – Increase in M03 when compared to M02 due to an increase in LTA income as a result of increased patient activity.
  - Other Income - £0.5m decrease as a result of :
    - Medicines Management reduction of Primary Care prescribing of £0.4m. This is due to a catch up of rebates in M2, now returning to normal levels.

Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,386	32.2	27.8	99.5	1,545.5
Anticipated Allocations:					
Capital	(2.5)				(2.5)
Welsh Risk Pool	(5.3)				(5.3)
Payaward 26/27	21.9				21.9
M&D Pay Award 26/27	7.1				7.1
Discovering a Digital Solution	1.6				1.6
ESR Recharges	1.5				1.5
GP IM&T Refresh Programme				1.4	1.4
AHW Prevention & Early Years	0.9				0.9
Other	3.9			0.4	4.3
Total Allocations	**1,415.1**	**32.2**	**27.8**	**101.3**	**1,576.4**

Key Points:

- As at M03 the confirmed Revenue Resource Limit (RRL) allocation was £1,545.5m.
- We are anticipating a further £30.9m of funding.

Income Assumptions - NHS

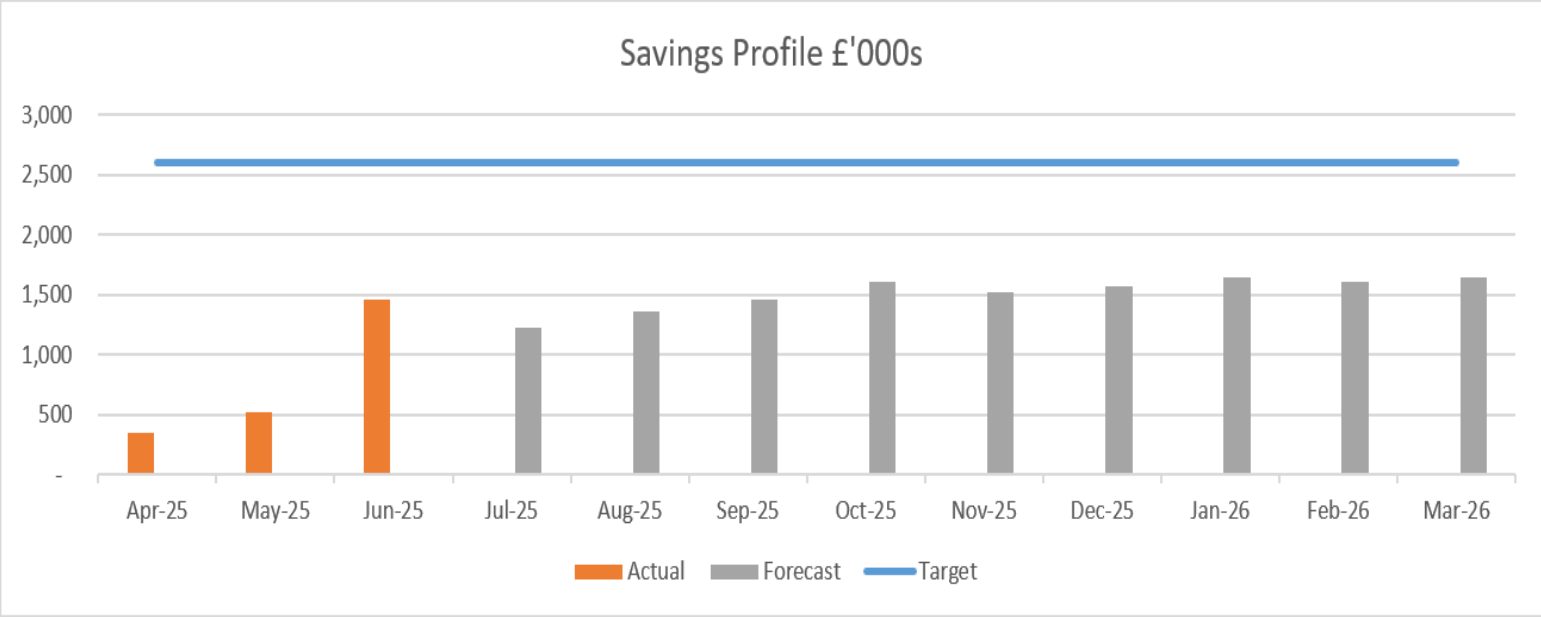
	Contracted Income	Non Contracted Income	Total Income
	£m	£m	£m
Swansea Bay University	25.0	0.0	25.0
Aneurin Bevan University	18.0	1.3	19.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	20.1	1.6	21.6
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.4	0.9
Powys	8.2	0.1	8.2
Public Health Wales	1.2	3.9	5.1
Velindre	0.0	11.5	11.5
DHCW	1.6	0.1	1.7
Wales Ambulance Services	0.0	0.1	0.1
JCC	14.0	0.2	14.1
HEIW	0.0	20.4	20.4
NHS Wales Executive	0.0	0.0	0.0
Total	**88.6**	**39.9**	**128.5**

Key Points :

- Following agreement of the financial values for the 2026/27 LTAs, Documents for the 2026/27 LTAs have been submitted to all providers and commissioners for signature.
- LTA's for ABUHB, Hywel Dda UHB, SBUHB and Velindre NHST have been agreed with both commissioners and providers.
- The remaining LTA's are awaiting signoff or further queries.

Savings

	Month 3			Month 2		
	YTD	26/27	Rec	YTD	26/27	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M3	7.8	31.3	31.3	5.2	31.3	31.3
Actual and Forecast Savings	(2.3)	(16.0)	(17.0)	(0.8)	(14.4)	(14.7)
Total	5.5	15.3	14.3	4.4	16.9	16.6



Key Points:

- The M03 YTD savings is reporting £0.8m of identified savings, which is £5.5m below the YTD target of £7.8m.
- The forecast in year savings of £16.0m is £15.3m below the £31.3m target.
- The M03 forecast recurrent savings of £17.0m is £14.3m below the £31.3m target.

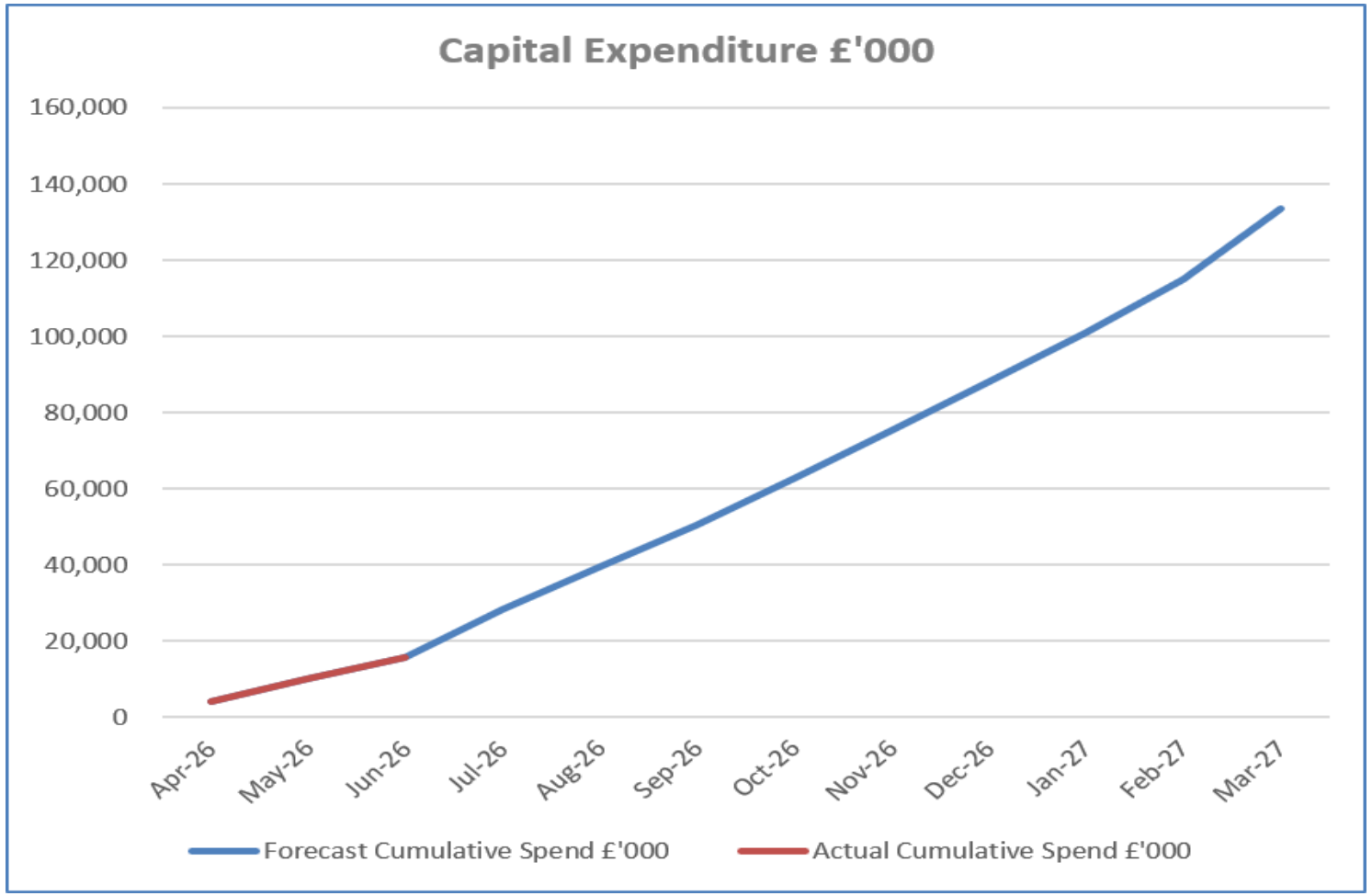
Risks & Opportunities

	Risk Level L/M/H	M3 £m	M2 £m	Comment
Funding risks:				
Risk of the 2026/27 pay award not being fully funded	M	Tbc	Tbc	Assumed to be fully funded in 2026/27
HMRC Travel Allowance change April 2026	L	Tbc	0.5	Assumed to be fully funded in 2026/27
Risk of the Resident Dr Contract changes not being fully funded	L	Tbc	1.3	Assumed to be fully funded in 2026/27
WG recurrent allocation for Welsh Risk Pool Pressure not being fully funded	L	18.4	18.4	Recognised as Directed by WG.
DPIF Funding Risks on committed expenditure	M	Tbc	Tbc	Awaiting confirmation of 26/27 EPMA funding
Other risks:				
Delivery Risk on Identified Savings Plans	M	0.7	1.7	Table C3
Delivery Risk on Savings plans yet to be identified	M	8.0	16.9	Unidentified mitigations, risk adjusted
Delegated Risk Assessments	H	8.2	8.2	Risk adjusted cost pressures
Delegated Risk Assessments – Medium Risk		0.0	3.0	Incorporated into item above
Health Visitors Band 6 Dispute	M	0.8	0.8	
NWJCC Plans not delivering	L	Tbc	2.0	JCC reporting nil risk
LTA Disputes	H	Tbc	Tbc	
Planned Care target pressures	M	Tbc	Tbc	
Pay & Employment disputes	M	Tbc	Tbc	
Primary Care Prescribing NCSO	M	1.0	1.0	NCSO continues
CHC Growth above Plan	M	Tbc	Tbc	
Energy Forecast	H	0.5	0.5	NWSSP Energy Forecast
Retention of Dental Underspend	L	1.0	0.0	
Total Risks		**38.6**	**54.3**	
Opportunities				
Balance sheet opportunities in 26/27	H	Tbc	Tbc	
Retrospective VAT recoveries	M	Tbc	Tbc	
NWSSP Distribution Opportunities	M	Tbc	Tbc	
Total opportunities		**(Tbc)**	**(Tbc)**	
Net Risk		**38.6**	**54.3**	

Key Points:

- As at M03 we have identified risks to the forecast, amounting to £39.6m.
- There is a small number of potential opportunities that could help mitigate the identified risks which have yet to be confirmed.

Capital Expenditure



Key Points:

- The Capital Resource Limit for 2026-27 of £133.529m was issued on the 30th June 2026.
- This is supplemented by a forecast of £0.000m of donated funds and £0.000m of NBV of assets disposed of in this financial year giving an overall programme of £133.529m.
- Expenditure to 30.06.26 amounted to £15.656M.
- The outturn capital position is breakeven.

Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2026) £'000	Closing Balance as at M3 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	796,175	804,208	796,175
Intangible Assets	2,927	2,927	2,927
Trade and Other Receivables	104,127	104,127	104,127
Total Non-Current Assets	**903,229**	**911,262**	**903,229**
Current Assets			
Inventories	8,048	8,031	8,031
Trade and Other Receivables	117,362	127,906	115,706
Cash and Cash Equivalents	4,880	6,342	317
Non Current Assets Classified as Held for Sale			
Total Current Assets	**130,290**	**142,279**	**124,054**
Current Liabilities			
Trade and Other Payables	213,179	187,598	207,450
Provisions	52,860	73,521	61,251
Total Current Liabilities	**266,039**	**261,119**	**268,701**
Non-Current Liabilities			
Trade and Other Payables	16,750	16,750	16,750
Provisions	103,749	103,749	103,749
Total Non-Current Liabilities	**120,499**	**120,499**	**120,499**
TOTAL ASSETS EMPLOYED	**646,981**	**671,923**	**638,083**
Financed By:			
General Fund	507,326	532,268	498,428
Revaluation Reserve	139,655	139,655	139,655
TOTAL	**646,981**	**671,923**	**638,083**

Key Points :

The main changes in the balance sheet figures from opening balance to M03 include the following:

- Provisions have decreased by £7.7m since M11, this is mainly due to an increase in the level of provision required for clinical negligence cases.
- Trade and other payables have decreased by £25.6m in the first three months. This is due to a large reduction in NHS accruals as year-end creditors are paid, and a reduction in capital creditors and general AP control creditors from year-end.
- Provisions have increased by £20.7m, this is due to an increase in value of clinical negligence claims over the past 3 months. .
- The trade and other receivables balance has increased due to the money owed from WRP in relation to the increase in the clinical negligence provision. This has been offset by general reduction in AR control debtors from year-end.

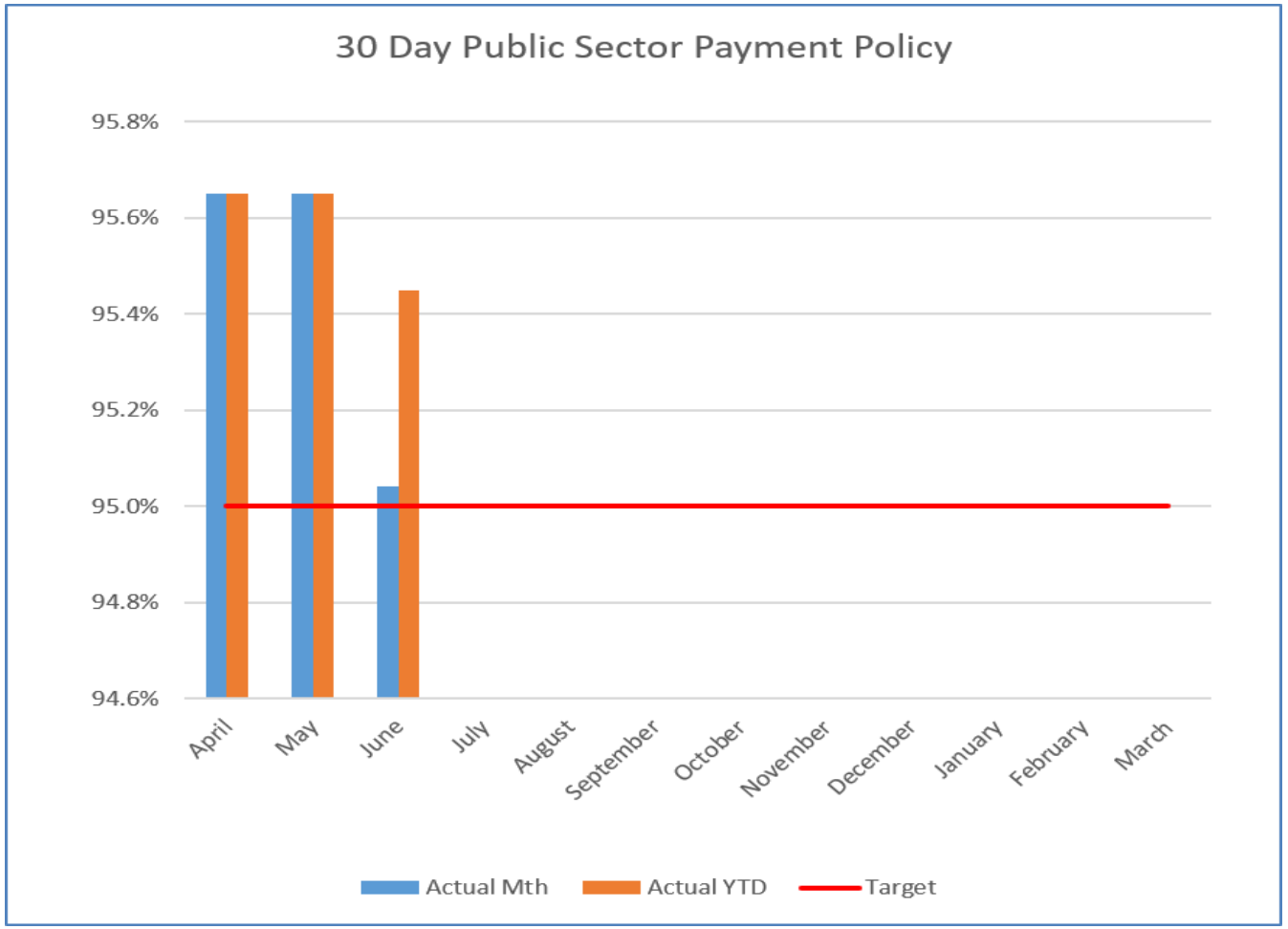
Cash Flow Forecast

Cash flow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	134,206	132,083	129,883	145,000	116,232	126,900	135,900	116,900	144,900	119,400	127,400	124,989	1,553,793
WG Capital Funding	14,000	12,500	1,400	3,900	5,400	9,600	7,200	10,500	6,700	10,900	11,600	42,418	136,118
Sale of Assets	84	1	0	0	0	0	0	0	0	0	0	0	85
Welsh NHS Org'ns	14,146	10,225	13,448	12,000	12,000	13,000	12,000	13,000	12,000	12,000	13,000	16,000	152,819
Other	3,375	6,769	5,840	5,000	6,000	8,000	9,000	6,000	6,000	6,000	6,000	10,000	77,984
Total Receipts	**165,811**	**161,578**	**150,571**	**165,900**	**139,632**	**157,500**	**164,100**	**146,400**	**169,600**	**148,300**	**158,000**	**193,407**	**1,920,799**
Payments													
Primary Care Services	21,258	21,156	24,602	32,035	9,613	22,043	29,266	9,609	35,886	9,967	21,463	21,648	258,546
Salaries and Wages	68,227	68,151	68,908	74,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	831,286
Non Pay Expenditure	62,165	62,059	54,650	57,000	56,000	57,000	58,000	57,000	58,000	58,000	58,000	61,200	699,074
Capital Payments	13,029	5,559	6,734	6,266	6,009	9,546	7,255	10,459	6,675	10,975	11,547	42,402	136,456
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	**164,679**	**156,925**	**154,894**	**169,301**	**140,622**	**157,589**	**163,521**	**146,068**	**169,561**	**147,942**	**160,010**	**194,250**	**1,925,362**
Net Cash In/Out	1,132	4,653	(4,323)	(3,401)	(990)	(89)	579	332	39	358	(2,010)	(843)	
Balance B/F	4,880	6,012	10,665	6,342	2,941	1,951	1,862	2,441	2,773	2,812	3,170	1,160	
Balance C/F	6,012	10,665	6,342	2,941	1,951	1,862	2,441	2,773	2,812	3,170	1,160	317	

Key Points within the Cash Flow Forecast :

- In M3 the cash balance was £6.3m, comprising £3.3m revenue and capital of £3.0m. This is close to the targeted balance of £6m.At this point there is no expected drawdown of working balances or strategic cash.
- At this point there is no expected drawdown of working balances or strategic cash.

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30-day target in May was 95.0%.
- The cumulative percentage year to date is 95.5%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.

CTMUHB Public Board

Llynfi Valley Engagement Plan

Eitem yr Agenda / Agenda Item	7.2
Dyddiad y Cyfarfod / Date of Meeting:	30/07/26
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Simon Blackburn, Natasha Weeks, Dale Stolzenberg
Cyflwynydd yr Adroddiad / Report Presenter:	Simon Blackburn
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	None
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Choose an item. Improving care Inspiring people Sustaining our future Creating health
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	The Llynfi Valley Health and Wellbeing Centre development is a key part of our programme to transform community services provision as part of our Strategic Clinical Services Plan (SCSP). The IMTP is the overarching statutory plan that incorporates this and has deadlines for the development of the SOC / OBC business case within it this year.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:
Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	This plan provides the framework for public engagement across the Llynfi Valley during the next phase of the Healthy Futures Maesteg (HFM) programme. It has been designed working closely with Llais and describes the principles, audiences, methods, workstreams, governance and delivery phases that will guide engagement activity. It will be used by programme, communications, engagement, operational and partner teams to plan, coordinate, deliver and review engagement activity.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	This engagement plan sets out how Cwm Taf Morgannwg University Health Board (CTM UHB) will involve people, communities and stakeholders in the next phase of the HFM programme, following the Health Board's decision on 21 May 2026 to progress with a single preferred option for a Llynfi Valley Health and Wellbeing Centre. It describes how engagement will take place in a structured, inclusive and transparent way so that local voices help shape the next phase of the conversation.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	This plan, which will be the subject of ongoing discussion with Llais, Welsh Government and third-sector partners, will be used to guide the delivery of engagement activities across the Llynfi Valley and Maesteg.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board is asked to note the objectives, methodologies and actions set out in this plan.

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

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

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*	Outcome for Equality (delete as appropriate): NEUTRAL Summary of impact:	If no, please select a reason below. Policy/Plan/Proposal too broad Named Executive/Board member sign off for

Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Welsh Language (delete as appropriate): NEUTRAL Summary of impact: Engagement content and activities developed and delivered through this plan will be subject to EQIA to ensure they are accessible and meet Welsh language standards and best expectations.	no EWLIA completion: Simon Blackburn
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Links to the broader Llynfi Valley Health and Wellbeing Centre development.	
Cyfreithiol / Legal	Yes (Include further detail below)	
	The legal duties relating to this engagement are outlined and addressed in the report	
Enw da / Reputational	Yes (include further detail below)	
	The sensitive nature of the changes this engagement is designed around means there are reputational risks associated with the activity.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (include further detail below)	
	There is a risk to the engagement programme if resources applied for through the Integration and Rebalancing Capital Fund (IRCF) via the Regional Partnership Board (RPB) is not forthcoming. Awaiting outcome.	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Llynfi Valley Project Board	09/07/2026	

		Updated report to be shared.

Acronyms / Glossary of Terms	
N/A	N/A

Developing health and wellbeing for the Llynfi Valley

Public Engagement Plan, Cwm Taf Morgannwg University Health Board

Background

This engagement plan sets out how Cwm Taf Morgannwg University Health Board (CTM UHB) will involve people, communities and stakeholders in the next phase of the Healthy Futures Maesteg (HFM) programme, following the Health Board's decision on 21 May 2026 to progress with a single preferred option for a Llynfi Valley Health and Wellbeing Centre.

The plan builds on the extensive pre-engagement activity undertaken between January 2023 and May 2026. It describes how engagement will continue in a structured, inclusive and transparent way so that local voices help shape the next phase of the conversation.

We recognise that criticism has been made of the Health Board regarding the engagement process undertaken to date and that this has impacted trust and confidence among some of the decision-making process.

Importantly, through the feedback of some local people, stakeholders and representatives, the Health Board is acutely aware of the issues that matter most to certain segments of the Maesteg community, particularly in relation to the history of existing facilities and community bed provision.

This feedback will help inform the ways in which we will engage, how audiences and engagement platforms are prioritised and the language we use.

Legal and policy context

The next phase of engagement will be framed and guided by the key legal duties and national guidance governing service change and public engagement in Wales.

See Appendix 2.

Purpose of this engagement plan

This plan provides the framework for public engagement across the Llynfi Valley during the next phase of the HFM programme.

It describes the principles, audiences, methods, workstreams, governance and delivery phases that will guide engagement activity.

It will be used by programme, communications, engagement, operational and partner teams to plan, coordinate, deliver and review engagement activity.

Strategic approach to engagement

Engagement aim

The core aim is to deliver a transparent, inclusive and continuous programme of engagement that gives everyone in Maesteg and wider Llynfi Valley a meaningful opportunity to have their voice heard. This includes families and carers, people who rely on services now, older residents with long-standing connections to local NHS services, and children and young people who may only have just begun to engage with NHS services. In addition, we will engage actively with staff, local partners such as Bridgend County Borough Council and Llais, locally elected representatives, community groups and seldom-heard communities.

Our engagement will also describe how proposals and opportunities for improvement are informed by and contribute to the Health Board's Strategic Clinical Services Plan (SCSP), which aims to improve the sustainability, accessibility and effectiveness of our acute, primary, community and mental health services.

Our SCSP is the means by which we will deliver 'CTM 2030: Our Health, Our Future', our organisational strategy to deliver our vision of 'building healthier communities together.' This is the premise behind all we do and is built around a recognition that to build healthier communities requires seismic shifts in the nature of our service provision – to an increasingly digitally delivered, prevention focussed, community based and population need informed service.

Image 1

What the programme aims to achieve

Our engagement programme aims to:

- Establish and maintain trust and relationships with communities
- Embed community voices and lived experience into planning and delivery
- Support robust, assured decision-making

How the programme will work

Our engagement programme will:

- Ensure engagement activities respond to the needs of our communities, using a range of approaches that reflect different levels of access, knowledge, confidence, language, literacy, digital inclusion and preference
- Use clear, consistent and fact-based approaches that can evolve as feedback, evidence and programme milestones develop.
- Support local people to be aspirational about the future of health and wellbeing care services in their area.

During this next phase of public engagement, we will align with established good practice in public engagement and change management, including 'change management guidance from the Consultation Institute', the 'NHS Ladder of Engagement and Participation' *(Image 2)* and the Llais service

change protocol - principles that have guided the pre-engagement phase until May 2026.

Image 2

What we will ask of those we engage with

It is important that local people – the current and future users of NHS services in Maesteg, the Llynfi Valley and beyond – can engage meaningfully, based on facts and accurate information. We will ask those we engage with to be respectful of differing opinions and respectful of an engagement process that aims to ensure everyone's voice can be heard.

Where inaccurate or misleading information is shared, the Health Board will use the appropriate channels to challenge this and provide corrections, with the aim of providing the public with the accurate details they need to engage.

What we are engaging on

Engagement activity will be organised around two core programme workstreams, with the SCSP providing the overarching clinical and system context. Each workstream will have tailored engagement activity, stakeholder mapping and key messages, while remaining connected to the wider SCSP programme.

Where possible, engagement activities such as drop-in sessions, pop-up events and milestone public meetings will provide opportunities to discuss both workstreams together. This will maximise reach, reduce duplication for communities and help people understand the relationships between the new health and wellbeing centre, the future of the Maesteg Community Hospital site, the configuration of community beds across the wider

Bridgend County Borough and how that moves services closer to a transformed model of care.

Core workstreams

Following discussion at May's Public Board meeting, where community beds was identified as one of three future engagement workstreams within the next phase of the engagement plan for Maesteg and the Llynfi Valley, a decision has been taken to streamline this engagement programme.

Community beds will be a key and integral component of two workstreams: (1) the development of the Llynfi Valley Health and Wellbeing Centre at Ewenny Road, and (2) the future of the Maesteg Community Hospital site.

This approach supports the integration of community beds across both workstreams. This will enable engagement activity to consider, in a joined-up way, the rationale for the relocation of Maesteg Community Hospital beds in 2020, the factors underpinning the Health Board's continued position, and the future design and delivery of community services across Cwm Taf Morgannwg in line with the Health Board's SCSP.

- **Workstream 1: Development of Ewenny Road Health & Wellbeing Centre**

Focus: Access, design and user experience

- **Workstream 2: Future of Maesteg Community Hospital Site**

Focus: Community asset, protecting heritage and identity and future use

Scope of engagement

It is important that the Health Board is transparent about what aspects of health and care services in Maesteg, the Llynfi Valley and surrounding communities can and will be influenced through public engagement. Accordingly, the section below describes what is 'in-scope' (can be influenced through engagement) and what is 'out of scope' (cannot be influenced through engagement):

1. Llynfi Valley Health and Wellbeing Centre at Ewenny Road

In-scope:

- How the new centre can reflect local history and heritage, and what makes people feel connected to the area.
- How the preferred Ewenny Road option is developed, including access, transport, parking, wayfinding and the practical experience of using the site.

- How local priorities are reflected in the way in which services are delivered, including urgent treatment, outpatient provision, mental health, integrated services and prevention / early support.
- The rationale and explanation for the removal of community beds from Maesteg Community Hospital in 2020, that maintained position, and the way in which community services across CTM will be designed and delivered to meet needs effectively. This will include public engagement as part of the Health Board's SCSP.
- How we can address concerns raised through engagement, particularly around access, travel cost, inclusion, equity and continuity of local care.
- How community feedback is reported back and acted upon, including visible 'you said / we heard / we are testing / we changed' reporting to improve transparency and trust.

Out-of-scope:

- Re-starting the full options appraisal from scratch.
- What clinical services are provided and the statutory requirements that need to be met.
- The capital funding available.
- Community pharmacy and community dental services within this project.
- The formal approval route, which remains subject to Health Board governance, Welsh Government business case processes, planning approvals and affordability tests.

2. Future of Maesteg Community Hospital site

In-scope:

- The guiding principles for the site's future use, including how it could continue to serve Maesteg and the Llynfi Valley in a meaningful, respectful way
- Broad categories of future use that may be acceptable and beneficial, such as community-focused health, care (including senior independent living accommodation), wellbeing, civic or complementary public uses (other uses can also be considered, where appropriate).
- Heritage, memory and identity, including which features and stories matter most to local people and how they could be carried forward into future use on this site or the health and wellbeing centre site.

- Community expectations for stewardship and transition, including what good management of the site should look like between services being service transferred and future long-term use.
- Who should be involved in shaping future options, including residents, elected members, staff, partners, community organisations and heritage interests.
- The rationale and explanation for the removal of community beds from Maesteg Community Hospital in 2020, that maintained position, and the way in which community services across CTM will be designed and delivered to meet needs effectively. This will include public engagement as part of the Health Board's SCSP.

Out-of-scope:

- Reopening of the preferred option decision taken.
- A guarantee of any specific final use of the site, while recognising that engagement will help inform its future.
- Addressing wider health concerns locally, including GP access, waiting times or broader service pressures.
- Operational matters already governed elsewhere.
- Other issues related to the sale, redevelopment or legal transaction details not yet determined.

Key messages

Key messages will evolve over the duration of the programme and will inform all engagement and communication resources and activity. They will be kept clear, consistent and fact-based, while remaining flexible enough to respond to feedback, evidence and programme milestones.

They will focus on two primary narratives:

- what has come before and how we respect the history and personal experiences and stories relating to Maesteg Community Hospital in proposals for its future use;
- what is to come for health and wellbeing services in Maesteg and the Llynfi Valley; the future investment into the current and future population.

Messages will be maintained and updated through the engagement working group, working with Health Board colleagues and community partners to ensure that language, emphasis and content remain relevant, accessible and aligned across the programme.

Distinct message sets will be developed over the course of the engagement period (refined through engagement outputs), one for each engagement strand, so that communications can reflect the specific issues, audiences and decisions associated with each workstream while maintaining consistent overarching programme messages.

Messages will be informed by, and will specifically reference, the Health Board's SCSP, which provides important, system-wide context and direction.

Overall key message

The project has now reached a preferred-option stage, but it is not yet complete.

Engagement will focus on refining the preferred Llynfi Valley Health and Wellbeing Centre proposal, addressing community concerns and helping shape our response to important local health and wellbeing issues, including the impact of community beds not returning to Maesteg, while also informing separate discussions about the future of the Maesteg Community Hospital site.

Our commitment is to be candid, specific and respectful. We will engage openly with people and be clear about what is and is not open to influence. We will not raise unrealistic expectations by seeking views on matters where formal decisions have already been taken and there is no scope for change. However, we will actively seek feedback, opinions and lived experience to help shape our response to local health and wellbeing issues that are important to the community.

Key messages

1. We will be clear about what has already been decided and what people can still influence. The preferred option is to build the new Health and Wellbeing Centre at Ewenny Road. Local people can still help shape important details, including access, transport, parking, how local history is reflected, and what happens next with the Maesteg Community Hospital site.
2. Having relocated community beds from Maesteg Community Hospital in 2020, we will describe why the Health Board made that decision and why the beds have not returned. We know this matters deeply to many people and it is important that the issue of community beds is understood and articulated within the context of the Health Board's overall model for acute, community, and primary care services and

therefore formal engagement on this issue will be undertaken through the engagement programme for the SCSP.

3. The future of the Maesteg Community Hospital site is a separate but clearly connected issue to the Health and Wellbeing Centre. No final decisions have been made about its long-term use. We want local people and partners to help agree what should matter most in deciding its future.
4. We understand that people have strong feelings about Maesteg Community Hospital, local access to services, community beds, and the decision-making process. We will listen carefully, involve people properly, and make sure concerns about issues such as travel, access, heritage and community impact are considered and addressed wherever possible.
5. We will show people how their feedback is being used. We will explain what we have heard, what we are doing in response, what is still open for consideration, and what cannot change, with clear reasons why.

Partnership and stakeholder mapping

Engagement activity across each of the workstreams will be developed and agreed in partnership with Llais and community partners, ensuring independent oversight and alignment with best practice in public engagement.

A comprehensive stakeholder mapping approach will be undertaken to support engagement across each workstream, leveraging established relationships with the Llynfi Valley Stakeholder Reference Group (Appendix 3), which includes local elected representatives and Maesteg Community Hospital League of Friends, to ensure engagement reaches all communities, including seldom heard and underrepresented groups, enabling inclusive, equitable and representative participation.

Priority audiences will include key Equality groups, particularly people with protected characteristics, for example children, people with disabilities (including mental health and learning disabilities), carers as well as those experiencing socio-economic disadvantage.

Equality groups for CTM UHB are defined as:

- Age (particularly older communities and children)
- Marriage and civil partnership
- Sexual orientation (LGB+)

- Gender Reassignment (we specifically say Trans, Non-binary and Intersex Communities)
- Pregnancy and Maternity
- Race and ethnicity
- Religion or belief
- Sex (Men/Women)
- Disability (including mental health and learning disabilities)
- Socio-economic (low- income communities)
- Carers
- Armed forces

We will use the Four Voices of Change framework[1] as a co-production tool, enabling communities, partners and stakeholders in Maesteg and the Llynfi Valley to shape the programme together, creating the shared understanding, relationships and ownership needed to deliver meaningful and sustainable change for current and future generations.

[1] Dr Helen Bevan is a Professor of Practice in Health and Care Improvement at Warwick Business School, University of Warwick. Her **Four Voices of Change framework** provides a practical approach to creating the relational conditions needed for change. Drawing on international thinking (Bill Bannear), the framework recognises that meaningful and sustainable change occurs when the four voices of **Intent, Experience, Capability and Connection** are brought together. By valuing lived experience alongside professional expertise, strategic direction and trusted relationships, the framework helps create the conditions for collaboration, shared ownership and collective action across communities, partners and services.

During phases 1 and 2, we will be engaging on an ongoing basis with key partners and local communities to identify stakeholders and engagement opportunities using this stakeholder engagement approach for involving people with interest in the identified workstream engagement.

Engagement activity and channels

Engagement activity across the programme workstreams will be co-developed with Llais and relevant partners to support independent oversight, credibility and alignment with good practice.

CTM UHB will focus on taking engagement to communities through hyper-local outreach. This will happen via trusted local networks and settings, including schools, housing providers, third sector organisations, local businesses, support networks, community leaders and well-known community venues.

Engagement opportunities across the two key workstreams will be made clear and accessible via the dedicated Healthy Future Maesteg microsite and amplified through other engagement channels.

Blended engagement methods

Communities will have access to multiple engagement routes for accessing clear, accessible and transparent information, ensuring communities can see how their input influences outcomes and supporting informed and meaningful public involvement and participation. Engagement will be delivered through a blended approach, including face-to-face activity,

partnership collaboration, direct stakeholder engagement, digital channels, traditional printed resources, media activity and storytelling.

Our engagement programme will:

- Utilise all CTM UHB communication channels to reach communities, patients, service users, staff and stakeholders.
- Deliver a targeted social media programme to support continuous engagement across the workstreams, maximise reach, promote opportunities to take part, gauge sentiment and provide timely factual information.
- Invest in and use stakeholder engagement tools, including Orlo where appropriate, to support social listening, analysis of reach and engagement, insight gathering and agile responses to emerging issues.
- Further develop and proactively promote the dedicated Llynfi Valley / Healthy Futures Maesteg website as the central source for public documents, FAQs, event information, videos, images, survey links and updates.
- Respect and reflect preferred language, including Welsh, informed by an Equality Impact Assessment (EQIA).

How we will engage

Engagement will be carried out in a variety of ways to ensure that people across the target communities have opportunities to take part in ways that work for them, and that their feedback can meaningfully influence planning, decision-making and delivery.

Our primary engagement approaches are:

- Face-to-face engagement and events
- Partnership collaboration
- Direct stakeholder engagement
- Digital engagement, including social media and web
- Traditional printed resources
- Media activity
- Engagement through storytelling
- Visible leadership and spokespeople

Face-to-face engagement and events

We will adopt a hyper-local approach, optimising public engagement through existing and new community networks and engagement structures, and by connecting this engagement programme into other established

programmes including regional working in South East Wales and the CTM UHB SCSP, to reach more people effectively.

Face-to-face engagement will provide opportunities for direct discussion between CTM UHB, members of the public and stakeholders. This will include drop-in sessions in local public spaces, pop-up stands in high-footfall locations such as supermarkets, high streets and community events, milestone town hall events to share feedback on what has been heard, and attendance at existing events run by third sector and community partners.

Partnership collaboration

CTM UHB will work with third sector organisations, community partners, local businesses and trusted networks to extend the reach of engagement. Engagement materials and assets will be shared with partners to support third-party conversations, with clear feedback mechanisms built in so that insight gathered through partner activity is captured and considered.

This will include working with charities, schools, childcare settings, cafés, community venues, libraries and local networks to cascade information through established and trusted channels. CTM UHB will also work with colleagues through the Llynfi Valley SRG / CTM Community Leaders' Network to gather insight on the accessibility and effectiveness of engagement channels, language and materials.

The Community Leaders Network is a partnership forum of circa 130 members, that connects third sector partners and community organisations across Cwm Taf Morgannwg to our Health Board's ambition of improving population health outcomes by 'Building Healthier Communities Together'.

The Network is key to engaging our communities and third sector partners in the population health agenda; looking at how we deliver the best care and services possible for our patients and communities, how we ensure communities feel fully informed of the support and services available to them, and how we can work in partnership to support people to manage their own health and care, as independently as possible.

Direct stakeholder engagement

Bespoke stakeholder sessions will be arranged for elected representatives, key interest groups and community representatives, including groups with a specific interest in the Llynfi Valley and Maesteg. These sessions will provide space to discuss issues of concern, clarify information, explore

opportunities and ensure that stakeholder feedback is captured alongside wider public engagement.

Digital engagement: social media

Social media will be used to support the engagement programme by maximising the reach of timely, fact-based content; promoting opportunities to take part; encouraging engagement actions such as survey completion; signposting to face-to-face opportunities; and enabling engagement through established community groups and pages.

Social media also presents challenges, including misinformation and rapidly changing public sentiment. CTM UHB will use insight, analytics and social media monitoring tools to understand reach, response, engagement and sentiment, enabling the programme to respond quickly to emerging issues, correct inaccurate information and adapt content or activity where needed.

The following table sets out key social media channels and local groups, their audiences, and characteristics of effective content.

Channel	**Demographic**	**Content Style**
Facebook (CTM Main)	• 44,076 total audience • 82.5% Women | 17.5% Men • 15.1% from Bridgend • 2.6% from Maesteg	✓ Real images / stories ✓ Localised opportunities to access healthcare ✓ Promotion of engagement opportunities
Facebook (POW)	• 12,288 total audience • 83.7% Women | 16.3% Men • 48.1% from Bridgend • 8.8% from Maesteg	✓ Real people / professionals in the area ✓ Local images ✓ Service change and FAQs – open conversations ✓ Localised opportunities to access healthcare

Facebook Groups • Maesteg Hub (48k members) • Maesteg Hub 2.0 (15k members)	N / A	✓ Active conversation ✓ Ability to reach those who aren't following organic channels
Instagram	• 5,441 total audience • 85.4% Women | 14.6% Men • 11.1% from Bridgend • 1.1% from Maesteg	✓ Tagging and collaboration with local partners ✓ Real images ✓ Reels ✓ Easily digestible and bilingual content
Nextdoor	• 49,858 members • 40,308 claimed households • 704 members in Maesteg (Middle) / 580 claimed households • 247 members in Central Maesteg 200 claimed households	✓ Hyper local engagement ✓ Can post polls and events
TikTok	N / A	✓ Video content that can be geo-tagged ✓ If users have their location on, they

		can engage with videos in their local area – section on the main feed

Digital engagement: web

Building on the existing Healthy Futures Maesteg web presence, CTM UHB will further develop the website as the central source for public documents, frequently asked questions, event information, videos, images, surveys and updates. Other channels, including social media, printed resources and media activity, will signpost to this web content so that consistent and up-to-date information is available to the public and stakeholders.

Traditional printed resources

To support people who may be digitally excluded, posters, newsletters and other printed materials will be made available for use in high-footfall local locations at key points in the engagement timeline. These materials will include clear signposting to online resources, including QR codes where appropriate, to maximise reach and maintain consistency of information.

Media activity

Broadcast, print and online media provide opportunities to extend the reach of engagement messages. The Health Board Press Office will work proactively and reactively with media outlets to support accurate, fact-based coverage of the issues being discussed and to promote opportunities for people to take part.

Engagement through storytelling

Describing change and improvement to NHS services in clear and engaging ways can be challenging, particularly when discussing services or facilities that are still being developed. Where possible, CTM UHB will use stories anchored in real-world experience to explain ambitions for health and wellbeing, and to describe how people's experience of services and clinical outcomes may change:

- Video content, including clinician-led or patient-led descriptions of how access, experience and outcomes could be improved.
- Graphics and infographics using minimal text to explain patient journeys and service changes.

- Short written case studies for use across engagement materials.
- Easy-read case studies, developed with appropriate partners to improve accessibility for all audiences.

Visible leadership and spokespeople

Visible leadership will be important in building trust, accountability and confidence. Senior leaders will support planned community listening and learning activity, helping to demonstrate that engagement is being taken seriously and that feedback is being heard.

The credibility of spokespeople will be central to effective communication. Primary spokespeople will include professional and clinical colleagues whose expertise relates to the issues being discussed, including GPs, nurses, allied health professionals and doctors.

Engagement and media training will be provided where needed, coordinated through the communications and engagement team.

Oversight and assurance

The engagement programme will be managed through clear oversight arrangements so that activity is coordinated, evidence is captured, feedback is reviewed and learning is used to improve the approach throughout the engagement period.

Programme oversight

A weekly engagement working group of CTMUHB staff will oversee delivery during the engagement period, bringing together communications and engagement, strategy and transformation, operational and programme colleagues and liaising with external partners, such as Llais, routinely. The group will review activity, feedback, analytics, risks, issues, opportunities and resource needs, and will update engagement plans and materials as the programme develops. This group will report to the Llynfi Valley Health and Wellbeing Centre Project Board, which is in turn connected to Public Board via committees. We will continue to work closely with Welsh Government and Llais throughout the progression of the engagement plan, providing assurance and seeking their input and feedback at key milestones.

Working with partners, including Llais, this group will develop the success measures against which this engagement programme will be measured.

Assurance mechanisms

- A transparent audit trail of engagement activity and influence.

- Independent oversight, including continued partnership with Llais and Welsh Government.

- Iterative testing of proposals prior to any engagement that may be required.

- Regular review of insights from face-to-face events, partner activity, digital engagement, social media monitoring, surveys, correspondence and stakeholder feedback

- Routine updates to Llynfi Valley Health and Wellbeing Centre Project Board, Executive Leadership Group (ELG), Executive Management Board (EMB), Board, committees and partner organisations at appropriate milestones or on request.

Delivery plan

The engagement plan will be delivered through five key phases. Digital and web engagement will remain live throughout the programme, with face-to-face and partner-led activity phased to make best use of available capacity, community opportunities and learning from earlier engagement.

Delivery phases

Phase 1 – Reset, awareness and building trust. Trailing and promoting engagement opportunities, listening to communities and building local trust. During this phase we will set out how we intend to engage and on what, informed by community partners and key stakeholders.

This phase will include digital communication, targeted stakeholder briefings, and media briefings.

Phase 2 - Hyper-local engagement. Engagement within communities linked to the three core workstreams.

This phase represents the bulk of the active engagement activity and includes all engagement methods specified. During this phase activities and messaging will be responsive to need, live feedback and challenge.

Digital engagement is maintained through this phase.

Phase 3 - 'Mop-up' and consolidation. During this phase we will work with community groups and stakeholders, and conduct general, all-channel communications to identify any remaining gaps in our engagement. This

will inform targeted work through appropriate channels to ensure adequate opportunities have been provided to specific groups and geographic areas.

Digital engagement is maintained through this phase.

Phase 4 - Assurance and feedback. During this phase we will collate, analyse, and theme engagement feedback, and prepare and present the engagement report.

This phase will include presentation of the report through Health Board governance structures, to key partners and via community and digital platforms.

Phase 5 – Informing decisions and business cases. During this phase the engagement report will be used to inform business cases and decision-making. This will be described clearly and accessibly using all-channel communications.

Indicative delivery plan

The table below highlights the key engagement activity (12 weeks of activity in Phases 2 and 3) for each of the phases and image 3 below highlights how the phases relate to the indicative business case timeline.

When	What	How
August and September 2026	PHASE 1 Promote CTM UHB's commitment to engage, set out principles with key stakeholders and objectives, and begin rebuilding trust.	Briefings with key stakeholders, including political representatives; website updates; social media content; media activity; partner briefings.
August and September 2026	PHASE 1-2 Launch digital engagement and promote opportunities to take part.	Launch social media content, promote website content, share materials with community partners, target key groups and audiences, and launch surveys where appropriate.
October and November	PHASE 2: Engagement Period Deliver hyper-local and workstream-specific engagement.	Drop-ins, pop-ups, stakeholder sessions, community events, partner-led engagement, newsletters, printed materials, digital channels and targeted outreach.

	This will consist of an initial 8-week engagement period, followed by a further 4 weeks of engagement extending into Phase 3, resulting in a total engagement period of 12 weeks. A review meeting will be held with Llais towards the end of Phase 2 to identify any engagement gaps and agree areas for consolidation and focus during Phase 3.	Visuals to support engagement will become available during the latter part of this phase.
December 2026 – January 2027	PHASE 3: Engagement Period Assessment of gaps and targeted activity to close	Any activities as required to close identified gaps
Late January 2027	PHASE 4: Programme Milestones Feedback on what has been heard and show how engagement is influencing the programme.	You Said, We Did updates; public milestone events; partner updates; refreshed FAQs and messages.
February 2027	PHASE 5: End of Engagement Period Consolidate findings and provide assurance to support future decisions.	Package final engagement report for decision-making / business cases as required. Including analysis of themes, evidence of influence, equality and accessibility considerations, and recommendations for ongoing involvement and engagement steps.

Image 3:

Further information - email -
CTM.HealthyFuturesMaesteg@wales.nhs.uk

Website: [Healthy Futures Maesteg - Cwm Taf Morgannwg University Health Board]

Appendix 1.

Engagement grid example (will be managed in Excel)

Date	Format	Location	Audience	Equality Groups	Delivery lead	Resource requirements	Pre-briefing required?	Risks and mitigation	Complete?	Immediate learning

Appendix 2.

- **The Gunning Principles (1985)** – ensuring consultation is fair, transparent, allows sufficient time, and demonstrates conscientious consideration of feedback
- **Equality Act 2010** – ensuring non-discrimination and equitable access to engagement and outcomes
- **Well-being of Future Generations (Wales) Act 2015** and **Social Services and Well-being (Wales) Act 2014** – embedding long-term, preventative and co-productive approaches
- **Health and Social Care (Quality and Engagement) (Wales) Act 2020** – placing a Duty of Quality and strengthening engagement expectations
- **Welsh Language (Wales) Measure 2011** – ensuring equality of Welsh and English language provision
- **National Principles for Public Engagement in Wales (2022)** – requiring continuous, inclusive and meaningful engagement
- **Welsh Government guidance on engagement and consultation for service change**
- **NHS Ladder of engagement and Llais' service change protocol**

Appendix 3.

Maesteg and Llynfi Valley Stakeholder Reference Group (SRG)

The Maesteg and Llynfi Valley Stakeholder Reference Group (SRG) currently has approximately 85 members. During the pre-engagement phase, CTM UHB has worked closely with the SRG to raise awareness of the Healthy Futures Maesteg (HFM) project at a hyper-local level, respond to questions and local concerns, support the dissemination of information and updates, and actively encourage public feedback. Building on this strong foundation, the Health

Board will expand and diversify SRG membership to ensure even broader community representation and strengthen its role in supporting the delivery of the next phase of the HFM programme.

Core audiences (current) of the SRG:

- CTM staff
- Trade Unions
- CTM Llais
- Welsh Government
- Community organisations / local leaders
- Regional organisations
- Elected Representatives (MP | MS | Local and Town Councillors)
- Bridgend County Borough Council (BCBC) officials
- Sector specific leads
  - Education
  - Housing
  - Arts and Culture
- Wider public bodies
- Maesteg Community Hospital League of Friends
- ‘Save Maesteg Community Hospital' Campaign Group

CTMUHB Public Board

Board Assurance Framework Report – July 2026

Eitem yr Agenda / Agenda Item	7.3
Dyddiad y Cyfarfod / Date of Meeting:	Thursday 30 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director Governance and Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Board is asked to: • **Approve amendments** made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	**All Strategic Pillars** *If more than one applies please list below:* This report relates to the Board Assurance Framework as a whole and therefore aligns to all CTMUHB Strategic Pillars.
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	The Board Assurance Framework supports delivery of the Integrated Medium Term Plan and Annual Delivery Plan by identifying, monitoring and reporting the principal strategic risks that may affect delivery of the Health Board's objectives, priorities and statutory duties. The report supports oversight of whether these risks remain appropriately articulated, scored, treated and aligned to the organisation's strategic priorities.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:** Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	The Board Assurance Framework sets out the Health Board's principal strategic risks and provides a structured view of the controls, assurances, gaps and mitigating actions in place to manage those risks. All risks have been reviewed and updated by the risk owners and handlers in June/July 2026. For the July iteration, the front-page table has been strengthened by adding the target risk score; the target score date; and a short risk treatment narrative. This is in response to feedback from Independent Members, who have sought greater clarity regarding the relationship between mitigating activity and risk movement, including projected timescales for risk reduction. The report also responds to the Audit Wales Structured Assessment recommendation that the BAF should more clearly report the impact of actions being taken to mitigate strategic risks. In response, the final column in the action table has been amended from an indicators-focused field to "Actual Impact of Actions (following implementation)". This is intended to avoid duplication with the intended impact column and to provide space to record actual impact once actions have been implemented. A small number of risk owners have not yet updated this section, reflecting the fact that the new approach is still being embedded. Further refinement is expected as risk owners review and update their risks through future reporting cycles. All changes to the BAF since the May 2026 version are indicated in red type.
Felly, beth *(darparu dadansoddiad ystyrlon*	**Summary of the Health Board's "Top Risks"**

gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain) **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	The Board Assurance Framework is a collectively agreed statement of the organisation's principal strategic risks. Health Boards are now routinely being asked to share their highest-rated strategic risks through emerging NHS Performance & Improvement assurance arrangements. At present, CTMUHB's highest-rated BAF risks are: 1b – Enough capacity to meet emergency demand **(20)** 8. – Prevention and early Intervention to support Healthy Life Expectancy **(20)** 9. – Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government **(20)** ***Summary information on target risk scores and approach*** The enhanced summary table is intended to support more active strategic scrutiny of the Board Assurance Framework by making the current position, planned approach and expected trajectory of each risk more visible at a high level. By including target scores, target dates and risk treatment / status information, readers are better able to assess not only the current level of risk, but also whether the risk has been articulated appropriately, whether the proposed mitigation approach is likely to deliver the intended reduction in risk, and whether the anticipated timescales are realistic. As part of this exercise, the target score for two risks has been increased from 8 to 12 to reflect a more realistic and deliverable position: - **Risk 6:** Ability to maintain a safe and fit for purpose estate infrastructure - **Risk 11:** Delivery of an Integrated Care Model
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*	The BAF will be considered through the relevant Committee cycle during July / August 2026. Further work will continue to enhance the readability and assurance value of the BAF. This includes testing whether key strategic risk entries can be reduced in length while retaining clarity, evidence and assurance.

What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The next presentation of this report to the Board will be on 24 September 2026.
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board is asked to: • **Approve amendments** made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.

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

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

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	**Yes - Applicable** The report itself does not propose a new service change or operational decision with a direct environmental impact. However, the Board Assurance

	Framework includes strategic risks relating to environmental and social duties, estate infrastructure, financial sustainability, population health and service transformation, all of which may have environmental and sustainability implications. These are considered within the relevant strategic risk entries.

Asesiad Effaith Impact Assessment	
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	A separate **Equality Impact Assessment** has not been undertaken for this covering report, as it provides an assurance update on the Board Assurance Framework rather than proposing a new policy, service change or decision. Equality implications are considered within individual strategic risks and associated programmes where relevant. A separate **Welsh Language Impact Assessment** has not been undertaken for this covering report, as it provides an assurance update on the Board Assurance Framework. Welsh Language implications are considered within individual strategic risks and associated programmes where relevant. **If no, please select a reason below:** Not required — assurance report only / no new policy, service change or decision proposed. **Named Executive/Board member sign off for no EWLIA completion:** Director of Corporate Governance / Board Secretary
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	A separate **Quality Impact Assessment** has not been undertaken for this covering report, as it provides an assurance update on the Board Assurance Framework rather than proposing a new service change or operational decision. Quality implications are captured within individual strategic risk entries where relevant, particularly where risks relate to patient safety, experience, outcomes, workforce, access, estates, digital infrastructure and service sustainability.

Cyfreithiol / Legal	**Yes (Include further detail below)** Legal and regulatory implications are captured within individual strategic risk entries where relevant.
Enw da / Reputational	**Yes (include further detail below)** The Board Assurance Framework is a key public assurance document and may influence internal, external and national understanding of the Health Board's principal strategic risks. Reputational implications are therefore relevant.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** This report does not request additional resource. However, workforce, financial and other resource implications are captured within individual strategic risk entries where relevant. The Board Assurance Framework supports oversight of whether resource-related risks are appropriately reflected, treated and monitored.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic risk owners and risk handlers	June 2026	Updates requested to support the July 2026 BAF refresh, including target score, target score date and risk treatment information.
Executive Leadership Group	July 2026	Risks reviewed and management sign off received.
Executive Leadership Group, Board and Committees (ongoing)	*Various*	*Previous iterations of the BAF have been reviewed through the established governance cycle. The document is iterative and continues to respond to Executive, Board and Committee feedback.*
Audit Wales feedback / Structured Assessment recommendation	2025/26	BAF template amended to strengthen reporting of the actual impact of mitigating actions, in response to the recommendation that the BAF should more clearly report the impact of actions taken to mitigate strategic risks.

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework
CTMUHB	Cwm Taf Morgannwg University Health Board
ELG	Executive Leadership Group
IMTP	Integrated Medium Term Plan
P&I	Performance and Improvement

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT
Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Target Score	Target Score Date	Risk Treatment
1.	Improving Care, Sustaining our Future Click Here for Risk 1a Click Here for Risk 1b	**a) Enough capacity to meet elective demand**	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	2030	**Treat with elements tolerated.** We are actively managing this risk and expect a reduction in score over time through planned care recovery and improvement programmes; however, progress remains uneven and is currently constrained in key pathways (notably Orthopaedics) by workforce, operational and system pressures, which are being tolerated in the short term.
		b) Enough capacity to meet emergency demand			20 (C4xL5)	12 (C4xL3)	2030	**Treat with elements tolerated.** We are actively managing this risk and expect improvement through urgent and emergency care programmes and system-wide actions; however, our ability to reduce the score is constrained by sustained demand, patient flow challenges and system pressures, meaning the pace of improvement is currently being tolerated.
2.	Improving Care, Sustaining our Future Click Here for Risk 2	**Ability to deliver improvements which transform care and enhance outcomes**	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	12 (C4xL3)	TBC	**Treat.** We are actively managing this risk and expect a reduction in score over time through embedding a consistent, system-wide approach to improvement; however, delivery remains dependent on local capacity, capability and alignment across care groups.
3.	Sustaining our Future, Improving Care and Inspiring People Click Here for Risk 3	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4xL4)	8 (C4XL2)	March 2029	**Treat with elements tolerated.** This risk will continue to be treated through targeted action under the CTM People Plan, workforce planning, recruitment, retention, and wellbeing, and productivity programmes. A reduction is expected over time, but remains constrained by national workforce supply, sickness absence, variable pay, affordability pressures and the pace of service change.
4.	Creating Health, Sustaining our Future Click Here for Risk 4	**Effective Community and Partner Engagement in service changes and developments**	Director of Communication, Engagement & Fundraising	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	Dec 2026	We will need to **tolerate** the fact that management of the risk will need to be ongoing while the organisation actively **treats** the risk by recruiting additional engagement capacity; implementing a standardised approach to service change; implementing a new tool to manage social media, digital engagement and insights; developing and implementing the SE Wales Regional Engagement Plan.
5.	Improving Care, Sustaining our Future Click Here for Risk 5	**Delivery of a digital and information infrastructure to support organisational transformation**	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4xL4)	12 (C4xL3)	TBC	**Treat with elements tolerated.** We are actively managing this risk and expect reduction over time through delivery of digital transformation and infrastructure programmes; however, progress is constrained by resource limitations, competing organisational priorities and the evolving cyber risk landscape.
6.	Improving Care, Sustaining our Future Click Here for Risk 6	**Ability to maintain a safe and fit for purpose estate infrastructure**	Executive Director of Finance	Operational Delivery Committee	16 (C4xL4)	~~8 (C4xL2)~~ 12 (C4xL3)	2031	**Treat with elements tolerated.** We have reviewed the target risk score and revised it to 12 to reflect a more realistic and deliverable position. We are actively managing this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited

7.	Sustaining our Future, Creating Health Click Here for Risk 7	**Fulfilling our Environmental and Social Duties and ambitions**	Executive Director of Strategy & Transformation	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	2030	**Treat with elements tolerated.** We are actively managing this risk and expect reduction over time through delivery of the Climate Action Plan and strengthened governance arrangements; however, progress is constrained by workforce and financial capacity, limiting the pace at which environmental ambitions can be realised.
8.	Creating Health, Sustaining our Future Click Here for Risk 8	**Prevention and early Intervention to support Healthy Life Expectancy**	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	8 (C4xL2)	TBC	**Treat with elements tolerated.** We are actively managing this risk through prevention and population health programmes; however, progress is dependent on wider system alignment, funding and capacity, and current delivery constraints limit the pace at which improvement in outcomes and inequalities can be achieved.
9.	Sustaining our Future Click Here for Risk 9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)**	Executive Director of Finance	Operational Delivery Committee	20 (C4xL5)	12 (C4xL3)	TBC	**Treat.** We are actively managing this risk and expect progress through delivery of the IMTP and savings programmes; however, the level of financial challenge and delivery risk remains significant.
10.	Sustaining our Future, Improving Care Click Here for Risk 10	**Ability to develop a fit for the future estate to reflect our future clinical service model**	Executive Director of Finance	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	2031	**Treat with elements tolerated.** We are actively managing this risk and expect improvement over time through development of the estate strategy and capital schemes; however, progress is dependent on funding availability and the pace of infrastructure investment.
11.	Creating Health, Sustaining our Future, Improving Care Click Here for Risk 11	**Delivery of an Integrated Care Model**	Chief Operating Officer	Strategic Development Committee	16 (C4xL4)	12 (C4xL2)	TBC	**Treat.** We are actively managing this risk and expect reduction over time through delivery of transformation programmes and strengthened partnership working across the system, although progress is dependent on alignment across organisations.

Section 2 Strategic Risk Heat Map

Current risk scores in **black**
Target risk scores in ***grey italic***

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

SECTION 3 – STRATEGIC RISKS

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

Strategic Risk: **Enough capacity to meet elective demand - (Risk No.1a)**

If the Health Board is unable to meet demands for services at all points in the patient journey.	***Then*** its ability to provide high quality and affordable care and to meet access targets will be reduced	***Resulting in*** avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

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

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

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

- >104 weeks has increased in month in line with the IMTP trajectory. This is caused by the recurring gap in Orthopaedics and the transfer of Neurology from C&VUHB.
- Regional orthopedic plan developed to support reduction in waiting times until 2030.
- Progress is maintained in all areas with HBS outpatient programme delivering 0 patients >52 weeks. Neurology >52 weeks has transferred over from C&VUHB driving the current position.
- Cancer SCP (Suspected Cancer Pathway) maintained >60% and the service received automatic de-escalation to level 1 routine monitoring. With CTMUHB maintaining the top position in Wales for 4 months. Trajectory has been submitted.
- The national Red heat warning restricted the use of theatres due to the high humidity levels. >250 procedures were postponed over the 3 days of the red alert.
- CTM now has all theatres operational across the 3 sites with a new theatre timetable launched in April 2026, based on demand and capacity.
- Progress made in theatre start times and in outpatient SOS (See on Symptom) and PIFU (Patient Initiated Follow- Up) rates.

	• Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics and neurology • The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds. • All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC. (High Volume Low Complexity) • Endoscopy recovery plan commencing August 2026 to maintain the improved position. • PIT (Productivity, Improvement and Transformation) Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS. • 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. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH (Additional Hours) and WLI (Waiting List Initiative) activity attributed to standardisation of pay. • Regional working continues and the positive and negative impact of this will be continuously reviewed. Advancements have been made in achieving elective targets and implementing a comprehensive system approach to capacity management through improved system flow, but the Health Board continues to face routine operational pressures—especially during peak periods—that constrain elective capacity. These challenges necessitate regular monitoring and ongoing continuous improvement efforts to address rising demand.
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. ~~g~~GiRFT (Getting It Right First Time) & 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 are focusing 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.

Integrated Medium Term Plan (IMTP) – investment agreed by Board.

Specific Improvement Groups/Boards

- PIT programme
- Planned Care recovery
- Service Improvement Groups
- Cross Cutting Improvement Groups – Theatre, Preassessment, Diagnostics, Outpatients and therapies.

All updates feed into the Improving Care Board.

Annual Demand and Capacity Plan established to manage demand and making best use of capacity.
~~**Annual Planning Process**~~

Recovery Planning post critical incident at POW.

Lessons learnt from seasonal ~~Winter~~ planning process forms part of business as usual.

Partnership Leadership Team established with Local Authority and NHS representation to look at planning across the region.

Commissioning Group established to oversee the delivery of the optimised integrated care model

Additional 'South Theatre' at the Royal Glamorgan Hospital - An old obstetric theatre has been recommissioned to support the SBUHB disaggregation and increase capacity and efficiency. This alongside the 'Snowdrop Centre' has transformed the delivery of Breast services across CTMUHB.

~~**Specific Improvement Groups/Boards**~~

- ~~PIT programme~~
- ~~Planned Care recovery~~
- ~~Service Improvement Groups~~
- ~~Cross Cutting Improvement Groups – Theatre, Pre assessment, Diagnostics, Outpatients and Therapies & Audiology.~~

~~All updates feed into the Improving Care Board.~~

~~Annual Planning Process~~

Annual Demand and Capacity Plan established to manage demand and making best use of capacity.

Escalation Status programme work

Regional Working
- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.
- Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.
- Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge.
- Regional Pathology Programme Board (Formerly Regional Pathology Steering Group).
- South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams.

Governance Structures
- Operational Services Management Board (Health Board wide)
- Improving Care Board (Health Board wide)
- Six Goals/Unscheduled Care Board
- Cancer Board
- Weekly Cancer Meetings
- Planned Care Recovery Board/ Planned Care Recovery Operations Board.
- Innovation Board

Operational Processes
- Clear criteria to prioritise based on clinical need
- Centralised decision-making around use of spare capacity across the organisation.
- Robust Interventions Not Normally Undertaken (INNU) application.
- Weekly performance tracking.
- Robust Demand and Capacity with mitigating actions.
- Service improvement and transformation

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Harm Reviews
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Ophthalmology, Urology
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- PIT Programme reports
- Planned Care Recovery Update report
- Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- Tactical Intervention (TI) meetings

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	~~Indicators of Success (following implementation of mitigating actions)~~ Actual Impact of Actions (following implementation)
1. CTMUHB digitally based enabling systems	• Manual processes in areas of no system. • Scope of digital Pre-assessment system • Digital dictation consolidation and standardisation • Theatre system update • Need for digital outpatient system • Consultant connect implementation • Attend anywhere use for virtual activity • Welsh Patient Referral Service (WPRS) full roll out	• Theatre metrics seeing a decreased CAN/DNA rate • Monitoring of all speciality Increased utilisation and highlighting non compliance. • Decreased missed opportunities • Reduction in referral demand • Reduction in waiting list	***This column to be left blank for now, and populated once actions are complete.***
2. Robustness of cancer tracking and specialty-specific elective data	• Weekly performance meeting • Implementation of online escalation process for all patients outside of agreed component waiting times. • ~~Canisc~~ CANISC (Cancer Network Information System Cymru) replacement ongoing. Implementation of Breast, Urology & lower GI datasets • Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance	• Observed an Increase in performance SCP over 6 months and focus on Decrease in waiting list back log	
3. Improvements being made in elective care trajectories albeit not fully embedded.	• Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024 • Regional Ophthalmology service with increased activity across the region for CTMUHB patients. • Reconfiguration of elective surgery has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. • Reconfiguration of Trauma ongoing assessment • In sourced additional staff to open additional theatre activity until theatre plan fully recruited to. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • In Development – Clinical Services Plan.	• Increase in activity • Reduced fellow sessions • Reduction in waiting times Reduction in >104 week wait across all specialities except that with a recurring gap.	

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:		
None		
Associated Risks escalated to the Organisational Risk Register		
4491	Failure to meet the demand for patient care at all points of the patient journey (this risk is currently under review with the care group)	**20**
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model.	**16**

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

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

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

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

- Impact of a temporary centralisation of stroke into one site.
- There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system.
- There has been some improvement against trajectories for emergency demand. Specifically, 45-minute ambulance handover, 12-hour ED performance and a total reduction of lost ambulance hours.
- ~~There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident declared at Princess of Wales on 9th October 2024 re. roof integrity issues.~~
- ~~Planning continues on recovery phase following critical incident with the impact not yet quantified.~~
- ~~There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours.~~
- The risk score has been reviewed and remains unchanged, due to the following potential impacts.
  - There has been a reduction and re-alignment of bed capacity at POW and RGH.
  - There has been a diversion of emergency intakes from POW to RGH.

	• There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. • The financial and economic challenges faced by the third sector and local authority partners have an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of Additional Hours (ADH) and Waiting List Initiative (WLI) activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority. • Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite static ~~stagnant~~ as the pace of improvement is constrained by 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

Urgent & Emergency Care Programme:

The National Urgent and Emergency Care (UEC) Improvement Plan sets out priorities, delivery and assurance expectations needed to stabilise and improve urgent and emergency care. The whole system priorities are:

- Strengthen community capacity and alternatives to admission
- Reduce risk of harm and restore patient safety
- Deliver consistent models of care at front door, particularly or acute frail elderly patients
- Improve access and flow across the UEC pathway via consistent 7-day clinical pathways
- Focus on in-hospital flow and discharge as a core driver of timely clinical care

~~**Six Goals for Urgent and Emergency Care Programme** (signed off by Executive Leadership Group (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 Governance

- Urgent & Emergency Care Programme Board Diabetes Programme Board
- ~~6 Goals Programme Board~~
- Diabetes Programme Board
- Stroke Programme Board. South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.
- Orthogeriatric Programme
- MTC Programme Board
- Urgent and Emergency Care Collaborative (previously UNITE), incorporating Strategic Transformation of Acute Medicine (STAMP)
- ~~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 is the overarching governance framework

Annual Planning Process

Recovery Planning post critical incident at POW

Lessons learnt from Seasonal Winter Planning process forms part of business as usual ~~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~~
- UEC Programme Board/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)

- Executive Integrated Performance Meeting
- Directorate Integrated Performance Meeting
- UEC Programme Board
- 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.
- Same Day Emergency Care (SDEC) Programme
- Optimise
- Ambulance Handover and ED Improvement Plan
- Escalation processes leading to Chief Operating Officer Report to Quality, Safety and Experience Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- Targeted Intervention (TI) meetings
- Audit Wales commencing an Urgent and Emergent Care Audit.
- ~~Reset fortnight commenced week commencing 19th August 2024 – sets out Care Group plans with an aim to resetting and de-escalating sites ahead of winter.~~

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	~~Indicators of Success (following implementation of mitigating actions)~~ Actual Impact of Actions (following implementation)
1. Improvements being made in urgent care trajectories albeit not fully embedded.	• Unscheduled Care SMT attended National Urgent and Emergency Care summit 27th April 2026 • Urgent Emergency Care Action Plan has been developed in collaboration with NHS Wales Performance and Improvement Team utilising recommendations from key documents such as:	• Improved performance • Reduction in patients >12hrs • Improved community response	***This column to be left blank for now, and populated once actions are complete.***

	○ GIRFT recommendations ○ SDEC Review ○ Ambulance Patient Handover Guidance ○ ED Quality Statement ○ Ministerial Advisory Group (MAG) Report (April 2026) • Whole system learning through engagement and collaboration across the health board to mitigate the impact other factors may have on emergency demand, such as flow and discharge. • ED Flow Action Cards (45-minute handover, 12-hour ED waits, time to triage and time to first assessment) live in draft June 2026. Wider Care Group collaboration underway to target ED 12-hour performance. • Sprint learning analysis to understand if this has an impact on emergency demand capacity. • Engagement in a health board session reflecting on resilience/seasonal ~~winter~~ planning, site flow teams, and extraordinary Business Continuity Incident (BCI) actions. • Ambulance escalation cards live. • ED 12-hour Action Plan completed • CTM Safe Transfer of Patients Policy to be implemented alongside action plan. • Action plan to review long waits for patients to be seen in ED in development within directorate. • Review of all patients in ambulatory areas over 24 hours. Planning meeting to be established across Care Groups to facilitate all GP expected patients not attending via ED and establish ambulatory pathways to improve 12-hour waits. • Strategic Transformation of Acute Medicine Programme (STAMP) roll out across all sites including remodelling of acute medicine footprint/flow in POW and implementation of a Same Day Emergency Care (SDEC) First model for GP expected patients at PCH – Quarter ~~21~~ 2026/27 • Unscheduled Collaborative (Unscheduled Care Transformation Programme, formally UNITE) ~~Unite~~ Programme Launch to provide a robust governance framework for all Unscheduled Care transformation projects. • UTC Pilot PCH extended until July 2026 • Single Point of Access Board • Reconfiguration of ED footprint – ambulatory footprints at POW • Re-alignment of clinical pathways • Internal Professional Standards • Re-alignment of ward capacity • Establish un-commissioned capacity with agency staff to support winter pressures/BCI.	• Reduced Length of Stay (LoS) in the Emergency Department • Reduced harm associated with increased waiting times • Improved patient experience	

	• Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • In Development – Clinical Services Plan. • Task Group established with Chief Executive Officer Leadership to address clinically optimised patients in Pathway 1 – with a view to creating a model of care delivery for patients closer to home. • Urgent Care Summit (April 2026) to develop a whole system approach to improvement in: Admission Avoidance • Integrated Front Door • Acute Hospital Flow and Discharge • Integrated Discharge		

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

- 45 mins ambulance handover by March 2027 ~~October 2025~~
- Zero tolerance for any ED wait over 12 hours by October 2025
- Continuous improvement of patients waiting over 12-hours and not exceed 1000 by March 2027

Access to Timely Planned Care Services in USC

As per Planned Care BAF

Current Performance Highlights

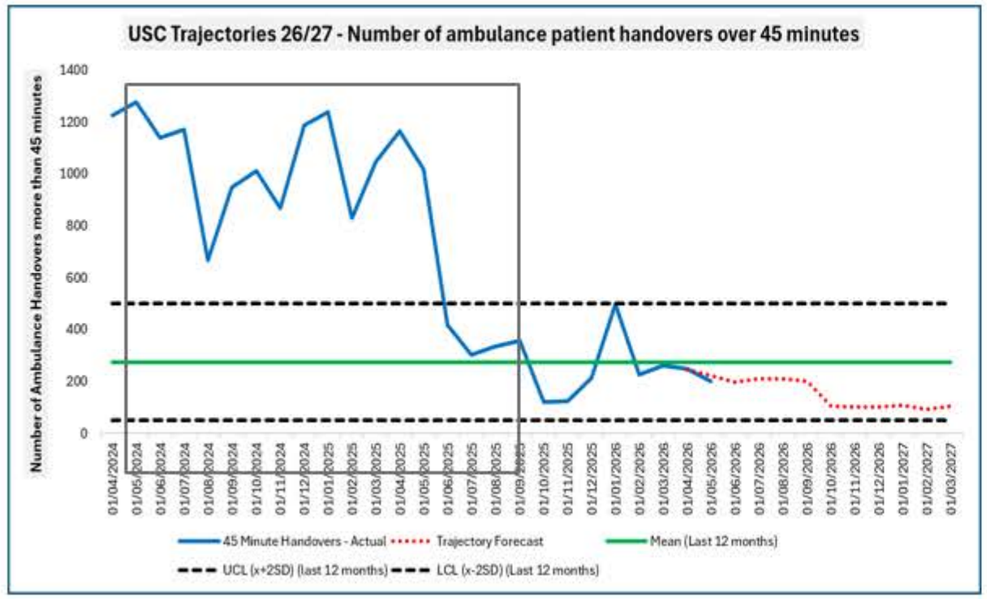
Handover 45 Report
(Hospital Emergency Department Handovers)

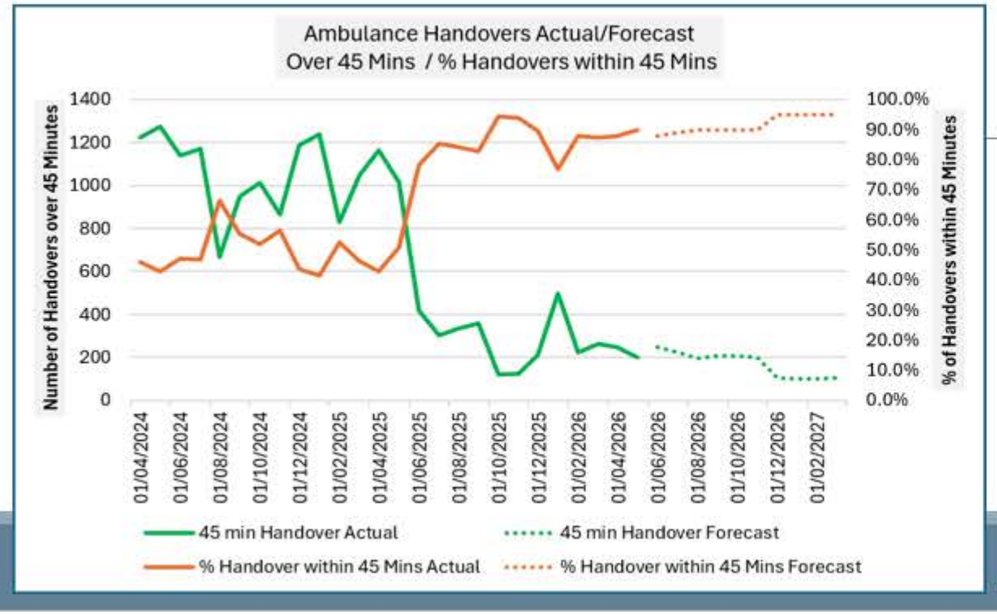
Monthly Handovers Within 45 Minutes % by Hospital - Previous 12 Months to Date (May 2025 to May 2026)

Hospital Name	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Bronglais General Hospital Aberystwyth	40%	55%	75%	59%	63%	61%	49%	71%	60%	50%	53%	60%	59%
Glangwili Hospital Carmarthen	34%	36%	43%	54%	78%	80%	61%	59%	47%	58%	60%	57%	46%
Grange University Hospital Cwmbran	41%	41%	45%	37%	68%	65%	50%	43%	36%	43%	49%	44%	49%
Morriston Hospital Swansea	37%	73%	84%	87%	82%	82%	81%	66%	58%	49%	45%	51%	60%
Prince Charles Hosp Merthyr	42%	64%	88%	96%	99%	95%	97%	89%	77%	89%	84%	94%	97%
Princess Of Wales Bridgend	67%	77%	75%	74%	70%	95%	89%	85%	74%	90%	83%	82%	70%
Royal Glamorgan Hosp Pontyclun	50%	91%	87%	79%	76%	93%	94%	92%	77%	86%	92%	85%	95%
University Hospital Of Wales Cardiff	60%	62%	64%	92%	95%	87%	86%	83%	79%	74%	90%	89%	95%
Withybush Hospital Haverfordwest	52%	47%	48%	51%	56%	64%	71%	72%	75%	83%	86%	60%	64%
Wrexham Maelor Hospital Wrexham	29%	34%	52%	29%	30%	28%	29%	48%	26%	32%	29%	46%	42%
Ysbyty Glan Clwyd Hospital	50%	41%	43%	55%	47%	55%	37%	66%	42%	45%	44%	37%	49%
Ysbyty Gwynedd	30%	36%	33%	33%	27%	30%	27%	37%	29%	31%	29%	35%	27%

* part month

USC Trajectories 26/27 - Number of ambulance patient handovers over 45 minutes





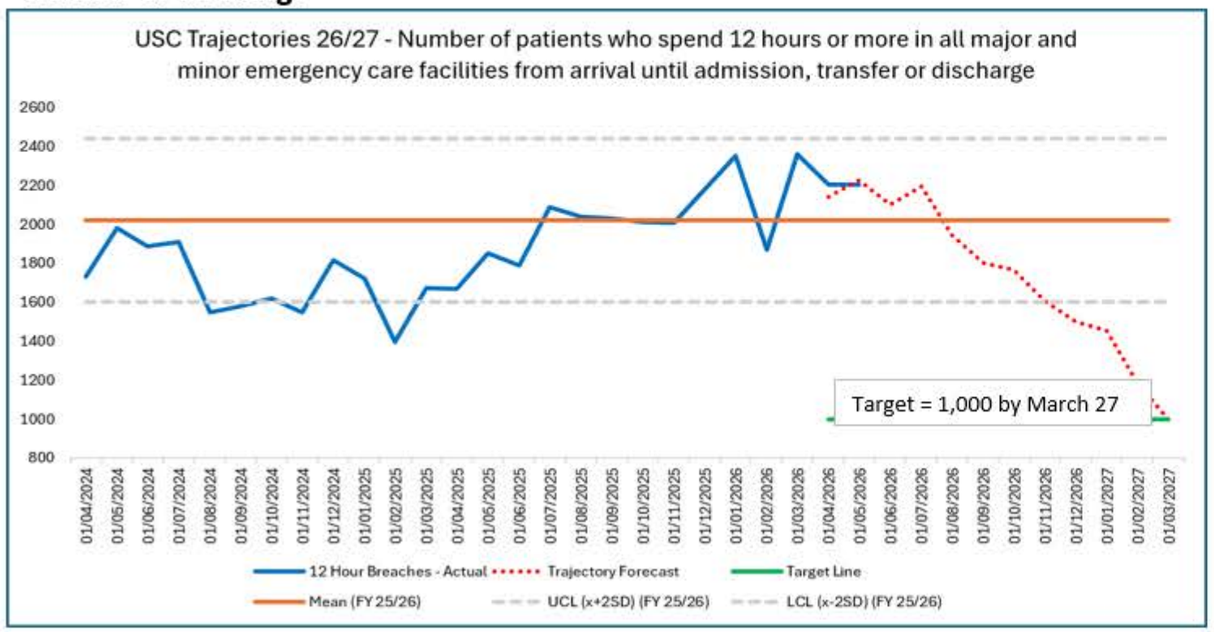
Number of ambulance patient handovers over 45 minutes by Site

MonthDate	Prince Charles Hospital Merthyr	Princess Of Wales Hospital Bridgend	Royal Glamorgan Hospital Pontyclun	Grand Total
2024-04	529	331	364	1224
2024-05	524	351	400	1275
2024-06	470	357	311	1138
2024-07	462	328	381	1171
2024-08	337	194	136	667
2024-09	377	218	353	948
2024-10	490	164	357	1011
2024-11	392	161	313	866
2024-12	457	246	483	1186
2025-01	452	187	598	1237
2025-02	307	138	384	829
2025-03	366	192	488	1046
2025-04	423	201	540	1164
2025-05	440	118	458	1016
2025-06	248	98	70	416
2025-07	90	96	116	302
2025-08	27	115	192	334
2025-09	7	142	207	356
2025-10	37	25	57	119
2025-11	20	52	51	123
2025-12	75	70	66	211
2026-01	165	120	211	496
2026-02	71	43	111	225
2026-03	114	75	72	261
2026-04	45	78	123	246
2026-05	22	136	42	200

Actual v Forecast

	Actual FY 2024/25	Actual FY 2025/26	Actual 2026/27	Forecast 26/27
April	1,224	1,164	246	245
May	1,275	1,016	200	221
June	1,138	416		195
July	1,171	302		208
August	667	334		208
September	948	356		200
October	1,011	119		103
November	866	123		101
December	1,186	211		101
January	1,237	496		106
February	829	225		93
March	1,046	261		103

USC Trajectories 26/27 - Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge



Actual v Forecast

	Actual FY 2024/25	Actual FY 2025/26	Actual 2026/27	Forecast 26/27
April	1,729	1,668	2,205	2,140
May	1,982	1,853	2,204	2,227
June	1,888	1,788		2,100
July	1,911	2,087		2,197
August	1,546	2,040		1,945
September Q2	1,579	2,032		1,800
October	1,618	2,013		1,766
November	1,546	2,007		1,607
December Q3	1,815	2,177		1,500
January	1,720	2,352		1,453
February	1,396	1,868		1,180
March Q4	1,673	2,361		1,000

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

MonthDate	Prince Charles Hospital	Princess Of Wales Hospital	Royal Glamorgan Hospital	Community Hospitals	Grand Total
2024-04	553	693	482	1	1729
2024-05	657	764	561	0	1982
2024-06	582	765	541	0	1888
2024-07	685	669	557	0	1911
2024-08	561	525	460	0	1546
2024-09	540	568	471	0	1579
2024-10	561	521	536	0	1618
2024-11	554	502	490	0	1546
2024-12	654	580	581	0	1815
2025-01	590	506	624	0	1720
2025-02	419	467	510	0	1396
2025-03	534	547	591	1	1673
2025-04	551	529	588	0	1668
2025-05	606	574	673	0	1853
2025-06	675	517	596	0	1788
2025-07	761	621	705	0	2087
2025-08	728	648	664	0	2040
2025-09	699	655	678	0	2032
2025-10	715	663	635	0	2013
2025-11	667	673	667	0	2007
2025-12	689	736	752	0	2177
2026-01	750	772	830	0	2352
2026-02	646	620	602	0	1868
2026-03	848	747	766	0	2361
2026-04	756	770	679	0	2205
2026-05	724	766	714	0	2204

Were there any significant incidents affecting this strategic Risk this period:		
An urgent temporary move of the Stroke Services was agreed due to the fragility of the Consultant workforce at PCH. The Stroke Service moved from PCH to RGH on Wednesday 8th January 2025 A consultation with the stroke workforce to extend their base on the RGH site for up to 2 months was implemented on the 21st April 2025. 1x substantive consultant recruited June 2025. Start date in Jan 2026. 1x Stroke Consultant long term phased return. 1x Consultant returned from maternity leave.		
Associated Risks escalated to the Organisational Risk Register		
3826	Emergency Department (ED) Overcrowding (Reviewed and score reduced from 20 to 15)	~~**20**~~ **15**
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation).	**16**

Strategic Goal(s):

Improving Care
- Delivering safe and compassionate care
- Developing new models of care
- Digital transformation for patients and staff
- Ensuring timely access to care

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

Risk score **16**

Strategic Risk: **Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)**

If the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	***Then*** we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	***Resulting in*** avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

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

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

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

The Executive Director of Nursing, Midwifery and Patient Care, will be leading a strategic reconfiguration of the Board Assurance Framework for this section to enable more meaningful and measurable objectives that directly influence our ability to reduce the current Duty of Quality risk score to an organisationally tolerated level. This work is essential to ensure that our approach to quality is not only compliant but impactful supporting the delivery of safe, timely, compassionate and effective care. Without this shift, we risk avoidable harm to patients, poor experience, diminished staff morale, increased regulatory scrutiny and erosion of public trust. The revised framework will provide a clearer pathway to improvement, accountability and assurance.
Work on the revised framework is ongoing, with progress continuing beyond the original March 2026 deadline to ensure a comprehensive and effective outcome. Upon completion, the framework will provide an enhanced structure for improvement, strengthened accountability, and clearer assurance arrangements.

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	CTM is 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) Duty of Quality Annual Report, Duty of Candour Annual Report, Strategic Plan and supporting Workplan in progress
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: groups included are: hydration, nutrition, falls, and pressure damage. A comprehensive review of the Harm Free Care Programme is currently underway and will be progressed through established internal governance processes to ensure robust oversight and strengthened assurance arrangements are enhanced, with reporting to the QSEC on a bi-annual basis together with any areas of concern escalated by exception. The proposed revised oversight arrangements have been presented to OCB and are due to be scheduled for presentation to EMB for final ratification.
d) Risk Assessment, Delivery and Assurance Review (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; monitoring of compliance shared with the Care Groups
g) Medicines Management Group chaired by the Assistant Medical Director

3. Learning from Experience & Engagement

a) People's Experience Framework: Operational forums with bi-annual reports to QSEC.
b) A revised schedule of Listening and Learning events is being developed for 2026/27, with sessions planned on an organisation-wide basis to support shared learning and continuous improvement. The programme will deliver two events annually, comprising one in-person session and one virtual event, ensuring accessibility and broad engagement across services.
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. Patient Reported Experience Measures (PREMs) live in Emergency Departments.
    ii. Patient Reported Outcome Measures (PROMS) piloted in Heart Failure/Cardiology and now feature areas such as support for victims of domestic violence, rollout plan in development.
    iii. Quarterly dashboard reporting to QSEC.
f) Staff Ideas Scheme: >1,800 staff registered, >270 ideas generated; quarterly reporting on implementation and impact.
g) Launch of the new visiting policy on 1 April 2026
h) A pilot launch of the Carers Passport took place 1 April 2026
i) Regular touch point meetings with partners, for example, Coroner's Office, Welsh Risk Pool

4. Innovation & Improvement

a) Improvement Community of Practice: >30 Quality Improvement (QI) champions in place.

b) Monthly QI Training: >490 staff trained; ongoing programme.
c) Leading for Patient Safety Programme: Phase 2 launched Oct 2024 focusing on acute deterioration and quality management systems.
d) iCTM Business Plan (2025–2028): Aligned to CTM2030, focusing on experience, efficiency, and effectiveness.
e) Value-Based Healthcare Programme: Business cases under review; aligned to national priorities.
f) Care Group Service Improvement Groups: Operational since end of 2024; monthly meetings with improvement teams.
g) National Safe Care Collaborative Programme: Commenced with CTM participation.
h) Bereavement Clinical Lead: Implementing All Wales Care of the Bereaved Framework.
i) Carers Lead who will lead on the Carers agenda.
j) Listening to People (LTP) Training (Wales' national approach to handling NHS concerns, complaints, incidents and redress which have replaced PTR since 1st April 2026): Updated to incorporate Duty of Candour; compliance monitored.
k) Pilot of senior Court of Protection lead for evaluation in April 2026.
l) Recruitment of a Domestic and sexual violence Health advocate funded for 2 years.
m) Extended the Infection, Prevention & Control (IPC) service over 7 days a week and into Community
n) Go Live for the Electronic Prescribing and Medicines Administration (EPMA) system

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

Royal Glamorgan Hospital:

Healthcare Inspectorate Wales (HIW) conducted an inspection of Royal Glamorgan Hospital, Ward 21, Ward 22 and the Psychiatric Intensive Care Unit on 13 – 15 April 2026.

During the inspection, Healthcare Inspectorate Wales (HIW) identified a number of areas of concern which were assessed as having the potential to present an immediate risk to patient safety. These findings were discussed at the inspection feedback meeting with senior members of the team.

An immediate improvement plan was subsequently developed and submitted to HIW, setting out the actions taken and those planned, together with associated timescales and designated responsible officers. Progress against these actions has continued in accordance with the agreed plan.

The draft inspection report has now been received and reviewed for factual accuracy. In response, a comprehensive Improvement Plan has been prepared and submitted to HIW for consideration. Subject to HIW being assured that the actions identified adequately address the concerns raised, the Improvement Plan will be published alongside the final inspection report.

~~During their inspection areas of concern were found which could pose an immediate risk to the safety of patients. This was discussed during the HIW inspection feedback meeting with senior members of the team and an immediate improvement plan completed and shared with HIW for assurance of actions taken/to be taken with designated timescales and a responsible officer assigned.~~

Internal Audit – People's Experience – resulted in Substantial Assurance.

Annual Reports

- Clinical Audit Annual Report.
- Clinical Education Annual Report.
- Safeguarding Annual Report.
- Putting Things Right Annual Report (2025/2026). Listening to People Report (2026 onwards);
- Infection Prevention and Control Annual Report.
- Medicines Management Expenditure Committee Annual Report.
- Organ Donation Annual Report.
- GMC Survey

- Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board.
- ICTM (Improvement and Innovation) Annual Report
- Duty of Quality Annual Report
- Duty of Candour Annual 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.
- RADAR Reports.
- Improvement portfolio report.

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.
- A strengthened approach to the governance of Healthcare Inspectorate Wales (HIW) Inspections and subsequent Improvement plans has been implemented through the development and full embedding of a centralised HIW tracker using the electronic platform of AMaT, this provides improved oversight and consistency of monitoring.
  This approach supports enhanced organisational oversight and reinforces the Health Board's commitment to robust governance and continuous improvement.
- 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.
- Medication Prescription and Administration incident update, which reports into the Medication Steering Forum.
- All Safeguarding Hubs working collaborative across CTM population.
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); partially complete. New Directors now require training, safeguarding team leading a short review to ensure appropriate level of training, L2/3 for clinical and non-clinical directors (completed May 2025).
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3.
- Harm Free Care Agenda
- Patient Safety Solutions – safety alerts and notices.
- Mental Capacity Act (LPS).
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- 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. The OCP is now complete and was implemented on 5 May 2026 with this being fully recruited to and complete by 31 July 2026.
- 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. An Organisational Change Process (OCP) has concluded and will be implemented start of May 2026
- 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 by the ~~to~~ British Society of Echocardiography for Transthoracic Echocardiography (TTE), training, stress echocardiography, and Transoesophageal Echocardiography (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.
- Implementation of weekly Learning from Events Panels

Qualitative Intelligence
- Monthly PREMS qualitative feedback received.
- Ongoing weekly Quality and Safety huddles take place with the three Deputy Directors, Assistant Director of Quality & Safety, and the Quality and Safety Team to review concerns and complaints compliance across the Health Board with a weekly brief shared with all three clinical Executive Directors for assurance, awareness as well as an escalation being noted
- 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.
- 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 National Duty of Candour Safety & Learning Network, including currently chairing the Network meetings.
- Partnership Working with Cardiff & Vale University Health Board re. South Central Regional Stroke Network.
- 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 AmAT Inspection Module is fully implemented for assurance and monitoring of HIW Inspection Recommendations with bi-monthly reports received at the Quality, Safety & Experience Committee~~,~~
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) governance and incident management.
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Maternity and Neonatal SI closures.
- Annual Undergraduate Review.
- General Medical Council National Survey Feedback.
- A Medical Education Governance Meeting has been constructed to monitor Health Education Improvement Wales (HEIW) visits and recommendations. The first meeting commenced 27/10/2025.
- Submission of bi-annual Nurse Staffing Act (Wales) Compliance and Assurance Reports to Board and Welsh Government.

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 Accreditation and Assurance Programme. Ward assurance provides ongoing confidence that core standards of care and safety are being met, identifying risks and areas for improvement. There are regular point prevalence audits conducted on a regular basis.	Rolling programme commenced. This will now extend into a yearly assurance programme which will encompass all data repositories. **Ward Accreditation programme:** This program is currently on hold as there is an All Wales implementation program to allow for a consistent approach across Wales.	Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024. The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards)	Currently 35 wards completed. 8 White (This means that focus work is required to reach the minimum data sets required) and 19 reaching Bronze accreditation. There is a review of the assurance framework being undertaken. While this is completed, the team has continued to undertake targeted short assurance visits focused on key quality and safety indicators. While these visits are not scored for

Ward accreditation offers ~~is~~ a more formal assessment that confirms a ward has met and can sustain agreed quality standards, and is conducted on a yearly basis.		Extending program into Mental Health and Maternity.	accreditation purposes, they provide ongoing visibility of ward standards and emerging risks, and are used to inform local actions and escalation where required. Results reviewed via panels to provide assurance to the Board, and further the wards involvement. Develop a bespoke Power App to: o Simplify data capture o Streamline reporting o Provide real-time visibility of ward performance o Reduce manual processes and consolidate information onto one platform Implementation continues and will now extend outside of acute physical health areas to include mental health settings and community care. At this stage, the ward accreditation programme is paused for review; however, assurance continues to be maintained through existing ward assurance programmes, alongside the development of a more robust and consistent ward assurance framework
2. Strategy & Framework Reviews and Development Safeguarding Strategy ○ Development and implementation of a safeguarding dashboard	Complete in terms of Safeguarding Strategy. Timeframe for Safeguarding dashboard to be implemented by the end of June 2026 (currently being piloted)	The Safeguarding strategy and framework give a comprehensive approach to Safeguarding. They ~~It~~ provide a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.	Pilot dashboard has been developed and is in the pilot stage for user ability data presentation. There is a national launch of the safeguarding module on the Once for Wales Datix platform which is being piloted to capture professional concerns 1.9.25. This will not capture all safeguarding only professional concerns currently. This is now implemented. There is a work plan which is in place to support implementation of the safeguarding strategy and framework. The monitoring of these actions will be overseen thorough the Ss~~s~~afeguarding Ee~~e~~xecutive Cc~~c~~ommittee. Work continues in line with strategic plan. The risk associated with previous backlog of look~~ed~~ after children health assessments is now being reviewed as a number of actions have been undertaken to ensure the service is robust such as appointment of a new team leader, a live tracker implemented and improved governance arrangements with the. This review has now been completed and there is minimal backlog.

3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation.	Mortality Data Improving – CTMUHB are now collecting data on mortality with a plan to standardise the way mortality is reported through the Care Groups with oversight from a Mortality Board, which is now established. Agreement with Archus to establish a robust process for data monitoring.	Visibility and granularity of data will be available to support clinical decision making and learning, as well as identifying areas that may require greater focus.	Monitoring the performance data dashboards to determine if improvements are being made and sustained.
	CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Wales Performance & Improvement ~~(formerly NHS Executive)~~ are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Wales Performance & Improvement's ~~(formerly NHS Executive)~~ rollout of the National Quality & Safety Framework. This Framework ensures we measure quality across the six domains of quality and is consistent with all NHS Wales organisations. The domains being: • Safe Care • Timely Care • Equitable Care • Effective Care • Efficient Care • Person-Centred Care The Framework enables CTMUHB to benchmark our quality performance indicators against other NHS Wales organisations. In addition to the Framework, the Q&S team utilises the NHS Wales Performance & Improvement's ~~(formerly NHS Executive)~~ Beacon Dashboard to maintain alignment with other organisations across NHS Wales. The NHS Wales Performance & Improvement ~~(formerly NHS Executive)~~ workstream has also supported benchmarking of our Annual Q&S Report, thus ensuring a level of consistency with other organisations across NHS Wales.	CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda. Our Learning Processes, including the Listening & Learning Framework with its central repository and bi-annual Listening & Learning event, have supported improvements in cascading learning across CTMUHB. Rather than relying solely on standalone learning events - which are currently under review for their impact - CTM are reviewing areas which would support continuous learning through shared narratives, targeted improvement priorities, system-wide feedback loops, and the spread of evidence-based practice across wards and services, ensuring learning is embedded, sustained, and aligned to organisational priorities. Implementation of a Quality and Safety steering group which will be anchored by the Assistant Director of Quality and Safety will enhance this. This group will report to the Harm Free Care Strategic Oversight group for assurance and oversight CTMUHB's position in relation to NRI (Nationally Reportable Incident) compliance has also improved over the last year. Embedding the Listening to People Framework
	Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year (March 2027). Work in progress for other areas.	• Improved decision making and therefore improved patient care. • Improved oversight of patient care form ward / team to Board against evidence-based standards and local indicators • Stimulate clinical team discussion and quality improvement areas. • Decision making	Action complete for Maternity. This action will be revised to reflect other areas across CTM in due course.

		• Real time insights to ensure mobilisation of support, adjustments and actions where needed	
4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff.	• Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme. • Improvement into practice training taking place every other month. • Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the "Have Your Say" process. Recruited and appointed to posts.	Embed Quality Improvement into everyone's day to day jobs, providing them with the tools, skills and ability to make improvements within their areas. Ensuring our people have the skills and empowerment to make changes and improvements. To ensure as a Health Board we have the ability to track patient experience and use this data to continually improve our services to patients, families and communities.	Simply Do (a digital staff ideas and improvement platform) is implemented across CTM and actively promoted by the iCTM Improvement Team Viva Engagement Platform Launch December 2025 Rolling programme of challenges for staff with measures around ideas, engagement and implementation. PREMS data now being routinely provided to Care Groups and to Q&S Committee. Working though potential for improved integration between planning, engagement and peoples experience with external stakeholders (e.g. Llais) Support and adjustment in transition to new PREMS/PROMS platform being led through a Value-Based Healthcare (VBHC) approach.
5. Improving flow and efficiencies and productivity	• Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.	Medical: Medical Workforce Productivity Programmes - Ensuring that the workforce meets the requirements of the Health Board – job planning, financial prudence (monitoring medical spend and exploration of potential savings and efficiencies), workforce establishment. Nursing: CTMUHB has been actively working on the Nursing Workforce Productivity Programme as part of its broader strategy to improve efficiency and effectiveness within the health board. Key actions under this programme include: • Bank Modernisation Action Plan: This includes proactive recruitment across 12 months. • Flexible Working Policy: Launched with accompanying promotion and implementation of an oversight mechanism in place which aligns to retention as a key initiative. • Internal Lateral Moves Scheme: For Band 5 Nurse and Midwives, launched in February 2024, and expanded to include Band 2 Health Care Support Workers and Band 5 Midwives in December 2024/5.	Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Ensuring appropriate management of contracts Nursing: Nursing productivity: • Processes and installing of KPIs for the bank service (partially achieved). • Implementation and use of flexible working policy (implemented and active). • Implementation of lateral moves scheme (implemented and being actively utilised). Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position). • Comms issued to start agency via exception from December 2025. • Working with finance, workforce and operations on reporting and surveillance model on quality, operations and finance combined. • Joint work with workforce colleagues on sickness absence reduction, implementation of approach, reporting and management support. • This programme is being updated for both Medical and Nursing productivity as part of

		• Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses	CTM's approach to IMTP, formative update will be provided in the new financial year
6. Fragility of the Legal Services Directorate	The next phase of the OCP (Organisational Change Programme) has concluded and will be implemented at the start of May 2026, which includes the recruitment of key staff to strengthen the team and address the gaps identified following the recovery plan	• Improved patient and stakeholder experience. • Improved compliance and performance. • Sustainable service fit for the future. • Robust systems and processes.	• Compliance and performance metrics within the Integrated Performance Dashboard. • Decrease in cases being referred or escalated to next stages in the relevant process. • Increased compliance in KPI across legal and PTR. • Reduction in recovery measures in line with improving performance. • Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure. Following implementation of the OCP (including recruitment of full complement of the new team to be complete July 2026) • Implementation of the revised operating procedures and process maps. • Improving reporting, assurance and engagement with external stakeholders, including ongoing regular monthly meetings led by the Assistant Director of Quality & Safety and the Deputy Director of Nursing with the Coroner's Office, NHS Wales Shared Services Partnerships, Legal & Risk teams and Llais Cymru • Formal correspondence has been issued to external solicitors, with follow-up meetings held with a number of firms to address concerns and provide assurance on recovery actions, capacity improvements and revised processes • Working with finance colleagues on clinical negligence position and forecasting associated CTM share for 2026/27.

Linked National Priority Measures

Care Closer to Home

- 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.
- 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months.

Patient Safety Solutions

Infection Prevention and Control

- Six Tier One IP&C Targets.
- National IP&C Guidance – to include implementation of respiratory and non- respiratory pathways.

NHS Wales National Framework – provides a unified, evidence-based structure for infection prevention and control, ensuring robust governance, surveillance, training, decontamination standards, and board-level assurance across all healthcare settings.

Children's Charter

To reinforce children's rights and endorse CTM's commitment to upholding these rights within its services.

Safeguarding

- National Improvement Plan.

- Further Mental Capacity Act (MCA) awareness being funded by Welsh Government along with measures to strengthen current Deprivation of Liberty Safeguards until MCA becomes the dominant legislation.
- Independent Review (by HIW/CIW) being undertaken of CTM Region Safeguarding Boards in relation to Child Protection Practices including the sharing of information.

Chief Nursing Officer's Launch of the 2025-2030 Strategic Vision – We are ensuring full alignment with CTM's Nursing Strategic Plan, and the Executive Director of Nursing and Midwifery is working collaboratively with peers across Wales to support the implementation of the Chief Nursing Officer's 2025–2030 Strategic Vision
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 Officer's 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. From 1 April 2026 Listening To People (LTP) has been introduced and therefore compliance reporting will move to LTP compliance
- Patient Safety Solutions compliance

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

Nationally Reportable incidents (NRI) are managed in according with the Incident Management Framework and reported to the Quality, Safety & Experience Committee.

CTM Health visitors are taking industrial action which has been extended to July 19th 2026. This presents a strategic risk to the Health Board's ability to deliver the full health visiting offer, with potential impacts on early identification of vulnerability and safeguarding. Mitigated through prioritisation of statutory activity, strengthened safeguarding oversight and ongoing governance monitoring.

Associated Risks escalated to the Organisational Risk Register		
6052	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts). New risk escalated to the Organisational Risk Register in September 2025.	**20**
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	**16**
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	**16**
4417	Management of Security Doors in All Hospital Settings	**16**
6229	Timely development of management and response to Learning from Event Reports (LFERs).	**16**

6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.	**16**
6232	Stability of the Legal Services Function.	**15**
4691	The Provision of Safe and Appropriate Estate for Inpatient Mental Health Care	**15**

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

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

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

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

~~This~~ The workforce risk remains significant due to ongoing recruitment challenges, national supply constraints, sickness absence, variable pay reliance and workforce implications linked to service change. While turnover and sickness are showing improvement, gaps remain in hard to fill roles, job planning compliance and sustainable workforce models. The score remains unchanged at 16 because workforce challenges continues to affect service resilience, staff wellbeing, delivery of planned activity and a reliance on temporary staffing.~~risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. There are also workforce challenges and risks aligned to Health Visitor industrial action, proposed shift patterns changes and Llantrisant Health Park (regional workforce model agreement and outcome of the demand and capacity model for South East Wales). The latter is potentially impacting on timelines and delivering a multi-disciplinary workforce in a sustainable and affordable workforce plan. 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 continued to decrease from 8.79% in December 2025 to 8.32% in January 2026 to 7.55%~~7.50% in April 2026 in February 2026. This is an increase of 0.48~~57% on the ~~February~~ April 2025 rate of 7.07~~6.93~~%. ~~The~~ The rolling 12 month~~s~~ sickness rate ~~was~~ to April 2026 was 7.41~~02~~%. 7.50% and is slightly higher than the equivalent rolling 12 month period of the previous year (6.93%). The in-month April 2026 sickness rate is 7.02% which is higher than April 2025 (6.61%). ~~Forecasted~~M&D ~~agency~~ agency ~~spend~~ for ~~M12~~ M2 ~~2025~~2026/~~2026~~ ~~202~~7 is £~~9.42~~2.~~1~~889k with a year to date spend of £1.473m~~m~~ ~~which is a 3.8% for M&D~~. For Nursing and Midwifery agency spend, ~~(bank and agency)~~ including HCSWs, the position for the year to date at M2 ~~is a forecasted reduction of 38% £13.3m at M12 2025/2026~~was reported as ~~£~~£2.391.652m. Turnover ~~reduced further~~continues to fall, being 8.09% in May 2026, compared to 9.23% in May 2025 ~~from 8.50% in January 2026~~. Job Planning compliance as at May 2026 was 47%, a slight increase on April 2026's~~s~~ 44%. There is considerable variation between C~~c~~are Ggroups and efforts to increase Job Planning figures continue to be addressed via the Medical Workforce Productivity Programme and new Recruitment Controls linking authorisation of Consultant Recruitment to speciality job planning rates.~~.~~ ~~This is being addressed by the Medical Workforce Productivity Programme~~ ~~Turnover has continued to steadily fall over the last 12 months increasing our retention, and while our approach to recruitment has been strengthened, we still have areas to improve, including solutions for hard to fill posts and improved time to hire. High sickness rates also continue to significantly impact on workforce The workforce risk remains significant and remains at 16 based on the following:~~ ~~Late delivery of key objective/service due to lack of staff – waiting list and capacity issues~~ ~~Unsafe staffing level (>1 day)/competence.~~ ~~Low staff morale.~~ ~~Sickness rates~~ ~~Poor staff attendance for mandatory/key professional training.~~ ~~Reliance on temporary workforce usage and spend~~
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being treated through ~~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~~productivity programmes.~~.~~ ~~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.~~ A reduction is expected over time, but remains constrained by factors noted above including ~~-~~national workforce supply, sickness absence, temporary spend, affordability pressures and the pace of service model change. ~~These actions are expected to progressively reduce the risk, though progress remains influenced by national workforce supply constraints. Work is also underway with staff and Trade Union colleagues to agree consistent nursing, midwifery and HealthCare Support Worker shift patterns that support patient safety, staff wellbeing, workforce availability and financial sustainability.~~

Current Control Measures

Strategic ~~Alignment~~workforce controls

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

Recruitment and Resourcing

- ~~—~~Job Evaluation, Vacancy Scrutiny Panel, ~~-~~– delivered via Trac and supported by NWSSP Recruitment Services~~.~~,

Medical Workforce Recruitment Planning, retention programme, lateral moves scheme, flexible working policy, and onboarding/exit insight are used to manage workforce supply, improve fill rates and support retention. Living Wage Employer – ensures fair pay and equity across CTM.

~~Annual Service Level Agreement with Educ8 training to fund full time band 4 role to support apprenticeship academy.~~

Workforce Productivity and Temporary Staffing

- Nursing & Midwifery Productivity Programme (NMPP) – ~~-~~ includes bank and roster optimisation ~~workstreams to reduce agency usage and spend (introduction of agency by exception for registered nursing and midwifery from December 2025). Revised objectives under NMPP FOR 2026/2027~~ aligned to the Value and Effectiveness Programme.
- Medical Workforce Productivity Programme – includes increased job planning compliance, targeted medical recruitment, bank expansion ~~and~~ agency reduction plans.
- HCRG new Managed Service Provider contract awarded to provide M&D Bank and Agency service (and AHP, PST and HCS agency requirements)- Go Live July 2026.
- Rate Cards (Consultant and Non-Consultant) – ensure consistency and cost control.
- Bank KPIs and Agency Spend Tracker – phase 1 has been built and available in the nurse dashboard. Further work to develop the next phase remains under development with a specification to be agreed. This will support targeted improvement and oversight.

~~**Workforce Planning**~~

~~Strategic Workforce Planning, establishment reporting, ESR, HealthRoster, HCRG, workforce dashboards support workforce visibility, planning, monitoring and decision making. –~~

Culture, Values and Behaviours (CVB)

- Organisational Values ~~published~~ – ~~underpin all people practices.~~
- Leadership Development Programmes – ~~focused on compassionate, inclusive leadership~~.
- Staff Engagement and Recognition – ~~mechanisms include surveys, listening events, Seren Awards,~~ and focus groups.
- Equality, Diversity and Inclusion Strategy ~~– with staff networks and mandatory anti-racism training.~~
- Speaking Up Safely Guardians and anonymous reporting platform Work in Confidence (WiC) – strengthen psychological safety.
- Care Group Culture and Behaviour Plans – local responses to Staff Survey results embedded in delivery plans.

Sources of Assurance (Internal and External)

Workforce Data and Analytics

Internal assurance

- ~~M&D Establishment Reporting (substantive in-post, ledger, variable pay, job planning compliance) - reviewed by Medical Workforce leadership and Care Groups.~~
- People/Workforce Metrics Report (staff-in-post, turnover, sickness (including RTW compliance), PDR, statutory and mandatory, age, bank and agency spend, gender pay gap and staff engagement index) to Operational Delivery Committee (ODC) and Local Partnership Forum (LPF); included in the Integrated Performance Report (IPR) to Board and into Values & Effectiveness Board via Nursing ~~& Midwifery & Medical Productivity programmes.~~
- ~~As at March 2026: staff-in-post +3.15% YoY (mainly E&A due to filling posts); turnover 8.29% (down from 8.50% in January 2026; 9.54% in March 2025); sickness reduced from 8.79% Dec 25 to 7.55% in February 2026 (vs 7.07% in February 2025); PDR increased from 70.79% in January 2026 to 70.97% in March 2026 (target 85%); M&D appraisals 80.95% (Oct – Dec 2025).~~
- People Dashboard

External assurance

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

Medical Workforce Productivity Programme Board

Internal Assurance

- Medical Workforce Productivity Programme (MWPP~~): Delivery Group~~ dashboards ~~- Bank and Agency spend increased from £2.6m (Feb 2026) to £2.4m (Feb-25)~~
- Patchwork Dashboards
- Job planning compliance
- Audit Updates

- Medical & Dental Variable Pay Audit and M&D Job Planning Audit- recommendations on Audit Tracker (updated for April/May 2026)
-
  - Majority of actions are incorporated into the FCP and SOP draft submitted to ARAC in February 2026. These will now be updated in line with the new HCRG, M&D bank and agency provider in place.
- Final report of Medical Job planning Re-Audit circulated with outcomes of the audit will be presented at the Audit, Risk and Assurance committee meeting in August 2026
- Medical & Dental Medical Rostering Audit – this process is being revisited in light of the implementation of the new Resident Doctor contract.
- Medical & Dental Sickness Audit –management response July 2026
- M&D Job Planning Re-Audit, final report June 2026 and refreshed action plan

- SAS doctors regrading process in place.
- Resident Doctor contract changes CTM Implementation Group in place, alongside CTM membership at both NWSSP and NHS Employers led All Wales groups.
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Nursing and Midwifery Productivity Programme Board

Internal Assurance

- Nurse Productivity Programme Board and associated datasets~~- Agency spend reduced YTD from £20.04m TO £12.47m as at M11 2025/2026. This reduction is due to three factors: the reduction in hourly agency rates for RN shifts following the renewed All Wales Consolidated Agency Contract March 2025, agency by exception work and reduced annual leave during Christmas and New Year.~~ updates

~~Agency usage trending report - RN and HCSW agency usage for since January 2026 continues to show a downward trend.~~
~~Bank usage remains steady across RN and HCSWs.~~
~~HealthRoster optimisation and data quality improvements continue as one of the workstreams for NMPP 2026/2027.~~
~~*External Assurance*~~
~~None mandated beyond audit reporting to ARC, benchmarking available via national productivity references where applicable.~~
~~A revised all Wales Bank Terms of Engagement and an implementation plan is being updated to roll out Quarter 1 2026/2027~~

Workforce Planning

Internal assurance

- Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-26) to HEIW and regular updates relating to Student Streamlining April -June 2026~~.~~
- Audit Tracker oversight of actions.

External assurance

- ~~Audit Wales SWP audit- six recommendations tracked via ARC. Only one action remaining for completion.~~
- ~~Participation in HEIW All-Wales SWP Network (access to standards, guidance, peer comparison).~~
- ~~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.~~
- ~~Representation at the newly formed~~ HEIW Workforce Supply Oversight Group (WSOG) from February 2026 focussed currently on nurse student streamlining vacancies for CTMs allocated graduating students for September 2026
- LHP ~~OBC submitted to Welsh Government on 7 Dec 2025 which includes a~~ Workforce Planning and OD section; ~~workforce section~~ for the ~~joint~~ LHP/~~SEW~~ region OBC/FBC is in development for completion ready for sharing with CTM/CAV/AB Boards in July 2026.~~in June 2026 and? or submission to WG in September~~in July ~~2026.~~
-

~~Attraction, Resourcing and Recruitment~~

~~*Internal assurance*~~

- ~~Recruitment & Selection Policy (under review) and SOPs; monitored compliance via People governance.~~
- ~~Time-to-Hire performance: reduced from 80.1 days in Jan-26 to 78.9% in March 2026 vs target 71; Year-to-date (YTD) 2025/2026 increased from 74.3 in January 2026 to 26 days (AfC + M&D combined).~~
- ~~Recruitment action plan in place~~
- ~~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) March 2026 turnover 8.29% (down from 8.50% January 2025).~~
- ~~Lateral Moves Scheme monitoring: 370 eligible applications at April 2026. Time to hire has reduced significantly from 77 days (August 2025) to 51 days (April 2026).~~
- ~~Reasons-for-leaving data quality actions (definitions, guidance) via intranet; Retention pages updated regularly.~~

~~*External assurance*~~
- ~~(Where available) triangulation with HEIW retention insights / all-Wales benchmarks.~~

Culture, Values and Behaviours

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

External assurance

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Strategic Workforce Planning			
Workforce plans are not yet consistently developed, embedded or aligned across all services to CTM2030, IMTP priorities and service transformation programmes. ~~Absence of clear, sustainable workforce plans aligned to CTM2030.~~	~~Absence of clear, sustainable workforce plans aligned to CTM2030~~Development of local workforce plans.	A sustainable and skilled workforce capable of delivering CTM2030 priorities with reduced reliance on agency staff. To support better alignment between service transformation and workforce capacity.	Implementation of workforce planning strategy with agreed KPIs to support sustainable workforce plans aligned to CTM2030.
Regional Service & Site Workforce Planning			
Lack of coordinated regional workforce plans.	• Development of LHP Workforce Plan (FBC (draft March 2026) due July 2026). • Workshops to develop Perinatal, Ophthalmology and Theatres workforce plans.	Ensure right skills, roles and staffing models across regional services.	LHP and priority regional workforce plans completed and agreed through relevant governance routes, with identified workforce requirements, risks, assumptions and affordability implications. ~~Ensure right skills, roles and staffing models across regional services.~~
New and Extended Roles			
Inconsistent governance for new and extended roles: Physician Associates (PAs), Advanced Clinical Practitioners (ACPs), and Registered Nursing Associates (RNAs).	• Developed Framework and PA Working Group. • Supported rollout of ACP and RNA roles aligned to national standards.	Strengthen workforce governance, ensure appropriate deployment and maximise skill mix.	• Governance framework in place. • Positive use of PAs, ACPs and RNAs • reducing workforce gaps and agency reliance.
Workforce Productivity			
Inefficient roster and temporary staffing models; agency dependency.	• Nurse Productivity Programme (Roster & Bank optimisation). • Medical Workforce Productivity Programme ~~(£3m target).~~	Reduce agency reliance and optimise workforce efficiency.	• Improved rostering efficiency and bank utilisation. • Reduced long-term agency usage.
Sickness Absence			
High sickness absence rates impacting availability.	• Comprehensive data review and organisation-wide action plan	Co-ordinated improvement in attendance and wellbeing.	• 1% reduction in sickness absence in ~~25/26~~26/27 ~~vs 24/25.~~
Workforce Data and Analytics			

Limited establishment reporting and analytics capability.	• Developed Nursing & Midwifery establishment reports. • Developing dashboards and robotics strategy. • Developing timeline and strategy for roll out of Establishment Control.	Improved workforce visibility, data-driven decisions and capability.	• Live reporting accessible. • Improved workforce data quality and analytical use.
Workforce Systems			
Limited interoperability across systems.	• M&D Bank/Agency Tender and ESR Go implementation. • People Systems Group established. • Preparation for Future ESR 2.	Improve efficiency, reduce agency spend and strengthen system integration.	• ESR Go implemented. • Reduced agency usage. • Readiness for national system transition.
Attraction, Resourcing and Recruitment			
No signed-off Recruitment & Retention Plan; inconsistent processes. Timescale for implementation of new Resident Doctor contract in August 2026	• Draft Recruitment & Retention Plan. • Updated policy and SOPs. • Recruitment training and SharePoint resources. • Active attraction and social media strategy. • Participation in All Wales workstreams • CTM Resident Doctor Contract Implementation Group	Standardise processes, strengthen employer brand and improve fill rates. CTM being up to date with the rest of Wales on this project	• Policy/SOPs approved • Increased site traffic and engagement. • Reduced vacancy rates. • Contract implementation in August 2026 • Accurate rota build and roster – payroll systems
Retention			
Retention data and exit intelligence are not yet consistently captured or used to inform targeted interventions, and the retention programme is not yet fully embedded across services.~~Low participation in exit process and limited retention data.~~ ~~Retention Programme Plan established but not agreed.~~	Relaunch of lateral moves, development of Moving On process, re-establishment of Retention Steering Group and improved retention dashboard/data quality.~~• Relaunched Lateral Moves Scheme and widened access to Band 3 HCSW's.~~ • ~~"Moving On" process due to launch.~~ ~~• Plan to Re-establish Retention Steering Group.~~ ~~• Improved retention data analytics.~~	Improve staff experience, reduce turnover and inform targeted interventions.	Increased exit feedback response rate, improved retention metrics by staff group/service, reduced voluntary turnover and evidence of targeted retention actions in priority area~~• Higher exit feedback response rate (target 30%).~~ ~~• Visible retention metrics.~~ ~~• Reduced voluntary turnover.~~
Culture, Values & Behaviours			
Seen as corporate not locally owned	• Divisional datasets shared quarterly. • Directorate-level leadership accountability. • Measures embedded in People Plan	Strengthen local ownership and connect values to daily behaviours.	• Improved staff survey results on "values in action." • Increased participation in CVB activities. • Reduced variation in staff experience.

Linked National Priority Measures

Workforce

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

Current Performance Highlights

Key Progress Highlights:

- ~~Workforce Planning: IMTP Education Commissioning for 2027/2028 submitted to HEIW for 31 March 2026 or outputs in 2030. In addition, submitted the People Chapter and Minimum Data Set (MDS)~~
- Workforce Planning: LHP Phase 2 ~~Workforce Planning~~workforce section and workforce demand numbers ~~and narrative for the workforce section of the joint~~ LHP~~/SEW regional~~ OBC/FBC is ~~under development in partnership with key stakeholders and across the SEW region in readiness for submission to HBs into be finalised in June for sharing with HB Board Meetings in June/~~July 2026
- Productivity & Agency Reduction: ~~Tender for the~~ Launch of new Managed Service provision for M&D/ AHP bank and agency staff contract ~~awarded.~~July 2026
- ~~Recruitment: work underway with Nursing & Midwifery, People and Finance to increase the number of allocated nursing and midwifery student streamlining for September 2026. An updated position is being discussed at ELG and reporting to HEIW on 5 May 2026, that considers safety, affordability and sustainability.~~

- AFC Bank: 800 Bank only staff identified, bank only workers following the Band 2-3 changes to ensure a viable, appropriately skilled and available bank workforce and on track to meet the deadline of July 2026.
- Recruitment: international recruitment for hard-to-fill medical roles 2025/26 with NWSPP progressed, with two specialist grade psychiatrist started. An ~~further~~ ~~Haematology doctor onboarding and four~~ ~~two~~ ITU doctors ~~have~~ has been offered via NWSSP's overseas campaign and joined in June 2026. ~~in Jan/Feb 2026 with first Dr to join in June 2026~~.
- Able to meet majority of commitments to Student Streamlining numbers for Summer 2026 recruitment

Were there any significant incidents affecting this strategic Risk this period:		
None identified.		
Associated Risks escalated to the Organisational Risk Register		
5753	Inadequate Special School Nurse Provision.	**20**
6294	Insufficient Consultant Workforce - Endoscopy / Gastroenterology.	**20**
4973	Clinical Medical Cover within CTM Adult Mental Health Services.	**16**
6318	Tier 3 SHED Team Service Delivery. New risk escalated in October 2025	**16**
5877	New Worker Contract for Out of Hour GPs. New risk escalated in November 2025.	**16**
6397	Shortage of GPs to deliver urgent primary care services for escalation. New risk escalated to the Organisational Risk Register in January 2026.	**16**
6475	Industrial action of Health Visting staff members of the UNITE union. ~~New risk added to the Organisational Risk Register in January 2026~~	**16**
6232	Stability of the Legal Services Function.	**15**

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

Strategic Risk: **Effective Community and Partner Engagement in Service Changes and Developments (Risk No.4)**

If the Health Board ***does*** not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	***Then*** we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	***Resulting in*** • Lack of trust between the community and the Health Board. • Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. • Challenge to public decisions relating to future service developments due to limited engagement. • The inability to affect positive change in terms of improving health inequalities and health outcomes.

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

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

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory

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

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

Current Control Measures

Strategies & Plans

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

Engagement Forums

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

Sources of Assurance (Internal and External)

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation
Implementation of SOP for service change	SOP completed with cross-department input. Work underway to implement.	• Consistency of approach to service change across health board will ensure better	

		management of change, resulting in greater credibility and effectiveness of engagement activities and more useful insight. • Earlier development and implementation of engagement plans will enable more effective prioritisation of resources and capacity.	
Capacity within engagement function	Securing funding with Public Health to recruit additional engagement role. Role developed and recruitment anticipated to take place summer 2026.	• Improved understanding and engagement response to population health priorities, enabling insight- and intelligence-led planning and delivery. • More proactive response to engagement requirements will increase reach and public/partner confidence in the health board and enable the development of campaigns, resources and priorities that match population need. • Improved capacity will enable health board to further develop relationships with community groups, third-sector partners, and hard-to-engage groups, resulting in richer-data, and greater insight to inform effective public engagement methods and resources. • Additional capacity to manage unexpected engagement need, e.g. for urgent service change, will lead to more effective, meaningful and timely engagement that maintains credibility and trust.	•
Technical ability and capacity to coordinate engagement efficiently, manage insights and manage social media as a resource for engagement.	Identification of platform for social media management, social listening and public engagement: Orlo	• Significantly enhanced ability to produce, manage and monitor social media will enable health board to use these key channels to engage with, target, influence, understand, and respond to public and stakeholders.	•

		• Significantly improved insight into population sentiment, behaviour, trust and confidence will enable the health board to be far more responsive and informed in the management of change, and reach and impact of campaigns for behaviour change. • Significantly enhanced, AI-supported capability and capacity will enable greater reach, more impactful and more valuable public engagement, resulting in more useable and influential data and insight.	
Positioning of CTM engagement as part of Southeast Wales regional priorities	Development of regional engagement plan and associated resources with partners in AB and CAV	• More visibility of regional working will increase confidence amongst staff, stakeholders and public in the value of regional working. • Joint planning and delivery of communications and engagement across the region will be more efficient, making best use of limited and capacity and enabling greater reach. • 'Story-telling' and messaging at regional-level will help to frame population need and system/service requirements.	

Linked National Priority Measures

Nil

Current Performance Highlights

- Securing funding for Orlo social media management, social listening and digital survey platform
- Commencement of recruitment process for Engagement Lead Officer (Public Health)

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	• Operational Delivery Committee • Strategic Development Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory

Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	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. Enhancements to automated cyber threat alert classification and response, with a

	particular focus on strengthening out-of-hours capability. 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 (Clinical Large Language Model) 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: The cyber threat landscape continues to evolve, with persistent reconnaissance activity and attempted phishing providing ongoing indicators of increased and changing risk. 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 (Senior Information Risk Owner), Caldicott Guardian, and DPO (Data Protection Officer); 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 Audit Wales and regular audit from Internal Audit
- All-Wales Information Governance Toolkit and ICO Audit Review.
- NIS-D Cyber Assessment Framework and Improvement Plan (CRU).
- Digital Programme Assurance Report covering digital and data elements of the IMTP.
- Medical Records Assurance Report

Reports to other committees

- Progress updates against Population Health Strategy
- Clinical Safety
- Planning, Performance & Finance

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Closing the gap in Digital Literacy	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. The Head of Digital Business Change is progressing with the development of an overarching strategy to support digital and data literacy. Working within the Digital Clinical Network and Digital Transformation function the CNIO will support the development of a plan for digital and data clinical skills. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk. Easier to deploy new digital solutions.
2. Training and Awareness Programme	We currently do not have a formal Digital and Data training function. Resources are required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3-year programme of work. Across the programmes funded by Welsh Government and the IMTP e.g. ePMA, we are working with Workforce colleagues to develop an approach to digital clinical training.	Developing capabilities to support service change enabled by digital and data technology, as well as building our wider Digital skills and capability to facilitate training. Increase confidence and capability of all our staff in the use of digital and data technology for all the workforce. Develop a clinical digital skills strategy and framework adopting national and UK best	.

	Additional business change facilitators will support this activity. ~~The Chief Nursing Information commenced on 1 April 2026.~~ ~~Working within the Digital Clinical Network and Digital Transformation function the CNIO will support the development of a plan for digital and data clinical skills.~~	practice to ensure that our colleagues feel confident in the increased reliance of technology in their day-to-day practice.	
3. Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.	Reduction in risk exposure scores across key management platforms	
4. Tested and integrated cyber incident management plan	All Wales Cyber Incident Response exercise has been developed and was undertaken in September 2025. Lessons learnt report has been presented to CTM Civil contingencies/ EPRR group. The CTM Cyber Incident Response plan is under review from the Emergency Planning Response & Resilience (EPRR) team with a view to ensuring it links to organisational plans and terminology in a consistent manner. Testing of the Cyber Response Plan remains ongoing, including monthly scenario-based exercises and targeted ad-hoc testing of specific systems. A forward testing schedule has been agreed for the next three months	Improved cyber posture via greater insight into digital assets and understanding of risk profile	
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	Improved cyber posture via greater insight into digital assets and understanding of risk profile	

	effective way. Procurement activity is underway.		
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 Organisational Change Process (OCP). Through the implementation of new digital solutions, the Health Board will aim to reduce unwarranted variation. 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 and 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. The 2025/26 Digital & Data capital programme was delivered on time and to budget, with a total outturn of c£14.3m (£13.7m internal digital spend and £0.65m supporting wider capital schemes). The discretionary allocation increased from £1.88m to £3.64m due to slippage elsewhere, enabling further investment in cyber security, network resilience and server capacity. In addition, Welsh Government funding (including c£7.98m of All-Wales slippage funding) supported significant improvements to core digital infrastructure, networks, devices and clinical digital enablement. Commissioning of these assets will continue at pace during 2026/27, particularly core network switch replacements at acute sites, with resourcing pressures in the Voice and Data team being mitigated through additional contract support. Timeframe: N/A - Rolling Annual Replacement. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation. Leading to: Improved project and programme delivery timeframes. Improved user experience with BAU digital services. Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.	

	improvement opportunities, which is a continuing National challenge that all organisations are facing.		
8. Immaturity of the existing Electronic Health Record, which is difficult to integrate with, does not adhere to WG data and technical standards and whose Critical supplier(s) are unable to respond to CTMUHB's requirements and ministerial priorities within defined timescales.	WG have received endorsement from DDAT to proceed with the development of a needs assessment for an EHR for Wales, which they anticipate will be ready to go to the external (private sector) market in September 2027. A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review. Timeframe: End of Quarter 2 2026/2027	Improved data driven decision making, enabling clinicians and patients, meeting more of their needs and requirements. Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality Reduction of costs for systems. Reduction of vendor lock-in.	
9. Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales.	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. A draft supplier and contract management framework has been created alongside Cyber to create a tiered approach to supplier management with a variety of controls based on the tier. This has been approved by the Digital and Data Leadership Group and be submitted for Health Board governance approvals. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)	Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality Improved system availability Increased productivity	
10. Capacity within current team to deliver digital transformation agenda.	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW	Successful delivered transformation through the implementation of digital solutions. Increased capacity facilitated through various Digital programme	

	Unable to recruit some technical roles to support programme roll out.		
11. Delayed delivery of the digital patient notes programme	~~Resourcing required to increase activity and accelerate completion of the programme.~~ ~~The current contract for patient record scanning (Cito) has been renewed on a like for like basis.~~ Legacy scanning for historical records remains an ongoing issue exacerbated by a renewed destruction embargo as part of the Infected Blood. We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability. Timeframe: 2-3-year programme of work.	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.	
12. Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record.	Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record. National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. ~~Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards.~~ Patient Centred Contact Transformation has continued at pace. The procurement for the technical solution has commenced, with contract award planned within Q1 26/27. Timeframe: 2-3-year programme of work.	Improved productivity, and reduction in paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow. Reusable digital data to enhance decision making. Reduction in errors associated with paper-based records and processes.	

13. Recruitment challenges due to short term funding allocations leading to an increased use of 3rd party contractors and fixed term contract arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National/Local Programmes.	Adequate resourcing pool within Digital and Data. Reduction in contingent staff costs.	
14. 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 the Acute Clinical Services Plan (ACSP).	We have now received Welsh Government to approve the contract. Welsh Government had originally approved 5-year funding but now are waiting for outcome of Welsh Government's Pause and Review exercise to determine if the funding approved in early 2025 is still available for the Health Board. Business case for the Mental Health EHR has been approved and funded. Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system. Leading to: Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow	
15. Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	The Digital and Data IMTP submission has now been approved, this includes funding to engage a strategic partner to support and develop our digital and data strategic roadmap, and a procurement activity is underway. The Ministerial Advisory Group (MAG) report has now been published which highlights challenges with Digital Transformation across NHS Wales, the UHB is analysing the detail of the report.	Speed up delivery of digital transformation. Improved utilisation of cutting-edge clinical technologies e.g. AI. Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0). Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management. Improved patient access to clinical services. Enabling staff to deliver high quality care.	
Linked National Priority Measures			
Digital and Technology National Clinical Framework (WHC 2021/03) Welsh Government, March 2021), Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021) Value Based Health and Care Coding standards			

Current Performance Highlights

- **Electronic Prescribing (ePMA) -** ePMA went live at Princess of Wales Hospital in May 2026 (with an early adopter pilot in March 2026). Planning is now underway for go live in Royal Glamorgan Hospital on the 25th of July & 26th July (Sat & Sun). **Implementation Timescale:** March 2026 and throughout 2026
- **NHS Wales APP -** A Ministerial priority in October 2025 was to deploy referral information in the NHS Wales App. This has been delivered. Since the Phase 2 rollout, which included Secondary Care notifications in October 2025, there has been a 47.6% increase in CTM patients registered on the NHS Wales app, rising to 112,112 CTM patients* *data as of 21/06/2026*
- **Medical Records & Patient Contact Services Operations -** The demand on the operational service remains high, with a high turnover of staff impacting our capability to deliver the current increased demand. When PoW was merged into CTM's WPAS there was a known risk around ~100k duplicate records. Posts that were funded last year have been extend temporarily to continue to tackle the outstanding duplicate records. A sustainable medium- and long-term approach is needed to minimise the risk of patient safety related to medical duplicate medical records.
- **Llantrisant Health Park (LHP) Digital Workstream –** The LHP Digital Workstream has now defined a set of indicative costs for digital and data capabilities for inclusion in the Phase 2 full business costs. A phase 2 programme and business as usual resource plan has also been developed.
- **Mental Health Procurement –** WG approval to award the contract has been given, however this is programme is being considered under the WG DPIF Pause and Review process, outcome of that process is outstanding.
- **Radiology -** RISP programme transitioned to stable operations, with ongoing investigation into service-led reporting discrepancies and national result notification issues.
- **Pathology -** CTMUHB has undertaken significant work to respond to the proposed change in LIMS deployment sequencing. This change introduces increased delivery complexity and risk, and has been escalated to the Chief Executive via the Executive Sponsor and SRO for LIMS2.
- **Pharmacy -** Pharmacy automation improvements delivered, including stable deployment of the RGH pharmacy robot and enhanced monitoring capability through new dashboards.
- **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.
- **Core infrastructure progress:** Network core replacement progressing across major sites (PoW completed; RGH and PCH underway). No further major incidents linked to core failures; strengthened change processes now in place to reduce downtime risk.
- **Legacy technology reduction:** iGel thin client estate fully retired (0 devices), reducing reliance on Citrix and modernising end-user computing. WiFi and connectivity upgrades advancing: Significant progress across sites including PoW and PCH, with remaining remediation nearing completion.
- **PSTN migration progressing:** 84% of circuits resolved, with ongoing migration to SIP and modern connectivity solutions ahead of 2027 switch-off.
- **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.
- **Resourcing -** Resourcing constraints impacting delivery, with delays in vacancy approvals increasing pressure on existing teams and affecting both project initiation and BAU support.
- **WPAS -** WPAS cloud migration remains a significant risk, with concerns relating to business continuity, untested architecture and integration complexity.

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

Critical incidents under NIS-D: - There were no incidents reported to the CRU during this period. However, a small number of high-impact incidents did occur at both local and national level. ~~These included network disruptions at several district general hospitals, mainly linked to legacy core infrastructure, which is being replaced. There were also two incidents affecting cloud-based services, including M365. In response, Business Continuity procedures were put in place where required.~~

Associated Risks escalated to the Organisational Risk Register

5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	**20**
4664	Ransomware attack resulting in loss of critical services and possible extortion	**20**
4671	NHS Computer Network Infrastructure unable to meet demand	**16**
3337	Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS	**15**
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	**15**
5040	Digital Healthcare Wales interdependencies	**15**

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

Strategic Risk: **Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)**

If: CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose estate.	***Then:*** there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancements / improvements for patient care and staff wellbeing for now and the future.	***Resulting in:*** • An inability to deliver its services efficiently and effectively. • Poor environment and experience for patients and staff • Infrastructure problems • Unable to replace failing/ageing equipment. • Business continuity problems • Poor Estate compliance • Regulatory Compliance issues • Lack of digitally enabled facilities • High carbon footprint • Loss of services and productivity • Increased backlog maintenance

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	4	16
Current	**4**	**4**	**16**
Target	4	~~2~~ 3	~~8~~ 12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)* **July 2026:** We have reviewed the target risk score and revised it to 12 to reflect a more realistic and deliverable position. We are actively managing this risk and expect improvement over time through prioritised capital investment and maintenance programmes; however, progress is constrained by limited capital availability and the scale of backlog maintenance, meaning the pace of risk reduction is currently limited		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

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

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

Current Control Measures

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

Sources of Assurance (Internal and External)

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

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. National Skills shortage in Estates Roles *(Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions.*	• The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend. • Concerns have been raised at a national level. • Ongoing activity continues with the support of the People Directorate to explore routes to further promote and attract candidates	• Improved recruitment and retention across Estates roles, increasing capacity to deliver core maintenance and compliance activity and supporting a more stable and sustainable estates function.	***This column to be left blank for now, and populated once actions are complete.***

	to roles advertised particularly around the Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge.		
2. Increasing Backlog Maintenance position.	• Secured Targeted Estates Funding (TEF) • Proactive in securing additional funding from Welsh Government when available.	• Reduction in backlog maintenance and estate-related risks through delivery of prioritised schemes, resulting in a safer, more compliant estate and an improved environment for patients and staff.	
3. Secure Funding to deliver Capital Schemes	• Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	• Securing capital investment to modernise infrastructure, reduce backlog maintenance and address statutory compliance risks.	
4. Deliver schemes within a live environment	• Dialogue with service leads. • Secure decant where appropriate.	• Safe delivery of capital works with minimal disruption to services, ensuring continuity of care and operational resilience during construction activity.	

Linked National Priority Measures

Energy and Environmental Targets as listed in the CTMUHB Decarbonisation Action Plan (DAP).
Deliver the Capital programme within the agreed Capital Resource Limit (CRL).

Current Performance Highlights

Please refer to the Estates Performance Report submitted to the Operational Delivery Committee in April 2025 available here: 29 April 2025 - Cwm Taf Morgannwg University Health Board
The next submission will be shared with the Operational Delivery Committee on 30th April 2026.

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

Associated Risks escalated to the Organisational Risk Register

6235	Insufficient funding to address backlog maintenance across the estate.	16
4417	Management of Security Doors in all Hospital settings.	16

Strategic Goal(s):

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

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

Risk score **16**

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

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

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

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	It is anticipated that the risk score may remain quite static 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

Environmental Sustainability Group
The Governance and assurance arrangements for Environmental Sustainability have been overhauled and the ESG now reports directly into the Strategic Development Committee and is chaired by an Executive Director.

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, i.e. using its role as a major local employer and purchaser to support the local economy and improve population wellbeing.

Socio-economic duties are also considered as part of the controls and impact captured within the following Strategic Risks: 3 (Workforce); 4 (Engagement) and 8 (Prevention and early intervention)

Environmental Sustainability – Net Zero

- Climate Action Plan will be presented to March 2026 Board for approval and was formally endorsed.
- 'CTM 2030' seeks to ensure that services take account of the impact on the environment.
- All-Wales approach to sustainable procurement
- Green CTM Staff Forum
- Waste management – elimination of landfill for foodstuffs.
- Use of less environmentally impactful anaesthetic gases
- Workshop delivered to Board Members in 2025. ~~The Board will be provided with regular briefings through SDC updates and future briefings.~~
- High level adaptation risks have been approved with a plan developed to address some of the challenges we will face – these are included in the Climate Action Plan
- The programme is managed by a Sustainability Manager
- REFIT Programme – Funding of £11.4m received to improve energy efficiency, including solar panels (PV), LED lighting, building energy controls (BMS optimisation), and small-scale heat pump and battery storage project

Public Services Board Climate Change Action Group (Director Level) has been established.
The Targeted Estates Fund (TEF) application for "Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture" has been awarded. Project manager has been assigned to oversee the works. The project is scheduled to be complete within the 2025-2026 financial year.

Innovation Activity – Sustainability Manager exploring opportunities around innovation and sustainability.

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan
- Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement
- Building Healthier Communities Steering Group
- Healthy Housing Alliance

Environmental Sustainability – Net Zero

- Environmental Sustainability Annual Report
- ISO 14001 (Certified Environmental Management System) accreditation
- NWSSP Internal Audit Services – Decarbonisation (Follow Up) Internal Audit Review.

Board / Committee Assurance mechanisms

The Decarbonisation programme updates are assigned to the Strategic Development Committee for reporting and assurance / scrutiny purposes. The Climate Action plan was received and approved at the Board meeting held on the 26 March 2026.

Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery has been undertaken. All Health Boards are subject to this review. Outcomes have been reported to the appropriate committee and associated actions added to the strategic risk as appropriate. Copy of the report available upon request from the Corporate Governance Team. Requirements for the audit have been incorporated into the new climate action programme to ensure compliance.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Action Plan. Plan to be produced in line with the Welsh Government Climate Adaptation strategy due to be published April 2026.	Board sessions have been presented to the board to increase awareness and knowledge. The Public Service Board (PSB) have developed a Climate Change Risk Assessment (CCRA) for the region. Climate Action requirements are being established and risks developed in line with WG policy.	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to the current and expected impacts of climate change.	
2. Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	The procurement team are included within the 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.	
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.	
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.	
5. Access to the necessary capital needed to deliver decarbonisation plan is limited	Climate Action Plan will be costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the Climate action plan are completed when funding is secured.	
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.	

Linked National Priority Measures

Economy and Environment

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

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

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

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

Current Performance Highlights

- Decarbonisation Reporting has taken place of the course of the year.
- The annual CTMUHB Annual Report & Accounts have 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 national innovation programmes (SBRI and SFIS) programmes to develop solutions to waste sustainability challenges.
- All 3 of the emergency departments (EDs) 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. Project is also underway to connect a direct wire to Prince Charles Hospital from a local school in Merthyr providing their surplus renewable energy. This innovative

approach ensures that up to 15% of the hospital's annual electricity demand is met sustainably rising to 100% on peak summer days. Funding has been awarded through the ReFIT programme to fund efficiency and carbon reduction activities across the Health Board.		
Were there any significant incidents affecting this strategic Risk this period:		
Associated Risks escalated to the Organisational Risk Register		
5374	Fulfilling our environmental and social duties.	**16**

Strategic Goal(s):

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

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

Risk score **20**

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

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

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

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

Risk Score Trend this Period:

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

No change to risk scores this period.

Risk Score Trajectory

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

The 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, due to 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.~~

The most recent data published in June 2026 by Public Health Wales shows that:

- In CTM, Healthy life expectancy at birth is 55.0 years for females, and 56.0 years for males in 2022-2024; both significantly lower than the average in Wales (58.5 and 59.2 years respectively).
- Healthy life expectancy has been decreasing in recent years across CTM and Wales, for both males and females.
- In 2022-2024, the gap in Healthy life Expectancy at birth between the most and least deprived across Wales has increased from 15.3 years to 18.1 years for males, and from 18.5 years to 19.0 years for females.

Figure: Healthy life expectancy at birth, years, males and females, Wales, Health Board, 2022-24

Produced by Public Health Wales using data published by ONS

Recent analysis from the Office of National Statistics (ONS) shows the following:
Healthy life expectancy at birth by sex across local areas of the UK, between 2011 to 2013 and 2022 to 2024

	2011/12 Males	2022/24 Males	2011/12 Females	2022/24 Females
Bridgend	60.1	57.9	60.7	57.2
RCT	57.3	56.0	57.5	54.9
Merthyr Tydfil	55.7	51.7	55.6	50.1

HLE has dropped in all males and all females over this period. In particular, the drop in female HLE is now lower than males in each LA. Since this is represents the whole population, this is important in relation to the sustainability of the NHS.

The current data demonstrates that Healthy Life Expectancy in CTM is reducing, leaving people living a longer period in ill health, utilising additional health care services and raising further questions about the sustainability of effective health care within the limited budget available. Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change, for example, due to inability to fund the children's weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited. The level 2 and 3 adult weight management service cannot meet the demand, with excessive waiting lists of many years.

Also, despite funding being made available via the IMTP for the continuation of Children's services such as Pipyn, a gap still remains in the wider provision of weight management services and has resulted in a slower than anticipated start to the programme.

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

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

	growth in healthcare demand may be higher than in the rest of Wales. Both life expectancy and healthy life expectancy in CTM are ~~is~~ below the Welsh average. The gap in life expectancy at birth between the most and least deprived in CTM is now estimated at 6 years for males and 5.3 years for females. With regards to Healthy life expectancy, the gap is greater, at 10.7 years and 12.1 years for males and females respectively (PHW 2024). In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services and health board budgets Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board. If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures

Strategies & Plans

- Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales"; Well-being of Future Generations (Wales) Act (WBFGA), Marmot Nation Principles
- 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 and approved 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 since 2022.
- Smoking Cessation Service
- All hazards Health protection Service
- Pipyn Service
- Making Every Contact Count

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 for 26/27 onwards.

	An unsuccessful case made to Welsh Government for additional funding to further close the gap in funding per head between CTM and the rest of Wales.		
2. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board. Creating Health Delivery Plan drafted in Q4 2023/24. Creating Health Delivery Plan refresh completed and submitted to board for approval Health Protection Strategy. Vaccine equity strategy CTM Population Health Framework no longer under development but to be included in the refresh of CTM 2030.	Decreased variation in access and outcomes across the population of CTM. Increased prevention activities will avoid harm and reduce the financial burden of chronic disease. Clear focus and strategic aims to help develop CTM as a Population Health Organisation Improved understanding of requirements for change Embedding of Marmot principles in all core activities of the health board	Delivery of the outcomes associated with the Health Protection strategic plan. Delivery of the milestones in the Creating Health Delivery Plan Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard. Measurable increase in investment in prevention activities/programmes across the Health Board. Deliverables articulated related to CTM Population Framework with performance monitored against them.
3. Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board. Work to pilot a shared clinical record yet to be prioritised.	The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised. The current focus is on pilots in primary care clusters.	PHM priorities defined as part of the Local Public Health Team portfolio. A clearly defined strategic plan for the delivery of PHM in CTM. A robustly resourced PHM function in CTM.
4. Impactful action to address health inequalities	• Whole system approach to Healthy weight • Help me quit/ hospital programme. • WISE • Cancer inequalities group • Implementation of Stroke equity Audit recommendations. • HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events. • Vaccination equity strategic plan in place • Diabetes Strategic Plan	Decreased variation in access and outcomes across the population of CTM. Increased focus and alignment of resources to meet the needs of vulnerable groups	Measurable improvements in outcomes for vulnerable groups. Less variation in access and outcomes across the CTM population. Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan. Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.

5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as diabetes, cardiovascular disease, etc	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc. A business case submitted as part of the IMTP to fund a children's weight management service. With insufficient funding approved for the service across CTM, the uplift was directed to expanding the Pipyn programme.	Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease. Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate. Resources moving into prevention strategies	CTM representation at all relevant partnership boards and programmes of work. Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio Improvement in outcomes for patients with chronic disease A funded child weight management service agreed. A funded child weight management service in place
6. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora: Regional Partnership Boards (RPBs), Public Service Boards (PSBs), Leaders groups.	Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population. Adoption of the Marmot Nation Principles across the PSB. MTCBC successful as as a Marmot National Pilot and RCTCBC as an early adopter.	CTM representation at all relevant partnership boards and programmes of work. Collaborative projects delivered in partnership influence wider determinants.

Linked National Priority Measures

Population Health – Ministers Measures Phase One

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

NHS Performance Framework Quadruple aim one:

- Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
- Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
- Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old
- Percentage of adult smokers who make a quit attempt via smoking cessation services.
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks.
- Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within the last 15 months.
- Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within the last 15 months.
- Percentage of population (adult) receiving NHS dental care over a 24-month period – General Dental Services (GDS)
- Percentage of population (child) receiving NHS dental care over a 12-month period – General Dental Services (GDS)

Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

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

No

Associated Risks escalated to the Organisational Risk Register

6179	High and increasing prevalence of overweight and obesity in children and adults	**20**

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

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

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

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

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee
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
Current	**4**	**5**	**20**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

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

	The recurrent position will be reviewed following month 3 reporting.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	The financial plan highlights a high level of risk for in year achievement but with a far more significant level of risk for 2027/2028 and beyond. This risk will therefore be ***treated*** until there is confidence that the Health Board can achieve the planned break-even position.

Current Control Measures

Financial Management

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

Sources of Assurance (Internal and External)

Financial Management

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

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

Linked National Priority Measures

1. YTD position 2. Savings plan position		
Current Performance Highlights		
~~• The M1 YTD position yet to be reported~~ • The M2 YTD position is reporting a £5.2m deficit against plan. • Latest savings plans have only identified ~~£14m~~ £14.5m of the £31.3m savings plan required. • There is a high risk to delivering a balanced financial plan for 2026/27		
Were there any significant incidents affecting this strategic Risk this period:		
~~To be confirmed – awaiting Month 1 reporting.~~ Non delivery of savings remain the most significant cause for the year to date deficit and the forecast remains significantly below the planned level.		
Associated Risks escalated to the Organisational Risk Register		
6596	Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27	20
6597	Failure to achieve the planned break-even position in 2026/2027	20

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

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

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

Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged. Risk score reviewed in July 2026 and no changes made. The Strategic Clinical Services Plan is still being developed. Funding for the estate is based on the highest risk factor and therefore funding allocations are based on informed risk-based decision making.

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	Whilst recognising the challenges outlined in this risk the health board is continuing to **Treat** this risk; however, pace of change is not at the desired rate and there are elements where the risk will need to be **Tolerated**.

Current Control Measures

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

Sources of Assurance (Internal and External)

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	~~Indicators of Success (following implementation of mitigating actions)~~ Actual Impact of Actions (following implementation)
1. Estate strategy to be developed on completion of the Clinical Service Strategy.	Delivering against IMTP priorities in the interim.	Continued investment targeted at highest-risk areas to maintain safe, operational estate infrastructure and support delivery of services while the longer-term estate strategy is being developed.	***This column to be left blank for now, and populated once actions are complete.***
2. Enough Funding to deliver Capital Schemes.	Delivering against IMTP priorities in the interim.	More effective use of available capital funding to progress priority schemes, supporting improvements to estate condition and enabling services to operate from safe and appropriate facilities.	

Linked National Priority Measures

Current Performance Highlights

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

Associated Risks escalated to the Organisational Risk Register

6235	Insufficient funding to address backlog maintenance across the estate.	16

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

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

Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory

Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The current score remains unchanged, although there has been progress with control measures since the risk was originally scored. This includes the establishment of Hospital at Home, the Regional Partnership Agreement and progressing Locality delivery options.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will be **treated** and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

The Integrated Community Care System Program – work to support the development of an integrated services set of metrics in order to progress building of performance score cards, which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed, outline plan circulated for comments and development. 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, awaiting written document from National Association of Primary Care (NAPC).

Established Primary Care & Community Transformation Board with high Executive leadership.
Strengthening cluster clinical leadership capacity to help inform, influence and engage others on future models.
Continuously reviewing leadership capacity in Primary Care and Community Care Group. Strong medical leadership structure now in place.
Reviewing Locality delivery options and governance as complex regional landscape. The intention is to commence engagement amongst front-line teams about closer joint working. Work to refine Joint Partnership Board structures is ongoing.

Primary and Community Care Transformation Programme established. Its main purpose is to establish a sustainable model for primary and community care that underpins the future model of care across the Cwm Taf Morgannwg region under the Strategic Clinical Services Plan (SCSP). The programme will incorporate the principles and output of the community by design national programme. The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

Alignment and integration opportunities will be explored in relation to mental health and substance misuse services, children's and families' services as the work matures. The Service Director of Mental Health is also a member of the Board, as are Clinical Director for Therapies and the Chief Pharmacist.

Undertake comprehensive listening exercise to understand the issues to inform the improvement programmes.

CTM Regional Partnership – Local Authority, NHS and Third Sector leadership meeting bi-monthly. Regional Integration Fund (RIF) allocation supports regional working initiatives, including integrated care. Regional Partnership oversees production of Needs Assessment and Care Sector Market Stability Report. Establishment of a number of Boards/Working Groups to deliver against needs assessment.

Integrated Leadership Board – Senior level board underpinning the CTM Regional Partnership, established to provide integrated Executive-level leadership across health and social care across the region.

Partnership Leadership Team – established with Local Authority and NHS representation to spot challenges and progress opportunities across the partnership – meets monthly.

Implementation of the National Single Point of Access (SPOA) Framework as directed by the National 6 Goals Framework informing the Primary Care Transformation Programme.

Connectivity and alignment of this programme with other programmes such as Frailty Board, 6 Goals is a key remit of the Integrated Care Board.

The 3Ps programme is supporting people to make informed decisions about their health care, supporting them to manage their health while waiting for treatment. This work is being taken forward via a partnership approach in CTM, including the Community Voluntary Councils.

Sources of Assurance (Internal and External)

Reports

- Integrated Performance Report
- Regional Partnership and Integrated Leadership Board – highlight reports.
- Strategic Development Committee reports
- Regional Integration Fund reports
- WG Integration accountability meeting report on 12 February 2026 which identified areas of strength and pointed to areas where further focus is advised, as noted in the March iteration of the Board Assurance Framework and has now been responded to by the RPB chair.

Board and Committee Assurance
The Board and the Strategic Development Committee are provided with updates on the developments with regards the Integrated Care Model as required within their respective cycles of business.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Data and digital solutions will be needed alongside strategic ambitions	Scoping for new community care digital record which is integrated with GP practices and interface with social care. Work with Local Authorities on the introduction of 'MOSAIC' which is replacing WCCIS as the social care records platform. Established a connecting care programme board to mirror the national programme, this incorporates implementation of a single clinical mental health record, a community care system record as well as alignment of those and the primary care and local authority systems.	The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the different population groups and the drivers of health inequalities.	Integrated records and data sharing agreements in place
Evidence base for alternative delivery models for practices	Commissioned to address gap. Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK. The Primary Care & Community Transformation Board is providing the system leadership and governance needed to move the Health Board with an evidence-led approach to alternative delivery models for integrated community service.	To support sustainability of GP practices and support robust primary care services	Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care. A Strategic plan for primary and community services
There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist.	Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models. Workforce and Digital leads to be convened to support progress.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain leading measures which will indicate if we are chancing the shape of our system to get better results.
Achieving a sufficiency of social care provision is essential. We need to build on our initial steps and develop a strategic commissioning approach for example for care home places. The re-setting of Joint Partnership Boards as county-level planning and doing fora is critical to effective delivery though local integrated teams.	JPBs being reset through the Primary and Community Care Transformation Program. Development of Regional Needs Assessment and evolution of the Regional Area Plan is an opportunity to gain agreement across the partnership.	Shared space for decision making and constructive challenge. A regional Area Plan with shared commissioning priorities, objectives and outputs.	Primary care transformation programme Joint working with local authority and regional development of integrated approach
Necessary prioritisation of internal transformation activity within the health board has knocked onto the planned timeline for structural integration.	Continued discussion with partner agencies and reprofiling/reassignment of action owners within the integration plan.	Greater internal coherence in terms CTMUHB transformation and reworked for programme for next steps on structural integration.	Greater confidence in CTMUHB's ability to deliver the programme.

Linked National Priority Measures

Ministerial Priorities
- Timely access to care
- Population health and prevention
- Building community capacity
- 6 Goals for Urgent and Emergency Care

- Community by Design

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 in 2026.

In October 2025 the Hospital@Home team were mobilised. This involved:

- A comprehensive workforce plan aligning staff across previously separate services into one unified model.
- Continued strengthening of professional leadership across medical, nursing, therapy, pharmacy, and operational functions.
- A whole-system governance structure embedding Hospital@Home into the Six Goals UEC Programme Board and Improving Care Board, ensuring strategic alignment.

In collaboration with the other Care Groups and Local Authorities there has been a focus on reducing Pathways of Care Delays and a Home First approach

- Sustaining strengthened governance arrangements across Integrated Discharge Board and the Discharge Operational Group to provide shared accountability and remove system barriers.
- Continued digital enhancement of eToC, SDN, and ward-level tools to improve timeliness, accuracy and consistency of discharge information.
- Maintaining a strong focus on earlier identification, proportionate assessment, and standardised escalation, ensuring patients are supported home safely and promptly.

CTMUHB has significantly strengthened both Hospital@Home and POCD management, embedding consistent processes, strong governance and maturing digital enablers. Hospital@Home is now and operational discharge solution delivering measurable reductions in delays, while POCD oversight has become more robust, data driven and multidisciplinary. Future plans will scale these models further, expanding workforce capability, improving digital integration and deepening partnerships working – positioning CTM to deliver safer, timelier discharge and a fully realised Home First system. The next focus is other community services such as specialist nursing.

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. SPOA continues to mature as a central mechanism for demand management, early redirection and clinically led triage. Key achievements include reduced care-home conveyances, full rollout of the falls pathway across all CTM areas, expansion of the virtual ward respiratory cohort and development of multiple new pathways via Navigation Hub (urgent bloods, community nursing, podiatry prescribing, head injury and 111-to-UTC diversion).

CTMUHB expanded its multi-agency Level 1 & Level 2 falls response across all localities, ensuring 8am-8pm coverage, 7 days a week. The model provides safer alternatives to ambulance conveyance, improves responded capability and support early intervention closer to home. Rollout progressed locality by locality, supported by Navigation Hub clinicians and Welsh Government pump-prime funding. Additional investment also enabled training sessions and provision of lifting equipment across community teams.

- 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 completed and shared with NAPC to inform their written document.
- CTM Regional Partnership has defined a target model an Integrated Community Care System (ICCS) for our older population. An implementation plan, program delivery team and clear governance route is in place.
- Regional Partnership structures provide the main governance fora for integration with social care. There are generally good working relationships and there have been successes for example in retendering domiciliary care in RCT aligned to D2RA pathways.
- A Regional Partnership (Section 33/Part 9) Agreement signed by CTMUHB and the three Local Authorities - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard. The Regional Integrated Services Director along with the regional team will collaborate with the two Local Authorities and Health Board to create Local Authority level dashboards of key metrics, providing integrated managers with essential information to support statutory agency deliverables and regional priority measures.
- Impact from the actions and work of the transformation programmes.
- Integrated Manager post developed in conjunction with BCBC colleagues with a view to advertise June 2026.

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

The growth of the ageing population relative to the working-age population, the rise of multimorbidity, and persistent health inequalities, particularly for preventable illness, are all issues that the National Health Service (NHS) will face in the years to come. The greatest contributors to ill health and social care needs include cardio- vascular disease, musculoskeletal disorders, cancer, mental health, dementia and chronic respiratory disease. As a result, the health and social are system will need to be more joined up to enable an increased focus for an integrated model to transform the way we work and care for people, whilst building on community resilience to meet the demand and timely access to care.
Typically, the winter months present additional pressure on the local authority and health board, because of increased rate of acuity, attributed to winter, which includes RSV and the biggest impact norovirus. As a result, the health board had a period of Business Continuity Incident declared and whilst the sustained operational pressure experienced through the Discharge Sprint and Business Continuity Incident (BCI) these periods acted as a critical opportunity for strengthened system wide working.

The Sprint enabled a step change in how the Health Board and Local Authority partners worked together, creating a heightened, shared focus on whole system flow, timely decision making and collective ownership of risk. Through daily multidisciplinary engagement, shared oversight of patient cohorts, and more frequent joint problem solving, partners were able to operate in a more co-ordinated and responsive way, particularly in relation to discharge planning, community capacity and support for people with complex needs. Although good examples of working relations were noted and made a difference to patients and the whole system approach, there is a notable learning that the health board and partners have identified. This learning will be reflected in a health board and local authority session and work towards plans for next winter, and a whole system review.		
Associated Risks escalated to the Organisational Risk Register		
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
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
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16

CTMUHB Public Board

Integrated Performance Dashboard

Eitem yr Agenda / Agenda Item	7.4
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Executive Director of Strategy & Transformation & responsible Executive Directors
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board is asked to **NOTE** the Integrated Performance Dashboard.

1. Situation/Background

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

Revisions to the framework for 2026/27 can be found in Appendix 3 at the end of this report

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

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

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

2. Specific Matters for Consideration - Key Performance Highlights:

Planned Care: Significant improvement has been achieved in reducing long outpatient waits, with 8,019 patients waiting over 26 weeks for a first outpatient appointment, representing a 75% reduction compared with the previous year. However, 451 patients remain waiting over 104 weeks for treatment, predominantly within Orthopaedics and Neurology.

Diagnostics: Diagnostic performance remains challenged, with provisionally, 3,580 patients waiting over eight weeks. Demand growth, workforce constraints and the introduction of the new Radiology Information System have affected performance.

Cancer Services: Suspected Cancer Pathway performance was 61.1% against the 75% target. Recovery is constrained by endoscopy capacity, pathology delays and reliance on tertiary providers, although governance arrangements have improved significantly.

Unscheduled Care: The most significant area of concern remains urgent and emergency care. Ambulance handovers within 15 minutes fell to 58.0% against an 80% target, four-hour Emergency Department performance was 56.4% against a 95% target, and 2,432 patients waited over 12 hours in Emergency Departments during June.

Delayed Discharges: Delayed discharge pathways increased to 261 patients, reflecting growing patient complexity and challenges within community and social care capacity.

Mental Health: CAMHS performance remains strong and above target across all measures. Adult Mental Health services continue to underperform due to workforce, capacity and administrative pressures, although improvement actions are underway.

Quality & Safety: Early Resolution of patient concerns remains exceptionally strong at 98.8%. Eight Nationally Reportable Incidents remain open beyond the 12 month timeframe. As at June, Hospital onset E.coli are reporting two fewer cases than the equivalent period of 2025/26.

Population Health: Smoking cessation targets continue to be exceeded; however, childhood vaccination uptake remains below the 95% target.

Workforce: Workforce pressures remain significant. Rolling 12-month sickness absence has increased to 7.54%, while PDR compliance (72.3%) and mandatory training compliance (81.3%) remain below target, although both measures continue to improve.

Key Statistics

Planned Care	Period	Total Open Pathways	Waiting <26 wks for New OPA (Stage 1)	Waiting >26 wks for New OPA (Stage 1)	% Waiting >26 wks for New OPA
	Jun-26	85,214	37,645	8,019	21.3%

Diagnostics	Jun-26	Total Patients Waiting for Diagnostic Test	Patients Waiting <8 wks	Patient Waiting >8 wks	% Waiting >8 wks
		15,940	12,360	3,580	22.5%

Cancer Services	May-26	Total Patients Treated	Total Patients Treated within 62 days (SCP)	% Patients Treated within 62 days (SCP)	Number of patients waiting over 62 days from point of suspicion at month end (May 26)
		303	185	61.1%	614

Unscheduled Care	Jun-26	Total Ambulance Handovers	Total Handovers within 15 mins	% Handovers within 15 mins	Total Handovers over 45 mins	% Handovers over 45 mins
		2,074	1,202	58.0%	262	12.6%
		ED Attendances	Patients seen within 4 hrs	% seen within 4 hrs	Patients waiting >12 hrs	% waiting >12 hrs
	Major	15,693	7,951	50.7%	2,432	15.5%
	Minor	2,056	2,056	100.0%	0	0.0%
	Total	17,749	10,007	56.4%	2,432	13.7%

Delayed Discharges	Census Date	Acute	Mental Health	Community	Total
	17th June 26	116	16	129	261

Mental Health		Part 1a			Part 1b		
	May-26	Number of Assessments	Assessments within 28 days	% within 28 days	Number of Interventions	Interventions within 28 days	% within 28 days
	CAMHS	139	125	89.9%	83	74	89.2%
	Adults	619	291	47.0%	52	19	36.5%
		Part 2			Psychological Therapies within 26 wks		
	May-26	Total currently in receipt of secondary Mental Health services	Total patients a valid CTP at the end of the month	% with a valid CTP	Total patients waiting for PT	Patients waiting <26 wks	% waiting <26 wks
	CAMHS	152	149	98.0%	N/A		
	Adults	1,925	1,655	86.0%	1,544	900	58.3%

Quality & Safety	Jun-26	Number of Early Resolutions Reviewed	Number remained as Early Resolution	% ER
		84	83	98.8%

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

2.1 The Cabinet Secretary's Key Delivery Expectations

Key Delivery Expectations

Timely Access to Care

Ensure no ambulance handover waits over 45 minutes

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

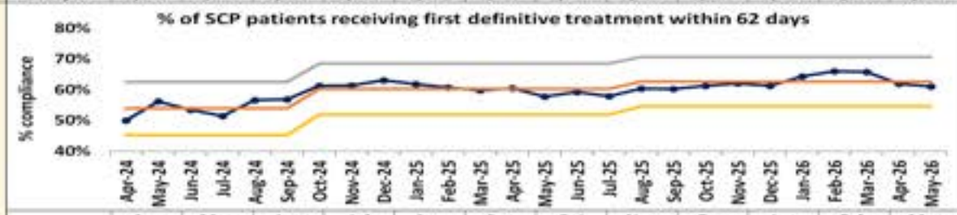
Ensure maximum wait for diagnostics does not exceed 8 weeks

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	275	4,020	3,580									
2024/25	1,693	1,850	1,799	2,099	2,053	2,050	2,030	2,022	2,193	2,367	1,882	2,384
2023/24	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,414	3,329	3,426	3,037	2,113

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

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

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

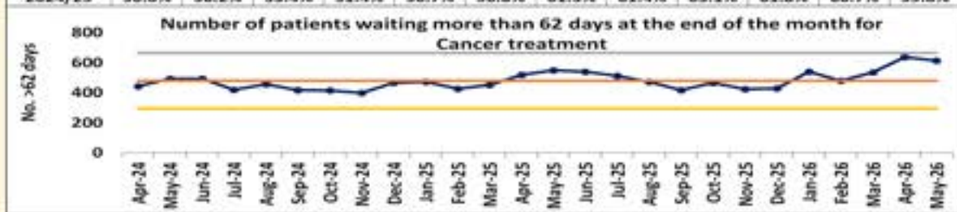


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	62.0%	61.1%										
2025/26	60.5%	57.8%	59.2%	57.9%	60.3%	60.3%	61.3%	62.0%	61.3%	64.3%	66.0%	65.8%
2024/25	50.0%	56.2%	53.4%	51.4%	56.7%	56.8%	61.3%	61.4%	63.1%	61.8%	60.7%	59.8%

No patients waiting more than 104 weeks for referral to treatment.

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

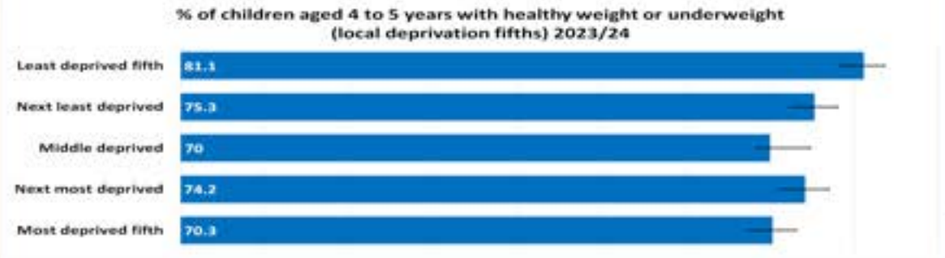
Achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027



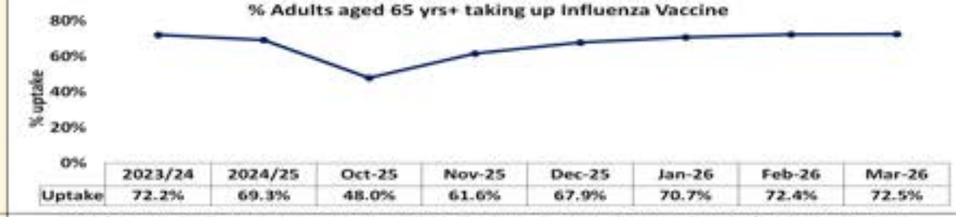
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	638	614										
2025/26	519	550	539	513	472	417	466	425	428	539	481	535
2024/25	444	494	493	420	457	418	415	399	465	474	426	452

Population Health & Prevention

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



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



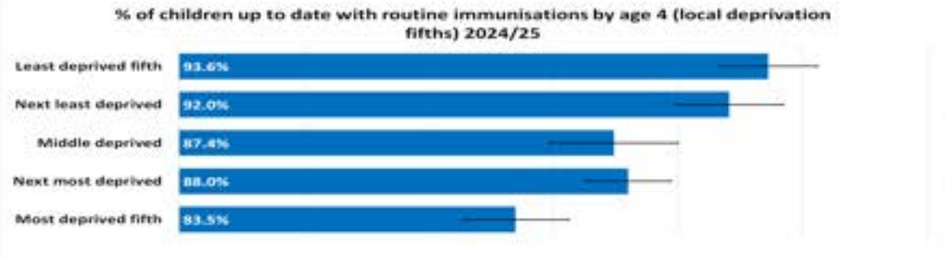
	2023/24	2024/25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Uptake	72.2%	69.3%	48.0%	61.6%	67.9%	70.7%	72.4%	72.5%

Inequalities gap 2024/25

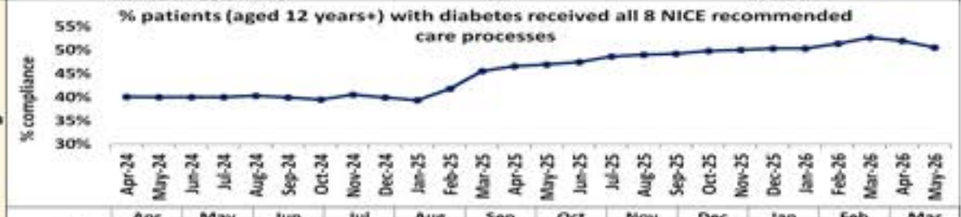
2025/26 Annual Influenza report is not yet available, however the inequalities gap for 2024/25 uptake is below:

Least deprived uptake %	64.8	Inequalities gap is -4.7 (calculation at nearest % point)
Most deprived uptake %	69.6	

% of children who are up to date with routine immunisations by age 4 (reported annually 2025/26 data not yet available)



Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

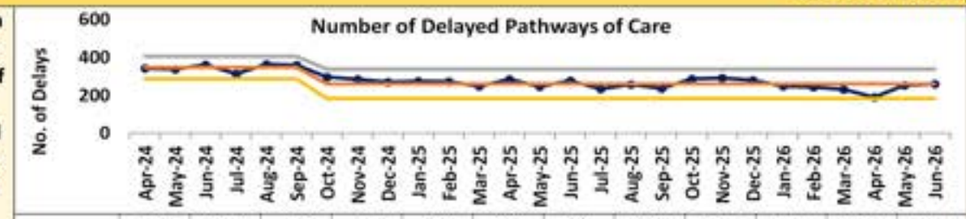


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	51.9%	50.5%										
2025/26	46.6%	46.9%	47.4%	48.6%	49.0%	49.2%	49.8%	50.0%	50.3%	50.3%	51.3%	52.6%
2024/25	40.1%	40.0%	40.0%	40.0%	40.3%	39.9%	39.5%	40.5%	39.9%	39.4%	41.8%	45.5%

Continued overleaf...

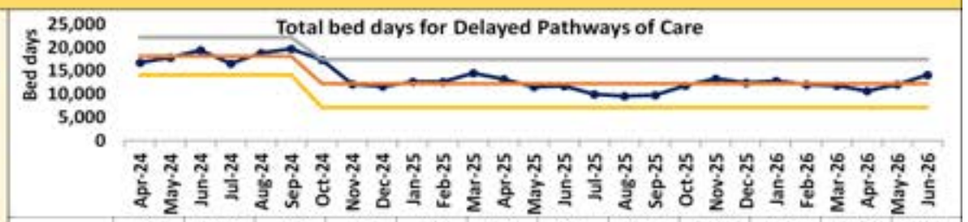
Community by Design

Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	189	253	261									
2025/26	284	246	277	234	257	236	287	291	279	249	243	231
2024/25	341	338	362	313	363	359	297	283	270	274	273	248

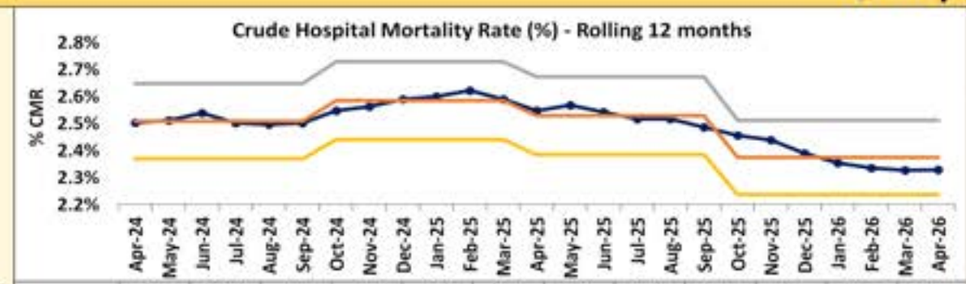
Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard



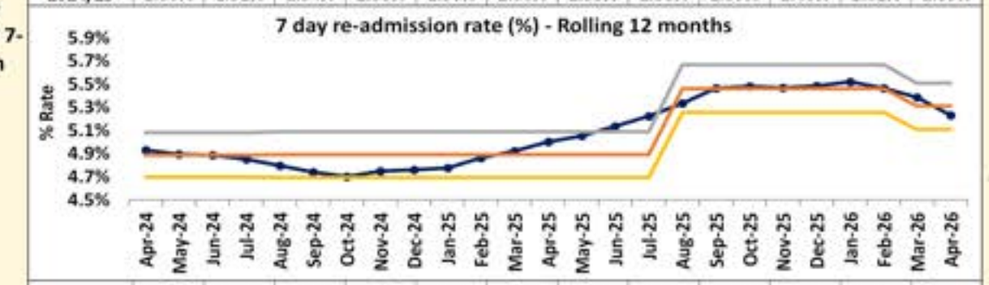
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	10,668	12,042	14,075									
2025/26	13,181	11,531	11,725	9,948	9,620	9,805	11,871	13,295	12,399	12,783	12,042	11,799
2024/25	16,721	17,807	19,407	16,598	18,786	19,719	17,317	12,100	11,648	12,656	12,657	14,488

Quality & Safety

Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.

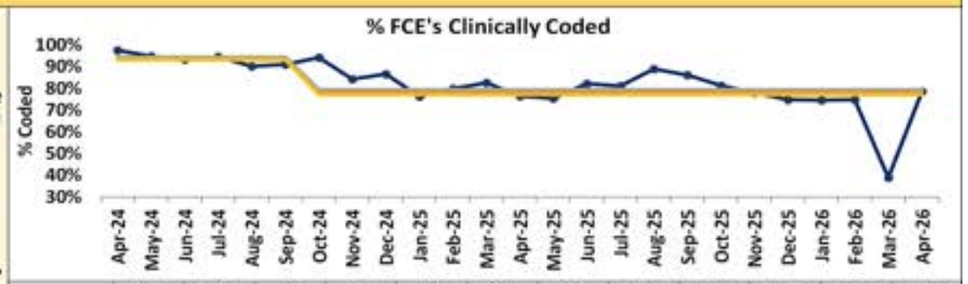


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	2.33%											
2025/26	2.55%	2.57%	2.54%	2.52%	2.52%	2.49%	2.46%	2.44%	2.39%	2.35%	2.34%	2.33%
2024/25	2.50%	2.51%	2.54%	2.50%	2.50%	2.50%	2.55%	2.56%	2.59%	2.60%	2.62%	2.59%

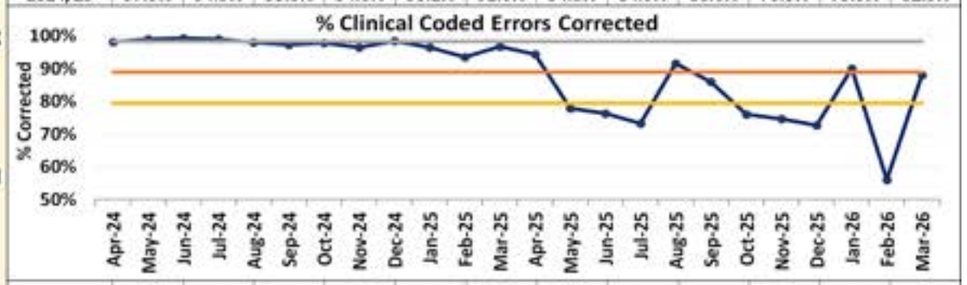


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	5.23%											
2025/26	5.00%	5.05%	5.14%	5.22%	5.33%	5.47%	5.48%	5.47%	5.49%	5.52%	5.47%	5.39%
2024/25	4.93%	4.90%	4.89%	4.85%	4.80%	4.74%	4.70%	4.75%	4.76%	4.77%	4.86%	4.92%

The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards.

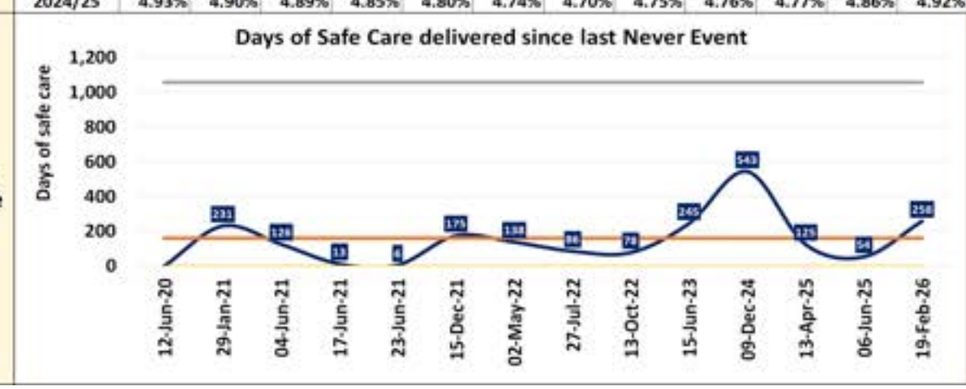


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	78.5%											
2025/26	76.3%	75.3%	82.1%	81.1%	88.9%	86.2%	81.3%	77.9%	74.8%	74.6%	74.8%	38.9%
2024/25	97.5%	94.9%	93.3%	94.6%	90.2%	91.0%	94.3%	84.3%	86.6%	76.3%	79.9%	82.5%

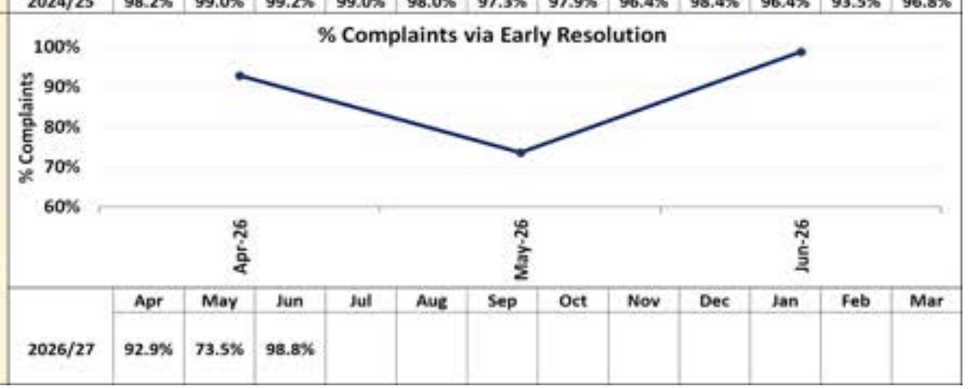


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27												
2025/26	94.4%	77.8%	76.3%	73.2%	91.5%	86.0%	76.1%	74.7%	72.7%	90.0%	56.0%	88.0%
2024/25	98.2%	99.0%	99.2%	99.0%	98.0%	97.3%	97.9%	96.4%	98.4%	96.4%	93.5%	96.8%

Days of safe care delivered since the last never event



Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027



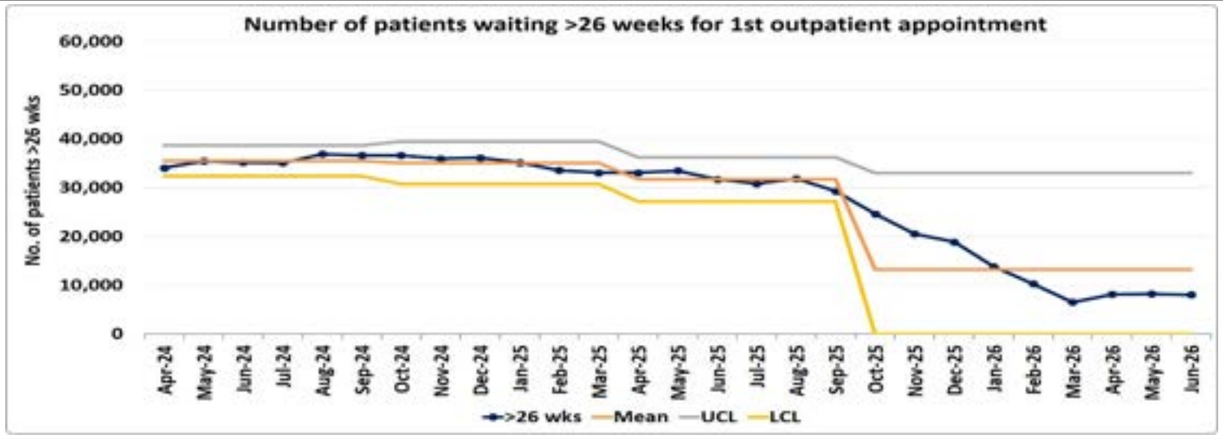
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	92.9%	73.5%	98.8%									

CTMUHB Planned Care Group

Referral to Treatment Times (RTT)

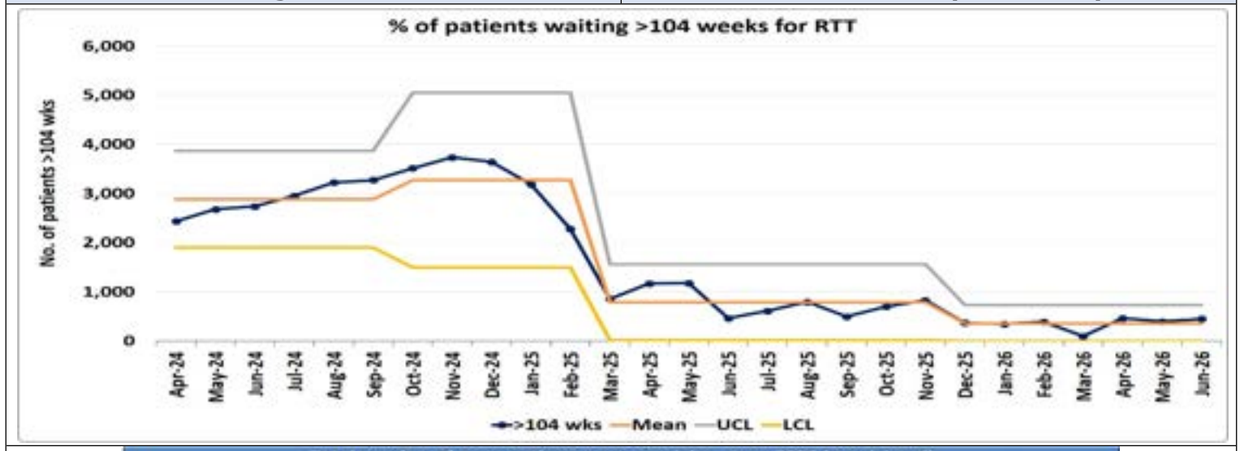
Number of patients waiting more than 26 weeks for a new outpatient appointment

Target - Zero	Jun 2026 – 8,019 (Provisional)



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

Target - Zero	Jun 2026 – 451 (Provisional)



Total number of open pathways per specialty - June 2026 (provisional)

Specialty	Patients waiting >26 Weeks for 1st OPA	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Breast Surgery	0	0	0	641
Cardiology	938	255	1	5,161
Colorectal Surgery	196	257	0	3,427
Dermatology	355	0	0	4,535
Diabetes Service/Medicine	121	1	0	565
Diagnostics	0	0	0	4,632
Ear Nose and Throat Service	1,176	1,310	1	8,419
Endocrinology	158	3	0	963
Gastroenterology	143	16	0	3,038
General Medicine	15	11	0	503
General Surgery	106	619	0	4,495
Geriatric Medicine	3	4	0	518
Gynaecology	148	1,189	0	6,253
Haematology (Clinical)	83	0	0	282
Nephrology	2	5	0	135
Neurology	800	347	35	1,753
Ophthalmology	903	1,075	0	9,449
Oral Surgery	144	192	0	2,523
Orthodontics	104	0	0	384
Orthopaedics	1,060	3,171	413	12,488
Paediatrics	232	0	1	2,407
Pain Management	384	234	0	1,736
Respiratory Medicine	79	65	0	1,471
Restorative Dentistry	10	0	0	64
Rheumatology	281	75	0	1,382
Sport and Exercise Medicine	0	0	0	32
Therapies	0	0	0	1,260
Urology	524	930	0	6,114
Vascular Surgery	54	32	0	584
	8,019	9,791	451	85,214

How are we doing and what are our key concerns?

Performance against the new-outpatient measure has been stable during the first quarter of 2026/27 with 8,019 patients waiting over 26 weeks for an appointment at the end of June. This represents a 75% reduction compared to the equivalent period last year and demonstrates improved management of outpatient demand and capacity.

The key challenge remains the number of patients waiting longer than 104 weeks for RTT. Provisionally, at the end of June 451 patients were waiting over 104 weeks against the national target of zero.

Recovery continues to be constrained by longstanding orthopaedic capacity gaps, workforce pressures, theatre productivity issues and the impact of the Neurology service transfer from Cardiff and Vale UHB.

Whilst progress continues to be made in reducing long waits, demand continues to exceed available capacity in a number of specialties, limiting the pace of recovery and increasing the risk of further backlog growth.

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

Actions are focused on reducing the number of patients waiting over 26 weeks and accelerating reductions in the 104-week cohort.

Work is underway to improve outpatient booking processes, maximise clinic utilisation and implement additional clinic capacity to reduce unnecessary delays.

Within Orthopaedics, substantive and locum recruitment is progressing to address recurring capacity gaps, supported by initiatives to improve theatre productivity, delivery of the anaesthetic workforce plan and implementation of GIRFT recommendations.

Neurology waiting lists are being validated following the transfer of activity from Cardiff and Vale UHB, while additional capacity and pathway reviews are being used to ensure the longest waiting patients are prioritised.

Subject to successful implementation of these actions, gradual improvement is expected throughout 2026/27, with the greatest impact anticipated during Quarters 2 to 4.

What are the key risks and mitigations?

The principal risk remains insufficient capacity within key specialties, particularly Orthopaedics and Neurology, which could result in an increase in patients waiting over both 26 weeks and 104 weeks.

Additional risks include consultant workforce shortages, anaesthetic staffing pressures and continued growth in demand for planned care services. These factors have the potential to slow recovery and affect delivery of national waiting-time targets.

To mitigate these risks, the Health Board is continuing targeted recruitment, expanding clinic and theatre capacity, validating waiting lists, improving booking processes and seeking regional and national support to address recurring orthopaedic capacity gaps.

Performance is monitored closely through established governance arrangements to ensure timely intervention where required.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics

Number of patients waiting 8 weeks for a specified diagnostic

Target - Zero	Jun 2026 – 3,580 (Provisional)

Number of Patients waiting >8 Weeks for a Diagnostic Test		May-26	Jun-26	Difference from last period
Cardiology Services	Echo Cardiogram	317	401	84
	Cardiac CT	2	54	52
	Cardiac MRI	0	9	9
	Diagnostic Angiography	34	36	2
	Stress Test	10	10	0
	DSE	25	18	-7
	TOE	3	1	-2
	Heart Rhythm Recording	8	17	9
	B.P. Monitoring	1	0	-1
Bronchoscopy		0	2	2
Colonoscopy		89	36	-53
Gastroscopy		62	26	-36
Cystoscopy		27	35	8
Flexi Sig		27	13	-14
Radiology	Non-Cardiac CT	499	371	-128
	Non-Cardiac MRI	1,166	325	-841
	NOUS	1,590	2,019	0
	Non-Cardiac Nuclear Medicine	18	14	-4
Imaging	Fluoroscopy	25	26	1
Physiological Measurement	Urodynamics	15	35	20
Neurophysiology	EMG	73	91	18
	NCS	29	41	12
Total		4,020	3,580	-869

Radiology:

How are we doing and what are our key concerns?

Radiology services continue to experience significant operational pressure, with performance against the 8-week diagnostic target affected by increasing demand and ongoing capacity constraints. Demand growth is being driven primarily by Urgent Suspected Cancer pathways and RTT activity, resulting in continued reliance on outsourced capacity.

The implementation of the Radiology Information System (RiS) in March temporarily reduced productivity during the transition phase. Data validation, migration assurance and reporting processes remain under review and continue to be closely monitored. In addition, periods of MRI downtime caused by extreme weather and ongoing equipment issues have further reduced available capacity.

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

- CT and MRI capacity templates are being reviewed and optimised to maximise available capacity, with improvements already realised within CT services.
- Additional weekend MRI sessions have been introduced to recover activity lost through equipment downtime.
- Locum sonographers and additional senior clinical sessions have been deployed to stabilise ultrasound services.
- Support workforce realignment to enable expanded service delivery, while the National Imaging Academy Wales continues to support additional NOUS training lists across the region.
- Workforce and template reviews are underway to inform forthcoming demand and capacity modelling with Informatics.
- Recruitment to vacant posts continues.
- The sonographer training pipeline is being expanded, with several trainees expected to reach independent practice over the next 12–18 months.
- Ongoing monitoring and validation of RiS data migration is being undertaken.
- Full or partial booking processes are being implemented from June 2026.
- Participation in national programmes to reduce DNAs, improve RTT process standardisation and improve booking and reporting consistency.

What are the key risks and mitigations?

Risks:

- Ongoing risks associated with RiS data validation and reporting backlog.
- Insufficient recurrent capacity to meet sustained demand growth.
- Continued reliance on non-recurrent funding and outsourcing.

Mitigations:

- Robust data validation and external assurance processes.
- Workforce expansion through recruitment and training.
- Capacity optimisation through service redesign and template review.
- Continued engagement with national improvement programmes.

Endoscopy:

How are we doing and what are our key concerns?

Core endoscopy capacity, including backfilled sessions, is sufficient to meet urgent, routine and Urgent Suspected Cancer demand. However, capacity remains insufficient to sustainably address the existing surveillance backlog and ongoing surveillance demand. CTM continues to perform strongly compared with other Health Boards in Wales and currently has the lowest proportion of patients waiting over 6 weeks among Health Boards undertaking complex procedures. Demand and capacity remain finely balanced, with infrastructure challenges at Princess of Wales Hospital impacting activity and productivity.

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

- Insourcing contracts for BSW and non-BSW activity have progressed through finance and procurement processes.
- Planning continues for Phase 2 Endoscopy to develop a sustainable service model aligned to National Endoscopy Programme recommendations.
- Recovery plans remain focused on achieving and sustaining the 8-week diagnostic target.
- Further work is underway to address surveillance backlog requirements, including clinical validation and capacity planning.
- Planning is aligned to JAG accreditation requirements and future LHP developments.

What are the key risks and mitigations?

Risks:

- Limited availability of specialist endoscopists for complex and GA procedures.
- Potential deterioration in SCP performance due to focus on RTT target.
- Infrastructure fragility at POW.
- Uncertainty regarding BSW funding allocations.

Mitigations:

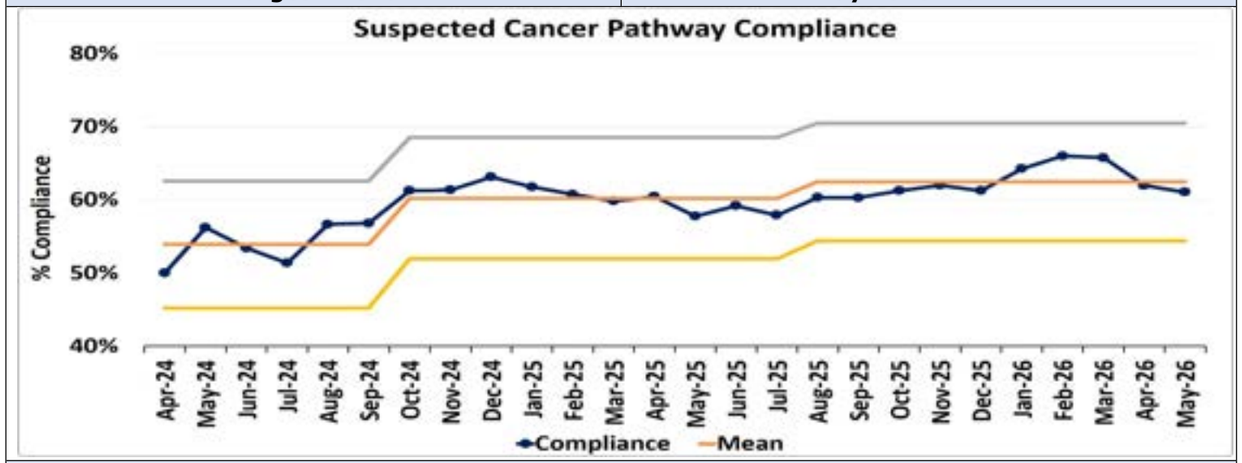
- Additional targeted endoscopy lists and workforce optimization.
- Robust escalation processes and collaboration with Estates.
- Development of centralised HSDU (planned late 2026).
- Expansion of Clinical Endoscopist roles.

CTMUHB Planned Care Group

Suspected Cancer Pathway (SCP)

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

Target – 75%	May 2026 – 61.1%

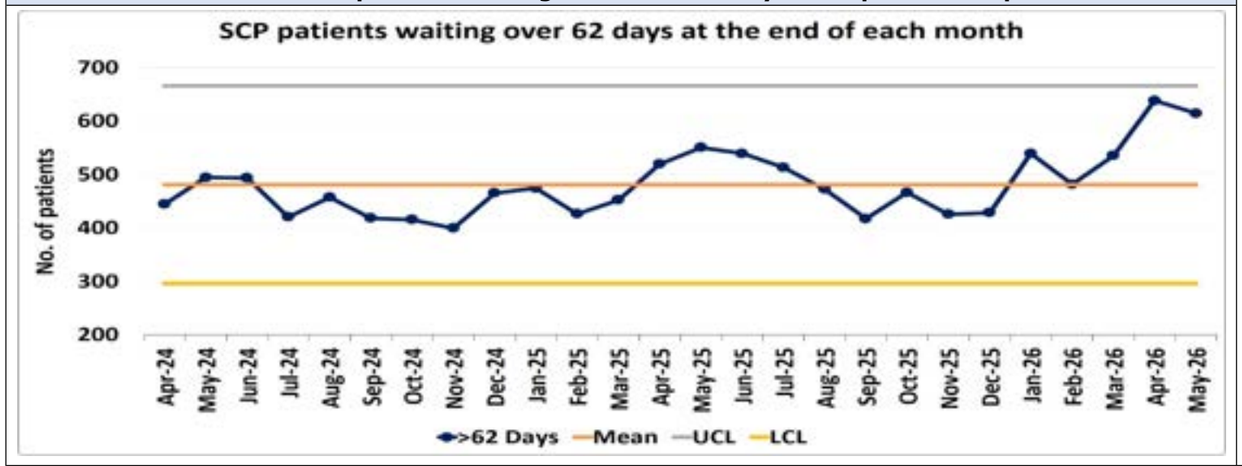


% SCP patients treated without suspensions per tumour site

CTMUHB - SCP % Treated Without Suspensions - May 2026

Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 75%
Head and neck	3	7	10	30.0%
Upper GI	16	15	31	51.6%
Lower GI	24	20	44	54.5%
Lung	13	16	29	44.8%
Sarcoma	2	0	2	100.0%
Skin (exc BCC)	50	3	53	94.3%
Brain/CNS	2	0	2	100.0%
Breast	28	11	39	71.8%
Gynaecological	8	5	13	61.5%
Urological	32	36	68	47.1%
Haematological	4	4	8	50.0%
Children's	1	1	2	50.0%
Other	2	0	2	100.0%
Total	185	118	303	61.1%

Number of SCP patients waiting more than 62 days from point of suspicion



How are we doing and what are our key concerns?

SCP performance was 61.1% in May 2026, below the 75% target.

Performance continues to be impacted by Endoscopy capacity constraints, pathology reporting delays, tertiary provider dependencies and increasing pathway complexity, which are affecting timely progression through diagnostic and treatment pathways. Despite these challenges, CTM Cancer Services remain in Level 1 (Routine Arrangements) following de-escalation in February 2026, reflecting improvements in governance and pathway oversight.

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

A number of recovery actions are underway, including the introduction of additional USC Endoscopy capacity, expansion of Breast and Dermatology clinic capacity, and the appointment of a substantive Urology Consultant to increase biopsy capacity and improve pathway resilience.

Further improvements are being supported through digital vetting, pathway tracking and weekly performance reviews to identify and address delays at the earliest opportunity.

These actions are expected to support improvements during Quarter 3 2026/27, subject to external dependencies.

What are the key risks and mitigations?

The principal risks remain Endoscopy and pathology capacity constraints, ongoing tertiary provider delays, and increasing genomic testing requirements, all of which continue to extend pathway durations.

Operational pressures including workforce availability, administrative capacity and elective bed availability also present challenges to recovery.

Capacity expansion, strengthened performance monitoring and pathway reviews are being used to mitigate these risks, however, tertiary provider capacity remains a significant risk to achievement of the 75% target.

CTMUHB Unscheduled Care & Acute Medicine Group

Ambulance Patient Handover & Emergency Department Waits

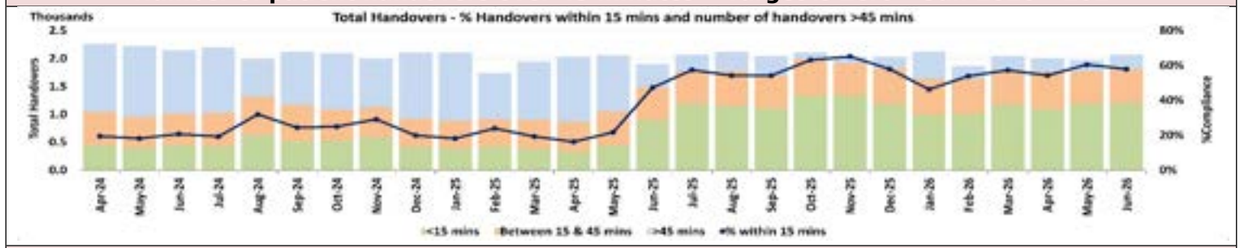
Median emergency ambulance response time to purple (arrest) & red (emergency) category calls

Target – each measure 6-8 minutes median | **Jun 2026 – Purple =08:39 / Red = 11:06**

	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
Period	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response
Jul-25	04:57	08:18	08:19	09:36	07:49	11:16	07:17	09:53
Aug-25	04:13	08:45	09:28	10:25	08:13	09:45	07:54	09:45
Sep-25	08:54	08:33	09:29	09:13	07:22	08:16	08:55	08:43
Oct-25	04:02	05:58	08:16	09:38	09:31	10:09	07:45	08:56
Nov-25	04:25	07:40	07:35	09:52	07:35	08:48	07:05	09:07
Dec-25	05:35	09:20	08:45	10:59	08:40	10:38	08:14	10:40
Jan-26	05:52	10:30	08:49	10:20	08:11	10:19	08:33	10:20
Feb-26	05:57	07:57	07:09	09:58	08:07	11:09	07:16	09:54
Mar-26	06:19	08:24	07:32	11:02	08:28	11:03	07:44	10:34
Apr-26	07:07	09:04	08:15	11:26	07:05	11:28	07:54	10:55
May-26	05:06	07:57	08:25	11:31	09:01	11:18	08:14	10:54
Jun-26	06:13	09:24	09:43	11:52	07:46	10:48	08:39	11:06

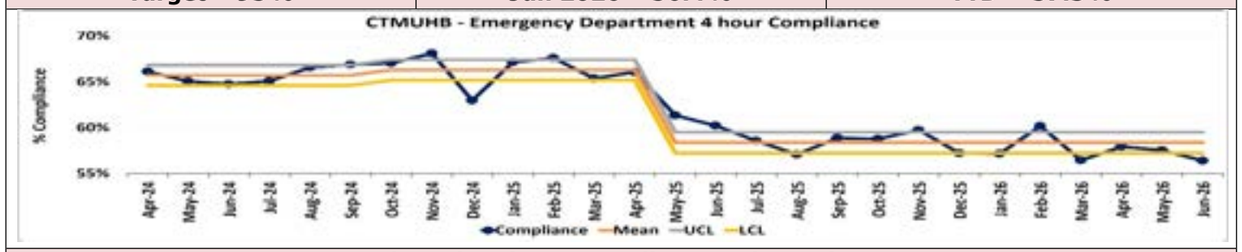
% patient handovers within 15 minutes Target – 80% - Jun 2026 = 58%

Number of patient handovers over 45 minutes – Target is Zero – Jun 2026 =262



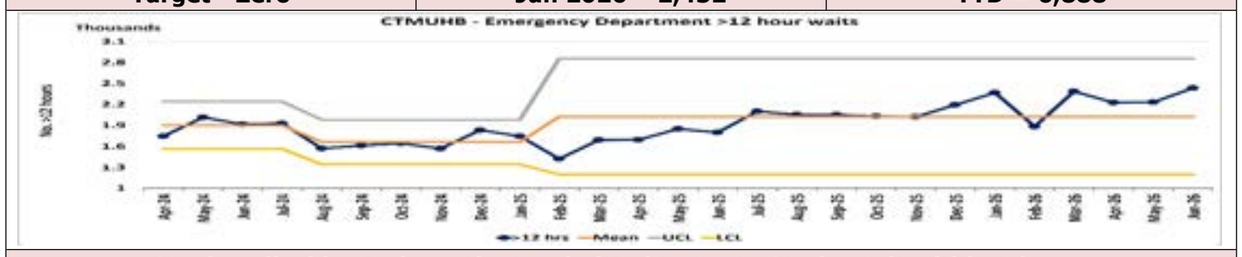
% patients spending <4 hours in A&E

Target – 95%	Jun 2026 – 56.4%	YTD = 57.3%



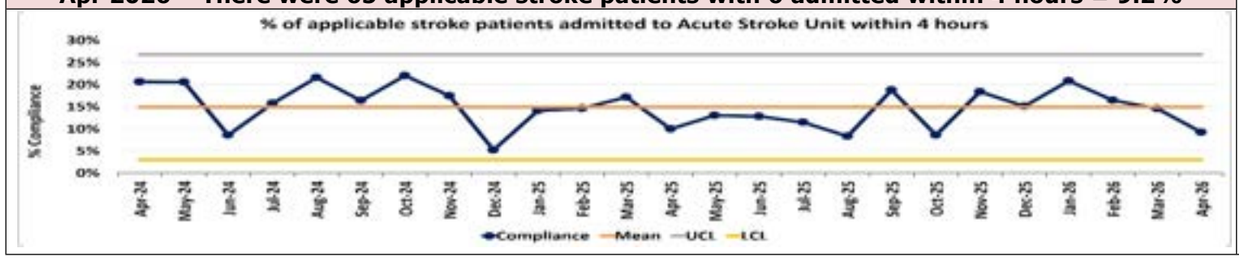
Number of patients spending >12 hours in A&E

Target - Zero	Jun 2026 – 2,432	YTD = 6,888



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

Apr 2026 – There were 65 applicable stroke patients with 6 admitted within 4 hours = 9.2%



How are we doing and what are our key concerns?

Ambulance Patient Handover:

- Performance for handovers completed within 15 minutes declined slightly in June 2026 to 58.0% (from 60.5% in May). Handovers exceeding 45 minutes increased by 62 to 262 from 200 in the previous month. Achieving safe and timely handovers continues to depend on improved Emergency Department (ED) flow. Prolonged ambulatory waits pose ongoing safety and regulatory risks, particularly for frail patients, with increasing reliance on chair-based care associated with poorer patient experience and higher risk of falls and pressure injury. Ambulance Handover Improvement Plan is in development for POW.

Emergency Department (ED) Waits:

- Four-hour ED performance was 56.4% in June (target: 95%) and patients waiting over 12 hours increased to 2,432 from 2,230; though the majority remain specialty patients. ED Flow Action Cards have been produced by the Directorate with the aim of improving patient waits within the ED and improved ambulance handover times. Wider Directorate/Care Group support is vital to achieve improved performance. Frail and elderly patients continue to experience extended waits, often in non-ideal environments, presenting significant safety concerns.

Stroke Unit Admissions:

- During April 2026, 9.2% of applicable patients were admitted to the Stroke Unit within four hours (6 of 65 patients). Performance remains variable week-to-week. Key constraints include ED overcrowding, delays in access to scanning and bottlenecks in transferring patients to stroke beds.

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

Ambulance Handover:

- Strengthened pre-arrival processes, including Clinical Navigation Hub review, ePCR checks and risk-assessed handover locations.
- ED Flow Action Cards produced.
- Dedicated triage nurse and senior clinician for rapid assessment
- Expansion of ambulatory ("Fit to Sit") capacity and additional clinical space
- Improved patient flow through specialty assessment units and transformation programmes (STAMP, OPTIMISE).

12-Hour Waits:

- Development of UEC Action Plans and ED Flow Action Cards.
- Exploration of SDEC-first model for GP referrals.
- Implement Extended Emergency Medicine Ambulatory Care (EEMAC) Unit.
- Enhanced review of long-wait patients supported by demand and capacity modelling.
- Improvements in discharge processes and data quality.

Stroke Pathway:

- Daily breach huddles, revised SOPs and introduction of a Stroke Escalation Card.
- Placement of a Stroke CNS in ED and use of internal performance targets.
- Transformation Programme focuses on driving improvements in time to CT and time to Stroke Unit admission.

What are the key risks and mitigations?

Risks:

- Prolonged waits for frail and elderly patients.
- Infection prevention challenges due to limited isolation capacity.
- Increasingly complex patient needs.
- Elevated risk of pressure ulcers and staff fatigue.
- Stroke pathway delays from ED capacity, diagnostics, and transfers.

Mitigations:

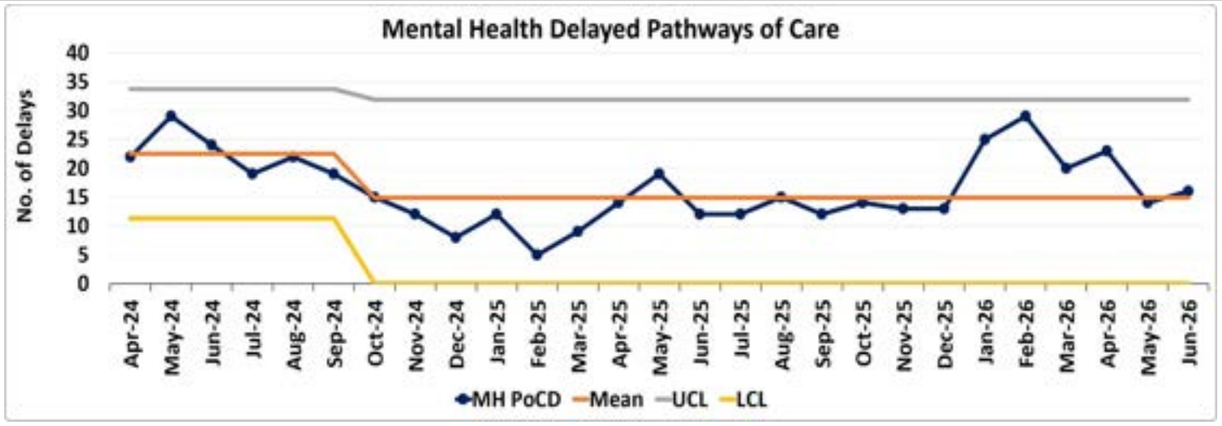
- Implementation of escalation frameworks for ambulance handovers and system pressures.
- Continued collaboration with WAST to improve pre-arrival information.
- Strengthened pressure ulcer prevention measures.
- Daily multidisciplinary reviews and enhanced escalation processes for stroke care.

CTMUHB Efficient Services

Pathways of Care Delayed Discharges (POCD)

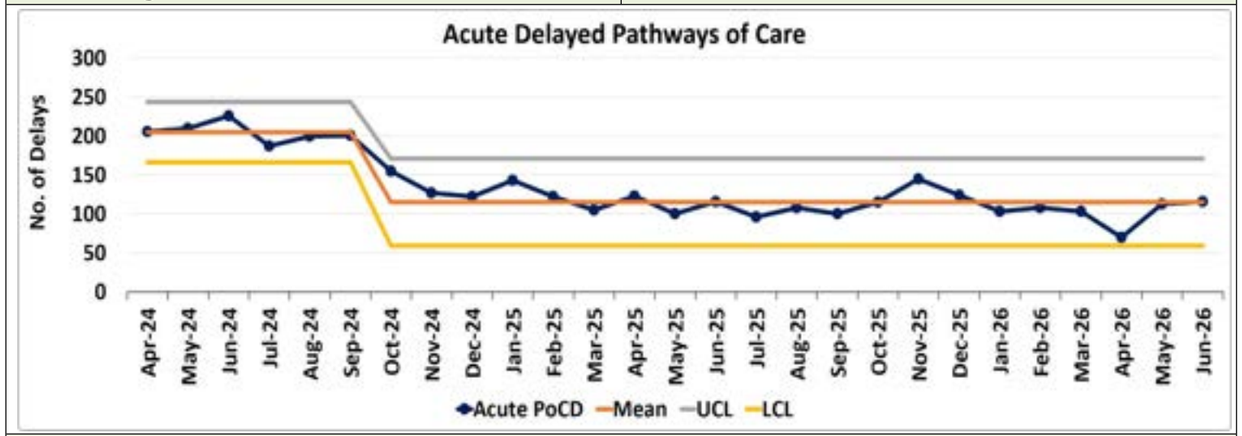
Number of Pathways of Care delayed discharges – Mental Health

Target – 12 month reduction trend	Census date 17th June 2026 - 16



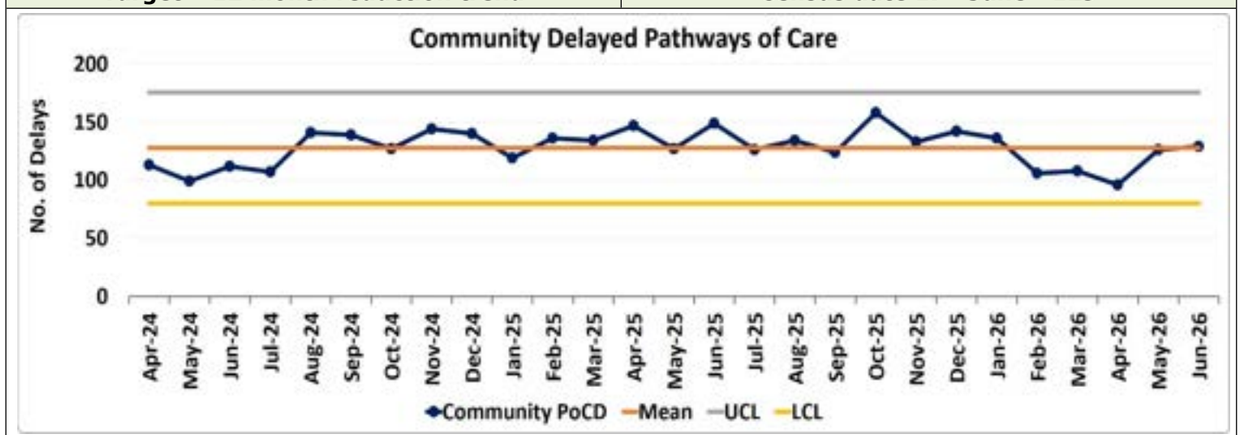
Number of Pathways of Care delayed discharges – Acute

Target – 12 month reduction trend	Census date 17th June 2026 - 116



Number of Pathways of Care delayed discharges – Community

Target – 12 month reduction trend	Census date 17th June - 129



How are we doing and what are our key concerns?

The June 2026 snapshot census recorded 261 Pathways of Care Delayed Discharges across Mental Health, Acute and Community services. This represents an increase of 10 patients (4%) compared with the 12-month rolling average and continues the upward trend observed since April 2026, when delayed discharges were at their lowest level in the past three years.

A key concern remains the increasing complexity of patients awaiting discharge, particularly those requiring statutory assessments, specialist placements or multi-agency decision-making. These patients often experience longer lengths of stay and contribute disproportionately to delayed discharge days.

In addition, changes within the wider legal and policy environment may increase demand for assessment and decision-making processes during a transition period. The full impact is still being assessed; however, there is potential for further pressure on discharge pathways for a small number of highly complex cases.

What are we doing and what are the key risks and mitigations?

Risk 1: Deterioration in delayed discharge performance

If delayed discharge performance continues to worsen due to increasing patient complexity, growing demand within Pathway 3 cohorts, delays in statutory assessments and barriers to accessing care-at-home services, the Health Board may be unable to maintain effective patient flow across acute, community and mental health services.

- Further increases in delayed discharges, continued growth in delayed discharge days and longer lengths of stay for patients with complex needs.
- Increasing acuity within inpatient settings.
- Greater use of inpatient settings for assessments that could be undertaken in community environments.

Mitigations/Actions

- Implement a quality improvement programme for the EToC (Proportionate Trusted Assessment) process.
- Continue embedding Home First principles through multidisciplinary review and challenge.
- Strengthen oversight of long-stay and complex discharge cohorts.

Risk 2: Increased delays for complex discharge pathways

Complex discharge pathways requiring multi-agency assessment, legal processes and specialist care arrangements remain vulnerable to delay. Any increase in demand or variation in process application could result in extended lengths of stay, reduced patient flow and additional pressure on inpatient capacity.

Mitigations/Actions

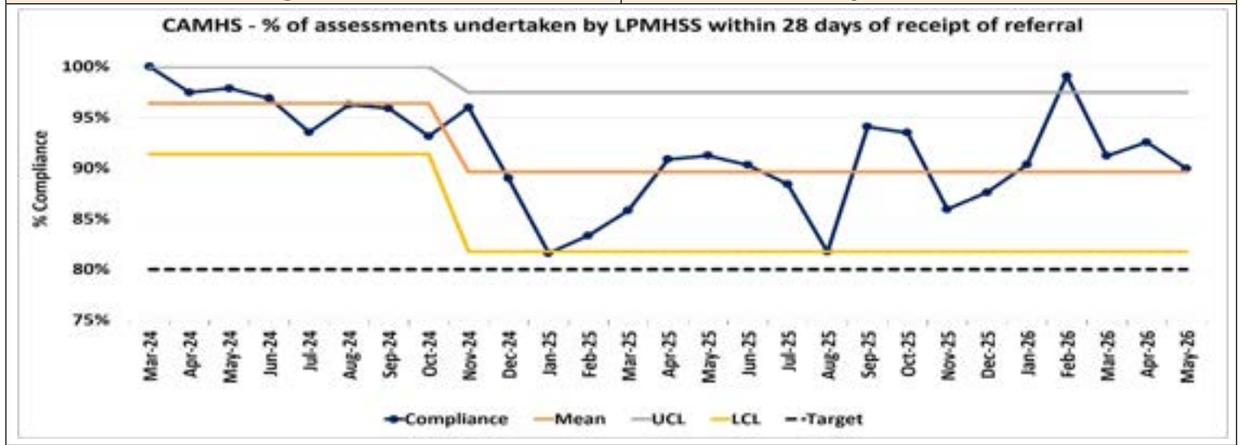
- Continue to work closely with local authority partners to support timely decision-making.
- Strengthening oversight and monitoring complex discharge pathways.
- Monitor trends in assessment-related delays and implement improvement actions where required.
- Prioritise patients experiencing the longest delays through existing escalation and review processes.

CTMUHB Mental Health & Learning Disabilities Care Group

Child and Adolescent Mental Health Services (CAMHS)

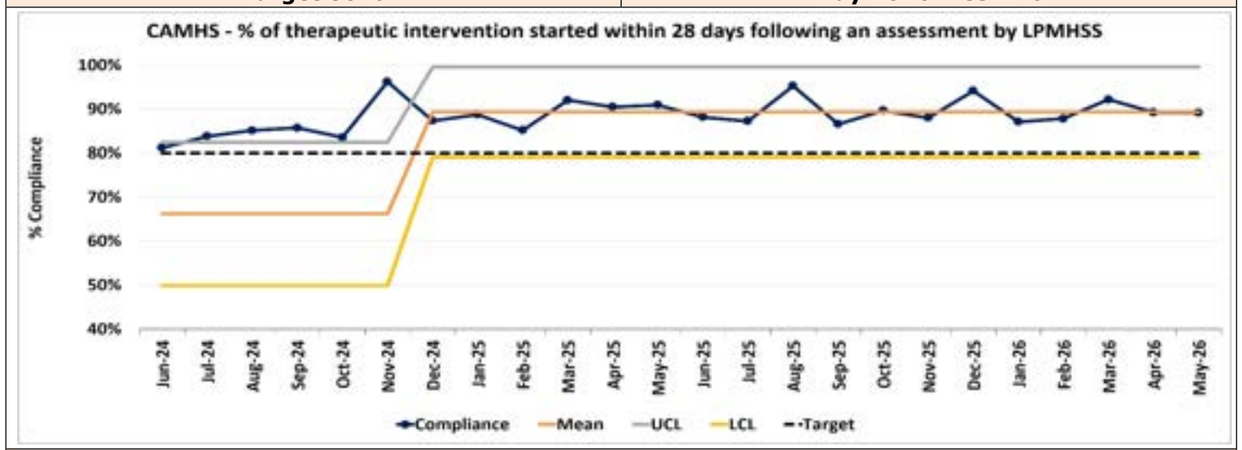
% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%	May 2026 – 89.9%



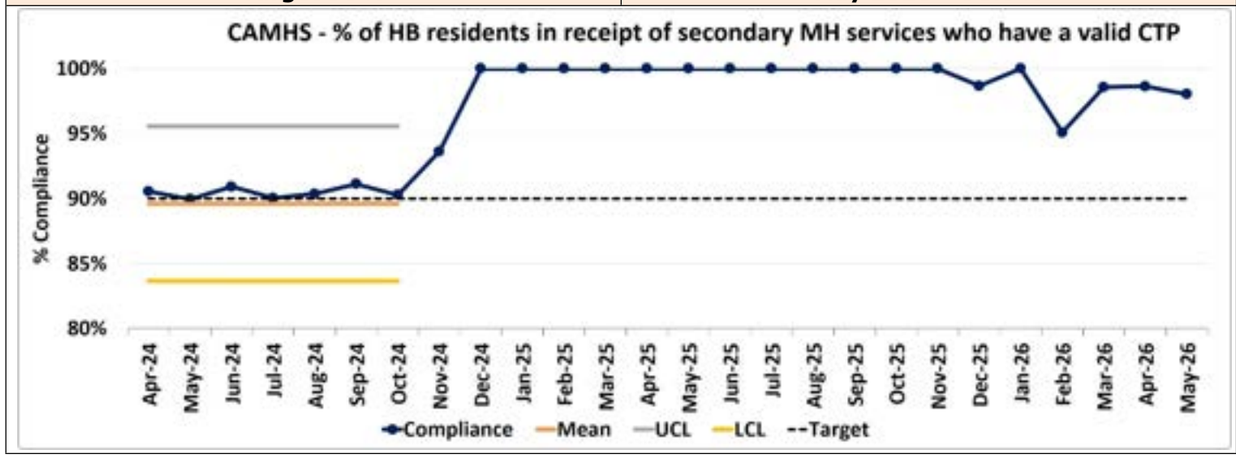
% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	May 2026 – 89.2%



% of HB residents who are in receipt of secondary MH services who have a valid CTP

Target 90%	May 2026 – 98.0%



How are we doing and what are our key concerns?

Performance across all areas of the CAMHS service has been consistently strong since 2023 with compliance consistently exceeding Welsh Government targets, reflecting sustained operational oversight and effective management of demand and capacity.

Part 1a – During May 2026, the service received 140 referrals, slightly below the rolling 12-month average of 150 referrals. A total of 139 assessments were completed during the month. Real-time performance monitoring remains in place to ensure continued compliance with waiting time standards.

Part 1b – Demand for therapeutic interventions remains stable and is being managed effectively. During May, 83 interventions commenced, broadly in line with the 12-month average of 86. Capacity and demand are monitored closely to maintain timely access to treatment.

Part 2 – Significant improvements in the quality and consistency of Care and Treatment Plans (CTPs) have been achieved following the caseload audit completed last year. The CTP audit tool is now embedded within routine practice. Although compliance reduced slightly to 98.0% in May, performance remains well above target. Three patients were without a current CTP at month end from a total care-coordinated caseload of 152.

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

The improvement action plan and performance trajectory introduced during 2024 continue to support sustained compliance across all areas of the Mental Health Measure. To maintain performance in Part 1b, the service continues to strengthen local support groups and partnership arrangements with third-sector organisations, helping to manage demand and improve access to interventions.

- Real-time dashboards are used to monitor performance continuously and identify emerging pressures at an early stage. Where required, resources are reallocated to areas experiencing increased demand to protect compliance.
- The primary focus remains on sustaining current performance levels through proactive waiting list management and detailed monitoring of assessment and treatment pathways.
- Bi-monthly support meetings with the NHS Performance and Improvement Team continue to provide challenge, assurance and shared learning, supporting the delivery of sustainable performance across all indicators.

What are the key risks and mitigations?

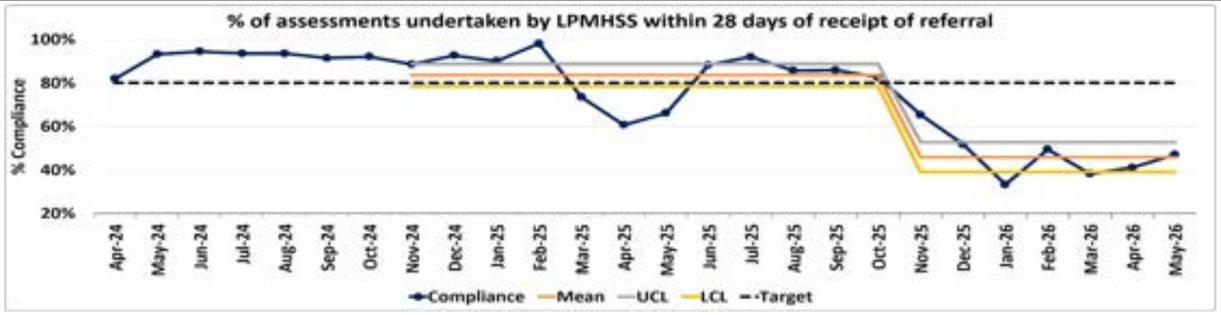
- CAMHS continues to experience fluctuations in referral demand, which may place pressure on assessment and treatment waiting times. Demand trends are monitored regularly to support timely operational responses.
- Clinical teams continue to report increasing levels of complexity and acuity within the patient population. This may affect future service capacity and performance; however, activity and caseloads are reviewed routinely to identify any developing risks.
- Recruitment activity has been successful and staffing levels remain stable, with historically low sickness absence and very few vacancies across community CAMHS teams. This strengthens service resilience and provides greater flexibility to respond to increases in demand.
- Seasonal factors, including annual leave arrangements, can influence monthly assessment activity. This is particularly evident during summer months and is incorporated into workforce and capacity planning.

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services

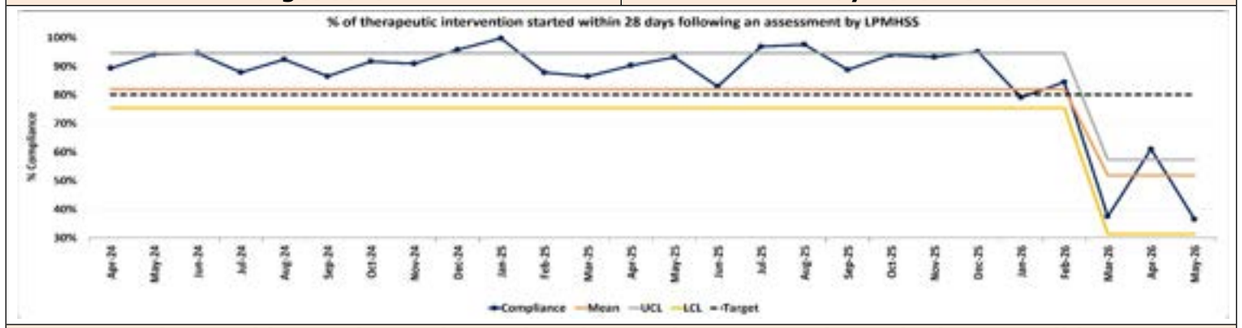
% of assessments undertaken by LPMHSS within 28 days of receipt of referral

Target 80%	May 2026 – 47.0%



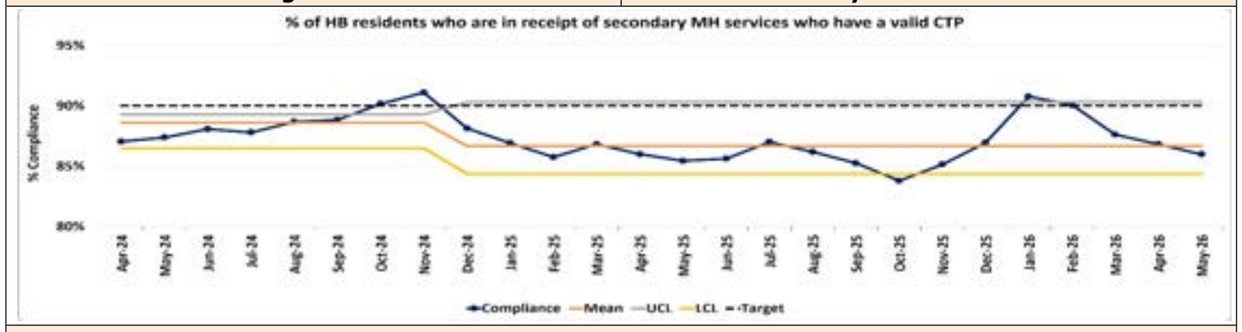
% of therapeutic intervention started within 28 days following an assessment by LPMHSS

Target 80%	May 2026 – 36.5%



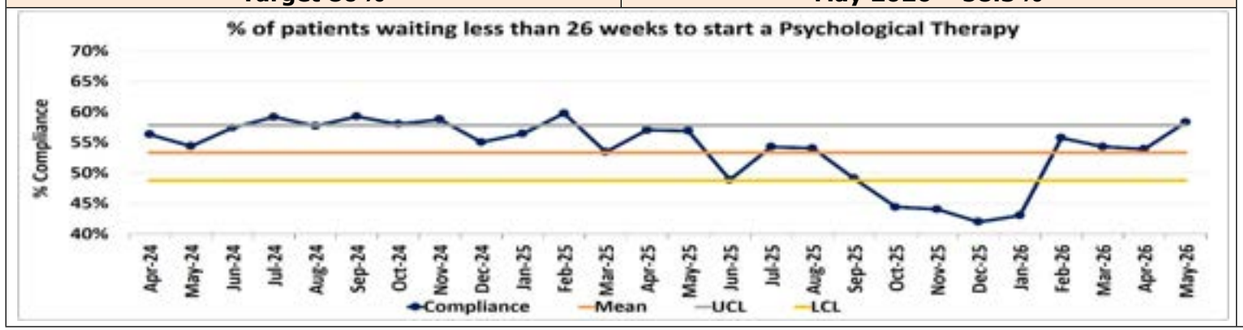
% of HB residents who are in receipt of secondary MH services who have a valid CTP

Target 90%	May 2026 – 86.0%



% of patients waiting less than 26 weeks to start a Psychological Therapy

Target 80%	May 2026 – 58.3%



How are we doing and what are our key concerns?

Performance remains below target across all key Adult Mental Health measures.

LPMHSS assessment performance improved to 47.0%, while intervention performance reduced to 36.5% following a change in reporting methodology.

CTP compliance declined for the fourth consecutive month to 85.7% and Psychological Therapies improved to 58.3% but remained significantly below the 80% target.

Workforce, capacity and administrative pressures continue to impact delivery across services.

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

Actions are focused on:

- improving capacity, efficiency and data quality.
- LPMHSS - a single CTM waiting list, self-referral process, enhanced demand reviews and monitoring of revised coding arrangements are being implemented.
- CTPs - medical and nursing recruitment is underway alongside joint working with local authority partners.
- Psychological Therapies - waiting list validation and structured job planning.
- Standardising operating procedures and implementing proactive management of long waiters.

Improvement is expected as these actions become embedded over the coming months.

What are the key risks and mitigations?

Key risks include:

- Continued underperformance, workforce shortages and the risk that recent improvements are not sustained.

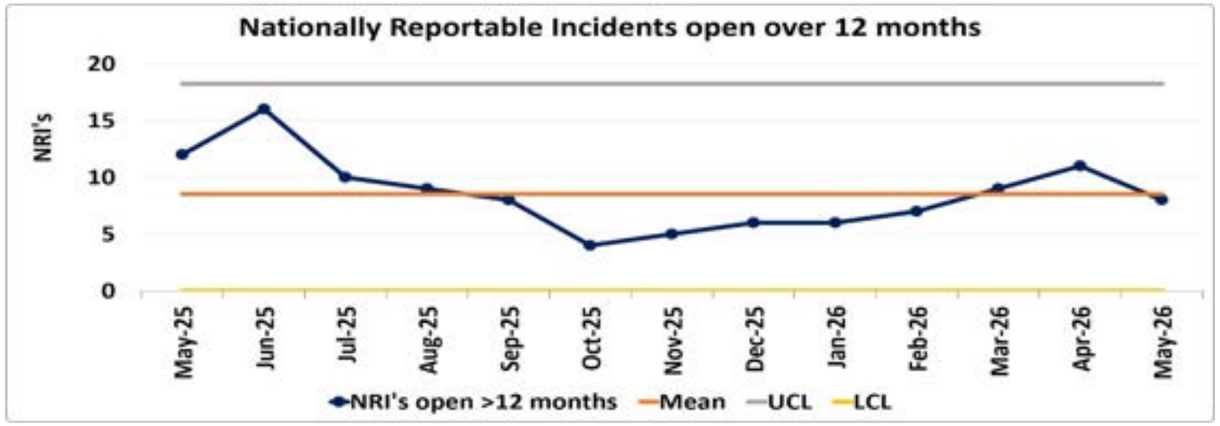
These risks are being mitigated through:

- Enhanced performance monitoring.
- Workforce recruitment.
- Regular demand and capacity reviews.
- Strengthened governance arrangements and collaborative working with local authority partners to improve compliance and service resilience.

CTMUHB Safe Services

Nationally Reportable Incidents Open over 12 months

Target – Zero	May 2026 = 8



Please note: NRIs that remain 'open' (at the time of the snapshot extract of data taken from RL Datix) for a period of 1 year or longer (total calendar days). In the May-26 update, the preceding months have been re-calibrated following clarification of the criteria from Performance and Assurance, Quality and Safety colleagues).

How are we doing and what are our key concerns?

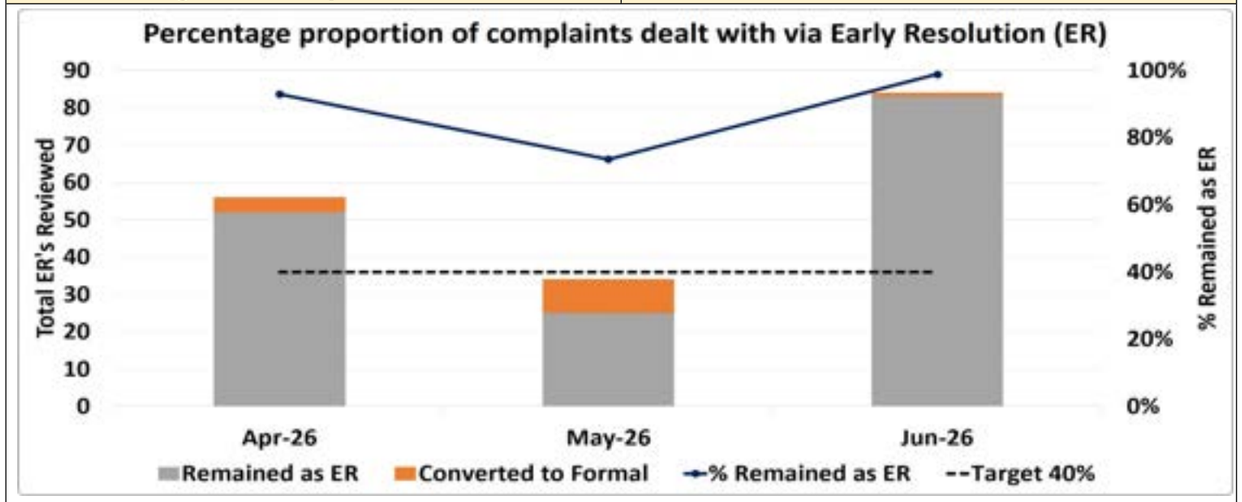
As of May 2026, 8 National Reportable Incidents (NRIs) remain open beyond the 12 month threshold with no key concerns or risks at present.

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

A continued organisational priority is the timely completion of NRI investigations to improve outcomes for patients and families.

% proportion of complaints dealt with via Early Resolution (ER)

Target – 40% by March 2027	Jun 2026 – 98.8%



How are we doing and what are our key concerns?

Performance against the Early Resolution (ER) measure continues to demonstrate stability, with 98.8% of concerns managed through early resolution in June 2026, significantly exceeding the target of 40% by March 2027. This reflects a strong triage function and a continued shift towards resolving concerns at the earliest possible stage, reducing the need for formal investigation where appropriate.

Quarter 1 data further reinforces this position, with 174 cases reviewed and the vast majority successfully maintained as early resolutions. Only a small proportion required escalation to formal complaints, indicating improved quality in initial assessment, clearer communication with complainants, and more effective front-end handling by both PALS and Concerns teams.

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

The increasing proportion of cases resolved at an early stage is consistent with the strategic direction of the Listening to People framework, supporting a more responsive, person-centred approach. It also suggests that clinical teams are becoming more engaged in timely local resolution, helping to de-escalate issues and improve patient experience.

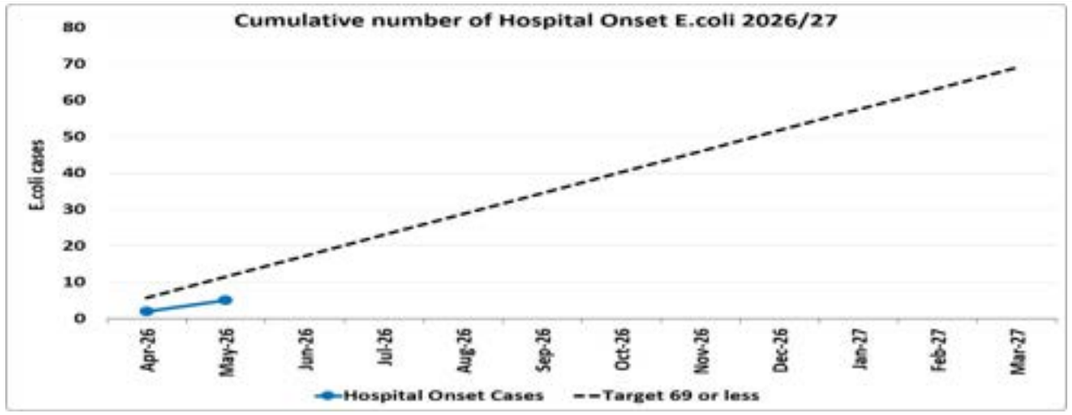
What are the key risks and mitigations?

Notwithstanding this positive performance, it will be important to maintain a strong focus on the quality and robustness of ER responses to ensure that cases are appropriately categorised and that opportunities for learning are not lost. Ongoing audit, oversight and staff support will remain critical to sustaining this performance while ensuring compliance with statutory requirements.

CTMUHB Safe Services

Cumulative number of hospital onset E.coli BSI cases (Bloodstream Infections)

10% reduction on the 2024-25 baseline (<69 cases)	April to June 2026 – Cumulative Cases = 13



In the CTMUHB area, 13 Hospital Onset cases of E.coli have been reported during the period April to June 2026, this accounts for 16% of all specimens taken. The rate per 1,000 Hospital Admissions for 2026/27 is 5.51 compared to all Wales rate of 4.88

(Hospital Onset specimens are taken more than 2 days (where day 1 is day of admission) into a hospital inpatient stay).

How are we doing and what are our key concerns?

During 2025/26, there has been a 21% reduction in Hospital Onset (HO) cases compared to the previous year. At present, there are two fewer HO cases than at the same point last year, demonstrating early improvement. Community Onset (CO) cases have also decreased by 20% over the same period. Of concern is the low compliance with Infection Prevention and Control (IPC) training, currently around 78% overall, with medical and dental staff compliance at 38.22%. In addition, ANTT training is not currently mandated, limiting consistency in aseptic practice.

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

The IPC team continues to emphasise that sustained reduction requires ownership at care group level.
Key actions include implementation of the IPC annual work plan focused on gram-negative infection reduction, thematic analysis to better understand drivers of E. coli bacteraemia and strengthening engagement with clinical teams to support local accountability.

These actions are expected to deliver progressive improvement, supported by clearer identification of underlying causes and targeted interventions.

What are the key risks and mitigations?

Risks:

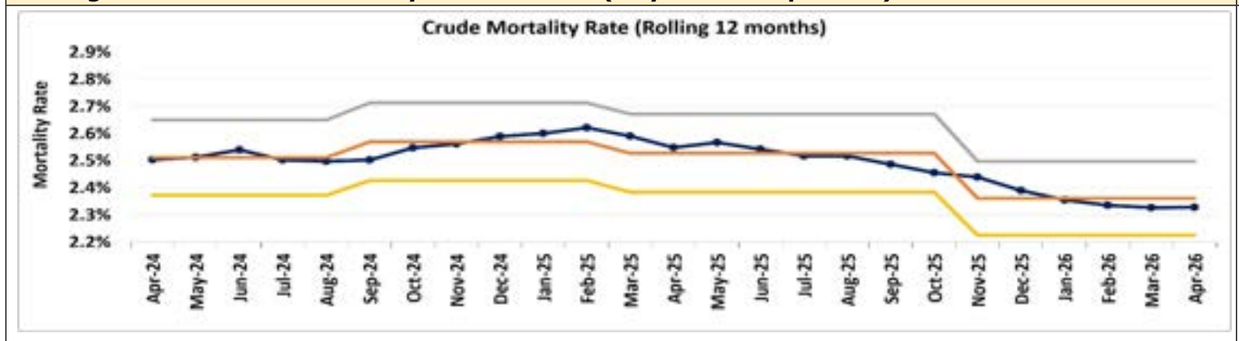
- Rising community onset cases, increasing pressure on hospital incidence.
- Low compliance with IPC training, particularly within medical staff groups.
- Variability in adherence to infection prevention practices, including PPE use.

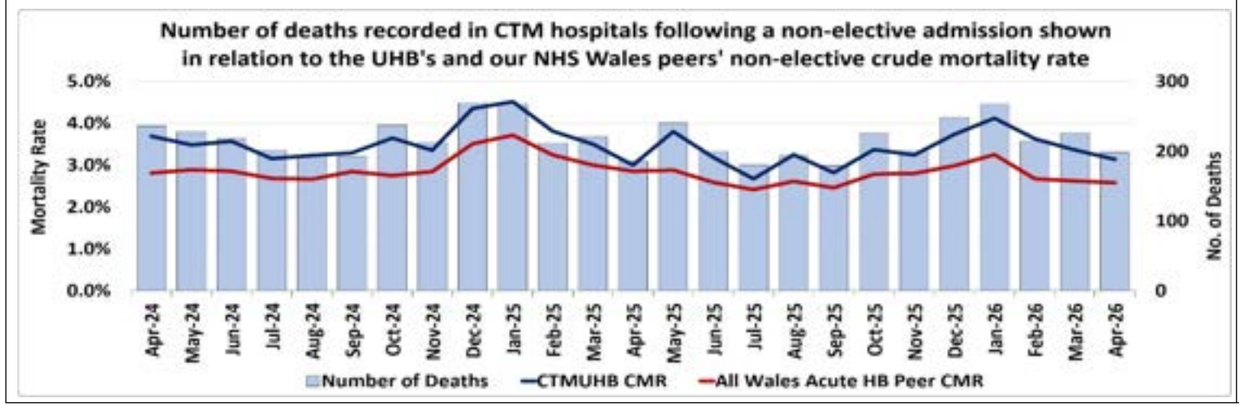
Mitigations:

- Ongoing case reviews and shared learning between IPC and clinical areas.
- Implementation of Point Prevalence Surveys (PPS) to assess infection risks and practice compliance.
- Targeted focus on high-impact areas, including device-related risks such as catheter use.
- Continued improvement initiatives, including Bare Below the Elbows compliance and reinforcement of PPE standards.

CTMUHB Crude Hospital Mortality Rate

Rolling 12 month crude mortality rate is 2.33% (May 2025 to Apr 2026)





Mortality continues to be predominantly driven by non-elective activity, with a mean non-elective CMR of 3.47%, highlighting the higher risk associated with emergency admissions and their disproportionate impact on overall mortality rates.

There is a clear and consistent seasonal pattern in mortality, with peaks observed during the winter months. These increases coincide with periods of heightened respiratory illness, infection prevalence and system pressure, all of which contribute to increased patient acuity and elevated risk of adverse outcomes.

Clinical practice changes are influencing mortality indicators - increased admission of patients presenting via Emergency Departments has resulted in lower ED crude mortality, but higher inpatient crude mortality. In-patient activity over the past two years has increased by approximately 7% to 113,702 spells. This sustained growth in demand, particularly within non-elective pathways, reinforces the ongoing challenge of managing higher-risk patients within constrained system capacity.

Overall, the data highlights that mortality trends are closely linked to fluctuations in emergency demand and seasonal pressures, underlining the importance of targeted interventions to manage acuity, mitigate risk during peak periods and improve outcomes across non-elective care pathways.

The Multidisciplinary Mortality Review Screening Panel continues to review all deaths in line with Welsh Government policy and the 2014 Palmer Report.

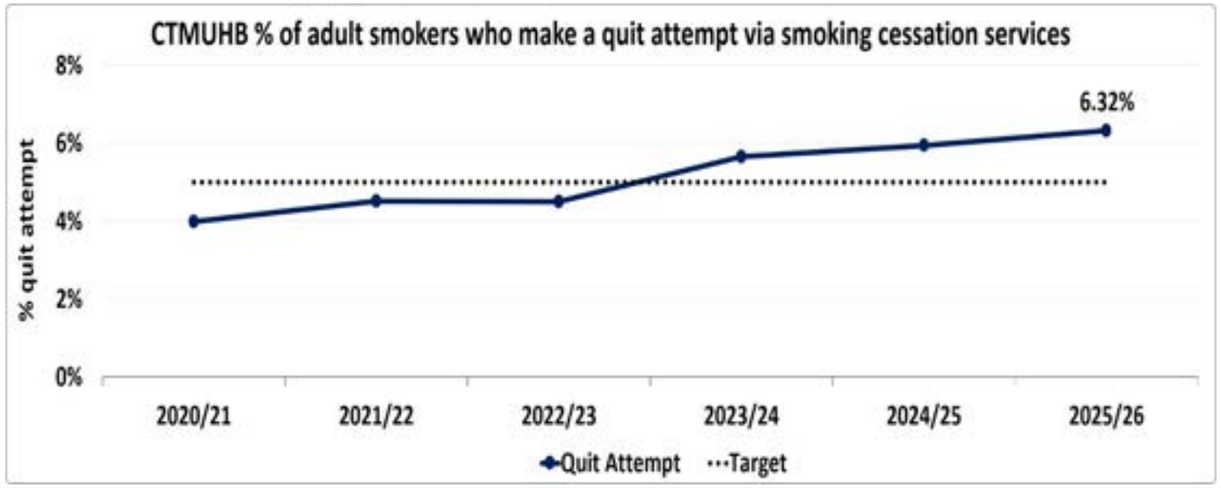
Further information is available in previous reports to Q&S committee (https://ctmuhb.nhs.wales/about-us/our-board/committees/quality-safety-committee/quality-safety-committee-documents/2022/15-november-2022/66-learning-from-mortality-reviews-update-20102022pdf/).

CTMUHB Improving Population Health & Wellbeing

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

7.5% Annual Target for 2026/27:	**1.5% by Quarter 1** **3.5% by Quarter 2** **5.5% by Quarter 3** **7.5% by Quarter 4**

2025/26 – 6.32%



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

Target 2026/27– 40% Each Quarter	**2025/26 – 9.79%**

2025/26		
Estimated number of smokers	*Estimated % of CTMUHB population who are smokers*	*Estimated number of smokers needing to access smoking cessation to reach 5% of smokers*
45,900	**12.4%**	**2,300**
Number of smokers treated by the smoking cessation service	*Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter*	
2,900	**284**	
6.32%	**9.79%**	

Next update expected September 2026

How are we doing and what are our key concerns?

- Health Board Help Me Quit (HMQ) services have exceeded the 5% treated smoker target for 2025/26, marking the third consecutive year of performance above target. This reflects strong service engagement and sustained demand for cessation support.

CO-validated quit target

- Meeting the CO-validated quit target remains challenging due to the high proportion of virtual appointments, where CO readings cannot be taken. Our own client insight work indicates that approximately 90% of clients prefer telephone appointments and this flexibility increases engagement with the service. This pattern is consistent across the other health boards in Wales.

- All clients are followed up at 4 weeks to assess their quit status and this is recorded as 'self-reported' if CO validation cannot be undertaken. When combined, self-reported and CO-validated quit rates for 2025/26 stand at 52%.

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

CO-validated quit target

- A proposed change to the national HMQ Community Pharmacy specification is expected to support improved CO validation.

- Face-to-face and mixed-model delivery approaches are being trialled to improve uptake, although scaling these approaches to a level sufficient to meet the CO-validated target is unlikely.

What are the key risks and mitigations?

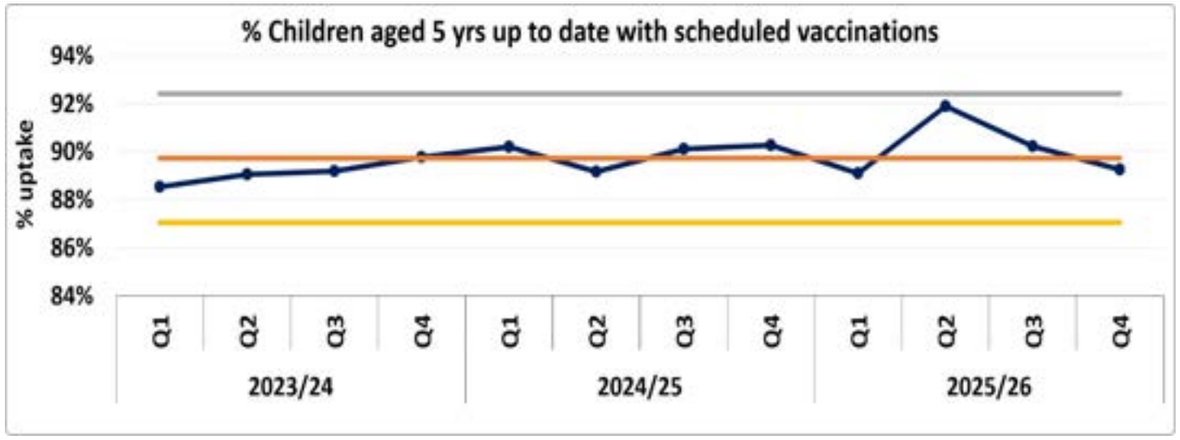
- The main risk facing Help Me Quit services is capacity to increase the number of treated smokers. Achieving the Welsh Government ambition of reducing smoking prevalence to 5% by 2030 will require a reduction from nearly 46,000 to 18,000 smokers within 4 years, requiring significant further resource. However, smoking remains a major driver of harm in CTM, with 11% of deaths and 4% of admissions attributable to smoking annually. Reaching 5% prevalence would yield significant improvements in population health with resultant reductions in healthcare activity.

- Welsh Government have raised the target for % of adult smokers who make a quit attempt from 5% to 7.5% in 2026/27, meaning HMQ services in CTM will need to support an additional 1,000 smokers per year. The service is already planning for how this could be achieved.

CTMUHB Improving Population Health & Wellbeing

% of children who are up to date with the scheduled vaccinations by age 5

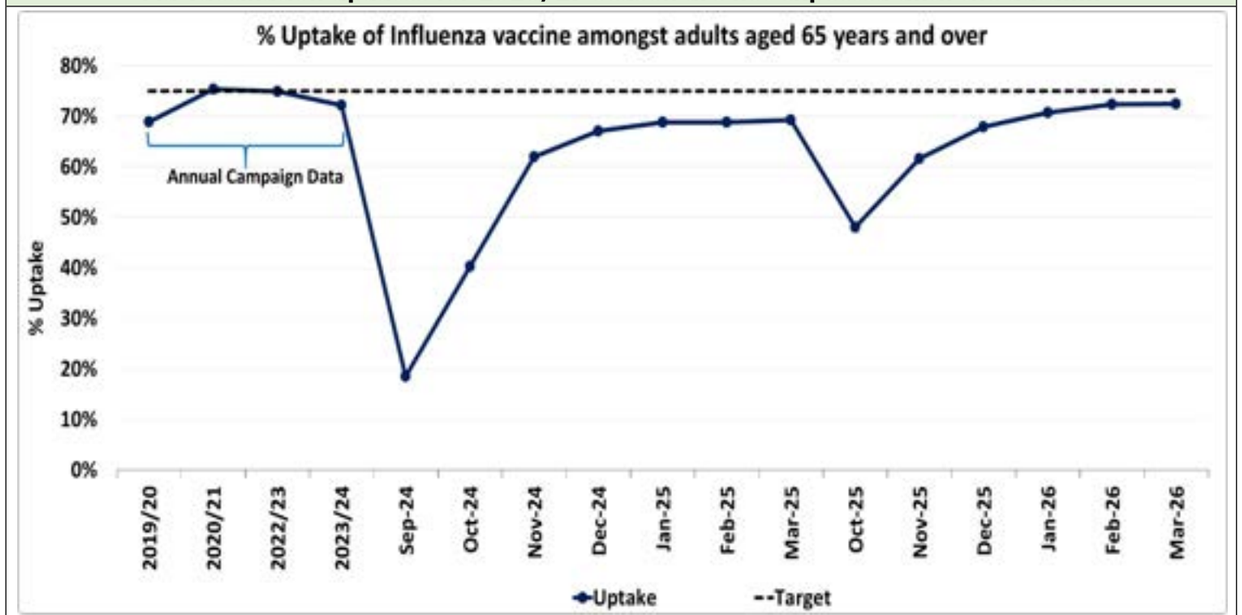
Target – 95%	Quarter 4 2025/26 – 89.3%



% uptake of the influenza vaccination amongst adults aged 65 years & over

Target – 75%	Mar 2026 – 72.5%

Flu vaccination updates for 2026/27 season are not expected until the autumn



How are we doing and what are our key concerns?

Uptake of the childhood vaccination by age 5 remains below the 95% target, with a small decline reported (89.3%).

MMR2 uptake has reduced to 90.9% and 4-in-1 uptake to 90.8%, highlighting the continued challenge of achieving the level of coverage required to prevent outbreaks of vaccine-preventable diseases.

MMR uptake remains a key priority, particularly following the introduction of the MMRV vaccine, which has contributed to appointment pressures in some primary care settings. Preparations are also underway for the national Meningococcal B catch-up campaign commencing in July 2026. In addition, influenza vaccination uptake among adults aged 65 years and over remained below the 75% target at 72.5%, with delivery arrangements for some childhood flu cohorts still being finalised.

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

- Work is underway with Child Health and GP practices to address clinic backlogs, optimise appointment scheduling and share best practice from practices that have successfully avoided vaccination queues.
- A targeted MMRV catch-up programme for eligible children will commence from November 2026 through Primary Care.
- Planning for the 2026/27 influenza vaccination programme is now underway following publication of national guidance, with work progressing to strengthen delivery models for children, inpatients and staff vaccination programmes.
- Additional engagement with schools and Public Health Wales communications teams is planned during the autumn term to promote vaccine uptake.

What are the key risks and mitigations?

- Failure to improve childhood vaccination coverage increases the risk of outbreaks of vaccine-preventable diseases, particularly measles, where 95% population coverage is required for effective protection. Ongoing monitoring of clinic capacity and vaccination queues, supported by Child Health and Primary Care teams, is in place to mitigate this risk.
- There is also a continued risk that eligible adults, especially those in clinical risk groups, do not receive influenza vaccination. Mitigation focuses on targeted communications, improved accessibility and ongoing analysis of uptake data to support focused interventions.

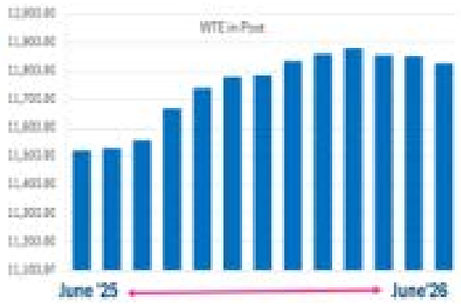
People Metrics Dashboard: July 2026

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

GETTING THE BASICS RIGHT

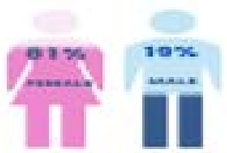
CTM employs **13,613** staff in post (SIP), equal to **11,828.78** whole time equivalent (WTE).

We have grown by **2.62%** (Jun 25 to Jun 26)



The biggest % increase in WTE is in Nursing and Midwifery Registered Staff Group by **4.35%** (Jun 25 to Jun 26)

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



44% of Estates & Ancillary Staff Group are aged 55 & over (Jun 26)

Average age is **44 years**

MODERN WORKFORCE – SKILLS FOR THE FUTURE

Staff Turnover

Rolling 12-month turnover has reduced from **8.91%** (Jun 25) to **8.18%** (Jun 26)

Area with the highest turnover: **Estates & Ancillary (12.60%)**

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

Bank & Agency Spend

Bank & Agency spend (Apr 26):
M&D was **£3.3**
NMR was **£2.7m**

Lateral Moves Scheme 358 eligible requests & 151 successful moves since launch (Feb 2024)

GREAT MANAGEMENT AND LEADERSHIP

PDR Compliance has increased: **72.30%** (Jun 26)

The target for PDR Compliance is 85%

Return to Work compliance is **59.50%** (May 26) which has increased from **55.44%** (May 25)

Statutory and Mandatory Training Compliance in June 26 for Level 1 is **81.3%** and ALL Levels of Training is **75%**

The target for all Statutory and Mandatory Compliance is 85%

Improved Performance | Static Performance | Decreased Performance

AN INCLUSIVE & HEALTHY ENVIRONMENT

Sickness Absence: In month **6.92%** (May 26) which is **818** WTE lost in month. This is compared to **6.61%** (May 25). Rolling 12-month is **7.54%** (May 26)

35.6% of sickness (May 26 in mth) due to **Anxiety/Stress/Depression/Other Psychiatric Illness**

Areas with the highest sickness: **Additional Clinical Services (9.32%)**

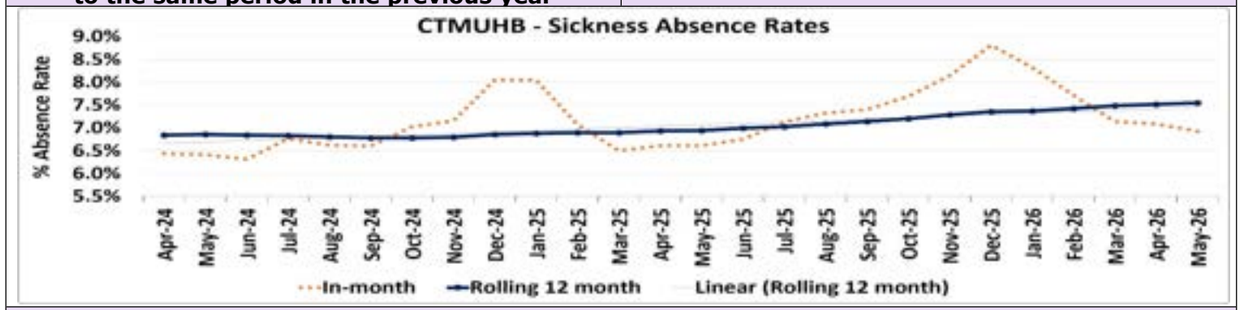
Gender Pay Gap (Mar 25):
Median Hourly Pay Gap is **12%**, which remains static
Mean Hourly Pay Gap is **27.5%**, a slight increase from last year

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

CTMUHB Workforce Metrics

% of sickness absence rate of staff (rolling 12 months)

Target – Rolling 12 month reduction compared to the same period in the previous year	May 2026 – 7.54%



Turnover rate of nurse, midwifery, medical & dental registered staff leaving NHS Wales

Target – Rolling 12 month reduction against a baseline of 2025-26	Data is not yet available

This is a new measure for the 2026/27 Performance Framework. Data is provided by HEIW and is not yet available.

% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months

Target – 85%	Jun 2026 – 72.3%

% headcount who have completed Statutory & Mandatory Level 1 competencies

Target – 85%	Jun 2026 – 81.3%

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

The rolling 12-month sickness absence rate remains high at 7.54% in May 2026, increasing from 6.94% a year earlier and remaining above CTM's improvement trajectory.

While in-month sickness levels have shown some improvement and Return to Work compliance exceeding 61%, absence continues to impact workforce capacity, productivity, staff wellbeing and reliance on temporary staffing.

Key actions and anticipated improvement:
Delivery of a Health and Wellbeing programme review, active management of long-term absence cases, rollout of enhanced Managing Attendance at Work training, targeted absence audits and strengthened Occupational Health support are intended to reduce absence levels and improve workforce resilience.

Key risks:
Failure to reduce sickness absence will continue to adversely affect service capacity, staff wellbeing, productivity, retention and agency spend.

Turnover – How are we doing and what are our key concerns?
National turnover data is not yet available; however, Nursing and Midwifery turnover in CTM has reduced to 8.18%, while Medical and Dental turnover has increased to 8.52%.

The increase within Medical and Dental staff requires continued monitoring to understand the underlying causes and identify opportunities to strengthen retention and workforce stability.

Key actions and anticipated improvement:
Actions focus on targeted retention initiatives, strengthening links between retention and wellbeing programmes, expanding career development opportunities, supporting newly qualified staff, increasing internal mobility and reducing reliance on temporary staffing.

Key risks and issues:
Key risks include workforce ageing, increased retirement rates, pension-related workforce changes and the combined impact of sickness absence, staff experience and limited career progression on retention. Failure to maintain workforce stability could increase temporary staffing costs and affect future workforce supply.

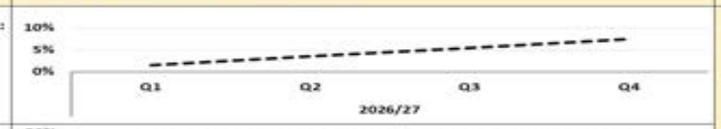
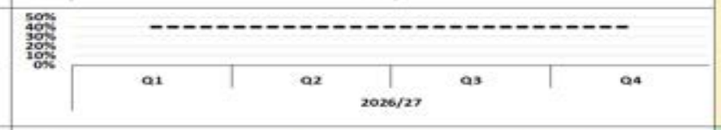
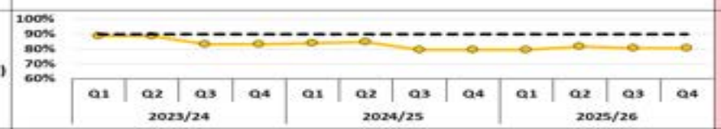
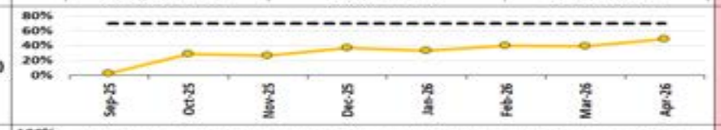
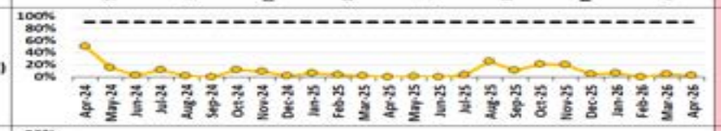
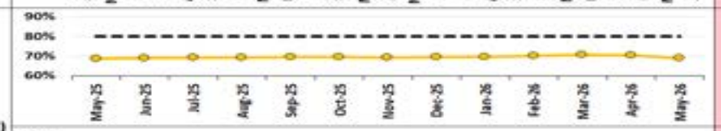
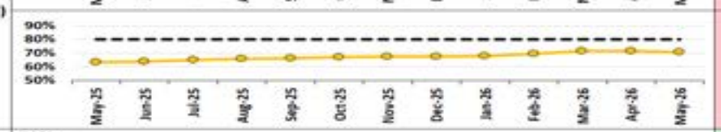
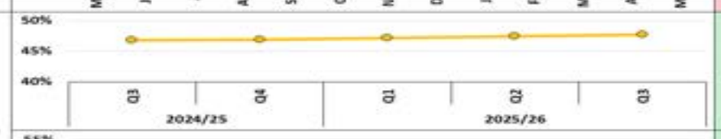
PDR & Core Learning – How are we doing and what are our key concerns?
PDR compliance continues to improve, reaching 72.3% in June 2026, while Core Learning compliance stands at 81.3%.

Although both measures show improvement, they remain below the 85% target. In addition to compliance levels, the quality of development conversations remains a key area for improvement.

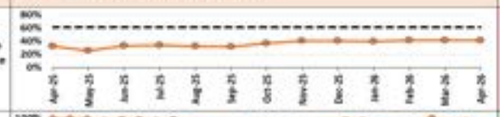
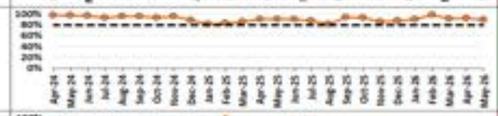
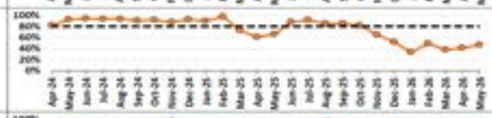
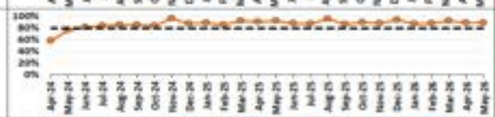
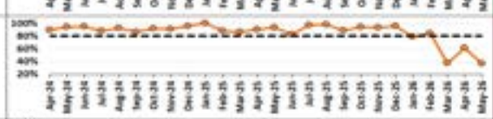
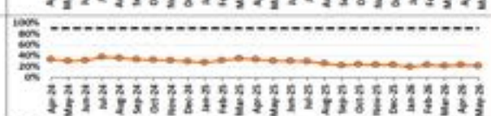
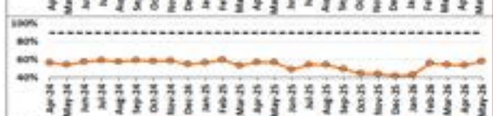
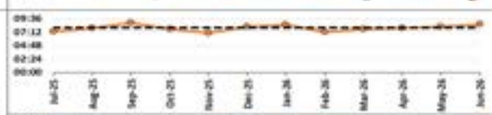
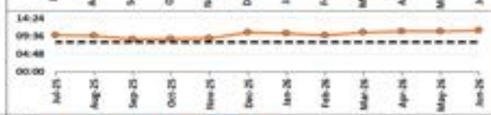
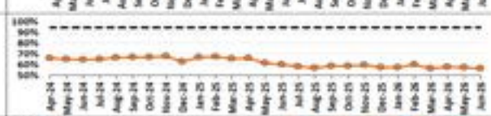
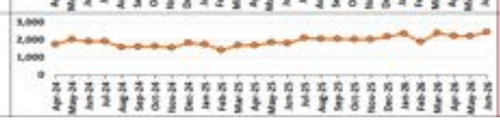
Key actions and anticipated improvement:
Targeted support is being provided to low-performing areas through performance reviews, quality audits, manager development programmes and compliance clinics. A review of the Core Learning offer is also underway to improve accessibility, relevance and uptake.

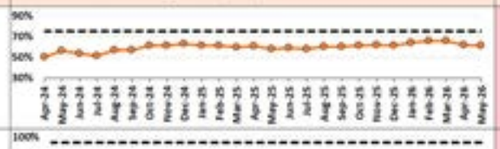
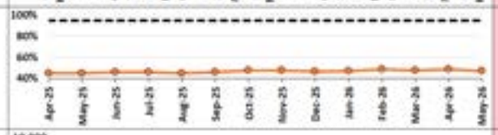
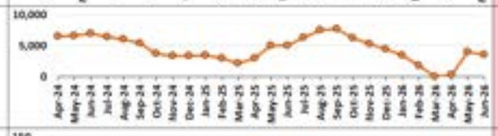
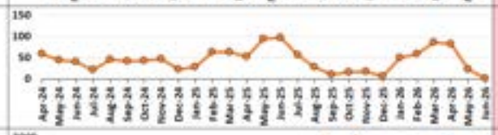
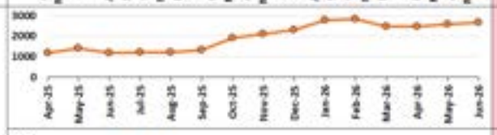
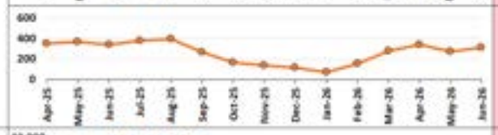
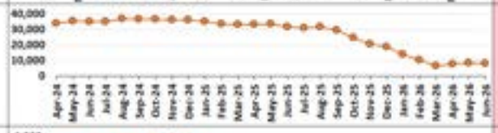
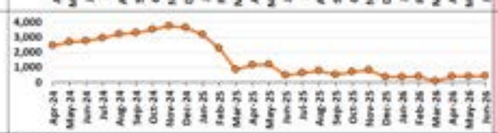
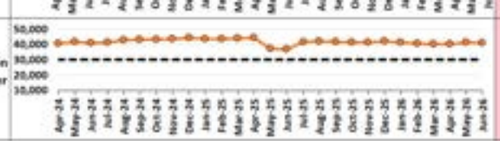
Key risks:
Sustained underperformance in PDR and Core Learning compliance may reduce organisational assurance, limit workforce development, affect staff engagement & retention and potentially impact patient safety.

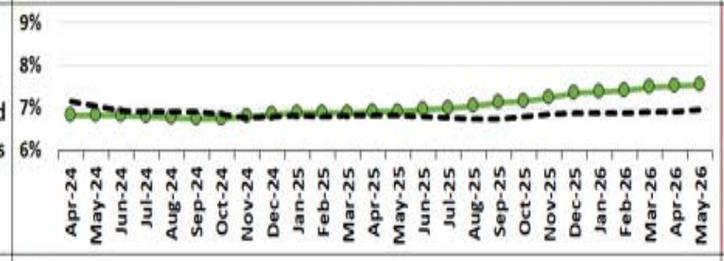
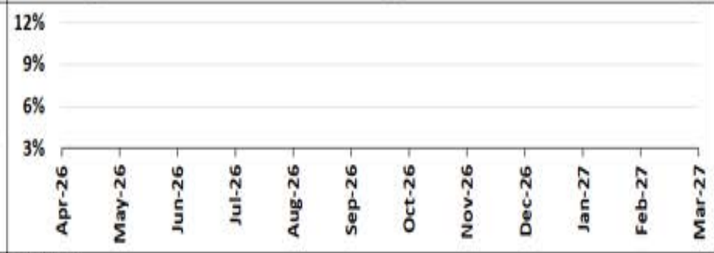
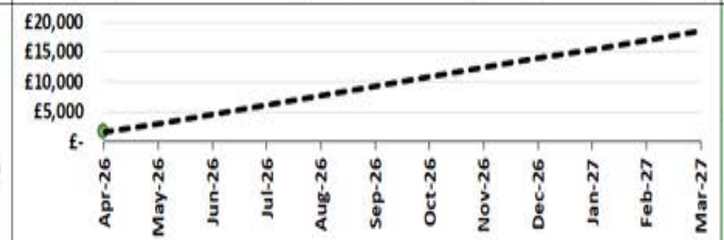
2.2 Appendix 1. Welsh Government Performance Framework Indicators - Quadruple Aim

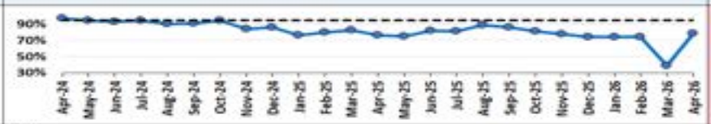
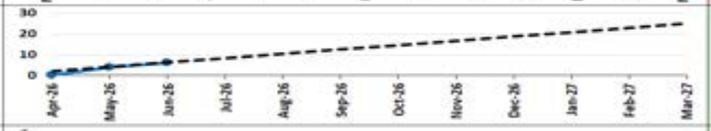
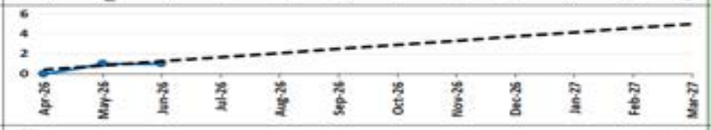
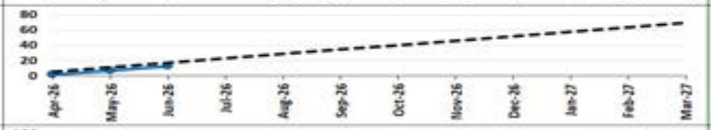
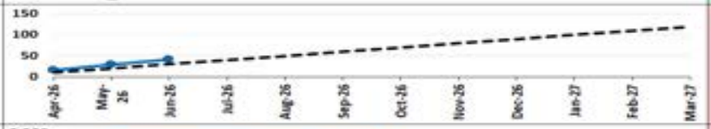
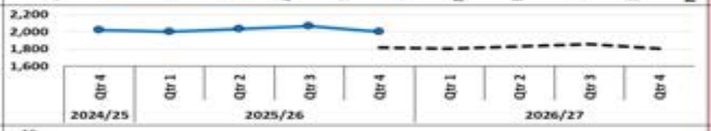
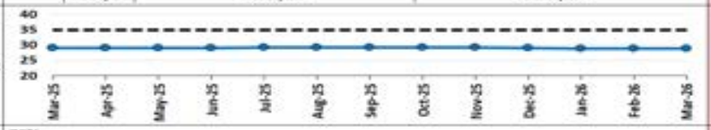
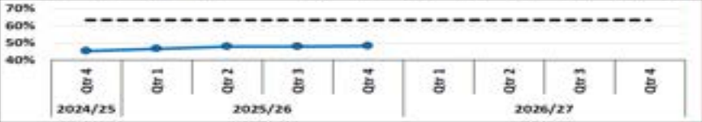
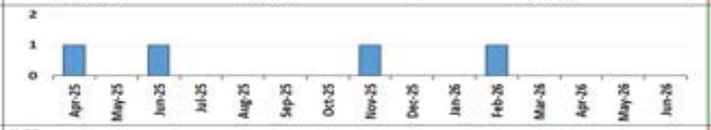
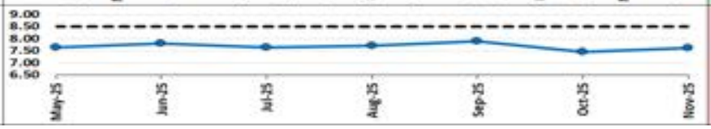
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management				
Performance Measure	**Target**	**Key: Trend --- Target/Trajectory**	**Key: Hit Target / Latest Position**	**Target Failed**
Percentage of adult smokers who make a quit attempt via smoking cessation services	7.5% Annual Target: (Higher is good) 1.5% by Q1 3.5% by Q2 5.5% by Q3 7.5% by Q4		Data not yet available for 2026/27	
Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% each quarter: (Higher is good)			
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80% (Higher is good)		87.7%	Q4 2025/26
Percentage of children who are up to date with the scheduled vaccinations by age 5	95% (Higher is good)		89.3%	Q4 2025/26
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90% (Higher is good)		80.5%	
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75% (Higher is good)		72.5%	01/03/2026 (no further data expected until the 2026/27 Flu Campaign starts in September 26)
Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years of age	70% (Higher is good)		49.2%	Apr-26
Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90% (Higher is good)		2.5%	Mar-26
Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months	80% (Higher is good)		69.1%	May-26
Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months			70.7%	
Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS)	Improvement compared to the same period in the previous year (Higher is good)		47.7%	Q3 2025/26
Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS)			51.2%	

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

Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target	Target Failed
			Latest Position	
Percentage of community pharmacies providing Pharmacist Independent Prescribing Service (PIPS)	70% or an increase of at least 20 percentage points on the March 2026 baseline (40.9%) towards 70% (Higher is good)		40.9%	Apr-26
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80% (Higher is good)		89.9%	May-26
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80% (Higher is good)		47.0%	
% 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)		89.2%	
% 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)		36.5%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80% (Higher is good)		21.8%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			58.3%	
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	End of quarter on end quarter improvement (Higher is good)		25%	May-26
Median emergency response time to Purple: arrest category calls	Expected target range 6-8 minutes (Lower is good)		08:39	Jun-26
Median emergency response time to Red: emergency category calls			11:06	
Number of ambulance patient handovers over 45 minutes	Zero (Lower is good)		262	
Percentage of ambulance patient handovers within 15 minutes	80% (Higher is good)		58.0%	
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95% (Higher is good)		56.4%	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero (Lower is good)		2,432	

	Target	Key: Trend / Target/Trajectory	Key: Hit Target	Target Failed
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75% (Higher is good)		61.1%	May-26
Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95% (Higher is good)		47.2%	May-26
Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic	Zero (Lower is good)		3,580	Jun-26
Number of patients (all ages) waiting more than 14 weeks for a specified therapy			2	
Number of adults waiting more than waiting more than 14 weeks for all audiology pathways (to include new & existing pathways for hearing aids, tinnitus & balance)	Zero (Lower is good)		2,677	
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			311	
Number of patients waiting more than 26 weeks for new outpatient appointment	Zero (Lower is good)		8,019	
Number of patients waiting more than 104 weeks for referral to treatment	Zero (Lower is good)		451	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction of at least 25% on March 2026 baseline (Lower is good)		40,919	

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable				
Performance Measure	**Target**	**Key:** Trend / Target/Trajectory	**Key: Hit Target** / **Latest Position**	**Target Failed**
Percentage of sickness absence rate of staff	Rolling 12 month reduction compared to the same period in the previous year (Lower is good)		7.54%	May-26
Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2025-26 TBC (Lower is good)		Data for 2026/27 not yet available	
Agency spend	30% reduction in 2026-27 from 2025-26 outturn (£26,555 less 30% = £18,589)		£1546 (Numbers in £000's)	Apr-26

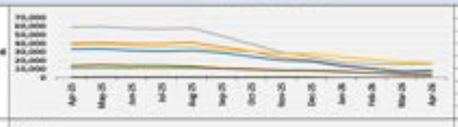
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes				
Performance Measure	**Target**	**Key:** Trend / Target/Trajectory	**Key:** Hit Target / Target Failed Green = Target Met / Red = Under	
% of episodes clinically coded within one reporting month post episode discharge end date	95%		78.5%	Apr-26
National Reportable incidents open over 12 months	Zero		8	May-26
Cumulative number of hospital onset Klebsiella spp BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		6	Apr - Jun 2026
Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		1	
Cumulative number of hospital onset E.coli BSI cases (bloodstream infections)	10% reduction on the 2024-25 baseline (Lower is good)		13	
Cumulative number of MSSA BSI cases (bloodstream infections)	20% reduction on the 2024-25 baseline (Lower is good)		22	
Cumulative number of C.difficile infection cases	25% reduction on the 2024-25 baseline (Lower is good)		41	
Gabapentin and pregabalin DDDs per 1,000 patients	10% reduction compared to same period in the previous year (Lower is good)		2002.47	Q4 2025/26
Average quantity per item prescribed from start period for the reference basket of medicines	Prescribing interval of 35 days or where average is >=35 days in March 2026, an increase of at least 10% on March 2026 baseline of 28.9 (Higher is good)		28.9	Mar-26
Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	80% or an increase of at least 15 percentage points on the March 2026 baseline of 48.2% towards 80% (Higher is good)		48.2%	Q4 2025/26
Number of never events	Zero (Lower is good)		Zero	Jun-26
Overall HB patient experience score	8.5 (out of 10)		7.61	01/11/2025 (CTM moved to the Promptly system - updates will resume shortly

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

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

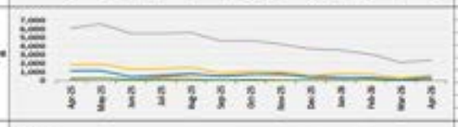
Planned Care & Cancer

Number of patients waiting over 26 weeks for a new outpatient appointment



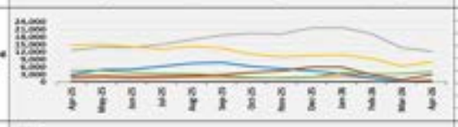
April 2026		
Health Board	Compliance	Rank
Powys	171	1st
SB	2,998	2nd
HDda	4,154	3rd
CTM	**7,707**	**4th**
AB	8,848	5th
BCU	16,371	6th
C&V	17,256	7th

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



April 2026		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	64	3rd
AB	159	4th
CTM	**390**	**5th**
C&V	670	6th
BCU	2,411	7th

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



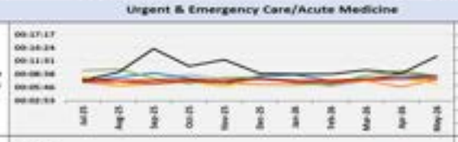
April 2026		
Health Board	Compliance	Rank
Powys	17	1st
CTM	**275**	**2nd**
AB	971	3rd
SB	3,031	4th
HDda	4,149	5th
C&V	7,913	6th
BCU	12,386	7th

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

April 2026		
Health Board	Compliance	Rank
CTM	**62.6%**	**1st**
C&V	61.7%	2nd
HDda	58.4%	3rd
AB	56.0%	4th
BCU	52.5%	5th
SB	48.4%	6th

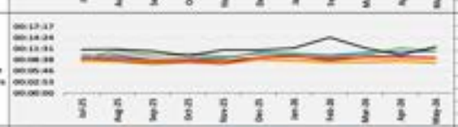
Urgent & Emergency Care/Acute Medicine

Median emergency ambulance response time to purple: arrest category calls



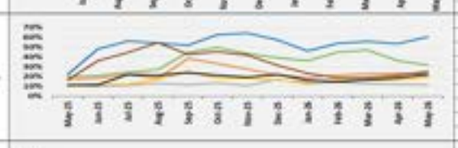
May 2026		
Health Board	Compliance	Rank
C&V	06:31	1st
AB	07:32	2nd
BCU	07:36	3rd
CTM	**08:14**	**4th**
HDda	08:16	5th
SB	08:19	6th
Powys	12:03	7th

Median emergency ambulance response time to red: arrest category calls



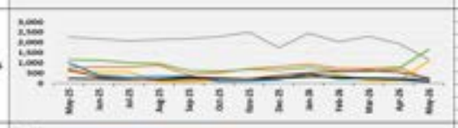
May 2026		
Health Board	Compliance	Rank
AB	07:54	1st
C&V	08:13	2nd
BCU	09:13	3rd
SB	09:19	4th
CTM	**10:55**	**5th**
HDda	11:02	6th
Powys	12:05	7th

Number of ambulance patient handovers within 15 minute



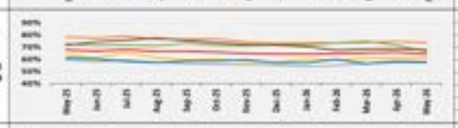
May 2026		
Health Board	Compliance	Rank
CTM	**40.5%**	**1st**
HDda	31.6%	2nd
SB	25.1%	3rd
AB	22.3%	4th
Powys	22.3%	5th
C&V	18.9%	6th
BCU	11.7%	7th

Number of ambulance patient handovers over 45 minutes



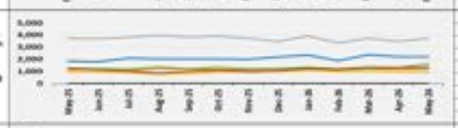
May 2026		
Health Board	Compliance	Rank
Powys	91	1st
AB	164	2nd
CTM	**228**	**3rd**
SB	250	4th
C&V	1,099	5th
BCU	1,164	6th
HDda	1,664	7th

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



May 2026		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	73.9%	2nd
SB	67.7%	3rd
HDda	66.5%	4th
C&V	61.6%	5th
BCU	58.2%	6th
CTM	**57.5%**	**7th**

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



May 2026		
Health Board	Compliance	Rank
Powys	0	1st
C&V	920	2nd
AB	1,194	3rd
SB	1,347	4th
HDda	1,650	5th
CTM	**2,230**	**6th**
BCU	3,725	7th

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

April 2026		
Health Board	Compliance	Rank
C&V	63.8%	1st
HDda	61.7%	2nd
AB	36.7%	3rd
SB	35.1%	4th
BCU	30.1%	5th
CTM	**9.2%**	**6th**

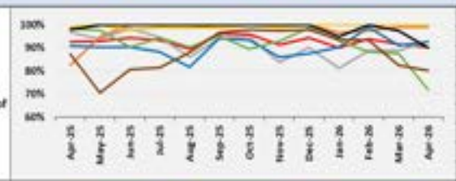
Pathways of Care Delayed Discharges

Number of Pathways of Care Delayed Discharges

April 2026		
Health Board	Compliance	Rank
SB	46	1st
C&V	155	2nd
AB	174	3rd
CTM	**189**	**4th**
Powys	200	5th
HDda	218	6th
BCU	293	7th

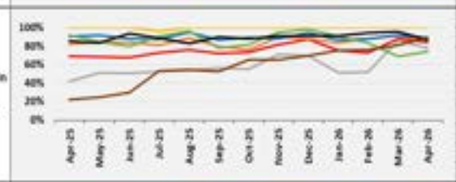
Mental Health Services

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (CAMHS)



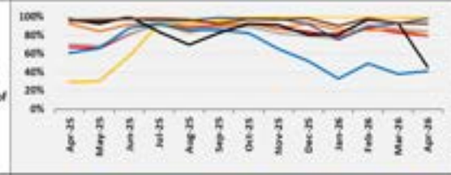
April 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
AB	98.9%	2nd
BCU	92.8%	3rd
CTM	**92.5%**	**4th**
SB	90.2%	5th
Powys	80.2%	6th
HDda	71.9%	7th

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (CAMHS)



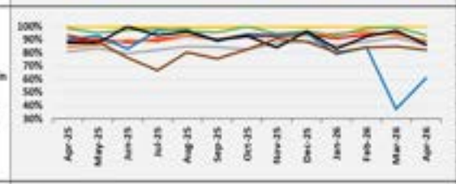
April 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
Powys	89.5%	2nd
CTM	**89.2%**	**3rd**
SB	87.0%	4th
AB	86.4%	5th
BCU	78.1%	6th
HDda	74.2%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (Adults)



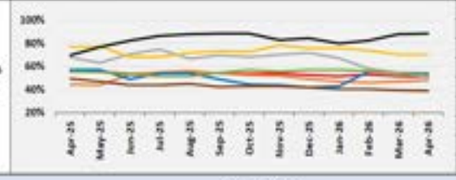
April 2026		
Health Board	Compliance	Rank
C&V	98.5%	1st
HDda	98.1%	2nd
Powys	92.4%	3rd
BCU	84.3%	4th
AB	80.0%	5th
SB	45.8%	6th
CTM	**41.1%**	**7th**

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (Adults)



April 2026		
Health Board	Compliance	Rank
C&V	100.0%	1st
HDda	93.4%	2nd
AB	89.2%	3rd
SB	86.3%	4th
BCU	85.5%	5th
Powys	82.1%	6th
CTM	**61.0%**	**7th**

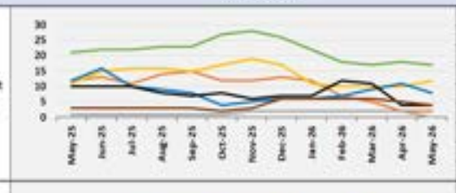
% of patients waiting less than 26 weeks to start a Psychological Therapy



April 2026		
Health Board	Compliance	Rank
SB	88.4%	1st
C&V	70.3%	2nd
CTM	53.9%	3rd
HDda	52.9%	4th
BCU	**50.6%**	**5th**
AB	47.8%	6th
Powys	38.7%	7th

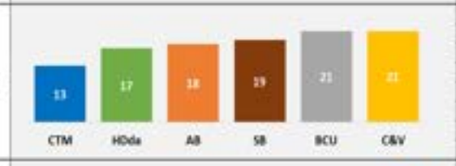
Safe Services

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



March 2026		
Health Board	Compliance	Rank
BCU	0	1st
AB	2	2nd
Powys	4	3rd
SB	4	3rd
CTM	**8**	**5th**
C&V	12	6th
HDda	17	7th

Cumulative number of hospital onset E.coli BSI cases



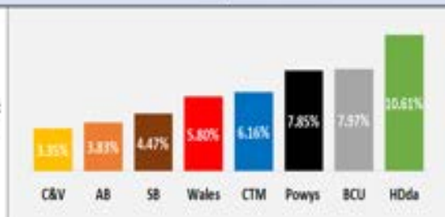
April to June 2026		
Health Board	Compliance	Rank
CTM	**13**	**1st**
HDda	17	2nd
AB	18	3rd
SB	19	4th
BCU	21	5th
C&V	21	5th

Crude Mortality Rate (Acute Health Boards)

[Rolling 12 month] Mar 25 - Feb 26		
Health Board	Compliance	Rank
C&V	1.24%	1st
SB	1.33%	2nd
AB	1.36%	3rd
BCU	1.62%	4th
HDda	1.63%	5th
CTM	**2.34%**	**6th**

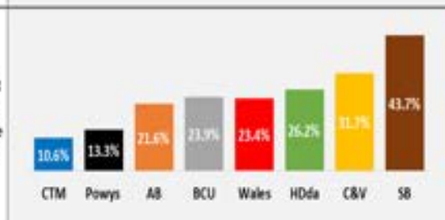
Population Health

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



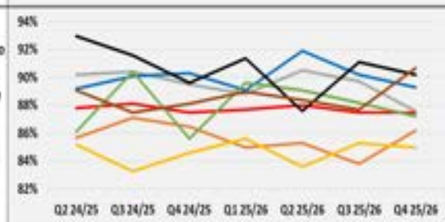
Predicted 2025/26 (as at Q3)		
Health Board	Compliance	Rank
HDda	10.61%	1st
BCU	7.97%	2nd
Powys	7.85%	3rd
CTM	**6.16%**	**4th**
SB	4.47%	5th
AB	3.83%	6th
C&V	3.35%	7th

Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks



Qtr 1 to Qtr 3 2025/26		
Health Board	Compliance	Rank
SB	43.7%	1st
C&V	31.7%	2nd
HDda	26.2%	3rd
BCU	23.9%	4th
AB	21.6%	5th
Powys	13.3%	6th
CTM	**10.6%**	**7th**

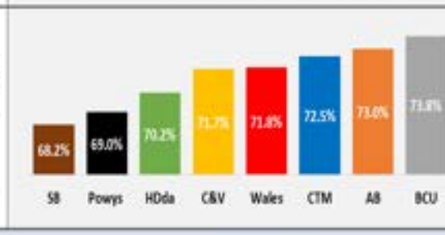
Percentage of children who are up to date with the scheduled vaccinations by age 5 ['4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)



Qtr 4 2025/26		
Health Board	Compliance	Rank
SB	90.7%	1st
Powys	90.2%	2nd
CTM	**89.3%**	**3rd**
BCU	87.6%	4th
HDda	87.2%	5th
AB	86.2%	6th
C&V	85.0%	7th

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over

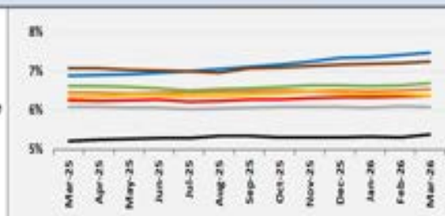
(2025/26 Flu season)



March 2026		
Health Board	Compliance	Rank
SB	68.2%	1st
Powys	69.0%	2nd
HDda	70.2%	3rd
C&V	71.7%	4th
CTM	**72.5%**	**5th**
AB	73.0%	6th
BCU	73.8%	7th

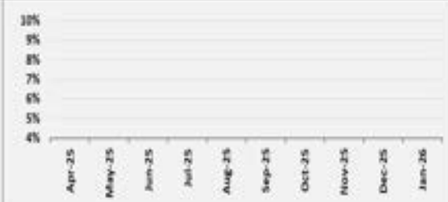
Workforce

% of sickness absence rate of staff



March 2026		
Health Board	Compliance	Rank
Powys	5.4%	1st
BCU	6.1%	2nd
C&V	6.4%	3rd
AB	6.6%	4th
HDda	6.7%	5th
SB	7.3%	6th
CTM	**7.5%**	**7th**

Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales



Data is for a rolling 12 month period. Currently awaiting data for new measure from HEIW

SUMMARY OF REVISIONS TO PERFORMANCE MEASURES

Revision	
Percentage of adult smokers who make a quit attempt via smoking cessation services	Previous Target: 5% annual target New Target: 7.5% annual target with quarterly milestones for achievement (Q1 – 1.5%, Q2 – 3.5%, Q3 – 5.5% and Q4 – 7.5%)
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Previous Target: 40% annual target New Target: 40% each quarter
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Previous Target: 4 quarter improvement trend New Target: 80%
Percentage of ambulance patient handovers within 15 minutes	Previous Target: Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes New Target: 80%
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Previous Target: Improvement compared to the same month in the previous year, towards the national target of 95% New Target: 95%
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	Previous Target: Reduction compared to the same month in the previous year, towards the national target of zero New Target: Zero
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Previous Target: 12 month improvement trend towards a national target of 80% by 31 March 2026 New Target: 75%
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Previous Target: Month on month reduction New Target: Zero
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Previous Target: Month on month reduction New Target: Zero
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Previous Target: Reduction compared to the same month in the previous year New Target: Reduction of at least 25% on March 2026 baseline
Percentage of sickness absence rate of staff	Previous Target: 12 month reduction trend New Target: Rolling 12 month reduction compared to the same period in the previous year
Percentage of episodes clinically coded within one reporting month post episode discharge end date	Previous Target: Maintain the 95% target or demonstrate a 12 month improvement trend New Target: 95%

PERFORMANCE MEASURE REMOVALS

Measure	2025/26
Percentage uptake of the COVID-19 vaccination for those eligible	Quad Aim 1
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Quad Aim 1
Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Quad Aim 1
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Quad Aim 2
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Quad Aim 2
Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Quad Aim 2
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Quad Aim 2
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Quad Aim 2
Median emergency response time to amber calls	Quad Aim 2
Median time from arrival at an emergency department to triage by a clinician	Quad Aim 2
Median time from arrival at an emergency department to assessment by a clinical decision maker	Quad Aim 2
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Quad Aim 2
Number of patients waiting more than 52 weeks for a new outpatient appointment	Quad Aim 2
Agency spend as a percentage of the total pay bill	Quad Aim 3
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)	Quad Aim 3
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Quad Aim 4
Number of pathways of Care delayed discharges	Quad Aim 4
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Quad Aim 4
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Quad Aim 4
Number of patient experience surveys completed and recorded on CIVICA	Quad Aim 4
Cumulative number of laboratory confirmed cases: Klebsiella sp and Pseudomonas aeruginosa	Quad Aim 4
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Quad Aim 4
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	Quad Aim 4
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Quad Aim 4
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Quad Aim 4
Number of patient handovers over one hour	Quad Aim 4
Number of National Reportable incidents that remain open 90 days of more	Quad Aim 4

3. Key Risks/Matters for Escalation

The key risks for all areas are covered in the summary and main body of the report.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 1a If more than one applies please list below:

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

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Data to Knowledge If more than one applies please list below:

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

Asesiad Effaith **Impact Assessment**		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.	
Cyfreithiol / Legal	**Yes (Include further detail below)** Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	

Enw da / Reputational	**Yes (include further detail below)** Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Claire Thompson	23/07/2026	Endorsed for Approval

5. Glossary of terms

Acronyms/Glossary of Terms		Definition or Context
A&E/ED	Accident & Emergency/Emergency Department	Emergency department for urgent care
ANTT	Aseptic Non-Touch Technique	Clinical technique to prevent infection during procedures
BSW	Bowel Screening Wales	National bowel cancer screening programme
CAMHS	Child and Adolescent Mental Health Services	Services for children and young people with mental health needs
CAUTI	Catheter-Associated Urinary Tract Infection	Infection linked to urinary catheter use
CO-validated quit	Carbon Monoxide validated quit attempt	Carbon monoxide test confirming smoking cessation
COO	Chief Operating Officer	Accountable for day-to-day operational performance
CTP	Care and Treatment Plan	Statutory plan for patients receiving secondary mental health services
D2RA	Discharge to Recover and Assess	A model supporting timely hospital discharge and recovery at home
ERCP	Endoscopic Retrograde Cholangiopancreatography	Procedure to diagnose and treat bile duct conditions
HBSUK	Healthcare Business Solutions (UK)	Outsourced or additional capacity clinics used to reduce waiting lists
HCSW	Healthcare Support Worker	Staff providing basic patient care and support
HMQ	Help Me Quit	Smoking cessation service in Wales
IMTP	Integrated Medium Term Plan	A three-year strategic plan aligning Health Board objectives with national priorities
IPC	Infection Prevention and Control	Measures to prevent healthcare-associated infections
LPMHSS	Local Primary Mental Health Support Services	Community-based mental health support
MDT	Multi-Disciplinary Team	Team of healthcare professionals managing patient care collaboratively
N&M	Nursing & Midwifery	Workforce category for nurses and midwives
NIAW	National Imaging Academy Wales	A training and capacity-building initiative for imaging professionals.
NOUS	Non-Obstetric Ultrasound	Ultrasound scans excluding obstetric cases
NRI	National Reportable Incident	Incidents that must be reported nationally due to severity or impact
PADR	Personal Appraisal Development Review	Annual staff appraisal process
PEF	Practice Educator Facilitator	A role supporting training and education for clinical staff
PET	Positron Emission Tomography	Imaging technique used in cancer diagnosis
RCEM	Royal College of Emergency Medicine	Professional body for emergency medicine
RCN	Royal College of Nursing	Professional body for nurses
RIS	Radiology Information System	System for managing radiology workflows
RTT	Referral to Treatment Times	Time from referral to the start of treatment
SCP	Single Cancer Pathway	National standard measuring time from suspicion to first definitive
SOP	Standard Operating Procedure	Step-by-step instructions for routine processes
SPC	Statistical Process Control	Method for monitoring performance trends and variation using statistical
SpR	Specialist Registrar	A doctor in specialist training
STAMP / OPTIMISE	STAMP / OPTIMISE	Flow improvement programmes aimed at reducing delays in emergency
TCI	To Come In	Scheduled admission date for a patient
USGI	Upper Gastrointestinal	Diagnostic investigations for upper GI tract
WAST	Welsh Ambulance Services NHS Trust	Provides ambulance and patient transport services
WLI	Waiting List Initiative	Additional sessions to reduce waiting lists
WPAS	Welsh Patient Administration System	Managing appointments, referrals, admissions and inpatient/outpatient
Welsh Health Boards		
ABUHB	Aneurin Bevan University Health Board	
BCUHB	Betsi Cadwaladr University Health Board	
C&VUHB	Cardiff & Vale University Health Board	
CTMUHB	Cwm Taf Morgannwg University Health Board	
HDUHB	Hywel Dda University Health Board	
Powys THB	Powys Teaching Health Board	
SBUHB	Swansea Bay University Health Board	

CTMUHB Public Board

Healthy Weight Strategic Plan

Eitem yr Agenda / Agenda Item	8.1
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Rob Green – Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter:	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health
Diben yr Adroddiad / Report Purpose:	For Approval
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	Approve the Healthy Weight Strategic Plan for publication
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Creating Health If more than one applies please list below: Improving Care
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Relates to following 2026-29 IMTP priorities: Starting Well: - Developing a Healthy Weight Road-map for CTM Population Health and Prevention: - Delivery of local system actions for Healthy Weight Healthy Wales delivery plan - Support development of children's weight management services Creating Health: - Launch of Healthy Weight Strategic Plan Children and Families Care Group:

	- Delivery measures: Increase the proportion of children who are a healthy weight DTPS - Development of/strengthening child and adult weight management services Alongside a number of strategic or operational intentions contained within the IMTP.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio: Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn: **Executive Summary of what the report is describing:** Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:	
Beth: **What:**	Healthy Weight is a strategic priority for CTMUHB, with levels of overweight and obesity being key drivers for health inequalities, poor health outcomes, increased UHB activity and spend. The recent annual child measurement programme report for 24/25 shows CTM to have the highest levels of childhood obesity (14%) in Wales. The CTMUHB Healthy Weight Strategic Plan brings together all relevant healthy weight workstreams into a single plan, outlining initial priority actions and longer-term strategic direction. The Healthy Weight Strategic Plan aligns to the 2025-27 delivery plan for the national Healthy Weight: Health Wales strategy, alongside the longer-term aims of the strategy.
Felly, beth **So, what**	The Healthy Weight Strategic Plan outlines activity across the six domains of the Healthy Weight Healthy Wales delivery plan: • Embedding a whole system approach • Supporting families and the foundations for lifelong health • Working towards schools and settings that support good health • Creating healthier food environments • Supporting people to live active lives

	• Providing high quality, equitable, compassionate treatment pathways Priority CTMUHB actions for 2026/27 include: • Launching the regional joint action plan for the food environment through the Public Service Board's food resilience sub-board. • Rolling out the Pipyn programme CTM wide, providing support to children and family around healthy weight, and building a legacy of healthy environments. • Reviewing and strengthening our adult weight management services, piloting digital capacity, and participating in the All-Wales Obesity Pathway Innovation Programme led by Public Health Wales (dependant on confirmation of final model).
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	Creating Health Programme Board will receive annual updates on progress against the Strategic Plan and a refreshed annual plan. The Healthy Weight Steering group will oversee the delivery of the Strategic Plan. Work is underway to refresh governance, finalise implementation plans, and agree key metrics alongside other mechanisms for understanding progress.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board is asked to **approve** the Healthy Weight Strategic Plan.

1. Background / Context

1.1 The recent report of the Child Measurement Programme for 2024/25 showed Cwm Taf Morgannwg (CTM) to have the highest rate of childhood obesity in Wales at 13.9% of 4-5-year-olds (Wales figure 12.8%)

1.2 Other key findings include:

- 28% of children living with overweight or obesity on entry to primary school in CTM.
- A total of 1165 children age 4-5 with overweight or obesity, and 577 with obesity.
- The rates of obesity for Bridgend, Merthyr Tydfil and Rhondda Cynon Taf local authority areas were 14.9%, 13.7% and 13.3% respectively.

- 4 of the 10 GP clusters with the highest rates of obesity were in CTM, with Bridgend North having the highest rate in Wales (18.2%)
- Rates of obesity twice as high in most deprived areas compared with least deprived.

1.3 Other key healthy weight data for CTM includes:

- 22% of babies in CTM receive any breastmilk at 6 months (lowest in Wales)
- 60% of 11–16-year-olds do not regularly eat fruit or veg (highest in Wales)
- 100,000+ adults living with obesity (BMI 30+, 33%)
- 17,000~ adults with a BMI over 40 (5%)
- CTM local authorities have some of the highest densities of fast-food takeaways in Wales.
- £98m-£205m – estimated total annual costs of obesity and related conditions to CTMUHB.
- £2m-£4m of workforce absence costs per annum.

1.4 Obesity is caused by a complex mix of systemic, environmental, and individual factors rather than personal choice alone. The key drivers of obesity in CTM include socioeconomic deprivation and an expanding obesogenic food environment.

1.5 Working to reduce obesity will take long-term, co-ordinated action across a range of these factors, while providing equitable, effective healthy weight support for individuals and families.

2. Strategic Insights

2.1 The domains of the Strategic Plan follow the domains of the Healthy Weight:Healthy Wales delivery plan 2025-2027:

- Embedding a whole system approach
- Supporting families and the foundations for lifelong health
- Working towards schools and settings that support good health
- Creating healthier food environments
- Supporting people to live active lives
- Providing high quality, equitable, compassionate treatment pathways

2.2 **Embedding a Whole System Approach**:

A whole system approach brings partners together around shared priorities, helping create the long-term changes needed to improve health and reduce inequalities.

2.3 Key actions for a Whole System Approach:

- Embed a whole system approach with partners across CTM.
- Build the regional food network and strengthen collaboration.
- Ensure healthy weight priorities are reflected across local strategies and plans.

2.4 **Supporting Families and the Foundations for Lifelong Health**:

The foundations of healthy weight are established early, from pregnancy and infancy through childhood. Supporting families early in life offers one of the greatest opportunities to prevent obesity and improve lifelong health outcomes. Childhood obesity is also closely linked to deprivation, making this a key area for tackling inequalities.

2.5 Key actions for the Early Years:

- Deliver the CTMUHB Infant Feeding Strategy and strengthen breastfeeding support.
- Roll out Pipyn across CTM for children and families.
- Continue to build the case for a sustainable Level 3 weight management service for children.

2.6 **Working Towards School and Hospital Settings that Support Good Health**:

Schools, early years settings and workplaces play a major role in shaping everyday behaviours around food, physical activity and wellbeing. By creating healthier settings, we can make healthy choices easier and help reduce inequalities.

2.7 As the largest employer within CTM, CTMUHB has an opportunity to act as a system leader by developing a healthier food environment on our sites, better enabling staff to eat healthier, and consider how we provide support to staff living with obesity (e.g. learning from neighbouring Health Board's work providing digital weight loss support to interested staff).

2.8 Key actions for settings:

- Support educational settings to become more healthy weight supporting through our Healthy Pre-Schools and Healthy Schools programmes.
- Deliver Pipyn within primary schools to further support whole-setting approaches.
- Increase participation in the Food and Fun programme holiday programme.
- Understand the opportunities to improve uptake of free school meals and support implementation of nutritional standards.
- Improve healthy food, physical activity and healthy travel opportunities across CTMUHB sites.

2.9 **Creating healthier food environments:**

Research consistently shows that the availability, affordability, marketing and promotion of food affect consumption patterns. In CTM, communities report difficulties accessing affordable healthy food alongside high densities of fast-food outlets and widespread promotion of less healthy products. Improving the food environment can help make healthier choices easier and more accessible for everyone, while reducing reliance on individual willpower alone.

2.10 The ongoing approval of fast-food facilities, often proximal to schools and centres of deprivation and compounded by 24-hour opening and delivery services illustrates the importance of working at all levels to reduce obesity (community, Local Authority, Regional and National) - taking a Whole System Approach.

2.11 Our Regional Joint Action Plan for the food environment will focus on initial priorities of food advertising, how we develop sustainable models of funding for innovation in our food system, and food procurement opportunities at a regional level.

2.12 However, many levers sit at a Welsh or UK Government level. These include things like planning guidance and legislation, which currently hamper local decision making, or regulations on advertising and promotion.

2.13 We are working with colleagues at a national and regional level to advocate for the changes needed to enable better local control of our food environment.

2.14 **Supporting people to live active lives:**

Regular physical activity is essential for physical and mental wellbeing and helps people maintain a healthy weight. Creating opportunities for everyday movement requires action on transport, communities, schools and the built environment.

Work to better enable people to live active lives is primarily being led by partners, such as the Central South Activity Partnership (Sport Wales' regional delivery vehicle) or Public Health Wales, (e.g. via the new Daily Active programme for schools).

We will work to enhance these programmes locally, particularly through the work of our Healthy Educational Settings programmes.

2.15 **Providing high quality, equitable, and compassionate treatment pathways**

2.16 While system wide prevention is essential, many people need support now to achieve and maintain a healthy weight. Services should be accessible, evidence-based and compassionate, with support tailored to different levels of need and delivered fairly across the population.

2.17 Our level 3 adult weight management service as of 31.3.2026 has a waiting list of 4,574 against an annual capacity of 350, with funding to provide weight loss medications to 70. (CTMUHB Risk Register ID: 5462).

2.18 Developments in weight loss medications represent a paradigm shift for weight management services and will need new models of delivery and support aligned to WG directive and funding challenges.

2.19 Developments in digital platforms for healthy weight support represent a significant opportunity to do more at scale, learning from the experiences of other health board in Wales.

2.20 The All-Wales, *MyPath Cymru* programme, part of a UK-wide Obesity Pathway Innovation Programme funded by UK Government and Lilly is an opportunity to test and learn how to deliver digital weight management support at scale while engaging with communities to reduce health inequalities and enable sustainable behaviour change.

2.21 A unified 'digital front door' will be built, enabling self-referral, structured screening, and access to digital weight management support to enable sustained weight loss and improve health and wellbeing outcomes. In parallel, Health Boards will be funded to develop community programmes to work with communities to enable sustained behaviour change, strengthen healthy weight infrastructure and reduce health inequalities.

2.22 Grant letters are expected Q2 2026/27 for the 3 year programme and programme details will be taken through CTMUHB governance.

2.23 Key actions for our weight management pathway include:

- Review and strengthen adult Level 2 and Level 3 weight management services.
- Develop blended digital and face-to-face support.
- Participate in the All-Wales Obesity Pathway Innovation Programme.
- Implement clear and equitable access criteria for weight-loss medications.

3. Risks

3.1 There are a number of Healthy Weight-related risks logged within CTMUHB. Key risks include:

- 5462: High adult obesity rates resulting in an increase in obesity related conditions and poorer health outcomes - insufficient clinical capacity and/or insufficient medication budget within the adult weight management service to support the population living with obesity and overweight.
- 5579: Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.
- 6179: High and increasing prevalence of overweight and obesity in children and adults.
- There is a risk currently in development relating to inability of the Health Board to respond to the WHC/2025/043 - New clinical pathway for treating and managing obesity.

4. Compliance and Governance

4.1 Delivery of the CTMUHB Healthy Weight Strategic Plan will be overseen by the Healthy Weight Steering Group, reporting to Creating Health Programme Board.

4.2 Welsh Health Circular 2025/043 (update 07/07/2026) New clinical pathway for treating and managing obesity sets out interim eligibility criteria for access to novel weight loss medications. CTMUHB is currently unable to meet these criteria due to funding and prescribing capacity constraints.

5. Benchmarks

5.1 As described above, CTM has higher rates of obesity, and lower levels of protective behaviours (e.g. breastfeeding) than most other health boards.

5.2 The CTMUHB strategic approach to Healthy Weight is in line with the national Healthy Weight Healthy Wales strategy, and current delivery plan 2025-2027.

5.3 Activity described within the plan is broadly in line with approaches taken by other Health Boards in Wales, with key points of note:

- All Health Boards are funded to deliver a Whole System Approach to obesity, and health promotion programmes for educational settings.
- Weight management services across Wales are facing issues of capacity/demand mismatch.
- Patients in CTMUHB weight management services have less access to weight loss medications than in other health boards. Four of seven health boards have commissioned commercial digital weight management provision.
- CTMUHB's recent investment in PIPYN shows leadership in open access support for families integrated with work on local enablers to prevent overweight and obesity.

- CTMUHB is one of two Health Boards without a level 3 weight management service for children and young people with the highest levels of obesity either in operation or due to be mobilised.

6. Conclusion

6.1 Healthy Weight is a strategic priority for CTMUHB. The Healthy Weight strategic plan brings together all related activity in a single plan for the first time.

6.2 The Board is recommended to approve the CTMUHB Healthy Weight Strategic Plan.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 8 Failure to stem rising tide of obesity will impact on health board ability to reduce inequalities in healthy life expectancy. If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Whole-Systems Perspective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below:

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Policy/Plan/Proposal too broad

reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.) **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	Named Executive/Board member sign off for no EWLIA completion: Philip Daniels – Executive Director of Public Health
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	N/a Strategic Plan too broad	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	**Yes (include further detail below)** Failure to take a strategic approach to healthy weight could incur reputational harm to CTMUHB. There are reputational risks to not achieving particular elements of the strategic plan (e.g. failure to develop a level 3 children's weight management service, where CTMUHB is currently a national outlier)	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	**Yes (include further detail below)** There is a potential impact on resources as a number of programmes rely on fixed term funding and there is a need to redesign services to focus on upstream intervention	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic Development Committee	12/05/2026	Endorse for Board Approval
Creating Health	Apr 2026	Endorse for SDC
Improving Care Board	Mar 2026	Feedback and socialisation
Diabetes Programme Board	Feb 2026	Feedback and socialisation

Creating Health	Spring/Summer 2025	Initial scope and framework agreed
Healthy Weight Steering Group, Adult Weight Management Steering Group, Babies, Children and Young People Healthy Weight Group	Multiple dates	Co-production

Acronyms / Glossary of Terms	
OPIP	Obesity Pathway Innovation Programme
PIPYN	Pwysau Iach Plant Yng Ngymru (Healthy Children Healthy Weight in Wales)

Cwm Taf Morgannwg Healthy Weight Strategic Plan

A three-year framework to guide our strategic approach to healthy weight across CTMUHB

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Summary

Being a healthy weight is increasingly challenging in our society, with the number of people living with overweight or obesity doubling in the UK over the past three decades. Our towns and villages are increasingly flooded with energy-dense, poor-quality food, whereas accessing good quality, affordable food is increasingly challenging. Opportunities for physical activity are limited for many people. Low incomes and poor infrastructure often serve to compound these challenges. As a result, obesity is now one of the key drivers of ill-health in Cwm Taf Morgannwg (CTM).

Our vision is to create healthier environments that make it easier for the people of CTM to live their lives a healthy weight, and to empower people living with obesity to achieve and maintain a heathy weight through compassionate, accessible, and psychologically informed support - reducing health inequalities, enhancing quality of life, and preventing ill health.

Our obesogenic environment has developed over decades, building healthier communities will require similar timeframes. However with the current impact of obesity in CTM, this is essential long-term work and requires long-term strategic commitment.
We will are doing this through work within our organisation, with regional partners, and as part of a national system on the 6 priorities of the 2025-27 Healthy Weight: Healthy Wales delivery plan:

1. Embedding a whole system approach
2. Supporting families and the foundations for lifelong health
3. Working towards schools and settings that support good health
4. Creating healthier food environments
5. Supporting people to live active lives
6. Providing high quality, equitable, compassionate treatment pathways

Our flagship actions for 2026-27 include:

- Launching our Regional Joint Action Plan for the food environment through the Public Service Board's Food Resilience Sub-Board.
- Rolling out the Pipyn programme CTM wide, providing support to children and family around healthy weight, and building a legacy of healthy environments.
- Reviewing and strengthening our adult weight management services, piloting digital capacity and working with the All-Wales Obesity Pathway Innovation Programme.
- Our wider initial priorities are outlined on our plan on a page on page 5

Contents

Glossary and Acronyms

Term	Explanation
AWMP	All-Wales Weight Management Pathway - nationally agreed levels of weight management support provision according to patient need
AWMS	Adult Weight Management Service
BMI	Body Mass Index
CYP	Children and Young People
GLP-1	Glucagon-like-peptide-1 receptor agonist, weight loss medication category including Semaglutide (sold under Wegovy and Ozempic brands). GLP-1 used colloquially to cover all current novel weight loss medications.
GLP-1/GIP	Combined GLP1 and Glucose-dependent insulinotropic polypeptide receptor agonist, weight loss medication category including Tirzepatide (sold under Mounjaro brand)
HWHW	Healthy Weight: Healthy Wales - national 10-year healthy weight strategy
HWHY	Healthy Weight: Healthy You - Public Health Wales designed national Level 1 weight management programme.
NERS	National Exercise Referral Scheme
OPIP	Obesity Pathway Innovation Programme - 3 year UK Research and Innovation programme, with All-Wales bid awaiting formal confirmation as of April 2026.
Pipyn	Pwysau Iach Plant Yng Nghymru (Healthy Children Healthy Weight in Wales) - healthy weight programme working with families with children aged 3-7 and on their wider environment, initially incepted as part of Welsh Government funded pilot.
PHW	Public Health Wales
PSB	Public Service Board

Healthy Weight Strategic Plan on a Page: Initial priority actions for a Whole System Approach to Healthy Weight

Domain	Our priority actions for 2026/27
Embedding a Whole System Approach across CTM	• Embed a Whole System Approach with strategic partners across CTM to develop a shared understanding of the challenges in our communities, and integrate action to bring about sustainable, long-term change.
Supporting families and the foundations for lifelong health	• Delivery of the CTMUHB Infant Feeding strategy, and working to enhance local delivery of national breastfeeding initiatives, • Developing a pan-CTM Pipyn offer, supporting families and children aged 3-10 to grow up a healthy weight, focusing on health inequalities and leaving a legacy of healthy environments. • Continuing work on building a local model for a Level 3 child obesity service.
Healthy settings: CTMUHB as a Population Health Organisation, and working with Schools and other settings	• Working through our Healthy Pre-schools and Schools programmes to support settings across CTM taking a whole-setting approach to healthy weight. • Increasing participation in the Food and Fun summer activity programme, increasing access to food and nutrition education, physical activity, enrichment activities as well as healthy meals.
	• Working to Enable more people to eat healthier food on our CTMUHB sites • Continuing to develop our active workplace culture & identifying opportunities to better support staff living with overweight or obesity.
Creating Healthier Food Environments	• Building our regional food network in partnership with the Public Service Board to support the development of long-term, whole system, collaborative action.
Supporting people to achieve and maintain a healthy weight	• Reviewing our adult Level 2 and Level 3 services, developing digital offers and continuing to increase capacity with face-to-face offers for our most complex patients. • Implementing clear, equitable eligibility criteria for weight loss medications, focusing on highest priority patients based on national guidance and available funding. • Working with national colleagues on future developments for weight loss medications in Wales. • Engaging with the All-Wales Obesity Pathway Innovation Programme (OPIP) to test hybrid digital and community weight management support. • Reviewing our maternal weight management offer and better integrating support during pregnancy with support during the first years of life.

Introduction

Obesity is one of the key drivers of ill-health in Cwm Taf Morgannwg (CTM). The doubling of obesity rates seen in the UK since the mid-90s is not the product of individual-level actions, but of changes in our environment which makes maintaining a healthy weight increasingly difficult. These environmental factors disproportionately affect people living in communities with higher levels of deprivation, where we see our highest rates of obesity.

In CTM around 2 in 3 adults are overweight and 1 in 3 are living with obesity. More than 1 in 4 children are overweight on entry to primary school and around 1 in 7 are living with obesity.
Overweight and obesity are key risk factors for a wide range of conditions, including diabetes, cardiovascular disease, cancers, musculoskeletal disorders and common mental health conditions. Obesity is associated with an increased risk of adverse birth outcomes for mother and baby.

Work by the University of Bangor estimated the annual cost of obesity to CTMUHB to be between £98m and £205m.
The development of novel weight loss medications represents an opportunity for individualised approaches to weight loss, but significant challenges remain around scale and cost of delivery for a stretched healthcare system, and the sustainability and long-term impact of weight loss for people taking them.

Without long-term, system-wide, preventative action that recognises the impact of the upstream drivers of overweight and obesity we will not be able to create an environment that enables our future generations to grow up a healthy weight.

Cwm Taf Morgannwg University Health Board Healthy Weight Strategic Plan

This three-year road map (2026/27 - 2029/30) outlines the direction for Healthy Weight activity in CTMUHB and current priority actions. Co-ordinated action across the Health Board, and with regional partners is essential to maximising our impact.
Our strategic plan follows the framework set out as part of the Healthy Weight: Healthy Wales (HWHW) delivery plan 2025-2027, which focuses on children and young people and includes six themes:

- embedding a whole system approach
- supporting families and the foundations for lifelong health
- schools and settings that support good health
- creating healthier food environments
- active lives
- treatment pathways

Key strategies and guidance

Healthy Weight Health Wales - this Strategic Plan is the CTMUHB response to the national Healthy Weight Healthy Wales (HWHW) strategy, which sets out a national vision for 2030 and beyond. HWHW is organised along 4 pillars, with the 2025-2027 Delivery Plan organised as described above.

- Healthy Environments
- Healthy People
- Healthy Settings
- Leadership and Enabling Change

Wales Community Food Strategy, and Food for Our Future: How Local Authorities Can Shape Better Food Systems in Wales – Strengthening local food systems, improving healthy eating and creating more sustainable communities across Wales. [ii, iii]

Marmot Nation – building healthier environments that enable people to be a healthy weight aligns with the Welsh Government's 'Marmot Nation' ambition.

All-Wales Weight Management Pathway – Sets out nationally agreed levels of support for people living with overweight and obesity, agreed pathways exist for adults and children, with a maternity pathway in development. Intensity of support increases to meet individual need and complexity.

NHS Wales Planning Framework 2026-2027 – Increasing the proportion of children in Wales who are a healthy weight as reported through the National Child Measurement Programme, focusing on those most disadvantaged is a priority under the framework for Population Health and Prevention.

NICE Guideline NG246 – Overweight and Obesity Management – Covers the prevention and management of overweight and obesity in children and young people, and adults and informs the actions covered by this Plan.

Local Strategic Importance

Healthy Weight has been recognised as a strategic priority of the health board in the current IMTP (2026-2029). System wide action to prevent obesity will be essential to the long-term delivery of sustainable health services.

Enabling more people to live with a healthy weight will be key to achieving the key strategic aims of **CTM2030: Creating Health, Improving Care, Inspiring People and Sustaining our Future.**

The CTM Regional Partnership's **Whole System Whole Heart** children's strategy outlines a system wide ambition to enable healthy lives and support children to grow up active, well-nourished and at a healthy weight.

The road map aligns with the current CTMUHB **5-Year Diabetes Strategic Plan.**

The Health Board currently has three organisational risks relating to Healthy Weight. These are currently under review.

- 5462 High adult obesity rates resulting in an increase in obesity related conditions and poorer health outcomes - insufficient clinical capacity and/or insufficient medication budget within the adult weight management service to support the population living with obesity and overweight
- 5579 Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.
- 6179 High and increasing prevalence of overweight and obesity in children and adults.

Healthy Weight in Data

Healthy Weight in Childhood[vi, vii, viii]

- 22% of babies receive any breastmilk at 6 months (lowest in Wales)
- 28% of children enter primary school overweight and 1 in 7 living with obesity
- 60% of 11-16-year-olds do not regularly eat fruit or veg (highest in Wales)
- 83% of 11-16-year-olds aren't meeting physical activity recommendations.

Adults living with obesity in CTM ,

- 100,000+ adults living with obesity (BMI 30+, 33%) 1,500 people develop obesity annually
- Around 17,000 adults with a BMI over 40 (5%)
- 38% of pregnant people are living with obesity on initial antenatal booking, and around 8% have a BMI over 40 (~330 out of 4100)

Our environment [xi, xii]

- CTM local authorities have some of the highest densities of fast-food takeaways in Wales
- 50% of respondents found accessing affordable food challenging in Rhondda Cynon Taf

Cost and Service impact [xii, xiii, xiv, xv]

- £98m - £205m - estimated total annual costs of obesity and related conditions to CTMUHB
- £2.8m - estimated annual cost of increased rates of emergency caesarean section
- £2m - £5m - estimated costs of obesity-related workforce absence to CTMUHB
- Increased length of inpatient stay and complexity of intervention.
- Majority of diabetes cases are attributable to overweight and obesity.

What our families tell us:

Lack of transport can make it difficult to get to supermarkets where fruit and vegetables are more affordable.

Working long hours and multiple jobs can make it difficult to find the time or energy to prepare healthier meals for families. Takeaways are sometimes the only option in the evenings if local shops close earlier. Antisocial behaviour means people don't feel comfortable allowing their children to play outside.

Constant promotion of unhealthy options, or takeaway leaflets through the door puts pressure on families to eat unhealthily.

Embedding a Whole System Approach to Healthy Weight

Our Whole System Approach to healthy weight is a long-term approach to build healthier environments that enable healthier choices and sustainable change.

Systems Working Key to our Vision for a Healthier Weight

The proportion of people living with obesity in the UK has doubled over the past 30 years. More so in our more deprived communities, where we see more of the environmental factors behind these rises - lack of access to good quality food, green space, transport, community safety issues and low incomes making it hard for people to afford healthier options.
Obesity, and our obesogenic environment are complex, so it is essential that we take an approach that recognises this complexity.
Systems working looks at the many interconnecting factors that contribute to our increasing numbers of people living with obesity, and seeks to identify leverage points for change.

Through this work we aim to instigate long term system change to support population health and reduce inequalities.

What Systems Working Is

Systems working recognises complexity and seeks to align how we prioritise. It involves:

- Developing shared goals and language across sectors
- Understanding local assets and barriers
- Co-producing actions with diverse stakeholders.
- Experimenting, learning and adapting
- Using data to find patterns which can help inform and evaluate change
- Capturing impact of structural changes and the ripple effects of our work

Action Scales Model

The Action Scales Model (figure 1) is a systems-thinking framework that helps people to understand that there are different levels where interventions can affect the system: events, structures, goals, and beliefs. It shows how most solutions usually focus on visible events, and more sustained and transformative change comes from shifting interventions towards underlying goals and beliefs that shape how the system behaves. The model encourages balancing short-term action with deeper work, recognising that deeper levels are harder to change but have greater long-term impact.

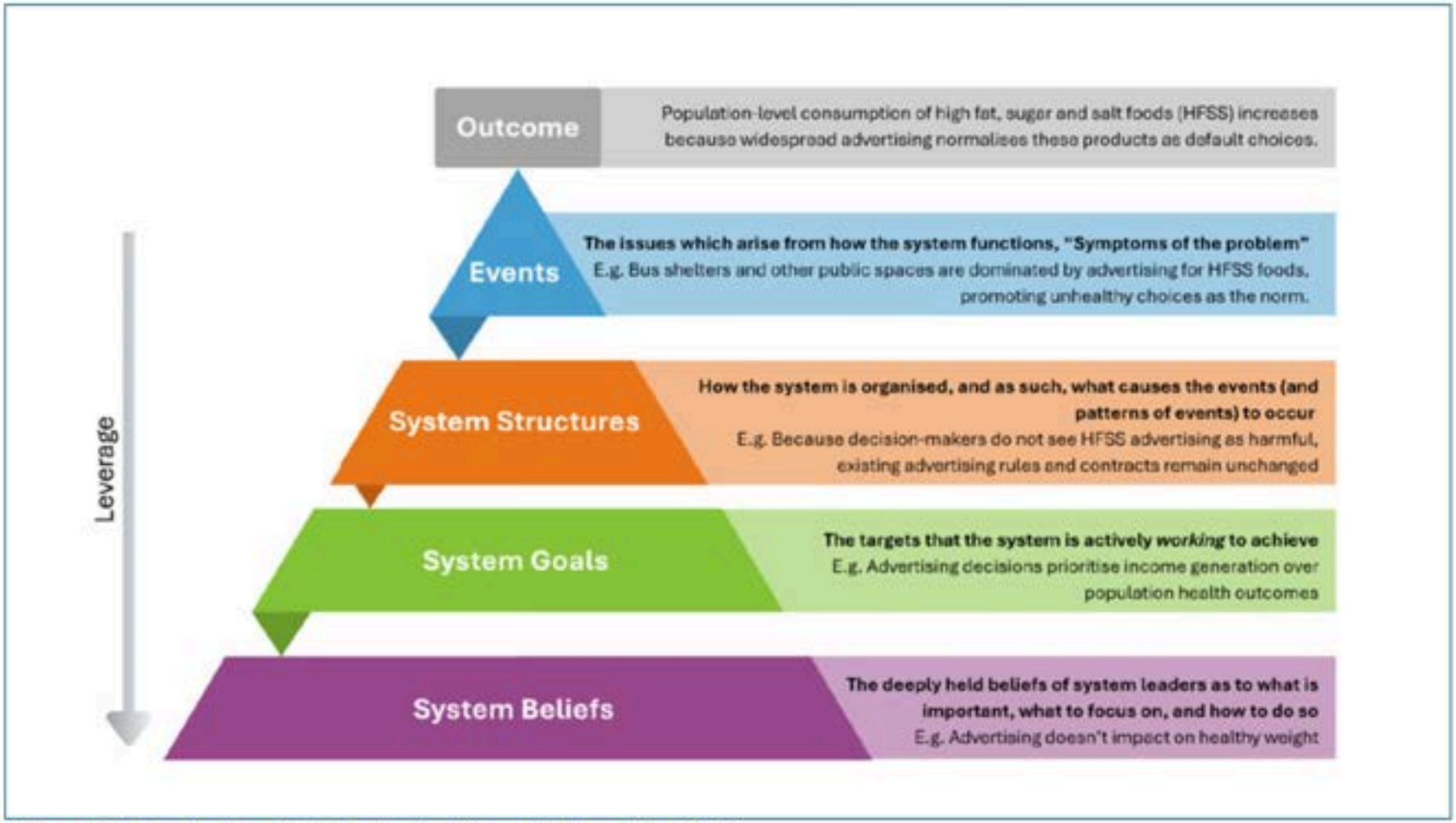


Figure 1: Action Scales Model, adapted from Noble et al, 2022.
The Action Scales Model. doi:10.1177/17579139211006747

What we are working on:

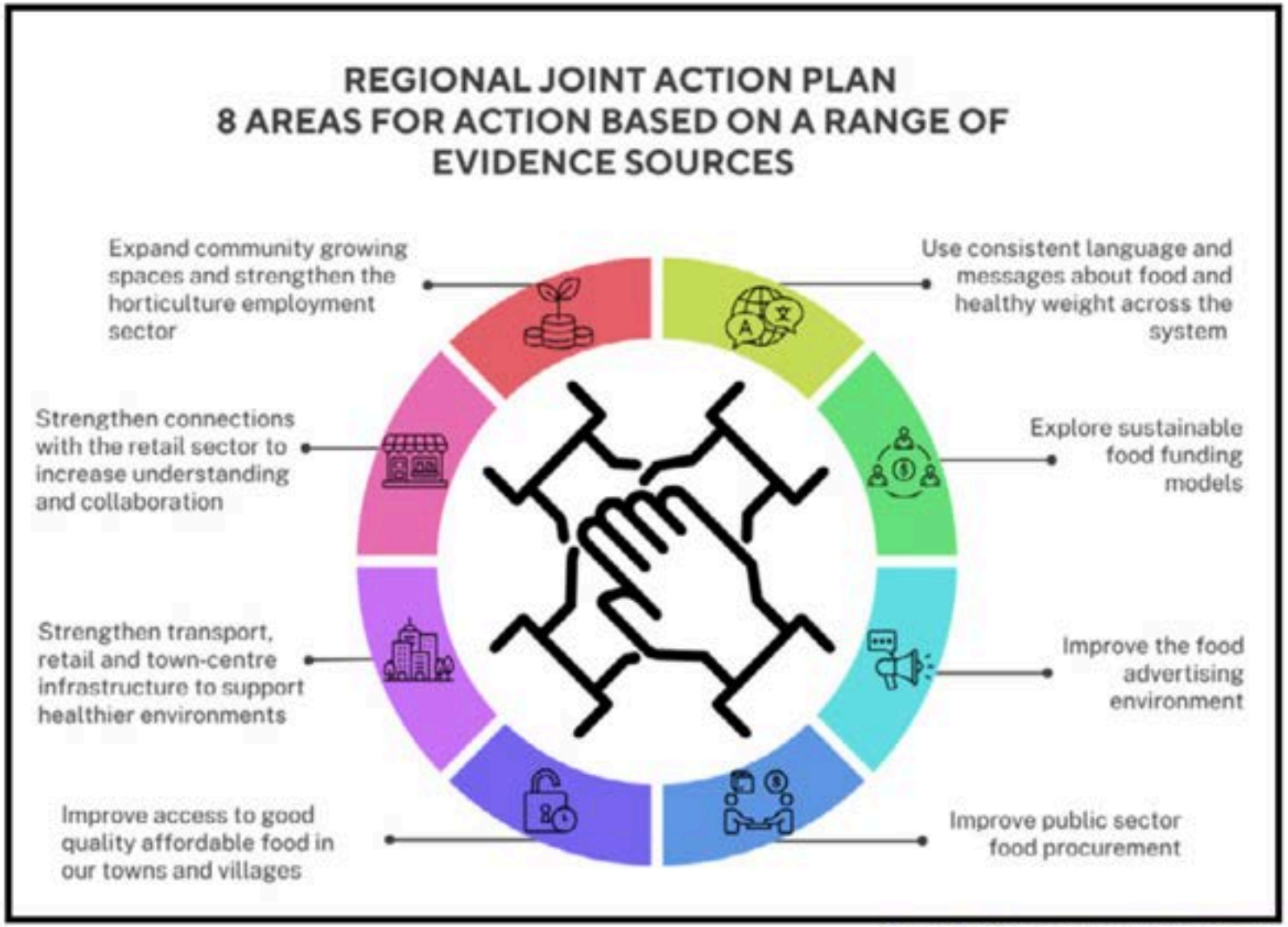
While there are many systems that come together to cause our high levels of obesity, we are currently focusing on our food environment, following many conversations with our residents and partners.

We are currently:

- Building a regional food network with CTM Public Services Board partners, with a shared understanding of our food system and working to shared goals.
- Embedding healthy weight ambitions and goals within local strategic partnerships and plans
- Listening and amplifying community voices on food through appreciative inquiry
- Expanding and strengthening relationships with key stakeholders in the food system
- Learning how to support community-level leadership for local food systems with the Treherbert Learning Community

Our Regional Joint Action Plan

Our regional joint action plan (figure 2) has been developed through work with partners across CTM, particularly the Food Sustainability leads in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. The 8 key areas for action will be prioritised, and initial actions will be progressed collaboratively through the Food Resilience Sub-board of the PSB.



Supporting Families and the Foundations for Lifelong Health

Vision

Giving every child and family the best start for a healthy weight and lifelong wellbeing through supportive, health promoting environments; providing family-based support for those who need it most.

Why this matters:

Around 1 in 8 children aged 4-5 are living with obesity in Cwm Taf Morgannwg, 1 in 4 being overweight. Data from England suggests obesity rates may double by the time children leave primary school. The rates of childhood obesity in our areas of high deprivation are almost twice as high as those in more affluent areas. Only 1 in 5 babies are breastfed at 6 months.

Earlier onset of obesity is associated with a greater likelihood of developing conditions such as diabetes, cardiovascular disease, musculoskeletal problems, and obesity related cancers. Childhood obesity is also associated with poorer mental health and wellbeing, and performing less well at school. Recent work by PHW emphasises the importance of focusing on the early years, with many children showing signs of excess weight gain before the age of 3.

The Child Measurement Programme measures 4–5-year-olds annually.

In 2023/24 it found:

- 1165 children living with overweight or obesity (26%)
- 577 children living with obesity (12%)
- Rates were twice as high in our highest vs lowest primary care cluster area – showing the impact of deprivation.

Preventing childhood obesity is complex and requires a whole system approach, from support for families in the first 1000 days, the environments our children grow up in, supporting families with healthy behaviours, and more focused work with those families and children in greatest need.

Giving children the best start starts with pre-conception andgood maternal health, while breastfeeding significantly reduces the chances of developing obesity and type 2 diabetes with a range of other important health and wellbeing benefits. PHW's 10 Steps to a Healthy Weight outlines the best actions in the early years to help children grow a healthy weight.

We know that many of our families struggle to access or afford good quality food. Child poverty, poor quality housing, safe spaces to play and many other issues interact to make it hard to give children the best start.

What's the Status Quo?

Our current programmes and workstreams include:

- Building on the success of the Pipyn programme in Merthyr, taking a whole system approach to working with families and the environment around them to give our children the best chance of growing up a healthy weight with a CTM-wide roll out.
- Delivering the CTMUHB infant feeding strategy, working to increase the numbers of families providing breastmilk to their babies, creating a supportive breastfeeding culture, and promoting strong parent infant relationships and adopting the Baby Friendly Initiative across our services.
- Recording the height and weight of children on entry to primary school to track healthy weight progress each year.

Key gaps for our CYP healthy weight system include:

- How we integrate across our maternity, early years and children's programme for maximum impact on healthy weight.
- No available support for our most complex children and families living with obesity, in the form of a Level 2 or 3 Children and Young People's weight management service.
- No systematic follow up for children identified as living with overweight or obesity in our child measurement programme.
- No Pipyn equivalent programmes aimed outside of the current age-range of 3-7 to scale up our preventative, systems approaches.

Our priorities for action

Pipyn – cornerstone of our approach

Pipyn has been running since 2023 in Merthyr Tydfil as part of a Welsh Government funded pilot, with funding from Rhondda and Taf Ely Primary Care Clusters since 2024/25. Pipyn employs a dual approach to preventing childhood obesity, working directly with families on key skills around food, activity and healthy behaviours, while listening to their barriers and understanding their local environment as part of wider work on a whole system approach to healthy weight.

The announcement of recurrent investment of £600,000 in Pipyn from with CTMUHB is an opportunity to roll out Pipyn across CTM.

Working on building a pan-CTM model for Pipyn as a cornerstone of our approach to healthy weight in childhood is a core priority of this Plan. This work will include:

- Collaborative work within CTMUHB, across Dietetics, Public Health, Strategy and Planning, School Nursing, our Healthy Schools programme Primary and Community Care and more.
- Continuing to build external partnerships with Local Authority, schools, voluntary sector organisations and local community groups.
- Continual learning cycles, using quantitative data and listening to our families and stakeholders using appreciative enquiry and systems thinking approaches to widen impact and take a Whole System Approach.
- Focusing on areas of higher deprivation where childhood obesity rates are likely to be highest, and barriers to being a healthy weight greatest
- An initial focus on families with children aged 3-10 for upstream preventative approaches.
- In the future, exploring how we can better engage with early years programmes and secondary school age children to work with babies, children and young people aged 0-18.

Our Priorities for this Strategic Plan

Lifecourse	Where do we want to be	Our Initial Priorities	In the longer term we want to
Maternity and Early Years	Deliver an integrated approach to healthy weight across key health contacts, from maternity, through to health visiting and school nursing, to ensure women, babies and children are supported to be a healthy weight.	Implementing the CTMUHB Infant Feeding Strategy to increase rates of breastfeeding in CTM. Identifying opportunities to enhance local delivery of national initiatives, including PHW breastfeeding welcome scheme, National Breastfeeding Helpline and Baby Friendly Initiative Gold Standard Piloting and spreading an improved approach to handover and transition of care between maternity and health visiting - ensuring we build on antenatal work to improve healthy weight. Working to improve family incomes and enable better access to quality food, learning from benefit maximisation work with older adults. e.g. Healthy Start cards.	Work with national colleagues to understand the most impactful actions across the early years to support children and families with a healthy weight.
School-age children	A whole system approach to healthy weight, with collaboration between a sustainably funded Pipyn programme, the Health Promoting Schools programme, school nursing and our Whole System Approach team to maximise our impact for primary school age children, working with education partners. This work will have	Pipyn roll out, focusing on primary school aged children. Taking an approach of proportionate universalism, with pathways from secondary care and other partners. (Recognising service gaps for younger children, older children and those with severe obesity and complex needs) Completing initial rapid evaluation of Pipyn, providing the foundation for ongoing learning, evaluation and improvement.	Maximise the value of the child measurement programme, enabling families to take action to improve healthy weight and building the support around them to make this achievable.

	wider ripple effects to families and the wider community.	Building on the potential to learn from our Pipyn families, and work across our system to make the changes that will enable them to live healthy lives. Reviewing opportunity for applying behavioural science to how we communicate and follow up with families around the Child Measurement Programme Working with the Regional Partnership's Children's board and Health Education Partnership to identify collective opportunities for action.	
All ages	Sustainable implementation of co-designed, holistic level 3 weight management service for children in greatest need.	Securing long-term, sustainable funding to implement a level 3 weight management service for children.	Work with the adult weight management service to provide integrated family-based support, delivered as close to our communities as possible.

Settings that support good health – our educational and healthcare settings

Educational Settings

Working in partnership to help our pre-schools, schools and other educational settings develop as healthy weight supporting settings for children, families and communities through curriculum, ethos, environment and community connections.

Why this matters:
The majority of children spend a significant amount of their week in school. Our schools and settings play an influential role in providing a supportive environment in which children develop positive physical activity and food behaviours, shaping their lifelong relationship with food and physical activity.
Schools and settings also have the potential to help remove barriers and enhance opportunities for those children who have less opportunity to participate in after school activities or to try a range of different foods at home, and in doing so help to reduce inequalities. Healthy free-school meals offer an opportunity for all primary school aged children to have a good quality meal each day.

Status Quo

- 1732 Children through our Food and Fun programme in collaboration with schools and Local Authority partners in Summer 2025.
- 36 of our pre-school settings have achieved accreditation on the Healthy and Sustainable Pre-schools programme.
- 84 pre-school settings across the CTM region have completed the Food and Nutrition element of the Healthy and Sustainable Pre-School Scheme.
- The role out of free-school meals in primary schools, and upcoming new national regulations and guidance for food in schools present an opportunity for closer collaboration.
- The Pipyn programme has been working in schools across Merthyr Tydfil County Borough Council, and Rhondda and Taf Ely GP clusters, providing direct support to families, and working with the wider school on food, activity and healthy behaviours.

Our Priorities for this Strategic Plan

Where do we want to be	Our initial priorities	In the longer term we want to
Working together with education settings and leaders to create healthier environments that support children and families to grow up a healthy weight.	• Delivering Pipyn in schools across CTM, building a legacy of healthy environments. • Piloting new approaches focusing on food and physical activity with pre-schools and schools clusters., • Increase participation in the Food and Fun summer activity programme, increasing access to good quality food, and reducing holiday hunger. • Working with partners to understand free school meals uptake & supporting Local Authority catering colleagues responding to new nutritional standards. • Strengthening collaboration between health and education with the Health and Education Partnership	• Work with education partners to maximise uptake of good quality food in primary schools through free school meals. • Identify opportunities for improving the food environment around 11-18-year-olds, anticipating Welsh Government action.

Staff Wellbeing	Our staff are supported to be active during and around the working day and are able to access healthy including availability of weight management support.	• Continuing to develop our active workplace culture, including through our Big Team Challenge and Active Soles campaigns. • Considering how to strengthen connections between the Healthy Lifestyle and Barriers to Exercise Courses provided through the wellbeing service and adult weight management services.	• Consider learning from experiences of other Health Board in Wales in new models of healthy weight support for staff, including digital weight management offers.

CTMUHB – becoming a Healthy Weight Organisation

Enabling people to eat well and move more is fundamental to reducing our levels of obesity in CTM. As the largest employer in the region, CTMUHB has a responsibility to lead by example, more so as the vast majority of our staff live in the CTM region. Whether people are attending our sites as staff, visitors or patients, it's essential that we play our part in providing a healthy environment.

Evidence shows that nursing and non-registered healthcare professionals are particularly at risk of obesity. People living with obesity require on average 4-10 days additional sick leave a year. A recent report estimates that CTMUHB spends between £2 and £4.2 million on staff absence related to obesity annually. This does not include cost of temporary staffing, or the impact of early retirement or long-term absence due to obesity related illnesses. Creating a healthy working environment is essential.

Healthy travel is an important component of enabling people to move more. Healthy travel options can be particularly challenging in the CTM region, and there are areas of CTM where accessing our sites by public transport, or active travel is not feasible – this issue goes beyond healthy weight and links with wider agendas around economic opportunity, poverty and sustainability.

The Status Quo

Insight from our staff tells us some of the challenges in eating well while working on our sites. We understand that the food environment for our staff is not just about the food provided in our outlets, but also about wider food culture within our organisation and how working practices enable staff to access good quality food.
Where staff are struggling with overweight and obesity, we have limited capacity in our healthy lifestyles courses, and access to these, and mainstream weight management services can be challenging around work and family responsibilities, alongside significant waits in the Level 3 service.

CTMUHB has recently adopted the CTM regional healthy travel charter in recognition of the need to increase opportunities for healthy and sustainable travel to, from and between our sites.

Domain	Where do we want to be	Our initial priorities	In the longer term we want to
Healthy Food Environment	Our sites are healthy food environments where increasing numbers of staff, patients and visitors choose healthy options. Staff are enabled to eat healthily regardless of what shift they are working, or whether they purchase food on site or bring food from home.	• Identifying opportunities for incremental improvements to our retail food environment. • Undertaking initial insight work into perceptions of healthy food among catering staff and restaurant customers. • Implementation of All Wales Food Standards. • Reviewing the evidence on effective food environment interventions in hospitals with Health and Care Research Wales.	• Identify resource for more in depth work to co-produce and test healthier menus with staff across CTMUHB. • Work with Welsh Government on planned consultation to develop healthier retail offers within hospitals.
Healthy Travel	Staff, visitors and patients find it easy to take healthy and sustainable travel options to and between our sites	CTMUHB adopted the CTM regional Healthy Travel Charter in March 2025. As part of this work we are: • Undertaking an initial staff travel survey. • Identifying existing healthy travel infrastructure • Exploring travel offers for staff and patients, linking to the health inequalities agenda. • Mapping healthy travel facilities and routes around our sites	• Work collectively as a region to drive long-term improvements in healthy travel across the region.

Creating Healthier Food Environments – Increasing access to good quality affordable food

Our food environment, the food available to us in our local area and how it is labelled and marketed, plays a central role in what we choose to eat and drink.

The National Institute for Health and Care Excellence (NICE) recognises that healthy weight cannot be separated from the environment in which people live. This includes the food environment, such as proximity to food retail outlets and the types of food available.

Insight and survey work in CTM has highlighted:

- The proliferation of Hot Food Takeaways, and bombardment of families with advertisements for takeaways and other unhealthy foods.
- A lack of access to affordable, good quality food.

As well as being a priority for local action through our Whole System Approach to Healthy Weight, there are key national workstreams which are described in more detail in the HWHW Delivery Plan. We are working to feed local insight into national decision making around these elements, and advocate for our CTM communities. Planned national work areas include:

- Consulting on limiting hot food takeaways around schools.
- Consulting on limiting placed on the promotions of food and drinks high in saturated fat, salt and sugar.
- Supporting the availability of healthier food options on high streets, and local food businesses developing healthy choices.
- Consulting on options to improve the healthy food offer in public sector settings, including within NHS settings, local authorities and leisure centres.
- Restricting advertising of food high in fat, sugar and salt.
- Working with UK Government where levers sit beyond devolved powers – e.g. on food reformulation.
- Considering the role of the planning system.

Active Lives - Supporting a whole system approach to increasing physical activity across Cwm Taf Morgannwg

In the UK, physical inactivity is associated with one in 6 deaths and up to 40% of many long-term conditions. While increasing physical activity has a limited role in directly losing weight, moving more is key to long term health and wellbeing. Less than 20% of 11-16 year olds in CTM meet the recommendations for physical activity.

Actions to increase physical activity within Healthy Weight Healthy Wales primarily sit at a national level or with other organisations (e.g. Sport Wales), however there may be opportunities for local amplification, within limited capacity.

Local activity to promote active lives includes:

- The Central South Activity Partnership (CSAP) is the regional body responsible for improving access to and promoting physical activity across CTM. Established in 2025, they are taking a whole system approach to increasing rates of physical activity, recognising communities' different starting points, infrastructure and different needs. We will support the CSAP as it develops, particularly where synergies exist with our Whole System Approach to Healthy Weight.
- Through our Healthy Pre-Schools, Healthy Schools and Pipyn workstreams we are working with educational settings to equip more children and families to be more active.
- The CTM Public Service Board's healthy travel charter work is building a regional, collaborative approach to making active and sustainable travel easier for more people.
- There are opportunities for better collaboration between Local Authority planning departments, with support from Public Health Wales and their recent Planning Healthier Places guidance.

What our families tell us

"Play services are often full and too expensive, pushing families out of the area."

"We need better, safer cycling infrastructure; some cars even use the cycle paths."

"I'm one of the only pupils who cycles—my bike is the only one in the school bike locker."

National plans include:

- Increased promotion of physical activity guidelines to professionals and practitioners.
- Support for affordable play environments.
- Increasing participation in active travel initiatives.
- Working to understand how the planning system can better deliver active environments.
- Create more green and blue spaces to support active recreation.

Treatment Pathways: Weight Management Services and Novel Weight Loss Medications

Empowering people living with obesity to achieve and maintain a heathy weight through compassionate, accessible, and psychologically informed support covering nutrition, physical activity and wellbeing - reducing health inequalities, enhancing quality of life, and preventing ill health.

Providing equitable, safe access to weight loss medications for those in greatest need within available resources, ensuring corresponding support for psychological needs, physical activity, and sustainable behaviour change.

Why this matters:

Even modest weight loss brings significant health benefits for people living with overweight/obesity, reducing the risk of diabetes, cardiovascular disease and other associated conditions. Novel weight loss medications such as GLP1s offer significant, rapid weight loss, but there are many unanswered questions, including the impact of corresponding rapid weight regain and best models of delivery. GLP1s must be used alongside nutrition and physical activity support for safe, effective intervention.

5% weight loss is considered clinically significant, as an illustration of impact, studies have shown each 1kg of weight loss to be associated with:

- 16% reduction in diabetes risk
- 0.6mmol HbA1c reduction in people with diabetes
- Systolic and diastolic blood pressure reductions[xix,xx]

Weight management services have been shown to be cost-effective and are a key part of a whole systems approach to healthy weight. In addition to psychologically and behaviourally led approaches, bariatric surgery and total diet replacement have been shown to be effective and cost-effective.

All Wales Weight Management Pathway in CTMUHB

Support for adults to achieve and maintain a healthy weight is provided under the All-Wales Weight Management Pathway (AWMP). The AWMP sets out 4 levels of support for individuals, starting with universal self-directed support, progressing to multidisciplinary support for people with complex needs. Pathways exist for Adults, Children and Maternity (currently in development)

The AWMP and CTMUHB provision and programme status is described in the table below.

Across all services there are challenges around digital and data, which are essential for long-term service development, monitoring and evaluation, reducing administrative burdens on skilled staff, and understanding local performance and equity. There are further challenges including funding levels, staffing (e.g. fixed term contracts), skill mixes and accommodation.

Level	Description	Criteria	Provision in CTM	Programme status summary
1	Brief Advice and Self-Directed support	BMI 25-30 kg/m2 without co-morbidities	National *Healthy Weight Healthy You* (HWHY) platform provides self-directed support. Foodwise and foodwise in pregnancy apps available for signposting.	Previously support provided to upskill community partners - little investment in this area currently. No data available on local uptake or performance of HWHY
2	Multi-component weight management support	BMI ≥30 kg/m2 without co-morbidities BMI ≥25 kg/m2 with co-morbidities	Provision provided under two schemes: Joint Care Programme (via local authority leisure partners) and the Foodwise Plus programme. A mix of online and face to face provision is available.	Despite high numbers of eligible people, demand and uptake for L2 programmes are low. Resource from L2 has been moved to support L3 programme. Our L2 offer is currently under review.
3	Specialist multi-disciplinary weight management services	BMI ≥40 kg/m2 BMI ≥35 kg/m2 with co-morbidities / significant additional considerations	L3 service running since 2022, significant service development work undertaken to increase capacity (350) and performance within resource. Capacity to provide medication for 70 people. Realist evaluation underway.	Waiting list closed as of xx while service review and development work undertaken. Capacity <0.3% of eligible population, waiting list of >4000. Capacity to provide weight loss medication for 70 people. Challenges around accommodation.

4	Specialist bariatric surgical services	BMI> 35 kg/m2 and recently diagnosed diabetes/ BMI of >40 kg/m2	Provided by Swansea Bay UHB via national commissioning arrangements	Very low number of places. Challenges around after care support for people accessing bariatric surgery overseas.
Maternity	Bump Start & Community Bump Programme	BMI threshold and support intensity corresponds to adult pathway	Those with BMI>40 receive specialist midwife support in Bump Start. BMI>30 are eligible for enhanced community support.	Recent review found increasing complexity in Bump Start, requiring MDT support (not available) and inconsistent delivery of Community Bump. Developing a new model of care is a priority.

Obesity Pathway Innovation Programme

In March 2026 Public Health Wales was awarded a UK Research and Innovation grant as part of the UK Wide Obesity Pathway Innovation Programme (OPIP) over three years (2026-2029). The grant aims to support the development of innovative community and primary care-based weight management pathways, and inform a better understanding of how systems might respond to challenges around delivering weight loss medications and associated support.

Co-produced with stakeholders across Wales, the PHW proposal outlines a hybrid community-digital model. Within the model a national digital spine will provide a consistent interface for data collection and engagement with digital weight management support, and a community programme supports people to engage with the digital offer, alongside connecting them with weight friendly community assets to enable sustainable behaviour change, and tackle stigma and isolation.

At the time of writing, the programme is in a refinement phase. With opportunities for local delivery across each of the 7 Health Boards, the All-Wales OPIP is a potential opportunity for CTM to significantly upgrade our digital infrastructure for weight management aligned with a national approach and national digital infrastructure. Participating in OPIP should enable CTMUHB to test and learn how we better support communities with healthy weight, including through understanding what community delivery of wrap around care for people accessing novel weight loss medications might look like.

CTMUHB will be actively engaging with the All-Wales programme as it develops, and taking a final decision regarding participation through internal governance dependant on the final model.

Novel Weight Loss Medications[1]

GLP1 and GIP receptor agonists[2] such as Tirzepatide (Mounjaro) and Semaglutide (Wegovy/Ozempic) represent a significant development in approaches to healthy weight support. They offer rapid, significant weight loss (up 10-20% plus), alongside improvements in cardiometabolic markers. Semaglutide is licensed for a 2-year treatment duration, through secondary care. Mounjaro has been licensed with no set duration, for both secondary and primary care.[3]

The National Institute for Health and Care Excellence (NICE) has found them to be cost effective for people with a BMI of > 35kg/m2 and certain co-morbidity profiles.

There is a significant, unquantified increase in private prescriptions for weight loss, and an incremental increase in prescriptions of GLP1/GIPs in General Practice as part of diabetes care.

There is currently no substantive national plan or funding for the roll out of novel weight loss medications. As of February 2026, interim guidance for Mounjaro states that prescribing should be through specialist weight management services, or for those with certain co-morbidity profiles through other services.[xxi]

It is expected that all patients accessing Mounjaro are given professional support for diet and exercise, in line with licensing.[xxii]

Figure 3: Development timeline for new weight loss medications. From The Pharmaceutical Journal, 2025

This section represents a high-level overview, and signals strategic approach. More detailed work is underway to understand the challenges, inform the Board and advise next steps, aligned to the framework below.
Glucagon-like Peptide-1, Glucose-dependent Insulinotropic Polypeptide receptor agonists
An internal report to the Executive Management Board gives more detail to the background of GLP1/GIPs (Jan 26)

NHS in England has developed a 12-year roll out plan for specialist weight management services and primary care, setting out prioritisation groups, based on complexity. There is no national plan for Wales.

Recent work in CTMUHB estimated the cost to the Health Board of mirroring the NHS England roll out at **£27 million**, albeit with a significant degree of uncertainty.

Novel weight loss medications are rapidly developing, with a significant pipeline of new agents and modes of delivery (e.g. oral), indicating significant ongoing uncertainty in service planning. (figure 3)[4]

Status quo – GLP1s and CTMUHB

- The L3 AWMS has capacity to prescribe GLP-1s to 70 people, within an overall service capacity for 350. A majority of patients accessing the service state a preference for medications and 25 formal complaints were recorded 2025/26 around access to medications through the service. (Weight management prescriptions represent a small proportion of the overall number of GLP1 issues within CTMUHB.)
- Welsh Health Circular 2025/043 sets out initial guidance, however there is no national framework, nor resource for the long-term implementation of GLP-1s.
- Unpredictable developments in policy, medication technology and societal responses present challenges to planning.

A number of concerns remain around the roll out of GLP-1s:

- System ability to deliver at scale, with limited prescribing capacity and ability to provide wrap around support.
- Uncertainty around optimal models of delivery and wrap around support for different patient groups.
- Rapid weight regain following cessation of medications, and optimal treatment duration
- Opportunity cost of significant investment, which could be directed to upstream, sustainable healthy weight interventions.

Across a number of areas, lack of access, increased demand and increased private use of GLP-1s are having an unquantified impact:

- Increased primary care activity for requests for weight loss medications, support with side effects for private prescriptions, or where wrap around support is inadequate.

Beyond GLP-1: the next wave of weight-loss medication innovation - The Pharmaceutical Journal

- Increase in secondary care consultant enquiries to AWMS re: access to weight loss medications, where they feel patients may benefit from weight loss.
- Increase in concerns regarding waiting list and medication access.
- Attendances at A&E and urgent care relating to GLP-1s and potential side effects (786 attendances at CTMUHB A&Es listing Mounjaro as part of presenting complaint)[xxiii]
- An unknown number of eligible patients are unable to access GLP-1s where rapid weight loss may result in significantly improved outcomes, or access to treatments or interventions where their weight is a barrier.
- Increasing health inequalities, where only those with means to pay are able to access health benefits, despite obesity being twice as prevalent in most vs least deprived areas.
- Reputational risk to health board.

Future developments in providing weight loss medications

Responding to developments in weight loss medications will require collective working between national and regional systems on a range of challenges, including those listed below:

- Prioritisation and eligibility criteria
- Models of delivery and support
- Funding mechanisms
- System capacity and capability, including workforce development
- Public and professional communications

The All-Wales Obesity Pathway Innovation Programme is designed to answer some of the questions around models of delivery and support, system capacity and capability, and workforce development.

Future developments in a system response to GLP-1s are likely to include elements of the following:

- New models of delivery, including through general practice and community pharmacy prescribing, or digital services that are either nationally developed or commissioned through commercial providers.
- A need to develop low-cost, community-based models for supporting people with physical activity, dietary changes and sustained behaviour. This will have synergies with the wider Whole System Approach to Obesity.
- Continual evolution and iteration as technologies develop and societal expectations and responses change.

Strategic Framework and Initial Actions – Weight Management Pathways and Novel Weight Loss Medications

We want to empower adults in Cwm Taf Morgannwg to achieve and maintain a heathy weight through compassionate, accessible, and psychologically informed support. Services must be tailored to local need and local conditions, with a blend of digital and face to face options providing patient choice.

The table below summarises our road map to sustainable, equitable weight management services for CTMUHB.

Service Area/AWMP Level	Where do we want to be	Our initial priorities	In the longer term we want to
Level 1	Residents are able to access evidence-based healthy weight information. Communities are able to self-support with food and nutrition skills	• Advocating for better local data on HWHY • Clearer communication with Primary Care on the Healthy Weight agenda and opportunities for collaboration • As part of our Whole System Approach and Pipyn work, sharing consistent narratives around Healthy Weight with community partners.	• Consider our role in supporting communities with key healthy weight skills (through e.g. delivery of Foodwise and Get Cooking programmes, and building community capacity with train the trainer models)
Level 2	Accessible, effective, and cost-effective level two support, delivered at scale.	• Reviewing the Joint Care Programme and wider Level 2 offer. • Piloting the commissioning of digital models of provision to integrate alongside a revised L2 service model.	• Develop a long-term digital model, alongside face-to-face support for those in need (e.g. digitally excluded). • Work at an All-Wales level on shared digital provision • Increase identification and referral of people with a BMI>30 for support with healthy weight. • Integrating with community models of accessing healthy advice, building on lessons from OPIP
Level 3	Equitable, effective provision, delivered at sufficient scale, with evidence-based support for those waiting.	We will be reviewing our level 3 service offer, building on current local research with a focus ensuring we are responding to the evolving needs of our population.	• Implementing a sustainable model of blended digital and face to face capacity, with increased capacity through digital services. • Work to support implementation of future national directives on weight loss

	All eligible patients in service can receive weight loss medications.	Related work will include: • Embedding coproduction within service evaluation, design and delivery. • Working to identify funding to match prescribing capacity to wider service capacity. • Piloting, evaluating and integrating digital provision. • Clearer eligibility and prioritisation criteria for access to GLPs, working at a national level to support service development where possible.	medications, with L3 service evolving to meet evolving situation. • Work alongside CYP services to build an integrated family model, recognising that health weight is often a challenge rooted across multiple family members. • Advocating for a national review of current weight management pathway triage levels
Level 4	Eligible patients able to access surgical options, and appropriate post-operative support available for all.	• Responding to national guidance for support to residents who have had weight management surgery overseas.	• Ensure equitable access for CTMUHB patients to bariatric surgery.
Maternity	Sustainable model of health weight support with clear programme intentions	• Building on 25/26 review of Bump Start programmes, evaluating options for healthy weight support in Maternity and developing implementation plan. • Improved shared care planning for pregnancy in the context of obesity.	• Review alignment with pending Maternity Weight Management Pathway and identify opportunities for improvement
GLP1/GIPs	Equitable, safe and proportionate delivery for high-priority patients based on national guidance and available resource.	• Work across the Health Board to ensure a joint approach to the provision of GLP1s, with a focus on eligible patients in greatest need, equity and appropriate wrap around support. • Work at national level to collectively address system challenges, advocating for All Wales approaches to a complex, resource intensive challenge. • Clear communication with public and stakeholders on eligible criteria, and any future developments in access or support. • Adopting a flexible and judicious approach to long-term planning for GLP1s based on available national direction and CTMUHB resource. • Advocating for GLP1 prescribing capacity within the L3 service to match wider service capacity.	

Cross Cutting	Strong quantitative and qualitative data informing continual service improvement.	• Improving digital infrastructure to streamline data collection and patient experience including with online self-referral. • Review of current data systems and utilisation with improvement plan. • Development of patient reference group. • Participating in the All-Wales Obesity Pathway Innovation Programme	• Implement clear and visible performance metrics across all weight management programmes.

Understanding Impact – learning cycles, metrics and evidence pie.

The impact of the programmes of work covered by the Healthy Weight Road Map will be captured in a range of ways, recognising the range of different activities this encompasses. Outcomes are influenced by a complex system of interacting components; learning about progress must reflect this.

As an evolving plan, responsive to new opportunities and changes in the conditions around us, continuous learning cycles will inform the direction of actions. This is long term work - our obesogenic environments have evolved over decades and will take time to unpick.

Ultimately, we want to see reductions in the number of people living with obesity in CTM, however, there are significant limitations to national figures on healthy weight in adults, including time lags, methodology and small sample sizes, reducing their utility for monitoring progress.

The 2026/27 NHS performance framework has set a target for a reduction in the number of children living with overweight and obesity as recorded by the Child Measurement Programme (CMP). CMP is the most accurate snapshot of our population, recording the height and weight of around 90% of 4-5-year-old children on entry to primary school.

The CMP is still reported with a year's lag, however if the work outlined in this Road Map is delivered at sufficient scale, in tandem with national level action, then it is realistic to see a shift in our childhood obesity figures as recorded in the CMP.

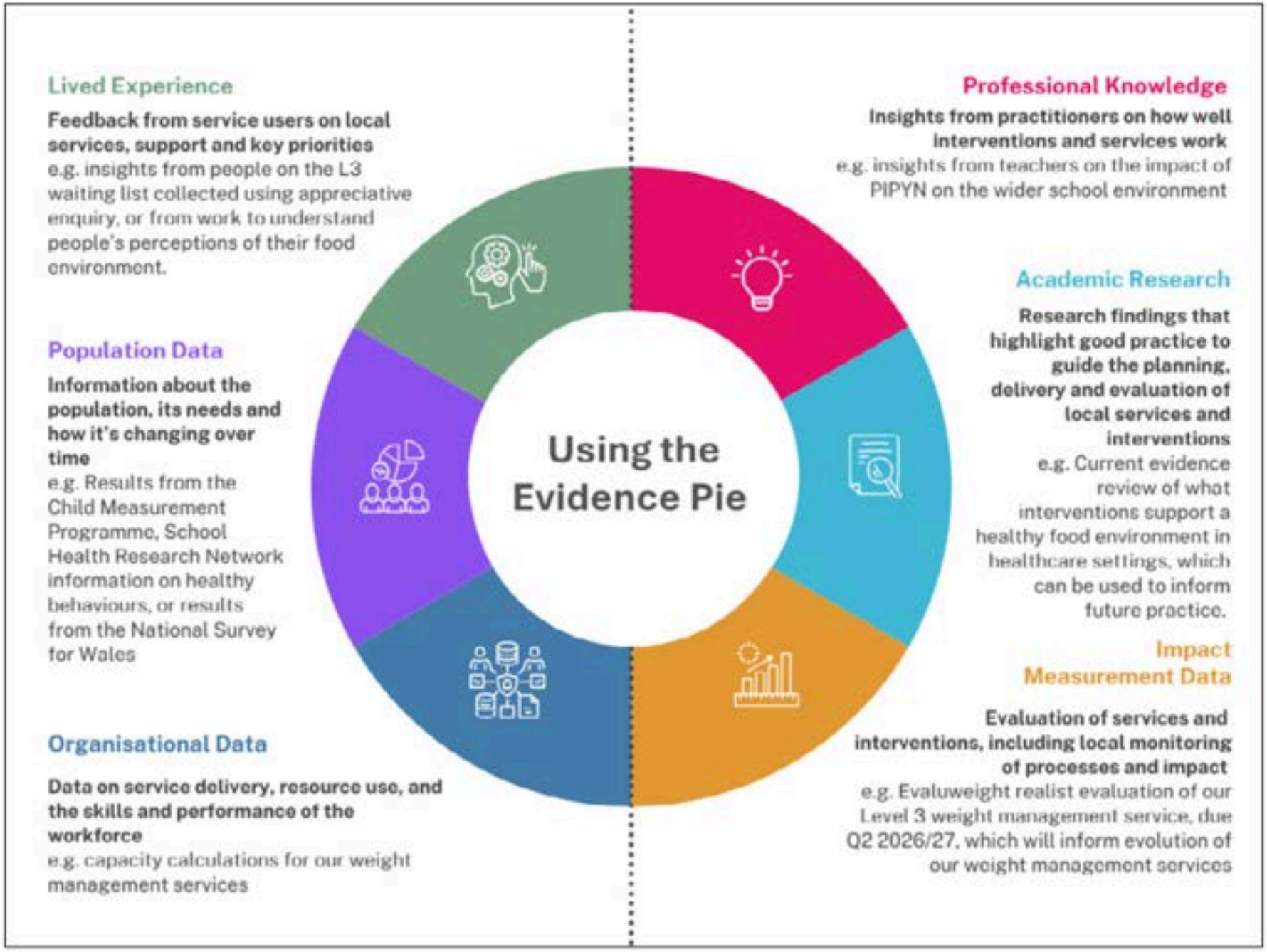
Using the Evidence Pie

Beyond these metrics, we will review the progress of our plans using a range of methods. The Evidence Pie, adapted as part of Rhondda Cynon Taf County Borough Council's (RCTCBC) Health Determinants Research Collaborative (HDRC) is a useful framework for outlining how different types of information can be used to inform this decision making.

It is adapted below to illustrate how we will use different sources to inform the monitoring and iteration of our plans (fig x).

In addition to the sources outlined by the evidence pie, we will also use tools for understanding the impact of work across a complex system, such as Ripple-effect Mapping and Most Significant Change. More broadly, we want to see:

- Consistent prioritisation of healthy weight and the food environment in strategies across our partners in CTM
- System Maturity measures showing coherence spreading across the system.
- Social Network Analysis showing strong relationships between key stakeholders across CTM.
- A shift to a culture of learning; to understand and improve a complex system.


Lived Experience
Feedback from service users on local services, support and key priorities
e.g. insights from people on the L3 waiting list collected using appreciative enquiry, or from work to understand people's perceptions of their food environment.
Population Data
Information about the population, its needs and how it's changing over time
e.g. Results from the Child Measurement Programme, School Health Research Network information on healthy behaviours, or results from the National Survey for Wales
Organisational Data
Data on service delivery, resource use, and the skills and performance of the workforce
e.g. capacity calculations for our weight management services
Using the Evidence Pie
Professional Knowledge
Insights from practitioners on how well interventions and services work
e.g. insights from teachers on the impact of PIPYN on the wider school environment
Academic Research
Research findings that highlight good practice to guide the planning, delivery and evaluation of local services and interventions
e.g. Current evidence review of what interventions support a healthy food environment in healthcare settings, which can be used to inform future practice.
Impact Measurement Data
Evaluation of services and interventions, including local monitoring of processes and impact
e.g. Evaluweight realist evaluation of our Level 3 weight management service, due Q2 2026/27, which will inform evolution of our weight management services

Governance

The production and delivery of the Healthy Weight Road Map is overseen by the Healthy Weight Steering Group, which reports into the board structures via the Creating Health Programme Board. Individual workstreams are led by respective sub-groups feeding into the HW Steering Group or are co-ordinated directly by the group.

Membership of the Steering Group and sub-groups or allied groups (e.g. Healthy Travel Network) include colleagues from across the different directorates and care groups.

An annual report will be provided to the Creating Health Programme Board to ensure delivery is on track.

Next Steps

The Healthy Weight Steering Group will lead the development of annual plans outlining key deliverables and metrics mapped against the strategic plan's priorities and based on reflection of progress against the current year's plans.

The plan will undergo a full refresh in line with the release of subsequent Health Weight Healthy Wales Delivery Plans.

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[x] Internal CTM Maternity Operational Data

[xi] Public Health Wales, Fast Food Density Report, 2018

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[xiii] Increased length of stay for Obese Patients by Chronic Disease - Value in Health

[xiv] Obesity Associated With Increased Mortality and Hospital Length of Stay in Trauma Laparotomy Patients - Anne-Marie Carpenter, Daniel W. Neal, Crystal N. Johnson-Mann, Jessica E. Taylor, 2023

[xv] The Impact of Morbid Obesity on the Health Outcomes of Hospital Inpatients: An Observational Study | MDPI

[xvi] 10 steps to a healthy weight | Every Child

[xvii] Obesity prevalence among healthcare professionals in England: a cross-sectional study using the Health Survey for England | BMJ Open

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[xix] Effect of weight loss on cardiometabolic risk: observational analysis of two randomised controlled trials of community weight-loss programmes | BJGP

[xx] Effect of weight loss through dietary interventions on cardiometabolic health in older adults | International Journal of Obesity

[xxi] New clinical pathway for treating and managing obesity (WHC/2025/043) [HTML] | GOV.WALES

[xxii] Welsh Government correspondence to CTMUHB 29th of January, 2026.

[xxiii] Data extraction from A&E 'presenting complaint' field, to give initial indicator on activity levels, all years to January 2026. No further validation carried out.

Agenda Item	9.1.2

Unapproved Minutes of the Extra Ordinary Public Board Meeting

Date and Time of Meeting	Monday 29 June 2026 2:00pm – 2:30pm
Venue	Virtually via Microsoft Teams

Members Present	Jonathan Morgan	Health Board Chair
	Paul Mears	Chief Executive
	Kath Palmer	Vice Chair
	Dilys Jouvenat	Independent Member
	Neil Mesher	Independent Member
	Patsy Roseblade	Independent Member
	Rhys Goode	Independent Member
	Sally May	Executive Director of Finance
	Richard Hughes	Executive Director of Nursing
	Hywel Daniel	Executive Director for People
	Gethin Hughes	Chief Operating Officer
	Lauren Edwards	Executive Director of Allied Health Professionals & Health Sciences
	Philip Daniels	Executive Director of Public Health
In Attendance	Owen James	Head of Corporate Finance
	Mark Jones	Audit Wales
	Paul Dalton	Head of Internal Audit
	Stacey Taylor	Director of Finance, JCC
	Juliet Brown	Chief Commissioner JCC
	Matthew Edwards	Assistant Committee Secretary Governance & Business, JCC
	Steve Stark	Audit Wales
	Louise Stait	Interim Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance & Board Business
Meeting Observers	There were none.	

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	J. Morgan welcomed everyone to the meeting. The format of the proceedings in its virtual form was also noted. Members noted that the meeting would be recorded to aid the Board Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting.

	Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.
1.2	**Apologies for Absence**
	Apologies had been received from: • Gareth Watts, Director of Corporate Governance/Board Secretary • Stuart Morris, Director of Digital • Simon Blackburn, Director of Communications, Engagement & Fundraising • Dom Hurford, Executive Medical Director • Claire Thompson, Executive Director of Strategy & Transformation • Carolyn Donoghue, Independent Member • Helen Lentle, Independent Member • Hayley Proctor, Independent Member • Rachel Rowlands, Independent Member • Kathy Mason, Independent Member • Sarah Medlicott, Associate Member • Alex Brown, Associate Member • Lisa Curtis-Jones, Associate Member • Paul Deenik, Associate Member • Aaron Fowler, Committee Secretary, NWJCC
1.3	**Declarations of Interest**
	R Hughes declared an interest regarding remuneration as acting Executive Director, which is a matter being discussed under item 2.1.
2.	**ANNUAL REPORT & ACCOUNTS 2025-2026**
2.1	**CTMUHB Annual Report & Accounts / Hosted Organisations Accountability Report and/or Governance Compliance Statement**
2.1.1	**CTMUHB Annual Report & Accounts 2025-2026** The Chair drew attention to the extensive consultation already undertaken and noted that the reports had been considered earlier by the extraordinary Audit Risk and Assurance Committee. The Chair invited S May to present the report. S May presented the annual report and accounts, highlighting an unqualified true and fair audit opinion but a qualified regularity opinion due to excess remuneration paid to acting Executive Directors (£9,883; total excess costs £11,929). S May advised that the irregular expenditure was transparently disclosed and would be reported to the Senedd.
2.1.2.	**Joint Commissioning Committee (JCC) Accountability Report 2025-2026** The Chair welcomed J Brown to the meeting. J Brown confirmed that the JCC had undertaken a full governance review and approval of the JCC Accountability Report and Accounts.
2.1.3	**Joint Commissioning Committee Accounts 2025-2026** S Taylor welcomed the support that had been provided from S May and the wider CTMUHB Finance team in producing the accounts.
2.1.4	**National Imaging Academy Wales Governance Compliance Statement 2025-2026**

	L Edwards presented the Compliance Statement on behalf of the Imaging Academy and confirmed she had no concerns in regard to recommending this for approval.
2.2	**NHS Wales Shared Services Partnerships Internal Audit Services**
2.2.1	**Head of Internal Audit Options and Annual Report for 2025-2026** P Dalton presented the report which highlighted the work that had been completed during the year. Members noted that a Reasonable Assurance opinion was being reported.
2.3	**Audit Wales**
2.3.1.	**Audit of the Financial Statement (ISA 260) Report (Including the Letter of Representation and Audit Opinion)** M. Jones presented the report highlighting that the regulatory opinion was on an "except for" basis, outlined the process for certification and submission to Welsh Government and extended his thanks to all officers for their support in this process. The Chair thanked the Finance and Executive teams for achieving a balanced financial position over three years, noting the challenge and significance for the health board.
Resolution:	The Board: • **APPROVED** the CTMUHB Annual Report & Accounts for 2025-2026 • **APPROVED** the Letter of Representation (included in the ISA 260 – Agenda item 2.3) • **AUTHORISED** the Chair, Chief Executive and Executive Director of Finance to sign (electronic signatures will be applied) the relevant sections of the Annual Report & Accounts • **AUTHORISED** the Chair, Chief Executive and Chief Commissioner of the Joint Commissioning Committee to sign (electronic signatures will be applied) the Letter of Representation on behalf of CTMUHB. • **NOTED** the Head of Internal Audit Opinion • **NOTED** the Audit of the Financial Statements (ISA 260) Report (Including the Letter of Representation and Audit Opinion) • **NOTED** the Accountability Report and Annual Governance Compliance Statements and Accounts received from Hosted Organisations.
3.	**CLOSE OUT BUSINESS**
3.1	**Any Other Business**
	There was no other business to report.
4.	**CLOSE OF MEETING**
4.1	**Date and time of next meeting: Thursday 30th July 2026 10:00AM**

CTMUHB Public Board

AMENDMENT TO STANDING ORDERS – CLINICAL ADVISORY GROUP TERMS OF REFERENCE – PROPOSED CHANGES

Eitem yr Agenda / Agenda Item	9.1.3
Dyddiad y Cyfarfod / Date of Meeting:	30 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter:	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director
Diben yr Adroddiad / Report Purpose:	For Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board is being asked to **APPROVE** the proposed changes to the Clinical Advisory Group Terms of Reference

1. Situation /Background

1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Good Governance & Probity Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

1.2 All Health Board members and officers must be aware of the SOs and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

2.1 The Board is advised that the Clinical Advisory Group Terms of Reference have been reviewed and refreshed as part of the Group's annual review cycle. This review has been undertaken by the Clinical Advisory Group Chair to ensure that the Terms of Reference remain current, fit for purpose, and

aligned with the Health Board's governance and accountability arrangements.

2.2 The refreshed Terms of Reference set out the continued role, remit and operating arrangements of the Clinical Advisory Group, supporting effective clinical leadership, oversight and advice within the Health Board's governance framework. Amendments have been made to substantially strengthen and expand the Terms of Reference by adding clearer descriptions of CAG's purpose, membership model, nomination process, member expectations, Chair/Vice Chair responsibilities, and accountability arrangements. Minor amendments have also been made to correct grammar and formatting.

2.3 The Board is asked to approve the refreshed Terms of Reference, noting that this will support the continued effective operation of the Group and ensure that its governance arrangements remain clear and robust.

3. Key Risks / Matters for Escalation

3.1 If approved, the Standing Orders will be updated and a revised version of the Terms of Reference will be published and uploaded to SharePoint and the Health Board's Internet site.

3.2 The Standing Orders will be further strengthened in year as and when required.

4. Next Steps

4.1 Once approved the Terms of Reference will be uploaded to the Health Board's website.

5. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not applicable If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	Not Applicable

Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Leadership
	If more than one applies please list below:

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

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

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

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

Acronyms / Glossary of Terms	

Schedule 5.2

Clinical Advisory Group

Terms of Reference and Operating Arrangements

The Clinical Advisory Group (CAG), acting as the Health Professions Forum of Cwm Taf Morgannwg University Health Board, provides a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on all aspects of Health Board strategy, planning, and delivery that affect patient care and experience, service quality, and clinical practice.

1.0 Role & Scope

1.0.1 CAG is essential to CTMUHB as it:

- Recognises that listening to our workforce is an essential component of any successful organisation;
- Will provide the mechanism to seek essential contributions from clinicians across CTMUHB in the development of CTMUHB's clinical strategy;
- Provides a structure within CTMUHB that enables the front-line clinical team voices to reach management and the Board from a pan-health board perspective; and
- Reports directly to the CTMUHB Board.

1.0.2 Summary of CAG purpose:

The Clinical Advisory Group (CAG) — the Health Professions Forum of Cwm Taf Morgannwg University Health Board — provides a structured mechanism for healthcare professionals to contribute to the Health Board's decision-making and strategic development.

Its purpose is to:

- Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy, planning, and delivery of services.
- Offer professional advice to the Board on specific topics or initiatives at the request of the Board.
- Identify and raise matters for consideration at the request of the CAG itself or following engagement with the wider clinical body.

- Act as a route through which the views of healthcare professionals are represented within Health Board business.
- Facilitate two-way communication between the Health Board and its healthcare professionals, ensuring decisions are informed by professional insight and that feedback is shared back to staff.

1.0.3 The CAG will:

- Work with and alongside Executives and will be the representative voice of all clinical groups across the Health Board advising on clinical services and care;
- Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery; and
- Facilitate engagement and debate amongst the wide range of clinical interests within CTMUHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform CTMUHB's decision-making.

1.0.4 The role of CAG does not include consideration of healthcare professional terms and conditions of employment.

1.1 Membership

1.1.1 Summary of membership and chairing of the CAG:

- CAG will include a broad range of colleagues, with broad base of clinical specialties represented, consisting of around 20 members including the Chair and Vice Chair;
- This membership will be reviewed on an annual basis to ensure there is an appropriate mix of clinical voices;
- The CAG will be chaired by an appointed clinician with support from a deputy chair; and
- Additional support can and will be provided by the clinical executives in ensuring the CAG has a broad and appropriate membership, noting that the forum will be an agile group focussing on discussion and receiving viewpoints

1.1.2 Membership composition:

The membership of the CAG will reflect the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the CAG shall therefore comprise members representing the following areas:

- Medical practitioners representing a broad base of the medical workforce

- Nurses and midwives (including Community Nursing and Midwifery and Hospital Nursing and Midwifery)
- Allied Health Professionals
- Healthcare scientists
- Optometrists
- Dental Practitioners
- Pharmacists (including Hospital and Community Pharmacists)

1.1.3 Membership size and breadth:

CAG membership will be around 20 to ensure a broad representation of healthcare professional groups, including primary, community and secondary service provision.

1.1.4 Representation and nomination process:

- Relevant Executive Directors (or their nominated deputies) will identify appropriate individuals to represent their professional areas and service groups.
- The details of these nominees will be shared directly with the CAG Chair and Deputy Chair, who will confirm final membership to ensure balanced representation across professions and care settings.
- A full list of members will be maintained by the CAG secretariat and reviewed annually.

1.2 Member Responsibilities and Accountability:

1.2.1 Summary of the expectations of CAG members:

- Attend all scheduled meetings, providing apologies in advance where attendance is not possible. Persistent non-attendance (normally two consecutive meetings or more) may lead to review of membership in line with Standing Orders.
- Engage with professional colleagues in advance of meetings to gather views and ensure that a balanced perspective is represented.
- Participate constructively in meetings, respecting the views of others and contributing to informed, multidisciplinary debate.
- Uphold the Health Board's values and behaviours in all discussions and correspondence relating to CAG business.
- Actively contribute to the work of the Group, including sub-groups or task-and-finish activity where relevant.
- Provide feedback to colleagues within their professional area following each meeting, promoting two-way communication between the Board and the wider clinical workforce.

1.2.2 The Chair

The Chair is responsible for the effective leadership and operation of the Clinical Advisory Group (CAG). Their responsibilities include:

- Chairing meetings and ensuring that business is conducted efficiently, transparently, and in accordance with the agreed operating arrangements.
- Upholding the principles and standards of good governance set for the NHS in Wales.
- Promoting open and constructive debate that enables the Group to provide balanced, evidence-informed advice to the Board.
- Developing and maintaining positive, professional relationships within the CAG and between the CAG and the Health Board — particularly with the Board Chair, Chief Executive, Clinical Directors, and other Advisory Group Chairs.
- Ensuring that issues of significance to healthcare professionals are appropriately prioritised for discussion and that advice to the Board is timely and well-evidenced.

The Chair shall work closely with the Chairs of the CTMUHB's other advisory groups, and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the CAG in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

As Chair of the CAG, they will be formally appointed by the Minister for Health & Social Services as an Associate Member of the CTMUHB Board for a prescribed term of office (see paragraph 1.4.3). The Chair is accountable for the conduct of their role as Associate Member on the CTMUHB Board to the Minister, through the CTMUHB Chair. They are also accountable to CTMUHB Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

1.2.3 The Vice Chair

The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new chair is appointed, and this deputisation includes attending meetings of the Board to report on CAG meetings.

The Vice-Chair is accountable through the CAG Chair to CTMUHB Board for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the CAG.

1.2.4 Role of CAG Members

The CAG shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the CAG.

Members are expected to play an active role in ensuring effective two-way communication between the Health Board and their professional colleagues. Each member shall:

- Engage actively with their professional networks to gather and share views on issues scheduled for discussion, particularly where agenda items are circulated in advance.
- Attend meetings regularly, providing apologies in advance when unable to attend, and maintaining participation through sub-groups or virtual discussions where appropriate.
- Contribute constructively to meetings, upholding the standards of good governance, professional behaviour, and respect for differing views expected within the NHS in Wales.
- Promote open communication by feeding back outcomes, advice, and key messages from CAG discussions to their professional peers in a timely and accurate manner.
- Participate in development and induction activities to ensure they are well equipped to fulfil their responsibilities as CAG members.
- Champion the role and purpose of the CAG, promoting its visibility and value across professional groups.

CAG members are accountable through the CAG Chair for their performance as Group members, and to their nominating executive for the way in which they represent the views of their body or grouping at the CAG.

1.3 Appointment and terms of office

1.3.1 Appointments to the CAG shall be made by the Chair and Deputy Chair, subject to approval by the Board, based upon nominations received from the relevant healthcare professional groups, and in accordance with any specific requirements or directions made by the Welsh Ministers.

1.3.2 Members shall be appointed for a period of a standard of two years, but for no longer than four years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.

1.3.3 The ***CAG Chair*** will be nominated from within the membership of the CAG, in a manner determined by the Board, subject to any specific

requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, who must submit a recommendation to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

1.3.4 The Chair's term of office will be for a period of up to two years, with the ability to stand as Chair for an additional one year, in line with that individual's term of office as a member of the CAG. That individual may remain a member of the CAG after their term of appointment as Chair has ended.

1.3.5 The ***Vice Chair*** will be nominated from within the membership of the CAG, in a manner determined by the Board, subject to the condition that they be appointed from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The appointment to Vice Chair of CAG shall be subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the CAG's Chair's absence, the Vice Chair will also perform the role of Associate Member on the CTMUHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.

1.3.6 The Vice Chair's term of office will be for a period of up to two years, with the ability to stand as Vice Chair for or an additional one year, in line with that individual's term of office as a member of the CAG. That individual may remain a member of the CAG after their term of appointment as Vice Chair has ended.

1.3.7 Any member's tenure will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the CAG Chair as soon as is reasonably practical to do so in respect of any issue which may impact on their eligibility to hold office. The CAG Chair will advise the Board in writing of any such cases immediately.

1.3.8 CTMUHB will ensure membership is in line with this eligibility on an annual basis by way of an annual review of the Terms of Reference.

1.4 Resignation, suspension and removal of members

1.4.1 A member of the CAG may resign office at any time during the period of appointment by giving notice in writing to the CAG Chair and the Board. Further details of the process around resignations, suspension and removal of members are detailed separately and are available on request.

1.4.2 If the Board, having consulted with the CAG Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the **CAG,** that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the **CAG**

It shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

1.4.3 A nominating body or group may request the removal of a member appointed to the CAG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

1.4.4 If a member fails to attend any meeting of the CAG for two or more consecutive meetings (six months) the Board may remove that person from the CAG membership unless they are satisfied that:

i) The absence was due to a reasonable cause; and
ii) The person will be able to attend such meetings within such period as is considered reasonable.

1.4.5 Before making a decision to remove a person from the CAG membership, the membership of that person can be suspended for a limited period to enable it to carry out a review of the circumstances leading to the consideration of removal. Where CAG membership is suspended, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

1.5 Relationship with the Board

1.5.1 The CAG's main link with the Board is through the CAG Chair who is also an Associate Board Member.

1.5.2 The CAG Chair may also request the attendance of Board members or any other Health Board Officer to attend a group meeting.

1.5.3 The Board shall determine the arrangements for any joint meetings between the CTMUHB Board and the CAG.

1.5.4 The Board's Chair shall put in place arrangements to meet with the CAG Chair as necessary to discuss the CAG's activities and operation.

1.6 Rights of Access to the LHB Board for Professional Groups

1.6.1 CTMUHB Chair, on the advice of the Chief Executive and/or Director of Corporate Governance (Board Secretary), may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

i) Where the CAG recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or

ii) Where a healthcare professional group has demonstrated that the CAG has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

1.6.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

1.7 Review of CAG Terms of Reference

1.7.1 These terms of reference will be subject to annual review with any proposed changes being notified to the Board for approval.

Version 1 June 2026

CTMUHB Public Board

Revised Standards of Good Governance and Probity (in Public Service Roles) Policy

Eitem yr Agenda / Agenda Item	9.1.4
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Approval
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board are asked to **APPROVE** the amendment to the revised Standards of Behaviour Framework Policy.

1. Situation /Background

1.1 The purpose of this Policy is to set out the Cwm Taf Morgannwg University Health Board (CTMUHB) commitment to ensuring that its Employees and Independent Board Members practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that all employees and Independent Board Members are supported in delivering that requirement.

2. Specific Matters for Consideration

2.1 This policy was last reviewed in 2025, and approved by the Board on 29 May 2025. At that time, appropriate engagement and an Equality Impact Assessment were undertaken.

2.2 As part of that review, it was confirmed that the policy was consistent with the approach across NHS Wales and with relevant legislation.

3. Key Risks / Matters for Escalation

3.1 Since the 2025 review, the need for one further minor amendment has been identified.

3.2 Version 9 includes a minor update to the legislative reference within the section on gifts by way of inducement or reward, replacing the Prevention of Corruption Acts (1906 and 1916) with the Bribery Act 2010.

3.3 This amendment ensures the policy reflects current legislation. No other material changes have been made.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not Applicable If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	Not Applicable

Link to Wellbeing of Future Generations Act – Wellbeing Goals	If more than one applies please list below:

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

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

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

Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Audit, Risk & Assurance Committee	22/05/2025	Endorsed for Board Approval
Health Board	29/05/2025	Approved

Acronyms / Glossary of Terms	

Standards of Good Governance and Probity (in Public Service Roles) Policy

Document Type:	Non Clinical Organisational Wide Policy
Ref:	CG04
Author:	Assistant Director of Governance & Risk
Executive Sponsor:	Director of Corporate Governance
Approved By:	**Health Board**
Approval / Effective Date:	29 May 2025
Review Date:	29 May 2028
Version:	8

Target Audience:

People who need to know about this document in detail	This Policy is applicable across the whole of the Health Board. It applies to all Employees and Independent Board Members. The term "Employees" includes all those who have a contract of employment or honorary contract with the Health Board.
People who need to have a broad understanding of this document	As above.
People who need to know that this document exists	As above.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date:** 28.2.2025 **Outcome:** Supported with amendments made as required.
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	4.3.2025
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture

Approval Route:

Where	When	Why
Audit, Risk & Assurance Committee	22 April 2025	Endorse for Board Approval
Health Board	29 May 2025	Approved

Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Contents

1. Introduction

1.1 The purpose of this Policy is to set out the Cwm Taf Morgannwg University Health Board (CTMUHB) commitment to ensuring that its Employees and Independent Board Members practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that all employees and Independent Board Members are supported in delivering that requirement.

2. Context and Background

2.1 The Welsh Government's *Citizen-Centred Governance Principles* apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

"Public service values and associated behaviours are and must be at the heart of the NHS in Wales"

2.2 CTMUHB is strongly committed to the Health Board being value-driven, rooted in the Nolan principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

2.3 The Board expects all Independent Board Members and Employees to practice high standards of corporate and personal conduct, based on the recognition that the needs of patients must come first.

2.4 The "Seven Principles of Public Life", or the "Nolan Principles" form the basis of the Standards of Behaviour requirements for Health Board employees and Independent Board Members. These are:

1. **Selflessness** – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends;
2. **Integrity** – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
3. **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit;
4. **Accountability** – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position;

5. **Openness** – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it;

6. **Honesty** – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest, and;

7. **Leadership** – Individuals should promote and support these principles by leadership and example.

2.5 In support of these principles, Independent Board Members and all employees must be impartial and honest in the way that they go about their day-to-day functions. They must always remain beyond suspicion. They can achieve the "Seven Principles" above by:

- Ensuring that the interests of patients remain paramount;
- Being impartial and honest in the conduct of their official business;
- Using public funds to the best advantage of the service and the patients, always seeking to ensure value for money;
- Not abusing their official position for personal gain or to benefit family or friends;
- Not seeking advantage or to further private business or other interests during their official duties, and;
- Not seeking or knowingly accepting, preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the Health Board.

2.6 This Policy re-states and builds on the provisions of CTMUHB Standing Orders. It re-emphasises the commitment of the Health Board to ensure that it operates to the highest standards, the roles and responsibilities of those employed by the Health Board and the arrangements for ensuring that declarations can be made.

3. Aim

3.1 The aim of this Policy is to ensure that arrangements are in place to support employees to act in a manner that upholds the Standards of Behaviour Framework as well as setting out specific arrangements for the appropriate declarations of interests and acceptance / refusal and record of offers of Gifts, Hospitality or Sponsorship. The Policy also aims to capture public acceptability of behaviours of those working in the public sector so that the Health Board can be seen to have exemplary practice in this regard.

3.2 CTMUHB is committed to ensuring that its employees and Independent Members practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that

all employees and Independent Members are supported to deliver this requirement.

4. Objective

4.1 The objective of this Policy is to clarify the relative responsibilities of Individuals / committees in the discharge of this Policy and adherence to the Standards of Behaviour Framework.

5. Scope

5.1 This Policy is applicable across the whole of the Health Board. It applies to all Employees and Independent Board Members. The term "Employees" includes all those who have a contract of employment or honorary contract with the Health Board.

5.2 Any reference in this Policy to the Health Board should also be applied to any bodies that CTMUHB hosts such as the Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW) Programme.

6. Roles and Responsibilities

6.1 **Chair -** the Chair should:

- Ensure that Independent Members are aware of the requirements contained within this Policy.
- They lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality or sponsorship.
- Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered to Independent Board Members **PRIOR** to the event.

6.2 **Chief Executive** - is the "Accountable Officer" with overall responsibility for ensuring that the Health Board operates efficiently, economically and with probity. The Chief Executive will ensure a policy framework is set and that arrangements are in place to support the delivery of that framework.

6.3 **Executive Directors have overall responsibility for their areas** -and must ensure that:

- Employees are aware of the requirements contained within this Policy and the Standards of Behaviour Framework.
- They lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality or sponsorship.
- Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered within their Directorate **PRIOR** to the event.
    - They review the contents of the Registers of Declarations of Interest and Gifts, Hospitality and Sponsorship on an annual basis

to assist with the verification of the accuracy of the information contained within it.

- During periods of annual leave and prolonged absence they will ensure that they delegate the responsibilities to their Directorate as appropriate to Clinical Directors, Managers or Head of Nursing or an Assistant Director.

6.4 **Director of Corporate Governance / Board Secretary -** The Director of Corporate Governance/Board Secretary has delegated responsibility for ensuring that the Health Board is provided with competent advice and support regarding the contents and application of this Policy and the Standards of Behaviour Framework. They will ensure that: -

- A Register of Interests is established and maintained as a formal record of interests declared by Employees and Independent Board Members. The Register will include details of Directorships, pecuniary (financial) and non-pecuniary interests in organisations that may have dealings with the NHS and membership of professional committees and third sector bodies. Where relevant it will also include details of interests of close family members or civil partners.

- Arrangements are in place to prompt specific groups of Employees and Independent Board Members to complete a Declaration of Interest Form on initial employment with the Health Board and at periodic intervals thereafter as follows:
  - **Board Members and Board Level Directors –** Annually in the first quarter of the financial year for the forthcoming financial period.
  - **Consultants, Very Senior Managers (VSM), Staff at Band 8d and 9 -** Annually in the first quarter of the financial year for the forthcoming financial period.
- A Register of Gifts, Hospitality and Sponsorship whether, accepted or declined, is maintained.

- Appropriate information from the Registers of Declarations of Interests and Gifts, Hospitality and Sponsorship is published on the Health Board Website in accordance with the requirements of the Freedom of Information Act Publication Scheme and staff information will therefore be publicised on the website including as part of the report to the Audit, Risk & Assurance Committee annually providing openness and transparency for CTMUHB.

- Reports detailing the content of the Registers of Declarations of Interests and Gifts, Hospitality and Sponsorship and the effectiveness of the arrangements in place will be provided on a quarterly basis to the Executive Management Board and Audit, Risk & Assurance Committee.

6.5 Line Managers / Departmental Managers - Line/Departmental Managers will:

- Ensure that this policy and the Standards of Behaviour Framework is brought to the attention of Employees for whom they are responsible, and that they are aware of its implications for their work;
- Ensure that Employees are aware of the requirement to follow and comply with the Policy and Standards of Behaviour Framework. The Standards of Behaviour Framework will be discussed at Individual Performance Reviews, Consultant Appraisals and as part of the Consultant Job Plan Reviews as appropriate;
- Support their Employees in the application of the Policy and the Standards of Behaviour Framework, seeking advice from the Director of Corporate Governance / Board Secretary if required.

6.6 Employees and Independent Members - All Employees, including those on Honorary Contracts will ensure that they:

- Understand this Policy and the Standards of Behaviour Framework, consulting their line manager if they require clarification;
- Are not in a position where their private interests and NHS duties may conflict;
- Declare to the Health Board for recording in the Register of Interests any relevant interests:
    - At the commencement of employment
    - Whenever a new interest arises, and
    - If asked to do so at periodic intervals by the Health Board.

"Relevant interests" will include: -

- Directorships, including Non-Executive Directorships held in private companies or PLCs, apart from dormant companies
- Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the Health Board. This includes shareholdings, debentures or rights where the total nominal value is £5,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less
- A personal or departmental interest in any part of the pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team
- Sponsorship or funding from a known NHS supplier or associated company/subsidiary
- A position of authority in a charity or voluntary body in the field of health and social care
- Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests
- Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.
- Inform patients and their relatives as appropriate, when referring them for treatment, investigation, or any aspect of their care if they have a material interest in an organisation to which they plan to refer a patient. The fact that the patient has been informed must be recorded appropriately.

- Verbally declare any relevant interest when a potential for conflict arises e.g. at Board, Board Committee or Board Sub Committee meetings, during procurement processes.
- Declare to the Health Board for recording in the Register of Gifts, Hospitality and Sponsorship any offer of a gift, hospitality or sponsorship which requires recording.
- Obtain permission from their Director before accepting gift, hospitality or sponsorship which require recording.
- Observe the Standing Orders, Standing Financial Instructions and procurement policies and procedures of the Health Board.
- **Note:** Employees should also refer to appropriate Professional Codes of Conduct and documents issued by the Welsh Government which will complement this Policy and the Standards of Behaviour Framework.
- It is the individual's (i.e. the employee or Independent Member) responsibility to make a declaration should their circumstances change within these timescales.

It is recommended that where there is doubt, a declaration of interest should be made

6.7 Procurement Department - The Procurement Department (provided by the NHS Wales Shared Services Partnership) scrutinise the Registers for Declarations of Interest and Gifts, Hospitality, Sponsorship and Honoraria to ensure that there is no opportunity for conflict of interest. A detailed protocol will specify the arrangements for undertaking this process and it will include:

- Details of the stages of the procurement process at which the Registers will be consulted;
- The arrangements for checking of the Registers;
- The arrangements for ensuring that all those involved in the procurement are given the opportunity to declare any relevant interest
- The arrangements for communicating this information to the Director of Corporate Governance / Board Secretary for its inclusion in the Register of Interests, and;
- The actions to be taken if there is a perceived conflict of interest at any point in the procurement process.

If an Employee is requested to participate in the procurement process, they will be asked to reaffirm their interests and to confirm that there are no other relevant interests that should be declared. If they have not previously completed a Declarations of Interest Form, they will be asked to do so before participating in the procurement process.

7. Register of Interests

7.1 The Director of Corporate Governance / Board Secretary will maintain Registers of Declarations of Interests and Gifts, Hospitality, Honoraria and

Sponsorship. Appropriate information from these Registers is available on the Health Board website.

7.2 The Register is available for public inspection. Enquiries should be made to the Director of Corporate Governance/Board Secretary via the following email: CTM_Corporate_Governance@wales.nhs.uk

8. Declarations of Interest at Meetings

8.1 It is a requirement that at the beginning of every Health Board, Board Committee, Board Sub Committee or decision making / formal Health Board meeting that the members of the Board and those in attendance be invited to declare their interests in relation to any items on the agenda.

8.2 Where a potential conflict is material or the member has a financial / pecuniary interest in the matter under discussion, that person shall withdraw from discussions pertaining to that agenda item and shall note vote upon it. The potential conflict and the action will be recorded in the minutes of the meeting and the Register of Interests will be updated if required.

8.3 Where it becomes evident part way through a meeting that there may be a potential conflict the individual must declare their interest immediately. Under certain circumstances the Chair may choose to waive the need for the individual to leave the meeting. The advice of the Director of Corporate Governance / Board Secretary should always be sought prior to such a decision being made. From time to time, employees may need to declare interests at other Health Board or Partnership meetings. Such declarations will be recorded as if it were a Board, Board Committee or Board Sub Committee meeting, and the individual will be asked to withdraw from discussions pertaining to that agenda item.

8.4 **The Declarations of Interest Register form is available here:**
Hard Copy Format: CTM UHB Declaration of Interest Form (Updated 07-06-2024).docx
Online Submission: Declarations of Interest - Home

9. Gifts, Hospitality and Sponsorship

9.1 **Gifts -** A gift is an item of personal value, given by a third party e.g. a patient or a supplier. The definition includes prizes in draws and raffles at sponsored events / conferences.

It is an offence to accept any money, gift or consideration as an inducement or reward from a person or organisation holding or seeking to hold a contract with the Health Board. Such gifts should be refused and if they

have already been received, they should be returned clearly advising why they cannot be accepted.

The appropriate Director and the Director of Corporate Governance / Board Secretary should be advised immediately.

9.2 **Gifts from Patients / Service Users or their relatives**

Employees may accept, subject to it not contravening their professional Codes of Conduct, gifts up to the value of £25 from patients /service users and relatives as a mark of their appreciation for the care that has been provided. This can include items such as chocolates, flowers, cards. There is no requirement to declare such gifts.

Where a gift is offered by patients or their relatives that is likely to be over £25 in value it should be politely declined. In some cases, the gift may have been delivered and it may be difficult to return it, or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, and the bearer advised that it will be utilised for the benefit of the Charitable Funds e.g. used as a prize in a raffle. A Gifts, Hospitality, Sponsorship and Honoraria Form declaring that the gift has been received must be completed.

Personal gifts of cash, vouchers or gift-cards from patients or their relatives are not acceptable. It may only be accepted as a donation to an appropriate Charitable Fund and recorded as such. The Cwm Taf Morgannwg NHS Charity team can provide advice regarding appropriately accepting, banking and receipting such items in accordance with the Charitable Funds Financial Control Procedures. The Charity team can be contacted via the following email: ctm.charity@wales.nhs.uk

9.3 **Gifts from Suppliers / Commercial Organisations -** No gifts, unless they are of low intrinsic value e.g. pens, calendars, etc. are allowable from suppliers, contractors and other commercial organisations. All such offers of gifts should be politely declined.

Whilst it is not necessary to declare gifts of low intrinsic value, where other items are offered and declined a Gifts, Hospitality, Sponsorship and Honoraria Form should be completed. This will allow the Health Board to monitor when such organisations are inappropriately offering gifts or potential inducements.

Under some circumstance's suppliers may send gifts to all its clients as custom and practice e.g. hampers at Christmas. Whilst such practices should be discouraged and it is not acceptable for staff to personally accept these gifts, following discussion with the supplier / commercial organisation and the appropriate Director it may be considered appropriate to accept the gift and utilise it for the benefit of Charitable Funds. The Cwm Taf

Morgannwg NHS Charity team can provide support with the recognition and receipt of such items.

Gifts of cash (including gift vouchers/cards) from suppliers / commercial organisations are not acceptable in any circumstances.

9.4 **Gifts from Dignitaries / Overseas Organisations -** There may be occasions when visits are made by dignitaries or overseas organisations who consider it "culturally custom and practice" to exchange gifts. In such cases Employees should seek guidance from the Director of Corporate Governance / Board Secretary and declare these gifts on a Gifts, Hospitality, Sponsorship and Honoraria Form. A decision will then be jointly made as to the most appropriate way to manage the gift. This will depend on the nature of the "gift culture" and may include decisions to "keep and display in public", "donate to an internal user group", "auction for charity" etc.

9.5 **Hospitality** - Hospitality is where there is an offer of food, drink, accommodation, entertainment or entry into an event or function by a third party, regardless of whether provided during or outside normal working hours. Employees in contact with contractors should be particularly mindful of accepting any hospitality that might later be misconstrued as impacting on strict independence and impartiality.

Any acceptance of hospitality needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the hospitality likely, or could it be likely, to influence you? The onus is on the individual to make sure that the acceptance of hospitality will not be misconstrued.

9.6 **Acceptable Hospitality -** Acceptable hospitality includes:

- Offers of food and non-alcoholic drink, provided it is equivalent to that offered in similar circumstances by the NHS, can be accepted during working visits and does not need to be recorded in the Gifts, Hospitality and Sponsorship Register.
- Other hospitality that may be accepted includes instances where:
    - There is a genuine need to impart information or represent the Organisation at Stakeholder Community Events e.g. Local Authority or Charitable organisations which have an association with the Health Board.
    - An employee has been invited to receive an award or prize in connection with the work of the organisation or their role within it.
    - An employee is invited to a Society or Institute Dinner or Function which is to be funded by a commercial organisation and where there is a genuine benefit to the professional standing of the individual or the Health Board.

- These types of hospitality must be authorised prior to their acceptance by a Corporate or Clinical Director and a Gifts, Hospitality, Sponsorship and Honoraria Form must be completed. The hospitality should be proportionate i.e. it should not be of significant value and only the minimum number of Employees to achieve the purpose of representing the Health Board should attend.

9.7 **Unacceptable Hospitality** - Unacceptable hospitality includes the following examples as general guidance:

- A holiday or weekend / overnight break
- Offers of hotel accommodation when this is not associated with a sponsored course or conference (see below)
- Use of a company flat or hotel suite
- Attendance at a function or event restricted to Employees which is not for the purposes of training or organisational development
- Lunch or dinner provided by a private company or their representative which does not form part of a training or development event
- Entertainment and / or tickets / hospitality at sporting and other corporate entertainment events.

If employees are not clear whether an offer falls into one of these categories, then advice should be sought from their line manager in the first instance or if complex from the Director of Corporate Governance / Board Secretary.

Employees should report any case where an offer of hospitality is pressed which might be open to objection. They should also declare on the appropriate form any offers of hospitality which are declined.

9.8 **Sponsorship -** Sponsorship is sometimes provided by organisations to allow employees to attend conferences or working visits to view equipment. It may also include sponsorship of posts and research and development.

No sponsorship should be accepted without the prior agreement of the appropriate Corporate / Clinical Director. A Gifts, Hospitality, Sponsorship and Honoraria Form should also be completed prior to the acceptance of any sponsorship. If sponsorship is inappropriately offered and / or declined this should also be declared.

Any acceptance of sponsorship needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the sponsorship likely, or could It be likely, to influence you? The onus is on the individual to make sure that the acceptance of any sponsorship will not be misconstrued.

9.9 **Commercial Sponsorship for Attendance at Courses / Conferences -** Employees may accept commercial sponsorship for attendance at relevant conferences and courses, but only where the employee seeks permission in

advance from their Executive Director. The sponsorship should only be extended to the number of Employees who would have normally attended if funded by the Health Board. The Director must be satisfied that acceptance will not compromise purchasing decisions in any way.

9.10 **Commercial Sponsorship to attend demonstrations / technical evaluations** - Employees may be invited to view products or equipment at another location. There may be occasions when it is appropriate as part of a procurement exercise to visit a suppliers' reference site to observe equipment in operation in a medical or laboratory setting.

Such sponsorship is not appropriate, and the Health Board will meet the costs of such a visit to protect the integrity of subsequent purchasing decisions.

9.11 **Commercial Sponsorship – "Linked Deals" -** Pharmaceutical companies and other suppliers, for example, may offer to sponsor, wholly or partially, a post or equipment for the Health Board. The Health Board will not enter such arrangements, unless it has been made abundantly clear to the company concerned that the sponsorship will have no effect on purchasing decisions within the Health Board. Where such sponsorship is accepted, the Director of Finance shall ensure appropriate monitoring arrangements are established to ensure that purchasing decisions are not being influenced by the sponsorship agreement.

Under no circumstances should managers of the Health Board agree to "linked deals" whereby sponsorship is linked to the purchase of products, or to supplies from sources.

9.12 **Sponsorship of events in the context of Partnership Arrangements with the Pharmaceutical Industry or other Commercial Organisations -** The pharmaceutical industry and allied commercial sector representatives may organise meetings in support of specific functions or specialties within the healthcare sector. Under such arrangements they are permitted to fund the hiring of accommodation, meet any reasonable actual costs which may have been incurred and to provide appropriate hospitality. If no hospitality is required, there is no obligation or right to provide it, or indeed any benefit of equivalent value. An example of hospitality which would not be acceptable under these circumstances is where a company takes the attendees, on the conclusion of a course, for a meal in a restaurant.

The Pharmaceutical Industry is expected to adhere to the ABPI Code of Practice for the Pharmaceutical Industry which clearly specifies what is and what is not acceptable.

The Association of the British Pharmaceutical Industry

9.13 **Miscellaneous Payments / Honoraria -** Employees may be invited to give presentations at conferences, provide responses to surveys or attend professional meetings where a one-off payment or honoraria is offered.

If this activity is to be undertaken during hours when the employee is contracted to work for the Health Board the payment should be made to the Health Board. Individuals may accept payment for activities that they undertake in their own time, subject to the provisions regarding outside employment contained within the various employee Contracts and Terms of Service. The activity should be reported using a Gifts, Hospitality, Sponsorship and Honoraria Form and it should be authorised by the appropriate Executive Director.

9.14 **Honoraria received for work undertaken DURING Health Board hours -** When appropriate authorisation has been granted to permit an employee to be involved in activity outside their normal contract **during** Health Board hours, any honoraria paid must be received back to the Health Board revenue budget to reimburse the Health Board for the employee's time.

To ensure good governance, the honoraria must be paid into a revenue budget that is ***not*** managed by the employee who has provided their services during Health Board time.

To avoid personal tax implications, the Health Board employee is urged to request the Honoraria is paid directly to the Health Board. This is then seen as reimbursement to the Health Board to cover the loss of employee time, and not honoraria. This money will then be transferred into the Health Board revenue budget. The Health Board employee who has undertaken the work must not be the budget holder for the budget receiving the funds in lieu of the honorarium due to a conflict of interest.

If the employee receives the honoraria directly and then reimburses the Health Board, the **employee remains liable for the payment of both tax and National Insurance Contributions (NIC),** regardless of the destination of the honoraria.

Honoraria received for work undertaken in an individual's own time (out of normal working hours or on authorised annual leave) Individuals are **personally liable for the payment of both tax and NICs** on any honoraria payments received. Following their first honoraria declaration Individuals will be asked to sign a "Declaration Statement" confirming that they understand their responsibilities, and this will be held on file by the Director of Corporate Governance / Board Secretary.

The Declaration of Honoraria Statement is available here: Gifts, Hospitality, Sponsorship & Honoraria - Home

If such an employee wishes to suggest a donation may be made to the Cwm Taf Morgannwg University Health Board Charitable Funds in lieu of an honorarium, this must be received into the Charity's general fund, and it is then for the Charity Trustees to determine how the donated funds should be used. The basic principle being that the employee giving their own time should have no influence over how the donation is then used and therefore lessens the risk of this being interpreted as being of any benefit to them as 'income' in any sense.

In cases of doubt, staff should seek advice from the Director of Corporate Governance / Board Secretary and should report any case where an offer of sponsorship or honoraria is pressed which might be open to objection. Instances where honoraria have been offered and declined should still be declared on the Gifts, Hospitality, Honoraria and Sponsorship Declaration Form.

9.15 **Bequests left in a Patient's or Service User's Will** - On occasion's staff are left bequests in a service user's will which they become aware of before the service user is deceased or because they have been informed by the deceased service user's legal representative. In such circumstances the member of staff must immediately inform their manager. It should be borne in mind that staff cannot benefit from a bequest by virtue of their position as a Health Board employee, undertaking their duties. If a member of staff receives a bequest, they should contact the Executive Director of Finance and the Director of Corporate Governance / Board Secretary.

9.16 **Gifts by way of inducement or reward** - The Bribery Act 2010, prohibit staff from soliciting or receiving any gift or consideration of any kind from contractors or their agents, or from any organisations, firms or individuals with whom they are brought into contact by reason of their official duties, as an inducement or reward for:

- Doing or refraining from doing anything in their official capacity; or
- Showing favour or disfavour to any person in their official capacity.

A breach of the provisions of these Acts renders staff liable not only to dismissal but to prosecution under the Acts, and it is expected that the Health Board would deal severely with any such breaches.

Staff should be aware that the Health Board is required in accordance with its Standing Orders to insert in every formal contract a clause entitling them to cancel the contract and recover any losses if any inducement or gifts are offered by the contractor or by his employees, whether with or without his knowledge. Any such offer of an inducement or gift should accordingly be reported by the person to whom it is made to the Executive Director of Finance.

9.17 **The Declaration Form – Gifts, Hospitality, Honoraria and Sponsorship form is available here:** Gifts, Hospitality, Sponsorship & Honoraria - Home

10.0 The Bribery Act 2010 - The Bribery Act 2010 came into force on 1st July 2011. It reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It is intended to respond to the extremely broad range of ways in which bribery can be committed by providing robust offences, enhanced sentencing powers, and wide jurisdictional powers. Broadly, the Act defines bribery as:

"Giving or receiving a financial or other advantage in connection with the "improper performance" of a position of trust, or a function that is expected to be performed impartially or in good faith"

10.1 The Bribery Act 2010 abolished all existing UK Anti-Bribery Laws and replaced them with a suite of new offences markedly different to what has gone before.

10.2 The Bribery Act 2010 made it a criminal offence to "give, promise or offer a bribe and to request, agree to receive or accept a bribe either at home or abroad". The maximum penalty for bribery is up to 10 years imprisonment, with an unlimited fine.

10.3 In addition, the Act introduced a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery. The 'corporate offence' is not a standalone offence but always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question.

10.4 Bribery does not have to involve cash, or an actual payment exchanging hands and can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

10.5 Some examples are captured below:

- Bribery to secure or keep a contract;
- Bribery to secure an order;
- Bribery to gain any advantage over a competitor;
- Bribery of a local, national or foreign official to secure a contract;
- Bribery to turn a blind eye to a health safety issue or poor performance or substitution of materials or false labour charges;
- Bribery to falsify an inspection report or obtain a certificate.

10.7 The impact of other Health Board policies which should be considered by staff include:

- Speaking up Safely Speaking Up Safely - Home
- The NHS Wales All Wales Social Media Policy. NHS Wales Social Media Policy
- The Counter Fraud Bribery and Corruption policy Counter Fraud Bribery and Corruption Policy.docx

11.0 Research, Development & Innovation

11.1 All Research, Development and Innovation activity sponsored by commercial companies, including those sponsored by the Pharmaceutical Industry must be approved by the appropriate mechanisms. It will be governed by specific policies and procedures.

11.12 The Research, Development and Innovation Leads along with the Corporate Governance Department will be able to offer advice and support in this area.

12.0 Charitable Funds

12.1 There may be occasions when commercial organisations offer to pay monies into Charitable Funds as a way funding attendances at courses or conferences. Monies may only be paid into Charitable Funds from commercial companies if it is a donation or sponsorship. It can only be used to fund expenditure which is in line with the terms of the funds use as set out within the Charitable Funds Policy.

12.2 Expenditure from Charitable Funds does not fall within the remit of this policy, however there may be a close association with the Standards of Behaviour Framework. For more information on Charitable Funds, please contact the Cwm Taf Morgannwg NHS Charity team via the following email: ctm.charity@wales.nhs.uk

13.0 Secondary Employment & Private Practice

13.1 **Secondary Employment** - Staff should inform their line manager of any secondary employment and ensure that any secondary employment or private practice does not affect their Health Board employment. A declaration of interest form should be recorded. There should be no conflict with their normal contractual employment obligations to the Health Board, and such work should not involve the use of any confidential or commercial information obtained during their employment with the Health Board.

13.2 Where employees have or are contemplating other employment, they must ensure this does not compromise their availability or physical or mental fitness to carry out their duties as an employee of the Health Board. Employees must also ensure this does not place them

in a position where their judgement or actions might be influenced by considerations arising from their other employment. Employees have a responsibility to ensure that their line manager is made aware of any hours worked in order that the Health Board fulfils its statutory requirement of the Working Time Directive; this is available via the following link. http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm

13.3 An employee, absent because of sickness, is regarded as unfit to work and should not undertake any paid or unpaid work in any capacity during a period of sickness absence from the organisation, unless it is deemed jointly by their manager and the Occupational Health Department to be therapeutically beneficial to their recovery. Express written permission must be granted by the manager in advance in all such cases. An employee found to be undertaking other work during sickness absence without the prior written consent of the manager, may be considered in breach of contract and will be subject to disciplinary action which may result in the involvement of the Counter Fraud Department, the possibility of criminal investigation and/or dismissal. Such action will only be taken following advice from the Workforce & Organisational Development Department.

13.2 **Private Practice -** There are codes for good private patient practice which clearly include the fact that private practice should not adversely affect NHS duties. The time spent in private practice does not count towards the 48 hours of the Working Time Directive Regulations, however, health and safety law indicate that no employee of the Health Board should work in a way detrimental to their health and performance.

Additional information and advice is available for staff in the Financial Control Procedure 'Private Patients'. Policies - Finance

Failure to notify their line manager of secondary employment and/or private practice may invoke the Health Board's Disciplinary Policy.

14.0 Failure to adhere to the Standards of Behaviour Framework Policy

14.1 If any Health Board employee fails to declare an interest as defined within this policy, the Standards of Behaviour Framework, or the guidance that will be published to support it and then:

- participates in a decision-making process where special favour is shown to unfairly award a contract; or
- abuses their official position or knowledge for the purpose of benefit to themselves, their family or friends.

14.2 Disciplinary action may follow. The action taken will depend on the individual circumstances and will be in accordance with the appropriate

disciplinary policy. Under some circumstances failure to follow this policy could be considered gross misconduct.

14.3 In addition to any potential disciplinary action being taken if there is any suspicion that fraud, corruption and / or bribery has been or is being committed, then all such cases must be reported at the earliest possible opportunity to the Local Counter Fraud Specialist (LCFS) within the Health Board in line with the Health Boards Counter Fraud policies.

14.4 Furthermore, if a member of staff breaches the Standards of Behaviour Framework this could in certain circumstances result in notification / reporting to the appropriate professional codes of conduct /registration / memberships i.e. Health Professions Council (HPC), General Medical Council (GMC), Nursing and Midwifery Council (NMC) etc. This could incur registrations being revoked and employees no longer being able to be employed in their current position within the Health Board.

14.5 This is also extended to include the inappropriate acceptance of any gifts, hospitality or sponsorship. Failure to declare a relevant interest by an Independent Member of the Health Board will be reported by the Chair and to the Cabinet Secretary for Health and Social Services, Welsh Government.

15.0 Equality, Diversity, Inclusion and Welsh Language

15.1 An Equality Impact Assessment and Welsh Language Assessment has been completed and is available upon request from the Director of Corporate Governance / Board Secretary.

16.0 Resources

16.1 The implementation and management of the arrangements associated with this Policy do not present any significant resource implications to the Health Board.

17.0 Training

17.1 There are no training implications arising from this Policy. However, awareness of the importance of compliance will require reference in induction programmes, during Individual Performance Reviews, Consultant Appraisals, Consultant Job Plan Reviews and at times when Employees are invited to make declarations.

18.0 Implementation

18.1 The Register of Declarations, Gifts, Hospitality, Sponsorship and Honoraria will be maintained by the Director of Corporate Governance / Board Secretary who will also be responsible for issuing periodic invitations to declare interests.

18.2 Directors and managers need to be aware of their responsibilities for advising Employees accountable to them of their responsibilities in connection with the policy.

19.0 Audit & Monitoring

19.1 The Director of Corporate Governance / Board Secretary will review the operation of the policy and Standards of Behaviour Framework as necessary and at least once a year a report on the findings of the review will be submitted to the Audit, Risk & Assurance Committee.

19.2 Directors will review the operation of the Policy within their Department.

19.3 Audit Wales and the NWSSP Internal Audit Service may also review the arrangements from time to time and their findings are also reported to the Audit, Risk & Assurance Committee.

19.4 Staff should note under the Freedom of Information Act 2000 the information contained within the Health Board Register will be subject to disclosure to any member of the public on request. The information will also be routinely reported to the Audit, Risk & Assurance Committee for oversight and scrutiny.

20.0 Retention and Archiving

20.1 In cases of complaints / claims and other legal processes it is often necessary to demonstrate the policy in place at the time of the investigation or incident. The Director of Corporate Governance / Board Secretary will therefore ensure that copies of this policy are archived and stored in line with the Records Management Strategy, Retention Schedule, and are made available for reference purposes should the situation arise.

21.0 Distribution

21.1 The Standards of Behaviour Framework Policy will be available via the Health Board intranet and internet sites. Where staff do not have access to the intranet their line manager must ensure that they have access to a copy of this policy.

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22.0 Review

22.1 Review of this Policy and the Standards of Behaviour Framework must be undertaken no later than three years after the date of approval.

23.0 Further Information

23.1 Further information and support in the completion of the forms can be obtained from Director of Corporate Governance / Board Secretary. CTM_Corporate_Governance@wales.nhs.uk

23.2 There is also a dedicated SharePoint page which includes further guidance, support and the required declaration forms. Declarations of Interest, Gifts, Hospitality, Sponsorship & Honoraria - Home

24.0 Legislative and NHS Requirements

24.1 This policy aims to ensure it complies with the requirements set out in: -

- (DGM (93)84) Standards of Business Conduct for NHS Staff
- WHC (2005)016 – The NHS and Sponsorship by the Pharmaceutical Industry
- WHC (2006)090 - The Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006
- Director General, Health and Social Services, Chief Executive NHS Wales, Shared Values and Reinforcing Behaviour in NHS Wales (January 2011)
- Commercial Sponsorship - Ethical Standards for the NHS, Department of Health (November 2000)
- Code of Practice for NHS Wales Employers, Welsh Assembly Government (January 2011)
- Code of Conduct for Healthcare Support Workers in Wales, Welsh Assembly Government (January 2011)
- General Medical Council – Conflicts of Interest (September 2008)
- Health Board Standing Orders, Reservation and Delegation of Powers (March 2012)
- Nursing and Midwifery Council, The code - Standards of conduct, performance and ethics of nurses and midwives (May 2008)
- Royal College of Psychiatrists, Good Psychiatric Practice, Relationships with Pharmaceutical and Other Commercial Organisations (2008)
- Association of the Pharmaceutical Industry (ABPI), Code of Practice for the Pharmaceutical Industry (November 2011)
- The Institute of Chartered Secretaries and Administrators (ICSA), Model Conflicts of Interest Policy for NHS Trust Board Members (June 2010)
- The Bribery Act 2010 / NHS Protect – Bribery Act Guidance

Health Board Meeting – Non Routine Board Business Forward Plan

(1st January 2026 to the 31st December 2026)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
3 January 2024	Request received from the Assistant Director of Governance & Risk for this item to be added to the forward work programme for Board	Assistant Director of Governance & Risk	Agency Reduction Plan and Decision Making Framework for CTM	To be added to Board Forward work programme following receipt of Welsh Health Circular in January 2024 which identified specific actions for Board/Committees	Deputy Director of People	Executive Director for People	To be agreed	**In Progress** Awaiting confirmation from the Executive Director for People as to whether this item is still applicable for Board
	Request received from the Director of Digital asking for this to be added to the Board agenda	Director of Digital	Business Case for Connecting care	To be presented to Board for approval	Director of Digital	Director of Digital	28 November 2024	**In progress** Awaiting revised date for presentation
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Healthy Weight Strategic Plan	To be presented to the Board for approval	Executive Director of Public Health	Executive Director of Public Health	31 July 2025 Was 27 November 2025 26 March 2026 21 May 2026 **Now 30 July 2026**	**On agenda** This item is on the agenda for discussion at the July 2026 Board meeting
27/11/2025	Reference made to this item at the November 2025 Public Board by the Executive Director for People	Executive Director for People	Focussed report on Behaviours	Report to include evidence-based behaviour change techniques	Executive Director for People	Executive Director for People	Was 26 March 2026 **Date now to be confirmed**	**In progress** Date for presentation to be confirmed.
2/12/2025	Email request received from the Chief Pharmacist Medicines governance	Chief Pharmacist Medicines governance	TRAMS Project – Final Business Case	To be presented to Board for approval	Chief Pharmacist Medicines governance	Executive Medical Director	30 July 2026	**On agenda** This item is on the In Committee Board agenda for the July 2026 meeting
28/04/2026	Email request received from the Director of Corporate Governance	Executive Director of Strategy & Transformation	Llantrisant Health Park/Orthopaedics Business Case	To be presented to Board for approval	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	30 July 2026	**On agenda** This item is on the In Committee Board agenda for the July 2026 meeting
11/05/2026	Captured as an action on the Board action log	Executive Director for People	Shift Patterns Update	To be presented to Board for approval	Executive Director for People	Executive Director for People	30 July 2026	**On agenda** This item is on the agenda for the July 2026 Board.
18/05/2026	Email request received from the Chief Executives Business Manager	Chief Of Staff	Application made by GP practice to open a branch surgery at 128 High Street	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	30 July 2026	**On agenda** Un update on this item is included in Chief Executives Report. A report was also shared with the Operational Delivery

								Committee at it's July meeting
21/05/2026	Request made at the May 2026 Public Board meeting	Board Members	Engagement plan for the next phase of the Llynfi Valley Health and Wellbeing Centre	To be presented to Board for discussion	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	30 July 2026	**On agenda** This item is on the agenda for the July 2026 Board.
27/05/2026	Email request received from the Director of Corporate Governance	Director of Corporate Governance	Pharmaceutical Needs Assessment	To be presented to Board for approval	Executive Medical Director	Executive Medical Director	24 September 2026	**In progress**
03/06/2026	Email request received from the Medical Director Business Manager	Medical Director Business Manager	Clinical Advisory Group Terms of Reference	To be presented to Board for approval	Executive Medical Director	Executive Medical Director	30 July 2026	**On agenda** This item is on the agenda for the July 2026 Board meeting
24/06/2026	Request received from the Chair and Chief Executive at the agenda planning session held on 24 June	Chair & Chief Executive	Primary & Community Care Development	To be presented to Board for discussion	Chief Operating Officer	Chief Operating Officer	30 July 2026	**On agenda** This item is on the agenda for the July 2026 Board meeting
08/07/2026	Request received from the Director of Corporate Governance	Director of Corporate Governance	Planned Care Recovery Plan	Board ownership required over our plan to improve performance with the additional resources being allocated.	Chief Operating Officer	Chief Operating Officer	30 July 2026	**On agenda** This item is on the agenda for the July 2026 In Committee Board meeting
20/07/2026	Email request received from the Director of Corporate Governance	Director of Corporate Governance	Health Visitors Industrial Action	To be presented to Board for discussion	Executive Director of Nursing	Executive Director of Nursing	30 July 2026	**On agenda** This item is on the agenda for the July 2026 Board meeting
Completed Items								
6 June 2024	Request received by email from the Assistant Director of Transformation	Assistant Director of Transformation	Options appraisal Future of Health Services in the Llynfi Valley	To be presented to the Board for approval	Assistant Director of Transformation	Executive Director of Strategy & Transformation	28 November 2024 27 March 2025 Now May 2026	**Completed** Received and approved at the May 2026 Board
02/07/2025	Email request from the Assistant Director of Governance & Risk	Executive Director of Finance	Disposal of Pontypridd Cottage Hospital	To be presented to Board for Approval	Executive Director of Finance	Executive Director of Finance	27 November 2025 29 January 2026 **Now 21 May 2026**	**Completed** This was included in the Capital Update report on the agenda for the May 2026 meeting
26/02/2026	CEO made reference to this report at the Board Development session on 26 February	CEO	Palliative Care provision at Ysbyty Cwm Cynon	To be presented to Board for approval	Chief Operating Officer?	Chief Operating Officer?	21 May 2026	**Completed** This was presented to the May 2026 Board meeting
13/04/2026	Email request from the Executive Director of Public Health	Executive Director of Public Health	Creating Health Annual Report	To be presented to Board for information	Executive Director of Public Health	Executive Director of Public Health	21 May 2026	**Completed** This was presented to the May 2026 Board meeting
31/07/2025	Captured as an action at the July 2025 Board meeting	Executive Medical Director	Listening & Learning Story – Transition of Care from Paediatrics to Adult Services	Progress update to include the learning from this particular case in addition to some of the learning applied around care	Executive Medical Director	Executive Medical Director	30 July 2026	**Completed** This was included in the Listening & Learning Stories You Said, We Did overview received at

				co-ordination within the organisation				the November 2025 Board

CTMUHB Board – Annual Cycle of Board Business

(1st January 2026 to the 31st December 2026)

The Annual Cycle of Committee Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business. The Annual Cycle of Board Business will be complemented by a "Non-Routine Board Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Board is set out in CTMUHB's standing orders which is available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales), however, the Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

The membership of CTMUHB Board is available here: Board Members - Cwm Taf Morgannwg University Health Board. The Board meets at **least 6 times per annum**. Its anticipated that an Extra-ordinary Board Meeting will be required in June 2026.

Board Chair:	**Board Vice Chair**	**Executive Leads for Agenda Planning**
• Jonathan Morgan, UHB Chair	• Kath Palmer, Vice Chair	• Gareth Watts, Director of Corporate Governance & Board Business

Link to: Board Assurance Framework Dashboard

CTMUHB Board Business:

Improving Care Strategic Goal aligned to Committee Business
- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

IMPROVING CARE

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Shared Listening & Learning Story	Executive Director of Nursing	All Regular Meetings					Not reqd		Not reqd						X		Some stories may have already been received at the Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Shared Listening & Learning Stories Annual Reflection	Executive Director of Nursing	Annually													X		The annual reflection may have already been received at the Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Putting Things Right Annual Report	Executive Director of Nursing	Annually													X		Quality, Safety & Experience Committee	Yes	Learning will support and inform mitigation for Strategic Risk 2
Ombudsman Annual Letter and Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2

Improving Care Strategic Goal aligned to Committee Business CONTD.

- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Safeguarding Annual Report	Executive Director of Nursing	Annually													X		Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Carers Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Clinical Education Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Infection, Prevention & Control Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing	Every Six Months														X	Quality, Safety & Experience Committee	TBC	Strategic Risk 3
Board Assurance Framework Report	Director of Corporate Governance / Board Secretary	All Regular Meetings													X		Executive Management Board	No	Not applicable
Annual Review of the Risk Management Strategy & Framework	Director of Corporate Governance / Board Secretary	Annually							Def to Sep26						X		Audit, Risk & Assurance Committee	No	Not applicable - Setting of the risk management framework.
Audit Wales Structured Assessment and Audit Letter	Audit Wales Performance Lead	Annually													X		Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF
Ministerial Advisory Group Updates	Chief Executive	Quarterly													X		Operational Delivery Committee	Yes	Responsive action will support the mitigations for risks within the BAF.

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	**Executive Lead / Or External Lead**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. Board Committee**	**Onward Reporting into WG**	**Alignment to Strategic Risks on the BAF**
Welsh Language Standards Annual Report	Executive Director for People	Annually														X	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 7
Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings													X		Operational Delivery Committee	No	Strategic Risk 1 Strategic Risk 2 Strategic Risk 3 Strategic Risk 8 Strategic Risk 11
Our Models of Care/Service Transformation: • Integrated Care Model • Llantrisant Health Park • Primary Care & Community • Mental Health Transformation	Chief Operating Officer	As and when required													X		Operational Delivery Committee Strategic Development Committee	No	Strategic Risk 1 Strategic Risk 2 Strategic Risk 3 Strategic Risk 8 Strategic Risk 11
Audit Wales Annual Audit Report	Audit Wales – Finance & Performance Lead	Annually													X		Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	**Executive Lead / Or External Lead**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. Board Committee**	**Onward Reporting into WG**	**Alignment to Strategic Risks on the BAF**
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually														X	Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF
NWSSP Internal Audit Services – Head of Internal Audit Opinion	Head of Internal Audit	Annually						Extra-Ordinary Board Meeting							X		Audit, Risk & Assurance Committee	Yes	

Business Continuity Planning *(EPPR Annual Compliance Statement – Outlining Strategic Responsibility)*	Executive Director of Strategy & Transformation	Annually														X	Strategic Development Committee	No	Strategic Risk 1
Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually														X	Operational Delivery Committee	Yes	Activity outlined in the plan will have been considered with alignment to the BAF in the prioritisation process.
Strategy Deployment: • Digital • People Plan • Health Protection	Executive Director of Strategy & Transformation Director of Digital Executive Director for People Executive Director of Public Health	As and when required			Strategy Deployment Framework		~~People Plan~~ NHS Wales Staff Survey 2025								X		Strategic Development Committee	No	All Strategic Risks
Joint Commissioning Committee (JCC) Annual Update	JCC Lead	Annually					Defer to July 2026		Defer to Sep 2026						X		No	No	Strategic Risk 1 Strategic Risk 2

Improving Care Strategic Goal aligned to Committee Business CONTD.
- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	**Executive Lead / Or External Lead**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. Board Committee**	**Onward Reporting into WG**	**Alignment to Strategic Risks on the BAF**
Capital Plans & Business Cases (in accordance with Scheme of Delegation)	Executive Director of Finance	All Regular Meetings as and when required													X		Operational Delivery Committee	Case dependent	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7
Strategic Business Cases for Approval	Executive Lead assigned to topic area	All Regular Meetings as and when required													X		Strategic Development Committee	Case dependent	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7

Creating Health Strategic Goal aligned to Committee Business

- Reducing Health Inequalities
- Equal focus on Mental Health and Physical Health
- Supporting our communities
- Being a Healthy Organisation

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually													X		Strategic Development Committee	No	Strategic Risk 2 Strategic Risk 8
Seasonal Planning Update	Chief Operating Officer	Annually													X		Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 8
CTM2030: Building Healthier Communities Together – Strategy Deployment Update	Executive Director of Strategy & Transformation	Annually													X		Strategic Development Committee	No	All Strategic Risks
Annual Review of the WBFGA Statement and Objectives	Executive Director of Public Health	Annually					Defer to Sept								X		Strategic Development Committee	No	Strategic Risk 7 Strategic Risk 8 Strategic Risk 11
SEW RJC Annual Review of Effectiveness & Activity	Director of Corporate Governance	Annually													X		No	No	
SEW RJC Terms of Reference	Director of Corporate Governance	Annually													X		No	No	
SEW RJC Highlight Report	Director of Corporate Governance	As and when required													X		No	No	

Inspiring People Strategic Goal aligned to Committee Business

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

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Chief Executives Report	Chief Executive	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	No	No	Topic dependent alignment to the BAF.
Chairs Report *(Inc. Affixing of the Common Seal /and Chairs Urgent Action)*	Chair	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	No	No	Topic dependent alignment to the BAF.
Annual Review and any Amendments of Standing Orders and Standing Financial Instructions	Director of Corporate Governance/Board Secretary	Annually and as and when amendments required.			⚑										⚑	X	Audit, Risk and Assurance Committee	No	Not applicable
Annual Report *(including Performance Report. Accountability Report and Remuneration Report)*	Director of Corporate Governance / Board Secretary	Annually						⚑ **Extra-Ordinary Board Meeting**							X	⚑	Audit, Risk and Assurance Committee	Yes	The Annual Report will reference the Strategic Risks facing the Health Board.
Annual Equality Report	Executive Director for People	Annually											⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 2
Strategic Equality Plan	Executive Director for People	Annually									⚑				X	⚑	Strategic Development Committee	No	Strategic Risk 2
NHS Staff Survey	Executive Director for People	Annually											⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7
Speaking Up Safely Annual Update	Director of Corporate Governance	Annually							⚑						X	⚑	Audit, Risk & Assurance Committee	No	Strategic Risk 3

Sustaining our Future Strategic Goal aligned to Committee Business

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

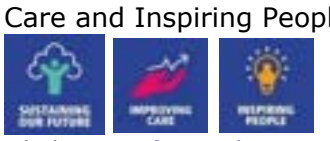
Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Annual Statutory Accounts	Executive Director of Finance	Annually						Extra-Ordinary Board Meeting							X		Audit, Risk and Assurance Committee	Yes	Strategic Risk 9
Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually													X		Charitable Funds Committee	No – Charity Commission.	Strategic Risk 2 Strategic Risk 9
Financial Performance Report	Executive Director of Finance	All Regular Meetings													X		Operational Delivery Committee	No	Strategic Risk 9
Capital Update	Executive Director of Finance	Quarterly													X		Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 9
Climate Action Plan *(Endorse Annual Plan Submission and Carbon Emissions Submission to WG)*	Executive Director of Strategy & Transformation	Twice Per Annum			Annual Plan						Carbon Emissions				X		Strategic Development Committee	Yes	Strategic Risk 7
Healthy Travel Plan *(Deployment Update -Output Measures and Success)*	Executive Director of Public Health	Annually							Defer to Nov						X		Strategic Development Committee	No	Strategic Risk 7 Strategic Risk 8
Annual Review of the Wellbeing of Future Generations Act Statement & Objectives	Executive Director of Public Health	Annually							Defer to Sept						X		Strategic Development Committee	Yes	Strategic Risk 7 Strategic Risk 8 Strategic Risk 10 Strategic Risk 11
Annual allocation of budget setting	Executive Director of Finance	Annually													X		Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 9

Governance / Board Business Governance Activity

- To support a strong governance framework to support effective and efficient Board Business.
- Creating a culture of integrity, transparency, and accountability

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB
Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meeting	⚑		⚑		⚑		⚑		⚑		⚑		⚑ (where there are no matters to escalate)	⚑ (where there are matters to escalate)	No
Board Committee Annual Reports	Director of Corporate Governance/Board Secretary	Annually							⚑ Defer to Sept		⚑				⚑	X	No
Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ If all actions are complete	⚑ If there are actions in progress / overdue actions	No
Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X	No
Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X	No
Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑ Annual Review		⚑ Except for the annual review in November	⚑ Annual Review in November only	No
Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑ Formal Assmt defer to July		⚑ Formal Assmt defer to Sept		⚑		⚑		X	⚑	No

CTMUHB Board Assurance Framework Dashboard

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future  Click Here for Risk 1a Click Here for Risk 1b	**a) Enough capacity to meet elective demand** **b) Enough capacity to meet emergency demand**	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future  Click Here for Risk 2	**Ability to deliver improvements which transform care and enhance outcomes**	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  Click Here for Risk 3	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future  Click Here for Risk 4	**Effective Community and Partner Engagement in service changes and developments**	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future  Click Here for Risk 5	**Delivery of a digital and information infrastructure to support organisational transformation**	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future  Click Here for Risk 6	**Ability to maintain a safe and fit for purpose estate infrastructure**	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  Click Here for Risk 7	**Fulfilling our Environmental and Social Duties and ambitions**	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  Click Here for Risk 8	**Prevention and early Intervention to support Healthy Life Expectancy**	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  Click Here for Risk 9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)**	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  Click Here for Risk 10	**Ability to develop a fit for the future estate to reflect our future clinical service model**	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care  Click Here for Risk 11	**Delivery of an Integrated Care Model**	Chief Operating Officer	Strategic Development Committee

Version 1 June 2026

CTMUHB Public Board

Board Committee and Advisory Group Highlight Reports

Eitem yr Agenda / Agenda Item	9.2.3
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter:	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance/Board Secretary
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board are being asked to NOTE the report.

1. Situation /Background

1.1 In line with the Standing Order requirements each Board Committee and Advisory Group is required to submit a Highlight Report setting out its activities at each meeting. This also provides a mechanism for escalating issues to the Board as required.

2. Specific Matters for Consideration

A number of Committee/Advisory Groups have been held since the Board last met in May 2026.

3. Key Risks / Matters for Escalation

3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. Assessment

5. Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd ***6.*** *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **7.** **8. Link to Strategic Risk(s) on the Board Assurance Framework** **9.** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable

Environmental Sustainability Impact (5Rs)	If more than one applies please list below:

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

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

Acronyms / Glossary of Terms	

10. Recommendation

10.1 The Board is being asked to **NOTE** the following Highlight Reports:

- Remuneration & Terms of Services Committee 10 March, 16 April and 14 May 2026 and 14 July 2026 (Appendix 1)
- Strategic Development Committee 12 May 2026 (On main agenda)
- CTMUHB Audit, Risk & Assurance Committee 19 May 2026 (Appendix 2)
- Hosted Bodies Audit, Risk & Assurance Committee 19 May 2026 (Appendix 3)
- Mental Health Act Monitoring Committee 27 May 2026 (On main agenda)
- Quality, Safety & Experience Committee 3 June 2026 (On main agenda)
- Stakeholder Reference Group 3 June 2026 (Appendix 4)
- Local Partnerships Forum 16 June 2026 (Appendix 5)

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CTMUHB Public Board

Remuneration and Terms of Service Committee Highlight Report

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 1
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Louise Stait, Interim Assistant Director Governance and Risk
Cyflwynydd yr Adroddiad / Report Presenter:	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive/Accountable Officer
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Sustaining Our Future
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable - this is a routine Committee Highlight Report to the Board.

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Remuneration & Terms of Service Committee at its meetings held on 10 March, 16 April, 14 May and 14 July 2026.

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

2. Purpose of this Meeting

2.1 The purpose of the Remuneration & Terms of Service Committee is to provide:

- ***advice*** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other very senior staff within the framework set by the Welsh Government.
- ***assurance*** to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.
- ***receive reports*** relating to the remuneration and terms of service, including contractual arrangements, for Directors and Very Senior Managers of hosted bodies.

3. Highlight Report

Alert / Escalate	• Nil
Advise	• The Committee approved the substantive appointment into the post of NHS Wales Joint Commissioning Committee Chief Commissioner and approved the associated level of remuneration, noting the recruitment and selection process undertaken and the strategic importance of the role. • The Committee approved the Recognition Payment associated with the All-Wales Band 2/3 Healthcare Support Worker Framework. Members noted the significant activity underway to implement the framework and ensure payments are made in line with the nationally agreed requirements. • The Committee approved a one-off redundancy payment in accordance with the relevant national terms and conditions of service, noting the circumstances leading to the

	redundancy situation and the actions taken to avoid compulsory redundancy. • The Committee noted that work is underway to develop a formal Executive and Senior Pay Recruitment and Remuneration Procedure. This is intended to strengthen governance arrangements, clarify approval requirements and ensure appropriate documentary evidence is maintained in support of Executive appointments.
Assure	• The Committee received assurance on the performance management and objective-setting arrangements in place for the Executive Team. The Committee noted that arrangements are supported by ongoing leadership development, regular performance discussions and succession planning activity, and that no concerns were raised regarding the current arrangements. • The Committee also received assurance on the performance management arrangements in place for the Chief Executive, including oversight through internal and external NHS Wales mechanisms. Members noted that the next round of performance management discussions is expected in late summer or autumn 2026, with a further update to be provided to the Committee in the autumn. • Members discussed the timing and sequencing of objective-setting for the Chair, Vice Chair, Chief Executive and Independent Members. It was agreed that the planned timing for 2026/27 would continue, with the sequencing and timing to be reviewed for 2027/28 to support improved alignment while avoiding unnecessary duplication of objectives.
Inform	• The Committee approved the unconfirmed minutes of previous meetings as true and accurate records and noted the Committee Cycle of Business.
Appendices	Not applicable

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not applicable — this report provides a routine summary of Committee business

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / **Link to Wellbeing of Future Generations Act – Wellbeing Goals**	A More Equal Wales

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Leadership
	Culture & Valuing People
	Learning, Improvement & Research

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality: Not applicable — this is a routine Committee Highlight Report. Outcome for Welsh Language: Not applicable — this is a routine Committee Highlight Report.	Named Executive/Board member sign off for no EWLIA completion: Gareth Watts, Board Secretary and Director or Governance
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*	Not applicable — this is a routine Committee Highlight Report and does not propose a service change or decision requiring a Quality Impact Assessment.	

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

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

Acronyms / Glossary of Terms	

CTMUHB Public Board

Highlight Report from the Audit, Risk & Assurance Committee

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 2
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Patsy Roseblade, Independent Member, (Chair of Audit, Risk & Assurance Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	As above
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Audit, Risk & Assurance Committee at its meeting on 19 May 2026.

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

2. Purpose of this Meeting

2.1 The role of the Committee is to advise and assure the Board on whether there are effective arrangements in place – through the design and operation of the Health Board system of assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

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

3. Highlight Report

Alert / Escalate	No matters of concern for escalation or alert on this occasion.
Advise	**Losses and Special Payments** – The Committee noted the report and the continuing financial risk associated with the Welsh Risk Pool sharing agreement, including the need to maintain organisational learning and oversight of cash flow implications. **Procurement and Post Payment Verification** – The Committee noted continued operational pressures in procurement, alongside stronger controls and improving oversight. Members also noted progress in post-payment verification, with greater emphasis on validation, learning and reduction of repeat error.

	Internal Audit – The Committee noted the Progress Report, received the review of Savings Centrally Led Programmes with Limited assurance, and considered the 2026-27 Internal Audit Plan. **Members emphasised the importance of timely management responses** and continued alignment of audit work to strategic risk. **Audit Wales and Clinical Audit** – The Committee noted the Audit Wales update and 2026-27 Audit Plan, together with the Clinical Audit update, including limited delays in a small number of audits due to temporary capacity gaps.
Assure	**Speaking Up Safely –** The Committee noted positive progress through the Speaking Up Safely arrangements, reflecting growing staff confidence in using the framework. Members also emphasised the importance of maintaining visibility of themes and learning as the arrangements mature. **Counter Fraud** – The Committee took assurance from the Annual Report, ongoing operational performance, the 2026-27 Work Plan and the Functional Standard Return. Members noted continued strong compliance, improved staff confidence in reporting concerns and further development of prevention and data-led capability. **Board Assurance Framework** – The Committee endorsed the updated Board Assurance Framework for Board approval and was assured that the amendments strengthened the articulation of current strategic risk and associated controls. **Organisational Risk Register** – The Committee noted the refreshed register and emphasised the importance of clear alignment between operational and strategic risk reporting. **Audit Recommendations Tracker** – The Committee noted continued improvement in reducing overdue recommendations, supported by strengthened monitoring and accountability arrangements, whilst recognising the need for clearer reporting and realistic action management. **In Committee** – The Committee also received updates in closed session on the draft Annual Report and Accounts, financial statements audit, business-sensitive risks, control breaches, counter fraud cases, data lapses and Audit Wales' digital transformation work.
Inform	The Committee received the **Declarations of Gifts, Hospitality and Sponsorship** report and noted entries on the relevant registers.

	Under the Consent Agenda, the Committee **approved**: • the unconfirmed minutes of the meeting held on 3 February 2026; • the unconfirmed In Committee minutes of the meeting held on 3 February 2026. The Committee also **noted** the following items under the Consent Agenda: • Audit Wales Annual Report 2025-26; • Audit Wales Structured Assessment; • outcome of the Committee referral to the Quality, Safety & Experience Committee in relation to the Audit Wales Eye Care Services report; • Counter Fraud Steering Group Highlight Report; • Annual Cycle of Business 2026; • Forward Work Programme.
Appendices	Not applicable.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not Applicable If more than one applies please list below:

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

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Not Applicable If more than one applies please list below:

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

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

Audit, Risk & Assurance Committee	19/05/2026	The Committee considered the matters summarised in this highlight report and agreed its submission to the Board for noting.

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
FCPs	Financial Control Procedures
SFIs	Standing Financial Instructions

CTMUHB Public Board

Highlight Report from the Hosted Bodies Audit, Risk & Assurance Committee

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 3
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Patsy Roseblade, Independent Member, (Chair of Audit, Risk & Assurance Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	As above
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit, Risk & Assurance Committee at its meeting on 19 May 2026.

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

2. Purpose of this Meeting

2.1 The Committee operates in accordance with the NHS Audit Committee Handbook, as appropriate.

The Committee also considers matters relating to the roles and responsibilities of committees hosted by CTMUHB on behalf of NHS Wales, as appropriate. Since 1 April 2024, this has included the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). Meetings are therefore divided into two parts, with CTMUHB business and hosted committee business considered and recorded separately.

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

Where appropriate, the Committee also advises the Board and the Accountable Officer on where the assurance framework may require strengthening or further development.

3. Highlight Report

Alert / Escalate	No matters of concern for escalation or alert on this occasion.

Advise	The Committee received the **Joint Commissioning Committee Strategic Update**, which focused on the following key areas: • An improved format with a stronger focus on assurance, including clearer articulation of key issues, financial performance and strategic priorities. Members welcomed the revised approach, particularly the emphasis on strategic priorities, system-wide transformation and the scale of ongoing work. • Assurance arrangements for commissioned services, particularly NHS 111 and ambulance services. While risks, performance and mitigations are monitored through established JCC governance structures, Members sought greater clarity on how these arrangements translate into assurance for Health Boards and for the Committee. • System-wide pressures affecting ambulance services, particularly handover delays. • Ongoing work to clarify commissioning roles, responsibilities, and performance management arrangements across organisations, including Welsh Government and partners. • The JCC's role extends beyond commissioning and includes broader system oversight and partnership working. • Work is underway to strengthen governance arrangements and clarify organisational responsibilities. • Attendance and senior representation at JCC sub-committees is being addressed following effectiveness reviews. • The annual review of the hosting agreement is on track, with no major changes expected. • Legacy HR issues have largely been resolved, with acknowledgement of the support provided. The Committee requested a future report setting out a clear overview of assurance arrangements for NHS 111 and ambulance services, including governance structures, roles and reporting mechanisms. The Chair formally recorded her thanks to H George for his leadership of the Joint Commissioning Committee and his support to the Committee, and wished him well for his retirement. **Action Log –** The Committee reviewed progress against the Action Log, noted the position on outstanding actions and overall delivery, and discussed the following key matters: • Right Care, Right Person transport arrangements remain unclear in terms of long-term responsibility and solution.

	Interim arrangements are in place, but the action will remain open pending further clarification, with updates expected following discussions with Welsh Government. • Risk 92 (Cardiff and Vale posts): Members were assured that recruitment processes have improved, vacancy levels have reduced, and the position has stabilised, although ongoing monitoring will continue. The action was agreed for closure. • National Imaging Academy Wales (Gateway 5) action: a meeting with Welsh Government is planned to clarify next steps, with Members requesting clearer future updates linking issues, actions and closure. Members also noted progress on other actions, including commissioning and workforce-related issues, with several actions agreed for closure where sufficient assurance was provided.
Assure	**Joint Commissioning Committee Risk Register –** The Committee received the risk register, noting that it included 15 high and extreme risks (scoring 15 and above), primarily relating to commissioning, alongside a smaller number of corporate risks such as finance and high-cost medicines. Members considered recent changes, including new, escalated, de-escalated and closed risks. Discussion focused on: • The need to improve clarity of risk descriptions, ensuring they reflect commissioning risks rather than provider-level issues. • Strengthening the robustness of mitigating actions, with clearer articulation of how risks will be reduced, including short-term actions. • Ensuring risks remain current and aligned to the evolving financial, strategic and transformation context. The Committee also noted the forthcoming Joint Assurance Framework (JAF), which is expected to improve alignment between strategy, risk, and assurance. **Joint Commissioning Committee Audit Tracker –** The Committee received an update on progress against internal audit recommendations, noting the position on completed and outstanding actions across the audit programme. Ongoing work in key areas was highlighted, particularly Finance Systems and Traumatic Stress Wales (TSW), where a number of recommendations remain in progress. Discussion on TSW focused on the complexity of the service transfer between organisations, which is affecting implementation.

	The Committee sought further assurance on service continuity during the transition and requested a more detailed update on progress, risks and mitigating actions. It was agreed that further reporting would be provided, including through the JCC Strategic Update report, to support ongoing oversight. **National Imaging Academy Wales (NIAW) Risk Register** - The Committee reviewed the NIAW risk register, noting a limited number of risks, comprising one high risk relating to Clinical Radiology Specialist Trainee numbers and two moderate risks linked to delivery confidence and the Radiology Informatics System Procurement (RISP) project. Discussion was held on the potential impact of these risks on workforce capacity, delivery of strategic objectives, and stakeholder confidence, with assurance provided that mitigating actions are in place and ongoing engagement is taking place with key partners, including Welsh Government and Health Education and Improvement Wales (HEIW).
Inform	The **Unconfirmed Minutes of the meeting held on 3 February 2026** were **APPROVED.** The **Action Log** was received and noted.
Appendices	Not applicable.

4. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Not Applicable If more than one applies please list below:

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

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	Not Applicable If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	Not Applicable If more than one applies please list below:

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

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Hosted Bodies Audit, Risk & Assurance Committee	19/05/2026	The Committee considered the matters summarised in this highlight report and agreed its submission to the Board for noting.

Acronyms / Glossary of Terms	
JCC	Joint Commissioning Committee
CTM	Cwm Taf Morgannwg
NIAW	National Imaging Academy Wales

Version 1 June 2026

CTMUHB Public Board

Stakeholder Reference Group Highlight Report

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 4
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Julie Powell-Jones Planning Business Support Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Claire Thompson, Interim Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action/decision required
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Improving Care If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Stakeholder Reference Group at its meeting on 3rd June 2026.

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

2. Purpose of this Meeting

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

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

2.2 The CTUHB Stakeholder Reference Group will: -

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

3. Highlight Report

Alert / Escalate	There are no matters requiring escalation on this occasion
Advise	**Membership update:** Following Board approval on 26 March 2026, one new member joined the SRG at the meeting held on 3 June 2026, representing CTMUHB's Ffrindiau LGBTQ+ staff network. An update was provided on engagement with Youth Forums across each local authority area. Initial contact has been made with Bridgend Youth Council, including discussions on securing young person representation within the SRG. Feedback from the Youth Council's internal discussions are awaited. Members were advised of the following current vacancies:

	• Third Sector Representative (Merthyr) • Local Authority Member (Bridgend) • Carers Representative (Merthyr) • Welsh Ambulance Services Trust (WAST) Suggestions for potential candidates were received and will be explored further ahead of the next SRG meeting. No nominations have been received to date for a Welsh Language representative. Members were reminded of the option to access the SRG through the medium of Welsh. All SRG documents will continue to be circulated bilingually.
Assure	**<u>Specialist Palliative Care: update on public engagement</u>** An update by the Service Director for Primary Care and Community provided an update on the seven-week engagement (Feb–Apr 2026) which gathered 625 responses and engagement from the public, staff, partners, and stakeholders. Key issues raised included maintaining quality local care, confidence in community services, access to inpatient beds, and transport challenges. Concerns around pressure on families, inequalities, and community capacity were also highlighted. Responses confirmed that stakeholders, including social care providers and elected members, were engaged through targeted briefings and events. Assurance was provided that patients will continue to have equitable access to inpatient beds at regional centres. The Health Board approved progressing the service redesign, focusing on consolidating inpatient services and strengthening community provision. Next steps include work towards the future model which will include workforce changes, enhanced community services, improved bereavement support, consideration of transport issues, taking into account all of the issues raised during the engagement including consideration of transport issues. Ongoing engagement will take place to support implementation and build confidence.

	CTM Nurturing Families Service A presentation was given to Members by the Clinical Lead of the CTM Nurturing Families Service. The Nurturing Families service, now in phase two, is a specialist parent–infant relationship service focused on supporting families during the first 1,000 days of a child's life. This is a critical period for development and long-term wellbeing. The service provides both workforce development (training, consultation, and reflective practice) and direct therapeutic support through group and one-to-one interventions across CTM. To date, over 200 practitioners have been trained, and early feedback shows improved confidence and practice. Initial pilots of direct support are underway across local authority areas, with a focus on measuring impact and building evidence to support the service's sustainability and future development.
Inform	**Stakeholder Reference Group Annual Report** Ahead of the SRG meeting on 3 June 2026, the Stakeholder Reference Group Annual Report was circulated to members and approved prior to submission to the July CTMUHB Board. **Terms of Reference** Ahead of the SRG meeting on 3 June 2026, the Terms of Reference was circulated to members and were ratified and approved prior to submission to the July CTMUHB Board. The SRG is in the process of drafting an Easy Read version of the TOR which will be shared for comments with SRG Members. **IMTP Update** An update was given to Members that the IMTP Three Year Plan (previously shared with the SRG) was approved by the Board in March. Ongoing feedback was invited to inform both current delivery and future planning cycles. It was explained that the plan is founded on the basis of being able to deliver a balanced financial position, supported by a significant savings programme. The nature of the IMTP as a three-year forward plan is such that it may result in formal service change proposals. Any formal

	service changes will follow service change processes and will be shared with the SRG for engagement. **Service Change Updates** The Health Board has reviewed its processes for service change and continues to strengthen the oversight and delivery of service change across the organisation. A central log of all service changes is maintained and from this log, updates are provided to key groups internally and to Llais. A summary of current changes will be included in a presentation format and shared at future SRG meetings. New standard operating procedures have been developed to ensure all changes whether temporary and urgent, or planned are delivered safely, consistently, and in line with legal and governance requirements. This includes clearer processes for review, engagement, and evaluation, with a strong emphasis on transparency, continuous learning, and meaningful stakeholder involvement. **Work Programme** The Work Programme was circulated prior to the meeting of the SRG on 3 June 2026 **Any Other Business** None received.
Appendices	Not applicable

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

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

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

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

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

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

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

Acronyms / Glossary of Terms	
PCH	Prince Charles Hospital
CTMUHB	Cwm Taf Morgannwg University Health Board
CTM	Cwm Taf Morgannwg
IMTP	Integrated Medium Term Plan
SRG	Stakeholder Reference Group
POWH	Princess of Wales Hospital
RCTCBC	Rhondda Cynon Taf County Borough Council
BCBC	Bridgend County Borough Council
SPC	Specialist Palliative Care
LQBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning or Ace
SOP	Standard Operating Procedures

Version 1 June 2026

Local Partnerships Forum

Local Partnership Forum (LPF) Highlight Report

Eitem yr Agenda / Agenda Item	9.2.3 Appendix 5
Dyddiad y Cyfarfod / Date of Meeting:	30 July 2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Nerys Heightley, Business Support Manager
Cyflwynydd yr Adroddiad / Report Presenter:	Hywel Daniel, Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Deputy CEO/Executive Director for People
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	No action or decision required. Report is for noting only
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Inspiring People If more than one applies please list below:
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Not applicable

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Local Partnership Forum at its meeting on 16 June 2026.

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

2. Purpose of this Meeting

2.1 The purpose of the LPF is to provide regular and formal dialogue between the Executive Directors and trade union / staff organisation colleagues. The meeting allows all parties to engage with each other to inform, debate and to seek to agree local priorities, on workforce and health service issues.

2.2 The LPF will provide the formal mechanism for consultation, negotiation and communication between the trade union organisations and the Health Board's management.

2.3 The meeting agenda is structured in two parts. Part 1 is the Business Part focused on operational matters, primarily with members of the People Directorate. Part 2 provides opportunity for engagement on Health Board strategic matters.

3. Highlight Report

Alert / Escalate	There were no matters requiring escalation to the Board on this occasion.
Advise	• Workforce Metrics Workforce productivity and value and effectiveness programme remains a key area of focus, particularly around reducing agency reliance, improving medical job planning compliance and maximising workforce effectiveness. There has been a significant deterioration in month 2 position in terms of financial spend which was driven by pay spending; work is ongoing with the care groups to understand what caused the increases and what the plans are to recover the financial position. Two key areas of work within the programme are medical and nursing midwifery. Medical we are currently looking at bringing in a new managed service provider, with a focus area on 30% reduction for agency spend and 10% reduction in ADH's. In nursing they will look at a target of 30% agency reduction and rostering compliance. Work is ongoing around student streamlining ensuring we maximise opportunities for students to join CTM. The team have worked with care groups to ensure every opportunity has been explored to maximise the opportunities for students. It was noted that nursing turnover has decreased to 5%; the national

	modelling suggests that this is a temporary problem and in 2-3 years we will have an under supply of nurses. • Update on People Policies The DBS Policy and Fixed Term Contract Policy have been implemented. Manager briefing sessions on the Fixed Term Contract Policy have commenced, with further communications to be shared via Trade Union networks and Operational Management Board (OMB). The Recruitment and Selection Policy and Starting Salary Procedure are currently under review. Proposed changes to the Recruitment and Selection Policy include extending the re-joiner provisions for registered health professionals from three to six months, extending reserve list usage from three to six months, and clarifying recruitment processes and scoring arrangements. Implementation is anticipated in August 2026, subject to appropriate governance and vacancy controls. The Starting Salary Procedure aims to simplify processes, better recognise NHS and non-NHS experience, and streamline decision-making through delegation to People Services. The proposal will proceed to consultation and Executive Management Board (EMB) consideration, with an emphasis on remaining competitive and avoiding unnecessary pay reductions for external recruits where appropriate.
Assure	• Managing attendance at work Sickness absence remains above target and continues to be a significant organisational challenge, although improvements have been seen in several service areas, including Facilities, Primary Care & Community Services, Chief Operating Officer COO and Corporate Services. Increases remain evident within Unscheduled Care, Mental Health & Learning Disabilities, and Children & Families. Anxiety, stress and depression continue to be the primary causes of absence, with particular concerns regarding stress-related absence in Emergency Departments. Assurance was provided that all long-term absence cases exceeding six months are now centrally monitored, with People Services support in place for managers. Whilst return-to-work compliance has improved, it remains below expected levels and will continue to be subject to scrutiny through performance review arrangements, with greater accountability required across Care Groups.
Inform	• Band 2/3 re-banding The Board received an update on the Band 2/3 re-banding exercise and noted that the process has progressed successfully. Over 1,300 Band 2 roles have been assessed, with 1,272 staff

	due to transition to Band 3. Implementation remains on track for the July payroll, including corrective and recognition payments. The revised Band 3 pay rates issued through a recent WG circular will be implemented in August and backdated to 1st April. • Shift Pattern update The proposed shift pattern review was received and noted that the formal collective consultation has concluded without agreement on a recommended proposal. While there remains a shared view that greater consistency and alignment of shift patterns is important to support fairness and equity across the Health Board, no consensus was reached on the proposed approach. Subject to Board approval, the next phase will involve individual consultation with affected staff, with both management and Trade Union representatives emphasising the need for clear communication, transparent rationale, myth-busting, opportunities to address concerns, and continued partnership working. It was noted that the proposal will be presented to Board in July. • Inspire Leadership Development Evaluation The evaluation of the Inspire Leadership Development Programme demonstrated positive outcomes, including stronger cross-organisational collaboration, enhanced leadership capability and increased confidence in managing challenging conversations. Participation and completion rates were high, highlighting the value of leadership development as a strategic priority. The programme will continue to expand, with over 80 nominations received for future cohorts, including programmes for new Care Group leaders and Directorate Management Teams. • Staff Survey 2025 Staff Survey 2025 results showed a near 9% increase in response rates, improved staff engagement, and positive progress in patient safety and speaking up. Analysis of over 1,300 free-text comments highlighted ongoing concerns relating to workload pressures, burnout, communication, recruitment and involvement in change, alongside positive feedback about local teams and managers. Two key organisational priorities were identified: reducing abuse, violence and aggression towards staff, and improving staff engagement and conversations around change, wellbeing and early intervention. Care Groups and Directorates are developing local improvement plans, with preparations underway for the 2026 survey and an ambition to further increase response rates.
Appendices	•

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

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

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

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

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

from dropdown and Executive sign off.)	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not applicable — this is a routine Committee Highlight Report. Summary of impact:	Hywel Daniel, Executive Director for People
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable — this is a routine Committee Highlight Report and does not propose a service change or decision requiring a Quality Impact Assessment.	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report	

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

Acronyms / Glossary of Terms	

CTMUHB Public Board

Capital Programme Update 2026/27

Eitem yr Agenda / Agenda Item	9.2.4
Dyddiad y Cyfarfod / Date of Meeting:	30/07/2026
Statws Cyhoeddi / Publication Status:	Open/Public. Not Applicable.
Adroddiad wedi'i baratoi gan / Report Prepared by:	Carolyn Blockley, Head of Capital
Cyflwynydd yr Adroddiad / Report Presenter:	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance
Diben yr Adroddiad / Report Purpose:	For Noting
Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Board are asked to: **NOTE** the funding position for 26/27, commitments made against this allocation and temporary mitigation for overcommitted position. **NOTE** the bid submitted to WG for additional funding **NOTE** progress on Major Capital Schemes **NOTE** planned disposals in 2026/27 **NOTE** upcoming discussion on longer term capital plans

1. Situation /Background

The purpose of this report is to provide an update on the latest approved capital funding, approved commitments and spend for 26/27 as at the 31st May 2026.

2. Specific Matters for Consideration

2.1 26/27 Capital Funding Position

The latest capital funding position for 26/27 is shown in **Table 1** below comprising £5.436m discretionary and £134.153m All Wales Capital funding. This gives a total CRL of £139.589m. Actual IFRS16 funding requirements for 26/27 have not yet been requested but estimates have been submitted.

Funding is added to Table 1 to show donations of £0.036m and NBV of assets sold of £0.067m which takes the total funding available in year to £139.692m

Since the last reporting an additional £0.770m of Mental Health funding was secured for works in PoWH.

Table 1 Confirmed CRL funding 2026/27	**Current CRL £'000**
Discretionary allocation 2026/2027	5,436
Prince Charles Hospital Refurbishment - Phase 2	18,621
Decarbonisation Project	9,931
National Imaging Academy Wales Discretionary	200
TEF - Fire	1,457
TEF - Infrastructure	3,731
TEF - Decarbonisation	2,320
TEF - Mental Health	2,992
TEF - Infection Prevention Control	2,429
TEF - Decontamination	2,000
Interventional Radiology (IR), Royal Glamorgan Hospital	627
Llantrisant Health Park - Phase 1	65,057
Llantrisant Health Park - Phase 2 OBC Fees	796
Prince Charles Hospital - Phase 3 - PCH Ground and 1st floor	17,188
Efab - Decarbonisation	144
Backlog Maintenance - 2024-25	249
Pharmacy Robot, Royal Glamorgan Hospital	409
Hospital Helicopter Landing Site Schemes 2025-26	165
Mental Health Quality and Safety Scheme 25-26	479
Mental Health Quality and Safety Schemes 2026-27	770
DPIF	
DPIF - single clinical record within mental health and learning disabilities' (MHLD)	100
IRCF	
Bridgend Health & Wellbeing Centre	2,701
Maesteg Health and Wellbeing Park	961
IRCF - Llanilid Health and Wellbeing Hub	700
Kier Hardie Health Park	126
All Wales Capital Funding	**134,153**
IFRS 16 Funding	**0**
Total WG Funding	**139,589**
Disposal of Assets with NBV	67
Government granted/Donated income	36
Total Capital Funding as at 11.5.2026	**139,692**

2.2 Anticipated Funding Adjustments

The allocation for PCH Ground & First Floor (GFF) Phase 2 will be reduced at the end of June by £5.2m as this scheme is expected to underspend overall. An element of the forecast underspend is being returned prior to scheme completion in October to ensure WG have time to re allocate appropriately.

Following the announcement of £20m additional capital funding available across Wales , WG invited all organisations to submit funding bids for backlog maintenance and digital . Bids totalling £9.607m (£5.788m digital and £3.819m backlog) were submitted at the end of June for consideration.

2.3 2026/27 Discretionary Programme Commitments

As noted above there is £5.436m of Discretionary Capital available in 2026/27 after top sliced TEF funding and slippage adjustments. When the plan for the year was approved , it was anticipated there would be £7.514m available.

Table 2 below shows the initially approved plan and the current position as of June 2026 . This shows an allowance of £2m was initially provided for brought forward schemes; there was however significantly more slippage than this overall. For All Wales Capital Programme schemes alone £3.877m was required from discretionary capital to manage the position. In addition to this, slippage on discretionary capital schemes landed at just under £1m leaving the position for 2026/27 significantly more overcommitted than envisaged when the plan was initially agreed.

All options to bring forward spend on other schemes were taken including G&FF, Llantrisant Health Park (LHP) and a number of TEF schemes. The most significant late slippage was however on Bridgend Health & Wellbeing Centre (BHWBC) where, due to delays, £1.1m was required to be managed into 2026/27 .

ECMG agree each year to over commit the programme to assist with managing inevitable year end slippage on capital schemes. When slippage is confirmed, it is managed appropriately to ensure a balanced outturn position at the end of the financial year. This year the planned overcommitment is based on 25% of the initial allocation before deductions such as TEF contribution and hence equates to £3.369m . This overcommitment is an increase on the prior year's 17.5% but reflects that this is intended to manage slippage on the whole £140m programme and not just on the discretionary element.

The table below shows that due to the additional slippage from prior year, there is currently a £5.713m overcommitment compared to the planned £3.369m. There is clearly significant pressure on the discretionary plan this year which has been discussed and reviewed at ECMG . As a result, £0.805m of backlog schemes have been put on temporary hold. This combined with the £2.144m of service redesign schemes not yet committed brings the plan to a manageable position until further funding is secured.

Cwm Taf Morgannwg Discretionary Capital Plan 26/27 M3			
Table 2 - Discretionary Funding and Allocations		**Approved Plan 26/27**	**June Closing Position £'000**
Funding Sources			
Discretionary Capital Funding		13,474	13,274
TEF Top Slice		-3,960	-3,960
All Wales Capital Scheme Commitments B/F		-2,000	-3,877
Disposals			0
25% Over commitment		3,369	3,369
Total Funding (Including over-commitment)		**10,883**	**8,806**
Department Allocations			
IT	Funding	2,068	2,068
	Expenditure Allocations	2,068	2,027
	Contingency Allocation	-	-
Statutory Compliance	Funding	1,632	1,632
	Expenditure Allocations	1,636	1,636
	Contingency Allocation		-
Backlog Maintenance	Funding	2,068	2,068
	Expenditure Allocations	1,988	2,388
	Contingency Allocation	80	-
Equipment	Funding	1,741	1,741
	Expenditure Allocations	1,631	1,354
	Contingency Allocation	110	-
Service Redesign	Funding	3,374	3,374
	Expenditure Allocations	1,945	1,601
	Contingency Allocation	1,429	2,144
Sub Total Committed Expenditure		**9,268**	**9,006**
Subtotal amounts remaining to commit		**1,619**	**2,144**
Total anticipated Spend		**10,887**	**11,150**
Position against Funding (including planned overcommitment)		**-4**	**-2,344**
Position against actual funding under/(Over)		**-3,373**	**-5,713**

Equipment funding is fully committed and hence no further allocations are planned until additional funding is available from WG, or slippage identified. Operational Capital Group meet monthly to discuss priorities and there are currently equipment priorities totalling £1.715m awaiting funding. Priorities totalling £6.483m have also been presented under Service Redesign. A significant number of these will not progress in 2026/27 due to funding availability but also capacity constraints within Capital , Estates and Procurement teams.

The spend to 31st May across all schemes is £9.976m which is equal to 7% of the total committed spend. This is in line with the planned profile as significant spend on Llantrisant Health Park is profiled later in the year.

2.4 IMTP

As noted in the previous update , further discussion is required to confirm major capital priorities going forward. This is scheduled for 1st October 2026 .

Business cases are in development for the below schemes, and discussions have commenced regarding priorities for future TEF schemes and a 2nd phase REFIT project . In addition, a number of Mental Health priorities are developed and ready to submit should further funding become available with the ringfenced funding in WG.

Llantrisant Health Park Phase 2
Maesteg SOC/OBC

Llanilid SOC/OBC
KHHP Learning Disabilities BJC
Caswell Fire Improvements (part of SB Case)

2.5 Disposals

Following Board approval to dispose of Pontypridd Cottage Hospital , the property has been listed on the NHS Wales Estates Database (formally Electronic Property Information Mapping Service -EPIMS) . There has been interest from a few parties and viewings are being undertaken

The transfer of Bryncethin Clinic completed 1st April 2026 as part of the land swap arrangement with Codi for the land on which Bridgend Health and Wellbeing Centre is being built. The remaining two clinics required as part of the land swap are Quarella Road and Bryntirion, these will transfer on completion of the Health Centre later in 2026/27.

Key Risks / Matters for Escalation

Whilst a substantial proportion of the 2026/27 CRL is associated with the LHP programme and therefore does not impact the existing estate, there remains a large number of complex schemes within the remaining TEF and discretionary programme to be delivered. Expectations around delivery timescales for these approved schemes, and the limited capacity to accommodate any additional priorities as they emerge needs to be carefully managed across the Health Board.

3. Assessment

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* **Link to Strategic Risk(s) on the Board Assurance Framework** (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Strategic Risk 10 If more than one applies please list below:

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

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

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

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not applicable Summary of impact: Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Not applicable Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion:
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome** *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)*	Not applicable	
Cyfreithiol / Legal	Yes (Include further detail below) Legal implications of the capital programme are assessed for each project and advice sought accordingly	
Enw da / Reputational	Yes (include further detail below) Reputational risk if backlog maintenance issues not addressed.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact**	Yes (include further detail below) The paper discusses the use of capital resources	

(People / Financial)	

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Executive Capital Management Group	24/06/2026	Noted
Operational Delivery Committee	28/07/2026	Noted

Acronyms / Glossary of Terms	
AWCP	All Wales Capital Programme
BCBC	Bridgend County Borough Council
BJC	Business Justification Case
CRL	Capital Resource Limit
CRM	Welsh Government Capital Review Meeting
DPIF	Digital Priorities Investment Fund
ECMG	Executive Capital Management Group
ED	Emergency Department
FEN	Fire Enforcement Notice
FBC	Full Business Case
IRCF	Integration and Rebalancing Care Fund
IFRS	International Financial Reporting Standards
IPC	Infection Prevention and Control
ICT	Information and Communication Technology
IMTP	Integrated Medium Term Plan
KHHP	Keir Hardie Health Park
NBV	Net Book Value
NWSSP SES	NHS Wales Shared Services Partnership Specialist Estates Services
OBC	Outline Business Case
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RIBA	Royal Institute of British Architects
RGH	Royal Glamorgan Hospital
SOC	Strategic Outline Case
TEF	Targeted Estates Funding
WG	Welsh Government
YCR	Ysbyty Cwm Rhondda
YCC	Ysbyty Cwm Cynon

Appendix 1 – Major Capital Schemes Update

PCH ground and first floor Phase 2

CRL funding for 26/27 for phase 2 is £18.621M and for phase 3 is £17.188M.

Phase 2 is due to complete in October 2026 and the current forecast is that there will be a £7.4m underspend against the total budget of £221.6m.

Sections 1, 2, 3, 4 and 6 have been completed. Construction work is ongoing concurrently in the remaining work section, namely Section 5.

The remaining contingency balance on this phase 2 of the scheme is currently £0.158m.

Final accounts have been agreed on sections 1, 2, 3 and 6 and the gainshare for these is confirmed at £5.6m. However, the remaining gainshare figure is yet to be determined as Section 3 & 4 final accounts are yet to be agreed and Section 5 is still in progress. These form a significant part of the forecast scheme underspend position.

As agreed at last CRM with WG, an element of the forecast underspend on this scheme will be declared and returned by end of June 2026. The value to return was agreed at the GFF Project Board on 22nd June 2026 as £5.2m and hence WG have been notified of this. This still leaves a forecast underspend against the in year and overall position however, given this forecast position could be subject to change as works are still on site, this is considered a reasonable approach at this time.

PCH ground and first floor Phase 3

The Full Business Case for Phase 3 was submitted to WG on the 19th December 2025 following Board approval. Presentation made to the Welsh Government Infrastructure Investment Board 13th February 2026 and funding approval for spend of £41.679m was given 26th February 2026. The scheme commenced 30th March 2026.

HMRC have agreed that VAT recovery on scheme will be treated separately from Phase 2. No VAT is currently being recovered on section 7 until this process is agreed and initial percentage confirmed.

Bridgend Health and Wellbeing Centre

As at the end of June reporting to ECMG , the Practical Completion Date had been revised to 17th July to align with completion of the S111 works and to accommodate delays in the commissioning and defect rectification programme. A further issue has since been identified during testing and commissioning (9th July) where the contractor has confirmed that 6 fire smoke dampers (FSD's) have been

missed from two locations in their design package citing co-ordination issues within their M&E design process. The immediate implication is that there is a four-week lead-in time from the manufacturer and an additional two week install, re-commission and making good period resulting in a revised completion date w/c 24th August. All avenues to reduce this period are being looked at. FSD's form part of the fire safety system and as such are life critical meaning that no certificate can be issued until approved sign-off of the ventilation system.

In addition, Section S111 Highway works are on-going with the target completion date remaining 24th July. The Local Authority have however requested additional works to upgrade the road wearing surface 14m either side of the new toucan crossing citing unforeseeable additional wear and tear. The impact of this is still to be confirmed but iS not expected to add further delay to the above revised August date.

Target completion date for commissioning and testing (less the ventilation system) is 28th July subject to there being no further major problem issues identified for the remaining system items.

DRAC Consultancy (Clerk of Works) weekly defect reviews are on-going. They are currently reporting notable progress being made but are also highlighting as a risk that a substantial amount of work remains to meet the defect completion target date.

The Health Board are working with the GP practice on contingency arrangements due to the delay. Initial occupancy of the Health Centre will be phased with priority given to the Bridgend Group Practice. Full building occupation is now expected by mid-October.

In respect of pharmacy, expressions of interest were received from two pharmacy providers, next steps are now being agreed with procurement .

The transfer to Linc of Bryncethin took place 1st April 2026 On completion of the Health Centre and hence transfer of land to the Health Board, the 2 remaining clinics will transfer to the Codi.

RGH Theatres (Vanguard)

The Endoscopy unit has been removed and the costs agreed. Discussion regarding the remaining removal costs has been paused while a potential scheme linked to a Welsh Government announcement of additional funding to increase surgical capacity across Wales.

Maesteg/Llynfi Valley

A workshop was held on 8th May to update the options appraisal with the inclusion of the alternative site at Ewenny Rd. A preferred option was identified, and a paper went to Board on 21st May, which confirmed Ewenny Rd as the preferred location. The SCP has been informed and detailed design can now progress.

Further consultation will take place with the Stakeholder and Community engagement plan with be presented to public board

There was pressure on the square metreage "envelope" in the Schedule of Accommodation following recent discussions with service users. The subsequent decision by Llynfi Surgery at their Annual General Meeting (AGM) on 4th June to remain in their current location has resolved this and removed the consequential cost pressure on the build costs.

Discussions were ongoing regarding the impact of complying with NHS England Net Zero building standard. This is deemed by the appointed SCP as a scope increase from the current Welsh guidance of 2021 that the fees were based on.

Further discussion was held with the Framework Managers and engineering leads in NWSSP-SES and it has been agreed that the NZC "Lite" approach can be used in the first instance, which will mitigate the cost pressure. The SCP has been advised accordingly.

The change from the original programme for the SOC/OBC will incur additional costs, estimated circa £250k but not yet confirmed

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 contributes 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 Building Management Systems (BMS) systems).

RGH Air Handling Unit (AHU) Replacement Theatres 1-4

This package of works 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. Also includes upgrade to the emergency and general lighting in Theatres 1 and 2 as well as cosmetic upgrades to all four theatres.

Part of the same package of works is upgrading the UPS (uninterruptible power supply) battery backup and installing IPS (isolated power supply) to the Intensive Therapy Unit (ITU) department to bring it in line with current standards. Also taking the 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 high-level sequencing of works agreed to date is that:-

- Theatres works, independent to other phases
- CCU will be decanted to Ward 1, this allows the CCU work to be done;
- Once completed ITU will decant into CCU, this allows the ITU work to be done;
- ITU will then return;
- CCU to return

Latest Update

Theatres are now operational with partial completion certificate issued for that element of the project. Works to provide decant space capable of receiving CCU patients in Ward 1 are almost complete with final completion for bedside monitors expected by the end of June.

Following the decant of patients from CCU, there is a three-month programme of works to upgrade the unit. All going well there is the potential to decant ITU, into the upgraded CCU space, in late September 2026.

UPS battery system will be installed during the CCU phase of works. Ceilings have been removed in the main corridors in readiness for containment and cable installation.

POWH Centralised Scope Decontamination

A sum of £1.82m has been approved to centralise scope decontamination in PoWH. The principal driver is to retain 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 & Throat (ENT).

This scheme will mean the old, vacant modular building (former Booking Clerks' office) will be demolished and replaced like for like (thus not requiring a planning application) to be able to decant the occupants of the former Histopathology laboratory that will be refurbished for the scope decontamination department. The modular building layout has been agreed, and this is about to be tendered under a new NHS Modular Framework that started in March 2026. This is on the critical path of the indicative programme which indicates completion and commissioning in March 2027.

The layout of the scope decontamination unit has been agreed, and the tender package has been issued and is due for return early July. The Pre-Tender Estimate has been received and is currently above budget. Value engineering options have

been requested to reduce the costs and this might delay award of tender as this is worked through.

Although several meetings have been held on the revenue implications a service lead to co-ordinate these between several clinical services needs to be nominated.

Ty Llidiard Extra Care Areas (ECA)

Lead Consultants for this scheme 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 works commenced in January 2026. The scheme has seen some challenges attempting to work in a live environment and work has been paused on a number of occasions. This has been discussed regularly with the service who have now agreed to decant the area fully as agreed in the initial plan**.** Works are progressing well with targeted completion early July 2026.

Mental Health works

The capital team has been working with the Care Group to establish a viable programme of works for the IP&C & Anti-ligature 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. This has delayed the programme slightly as well as delays in access to areas and agreeing decant plans, this is being managed in conjunction with care group leads. A design consultant has been appointed and is currently working closely with the care group and PM to ensure the correct requirements are met . The design stage is nearing completion and now the decant plan has been agreed, the tender will be issued June 2026. This tender package is expected to exceed the current funding available however in discussion with procurement this will be issued in a way that allows a phased award of works which will hopefully align with the funding available.

PoWH Roof works

Phase 1 was addressed under the earlier programme. While funding for remaining roof replacements/upgrades was programmed into 2026/27, some urgent works were identified and progressed in 2025/26. The works were scoped following water ingress in Ward 16 and Y Bwthyn Newydd. A direct award for these works was confirmed and work commenced December 2025 and completed March 2026. This brought forward c£300k of spend**.** In addition, repairs above the Costa coffee shop were also investigated and remedial work undertaken. Similarly, with the

remaining balance and a small uplift, the water leaks in Ward 14 (Mental Health) are the final part of this scheme and will start shortly.

The remaining allocation for PoWH and Glanrhyd Roofs will now be picked up as a new scheme requiring a compliant procurement award.

Pinewood House

Essential refurbishment works are being undertaken to raise security, IPC and Health & Safety (H&S) standards. The main body works include renewal of 12 bathrooms / showers / WC's, new front / rear door access controls, new air conditioning to annex rooms, new fire doors, new flooring, new decorations and the relaying of external pathways.

Appointed design consultants have worked closely with end users and PM to establish requirements. Main contractors have been appointed with works due to start on site early July 26.

PCH ED

The upgrading of existing MH assessment rooms to ensure that they are fit for purpose and safe for the function of assessing patients in MH crisis. Essential Rhymney Block enabling works included within the scheme.

Main contractor appointed mid-January, works commenced late January and were due to complete early April, some delays have been experienced with the scheme and works are continuing.

RGH HCID / AE IPS&UPS /ED Expansion

Feasibility reports commissioned to look at cost of new build High Consequence Infection Disease (HCID) room connected to RGH ED. This report will encapsulate MEP, structural and architectural requirements with two costed solutions for appraisal. A separate feasibility has also been commissioned to determine the scope and impact of a new IPS/UPS system to serve the department. This will establish if the work can be carried out in a live ED environment or if a decant will be required. Following a query from Public Health and the IPC lead it has been established with the AE for Ventilation in NWSSP-SES that a fully compliant Negative Pressure Suite (NPS) with a pressurised lobby can be used for both source isolating patients and immuno-compromised patients thus negating the need for a Positive Pressure Ventilated Lobby (PPVL) facility. This has been agreed with the Public Health Consultant and IPC and hence scheme is now proceeding as planned.

Welsh Government shortly will be running an All-Wales audit of progress towards Negative Pressure Suite facilities.

Other TEF Schemes

Completed TEF schemes

- PoWH - Theatre med gas works, surgeons panels, nurse call replacements

- PoWH – HSDU AHU replacement and refurb including replacement steriliser and washer disinfector
- PoWH – phase 1 anti ligature works Ward 14
- RGH – Nurse call replacements, sterilisers, ENT scopes

Schemes in Progress

- PoWH – Electrical Infrastructure -Design Consultants appointed
- PoWH – Chiller replacement- 1 replaced to reduce risk, 2nd commencing design (more complex)
- YCR – Nurse call replacement -contractor appointed, due to commence
- YCC- Atrium Roof – contractor appointed, awaiting long lead time materials
- PowH and RGH Lifts – on order
- HB Wide – Fire safety works – multiple programmes of emergency lighting, fire damper and fire compartmentation works in progress
- PoWH - S136 Suite - currently out for 2nd tender for consultancy appointment as 1st tender deemed non-compliant by procurement.
- YCC – Biomass boiler replacement- contractor appointed
- HB Wide BMS works – procurement progressing
- East Glam Laundry Roof – delays due to asbestos however back on site and nearing completing
- East Glam Laundry – Boiler Replacement -enabling works commenced, scoping main replacement now confirmation received that this can proceed in terms of longevity of the site
- Glanrhyd - Continued Roof Replacement and Upgrade – recently assigned to PM for progression

Not commenced

- RGH HRC fuse board replacements **–** on hold due to current estates AP capacity
- RGH atrium Roof – on hold due to PM capacity
- PoWH main entrance toilets- due to commence discussions with site team
- Tonteg – site refurbishment works- on hold due to PM capacity
- Quarella Road - site refurbishment works- on hold due to PM capacity
- PoWH negative pressure isolation room and A&E IPS/UPS to resus and majors - service confirmed that location is preferably in AMU, detail needs to be worked up. Initial meetings postponed due to service pressures. RGH agreed as priority hence this will be picked up once RGH advanced

Llantrisant Health Park

Phase 1 Community Diagnostic Hub

Work on site commenced in late February and groundworks have progressed well. Piling on both phase 1 and phase 2 completed on 14th May and drainage works are ongoing. Risk of small delay due to unexpected gas main discovered however all measures are being taken to mitigate against the same. Permanent welfare facilities are now available on site so the CTM cabin will be available for CTM staff shortly.

During initial ground investigations a number of obstructions in the ground relating to foundations of previous buildings. In addition, there have been a number of blocked drains and damaged manholes which should have been rectified by the demolition contractor. It has also come to light that the petrol interceptors that were intended to remain in situ and be reused by the programme have been filled with rubble, it is likely that the damage caused will result in a replacement being required. These issues have been raised with the contractor as defects. A meeting is still in process of being arranged to discuss further, replacements have been instructed into the programme to prevent delay whilst settlements are discussed

The main site wide planning application has been approved. All pre-commencement planning conditions have been addressed and are now fully accepted.

Initial meetings with the service provider have been had and technical information is being provided. A number of issues have been raised around the MRI design and a possible impact on the slab. A requirement to move the gulleys has resulted in a week's delay due to abortive works with the slab. Drawings are awaited from the service provider to confirm MRI layouts and shielding requirements and these are at risk of causing further delay to the programme.

A number of smaller changes have needed to be instructed, and the impact of the contingency is being assessed. The largest outstanding risks being around the MR and CT design whilst information remains outstanding.

Phase 2 – Regional Orthopaedic Hub -

As reported at the last meeting, following a letter from WG in January a revised and updated OBC had been prepared and submitted to WG at the end of February addressing a number of WG questions around the revenue, capacity and workforce plans for phase 2. Further correspondence was received on 16th March confirming that due to a number of outstanding questions that an approval of the OBC would not be given before the election period. However, there was confirmation that work should not be halted and that funding would be made available to continue to make progress.

A sum of £1.2M was approved to continue to maintain progress to end of July. This will take the contractor through to the end of the RIBA 4 design stage. This work has now completed, and an agreed target cost has been agreed to inform the business case.

A current single OBC/FBC document is being drafted alongside the regional orthopaedic plan update with both documents proposed to be completed by 8th July and submitted to regional boards for decision at the end of the month. This is a delay on the previous programme which had targeted business case submission at the end of June. All attempts to sort early scrutiny on the technical design and capital costs are being made to shorten scrutiny to enable a decision to be made in early September in line with the Deputy Director of the NHS's current requirement. This is also what the current programme and target cost submissions are based on.

Llanilid Health and Wellbeing Hub

Fees were approved October 2025 for SOC/OBC business case development across 2025/2026 and 2026/27.
The project is obviously at a very early stage but a very high-level estimate of £17.22m has been submitted for a building 1,500 – 1,800 m2. Figures were based on advice from consultants working on other similar projects across Wales and input from NWSSP SES.

Project Manager and Cost Advisor appointed March 2026 . Discussions were held on 26th March with the site developer Persimmon which will be crucial to determine health board costs for site works.

An architect has been appointed to undertake a short "test for fit" feasibility study which will commence very soon. The focus is also on clarifying the S106 obligations of Persimmon with regards to the health and wellbeing hub.

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. Target for tendered costs to be secured by Sept 2026.

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.

Veolia appointed as main contractors, Hoare Lea as Project Consultants.

Further to a number of reviews the contract programme was finally agreed by the HB allowing the contract to be signed. Works were due to commence May 26 however there were further delays in the physical signing of the contract and hence works now commencing in June 2026 with a targeted completion date June 27. Slippage to be defined and communicated to WG

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, Tonypandy Health Clinic, Maritime Resource Centre, Trealaw Resource Centre and Pencoed Medical Centre

National Imaging Academy for Wales (NIAW) Discretionary Allocation

As in previous years, NIAW have submitted their plan for utilising their discretionary allocation . This is still in discussion as the original 10 year plan submitted did not include any works schemes in 2026/27. Given the current capacity constraints , feedback has been provided that these schemes will not be prioritised in the first half of the year. NIAW may therefore re assess their priorities.

Approval was provided by ECMG for NIAW to progress with the equipment purchase detailed below, with works on hold at this time.

Item	Issue	Benefits	Estimated Cost
- Kitchen refurbishment (upstairs) - Minor kitchen upgrade (downstairs) - CCTV upgrades	Kitchen refurbishment was not completed as part of the original purchase in 2018. To make additional room to install commercial grade dish washer to support event management, etc Improves security of staff, visitors, equipment, and premises.	These upgrades provide a combination of operational, safety, and reputational benefits. Collectively, they help modernise the facility, improve security and protect the long-term value of the original investment made in 2018.	£50,000
- Simulation Equipment Upgrade	The current simulation equipment was purchased in 2018 and is now out of manufacturer support which is creating increasing risks around reliability, maintenance, compatibility, and educational quality.	Upgrading the equipment is necessary to ensure the facility remains, functional, and fit for modern simulation-based training.	£150,000
Total			£200,000

3. Key Risks / Matters for Escalation

Note the significant number of schemes being managed across the estate and those with service impacts including those that have not yet commenced due to PM , estates and procurement capacity