

Strategic Development Committee Meeting

Wed 01 October 2025, 13:00 - 16:30



Agenda

13:00 - 13:05
5 min
1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Discussion *Kath Palmer, Committee Chair*

1.2. Apologies for Absence

Discussion *Kath Palmer, Committee Chair*

1.3. Declarations of Interest

Kath Palmer, Committee Chair

13:05 - 13:05
0 min
2. CONSENT AGENDA

The Committee Chair will ask if there are any items from the Consent Agenda (Section 8) that Committee Members wish to bring forward to the main agenda for discussion.

13:05 - 13:10
5 min
3. COMMITTEE GOVERNANCE ARRANGEMENTS

3.1. Action Log

Discussion *Kath Palmer, Chair of Committee*

3.1 Action Log SDC 1 October 2025.pdf (7 pages)

3.2. Matters arising not captured on the action log

Discussion *Kath Palmer, Chair of Committee*

13:10 - 13:15
5 min
4. STRATEGIC RISK MANAGEMENT

4.1. Board Assurance Framework Report - Strategic Risks

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

4.1a- BAF CP September 2025.pdf (4 pages)

4.1b - Appendix 1 -BAF Report - Sept 25.pdf (65 pages)

13:15 - 15:00
105 min
5. OUR MODELS OF CARE / SERVICE TRANSFORMATION

5.1. Our Strategy (CTM2030) Deployment - 25 Minutes

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

5.1a Strategy Deployment Cover Report SDC 1 October 2025.pdf (5 pages)

5.1b Strategy Deployment and OMS SDC 1 October 2025.pdf (33 pages)

5.2. Spotlight on Strategy Groups - Living Well /Adulthood - 10 Minutes

Discussion Claire Thompson, Executive Director of Strategy & Transformation

- 📄 5.2a AdulthoodLiving Well Strategy Group Report SDC 1 October 2025.pdf (10 pages)
- 📄 5.2b Appendix 2 3Ps National Working in Partnership Award Poster.pdf (1 pages)
- 📄 5.2c Appendix 3 3Ps Patient Information Leaflet.pdf (22 pages)
- 📄 5.2d Appendix 3 3Ps patient information leaflet (Cymraeg).pdf (22 pages)
- 📄 5.2e Appendix 5 Presentation SDC 1st October 2025.pdf (12 pages)

5.3. Strategic Clinical Services Plan Update - 10 Minutes

Discussion Claire Thompson, Executive Director of Strategy & Transformation

This item was received by the Health Board at it's Public Meeting on the 25th September 2025 and therefore due to all Members being sighted this is for noting only.

- 📄 5.3a SCSP Update SDC 1 October 2025v1.0.pdf (4 pages)
- 📄 5.3b SCSP Presentation SDC 1 October 2025 1.2.pdf (14 pages)

5.4. Primary Care and Community Transformation Programme

Gethin Hughes, Chief Operating Officer

This item was received by the Health Board at it's Public Meeting on the 25th September 2025 and therefore due to all Members being sighted there will not be a requirement for it to be received at this Committee.

5.5. Comfort Break - 10 Minutes

5.6. Diabetes 5yr Strategic Action Plan - 10 Minutes

Claire Thompson, Executive Director of Strategy & Transformation

Elle Mcneil

- 📄 5.6 5yr Diabetes Strategic Action Plan SDC 1 October 2025.pdf (5 pages)
- 📄 5.6a Appendix 1 Diabtetes Strategy.pdf (26 pages)
- 📄 5.6b Diabetes Strategy SDC 1 October 2025.pdf (11 pages)

5.7. Strategic Digital Transformation Programmes - 10 Minutes

Discussion Stuart Morris, Director of Digital

- 📄 5.7 Strategic Digital Transformation Programmes SDC 1 October 2025.pdf (8 pages)

5.8. Public Health Activity -30 Minutes

Decision Philip Daniels, Executive Director of Public Health

5.8.1. Director of Public Health Annual Report 2024-25

Discussion Philip Daniels, Executive Director of Public Health

- 📄 5.8.1 DPH Annual Report SDC 1 October 2025.pdf (5 pages)
- 📄 5.8.1a Appendix 1 DPH Report Early Years 2024-25.pdf (36 pages)

5.8.2. Health Protection Strategic Update

Discussion Philip Daniels, Executive Director of Public Health

- 📄 5.8.2 HP Strategic Plan Update SDC 1 October 2025.pdf (5 pages)

5.8.3. Healthcare Inequalities

Discussion Philip Daniels, Executive Director of Public Health

15:00 - 15:20
20 min

6. OUR POPULATION / WORKING WITH OTHERS

6.1. Regional Partnership Board Update - 10 Minutes

Discussion Claire Thompson, Executive Director of Strategy & Transformation

📄 6.1 RPB Update SDC 1st October 2025.pdf (11 pages)

6.2. Public Service Board Update / PSB Annual Report - 5 Minutes

Discussion Philip Daniels, Executive Director of Public Health

📄 6.2 PSB Update SDC 1 October 2025.pdf (4 pages)

6.3. Comfort Break - 10 Minutes

15:20 - 16:10
50 min

7. OUR COMMITMENT TO SUSTAINING OUR FUTURE

7.1. Strategic Financial Planning and Impact - 10 Minutes

Discussion Sally May, Executive Director of Finance

📄 7.1a Finance - Programme Budget Report 2023-24 SDC 1 October 2025.pdf (13 pages)

📄 7.1b Finance - Programme Budget Report 2023-24 - Annex A-D.pdf (4 pages)

7.2. Strategic People Plan - 10 Minutes

Discussion Hywel Daniel, Executive Director of People

📄 7.2 People Plan Update SDC 1 October 2025.pdf (8 pages)

📄 7.2.a Appendix 1 People Plan Graphics SDC 1 October 2025.pdf (3 pages)

📄 7.2b Appendix 2 'You said, Together we' SDC 1 October 2025.pdf (1 pages)

7.3. Integrated Medium Term Plan - Assurance on Process for 2026-2027 - 10 Minutes

Discussion Claire Thompson, Executive Director of Strategy & Transformation

📄 7.3a IMTP Development 2026-29 SDC 1 October 2025.pdf (6 pages)

📄 7.3b Appendix 1 IMTP Feedback.pdf (9 pages)

7.4. Estates Strategic Plans - 10 Minutes

Discussion Sally May, Executive Director of Finance

This item has been deferred to February 2026 - The Health Board are developing its Acute Clinical Services Plan (ACSP) and that this plan is integral in establishing the future Estates requirement of the Health Board and it is this which will inform the Estates Strategy

7.5. Climate Action Update - 10 Minutes

Claire Thompson, Executive Director of Strategy & Transformation

📄 7.5 Climate Action Update SDC 1 October 2025.pdf (5 pages)

📄 7.5a Annex 1 CTMUHB Carbon Emission Report 2024-25.pdf (19 pages)

📄 7.5b Annex 2 - CTM-2525-30 Decarbonisation Follow up.pdf (6 pages)

16:10 - 16:15
5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 3rd July 2025

Kath Palmer, Committee Chair

 8.1.1 Unconfirmed Minutes SDC 3rd July 2025 V4 (Approved).pdf (11 pages)

8.2. FOR NOTING

8.2.1. Strategy Groups Updates

 8.2.1 SDC Strategy Group Update SDC 1 October 2025v2.pdf (38 pages)

8.2.2. Committee Annual Cycle of Business 2025

Information *Cally Hamblyn, Assitant Director of Governance & Risk*

 8.2.2a Annual Cycle of Business SDC 1 October 2025.pdf (3 pages)

 8.2.2b SDC Cycle of Business SDC 1 Oc tober 2025.pdf (4 pages)

8.2.3. Committee Forward Work Plan

Information *Cally Hamblyn, Assistant Director of Governance & Risk*

 8.2.3 Forward Work Plan - SDC 1 October 2025 v2.pdf (3 pages)

16:15 - 16:20 9. CLOSE OUT BUSINESS

5 min

9.1. Any other business

Information *Kath Palmer, Committee Chair*

9.2. Committee Highlight Report to Board

Discussion *Cally Hamblyn, Assistant Director of Governance & Risk*

9.3. Meeting Feedback

Discussion *Kath Palmer, Chair of Committee*

16:20 - 16:20 10. PRIVATE / CLOSED SESSION

0 min

Kath Palmer, Chair of Committee

There is no Private/Closed Session being held on this occasion.

16:20 - 16:20 11. DATE AND TIME OF NEXT MEETING

0 min

11th February 2026 at 13:00 pm

OPEN ACTIONS: Strategic Development Committee Action Log (as at 24.9.2025)

Name of Meeting: Strategic Development Committee

Committee Chair: Kath Palmer

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Stategic Development Committee 3rd July 2025	5,1	Page 3	Mental Health Transformation Programme	Provide a comprehensive update on the Mental Health Transformation Programme at a future Committee meeting - to be added to the Forward Work Plan.	Service Director, Mental Health & Learning Disabilities	Chief Operating Officer	feb-26	Open - Ongoing	Added to Forward Work Plan - February 2026
Stategic Development Committee 3rd July 2025	5,2	Page 4	Enhanced Community Care Service Update	ECC to be added to the forward plan to have a 2-3-year vision update and how it correlates with the CTM2030 strategy.	Service Director for Primary Care & Community	Chief Operating Officer	okt-25	Propose to Close	Regular updates on the Primary Care and Community Transformation Programme routinely received. There is an update on the agenda for the 1 October.
Stategic Development Committee 3rd July 2025	5,3	Page 4	Strategic Clinical Services Programme - Case for Change	Rectify the error identified and resend the revised Acute Clinical Services Programme document to the Committee.	Programme Director	Executive Director of Strategy & Transformation	okt-25	Propose to Close	On agenda for the September 2025 Board Meeting and October SDC. Further updates will be provided to the Board with the SDC providing oversight of the overall strategy deployment programme.
Stategic Development Committee 3rd July 2025	5,5	Page 6	Maesteg Community Hospital Development	Provide progress updates on the Maesteg Community Hospital development, including funding, feasibility, and strategy alignment, at future Committee meetings	Assistant Director of Transformation	Executive Director of Strategy & Transformation	okt-25	Open - Ongoing	Update planned for Public Board in January 2026 and the Committee will revisit this as part of agenda planning and build into schedule where appropriate.
Stategic Development Committee 3rd July 2025	5,6	Page 7	Llantrisant Health Park Business Case - Verbal Update	The Committee requested further updates on the Business Case to be provided at future Committee Meetings.	Deputy Director of Strategy and Partnerships	Executive Director of Strategy & Transformation	Niovenber 2025	Open - Ongoing	Consider readiness at the agenda planning session for 2026 meetings.

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Strategic Development Committee 3rd July 2025	6,1	Page 7	Regional Partnership Update 2024/2025	To include a forward-looking section in future Regional Partnership Board reports, detailing planned initiatives and anticipated outcomes	Head of Regional Commissioning Unit	Director of Strategy and Transformation	okt-25	Propose to Close	The outcomes are produced twice a year – end of September and then end of year. The update report provided for September focusses on the performance framework and the end of year report will include a forward looking section detailing the planned initiatives for the forthcoming year.
Strategic Development Committee 3rd July 2025	6.3 Health Protection System Update	Page 8	Health Protection System Update		Executive Director of Public Health	Executive Director of Public Health	okt-25	Propose to Close	Response circulated to Committee via email outside of meeting.
Strategic Development Committee 3rd July 2025	6.4 CTM Area Planning Board	Page 8	CTM Area Planning Board	(Committee Chair), Executive Director of Public Health and Chief Operating to arrange a separate meeting to explore integration opportunities with the mental health transformation programme, focusing on approaches to address underlying causes and better support the health needs of younger populations.	Executive Director of Public Health	Executive Director of Public Health	okt-25	Open - Ongoing	The Team are in the process of finalising the Mental Health Needs Assessment, which includes CYP mental health needs/ provision. Once this is completed, we will organise a meeting with DPH, COO and Chair.
Strategic Development Committee 3rd July 2025	6.5 CTM Public Service Board Update	Page 9	CTM Public Service Board Update	Circulate the final approved Public Service Board Annual Report to Committee Members once received	Executive Director of Public Health	Executive Director of Public Health	okt-25	Propose to Close	Circulated to Committee via email 11.9.25.
Strategic Development Committee 3rd July 2025	6.6 Strategic Equality Plan 2024/2025	Page 9	Strategic Equality Plan 2024/2025	People Directorate to link in with Corporate Governance to plan a Board Development Session specifically on the SEP	Corporate Governance & Executive Director for People	Corporate Governance & Executive Director for People	okt-25	Open - Ongoing	In progress - People Directorate leads are liaising with the Corporate Governance Team in terms of available slots on the Board Development Programme.

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Strategic Development Committee 3rd July 2025	7,1	Page 10	Financial Position Update	To share a report setting out what benchmarking information is available through the Committee Cycle of Business when published.	Executive Director of Finance	Executive Director of Finance	okt-25	Open - Ongoing	Report timetable to be added to Annual Cycle of Business due to publishing times.

CLOSED ACTIONS: Strategic Development Committee Action Log

Name of Meeting: Strategic Development Committee

Committee Chair: Kath Palmer

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Strategic Development Committee 16 January 2025	6.6 - Health Protection Strategic Update	Page 9	Vaccination Programme	Explore the availability of data relating to individuals who were not eligible for free vaccinations who had received care and treatment in hospital, where there might have been difficulty accessing it privately, and also whether there is data on those individuals who had the vaccination but still required hospital treatment	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	apr-25	Proposed to close.	An update was received outside of the meeting and has been circulated to Members. It is proposed to close this action. The Executive Director of Public Health updated the Committee, stating he would discuss with the vice chair upon her return.
Strategic Development Committee 16 January 2025	6.2 - RPB Update	Page 7	Format of future updates.	Future reports to provide a provide a breakdown of the £22m allocation to teams and when available the priorities of the RPB and how these dovetail CTMUHB Plans.	Linda Prosser, Executive Director of Strategy & Transformation	Linda Prosser, Executive Director of Strategy & Transformation	apr-25	Propose to Close	COMPLETED AT APRIL 2025 COMMITTEE MEETING
People & Culture Committee April 2024 Revisited at the Strategic Development Committee - 16 January 2025	5.2 Strategic Equality Plan Action Log	Pages 3 & 4 Page 2	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Hannah Williams, Assistant of OD and Wellbeing	Executive Director for People	apr-25	Propose to Close	At the Committee meeting on the 16.1.2025 - C. Donoghue sought clarity on the current status of the gender pay gap investigation as the position was not clear from the narrative within the Action Log. H. Daniel agreed to review the action with the team outside of the meeting and revert to the Committee with an update. UPDATE: April 2025, an update was received outside of the meeting and circulated to Members via Email. Propose to close
Strategic Development Committee 16 January 2025	7.3 - Digital and Data Strategy / Strategic Digital Transformation Programmes	Page 11	Digital Delivery Road Map and Funding Allocations	Forward plan to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.	Stuart Morris, Director of Digital	Stuart Morris, Director of Digital	Added to forward Work Plan	Closed at SDC 03.04.2025	Propose to close from action log as captured in Forward Work Programme
Strategic Development Committee 16 January 2025	6.5 - Healthy Travel Charter	Page 9	Future Updates	Forward work plan to include annual updates on the progress of developments under the Healthy Travel Plan agenda.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to SDC Cycle of Business for January as the annual update.	Closed at SDC 03.04.2025	Propose to close from action log as captured Cycle of Business.
Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Future Updates	Forward work plan to note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the Committee as it develops.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to forward Work Plan	Closed at SDC 03.04.2025	Propose to close from action log as captured in Forward Work Programme

Strategic Development Committee 16 January 2025	5.1 - ACSP	Page 3	ACSP to a Board Development Session	Governance Team to add the Acute Services Clinical Plan to the Forward Work Plan for a future Board Development Session.	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead) Director of Corporate Governance (BD Topic Planning)	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead) Director of Corporate Governance (BD Topic Planning)	Added to Board Development topic list	Closed at SDC 03.04.2025	Propose to close from action log as captured in Board Development Programme topic List.
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Stuart Morris, Director of Digital	Director of Digital	jan-25	Closed at SDC 03.04.2025	Patient Centred Contact requirement included in IMTP submission for 2025/2026
Digital and Data Committee meeting August 2024	3.2 Spotlight Topic	Pages 3-4	Spotlight Topic: Progress on Digital and Data Programmes	Research and conduct a comprehensive analysis of figures around the Digital Maternity Programme.	Director of Digital / Assistant Director for Digital Transformation F11:G11	Director of Digital	jan-25	Closed at SDC 16.1.2025	National Digital Maternity Programme suspended. Health Board to proceed with local procurement.
Digital and Data agenda planning session 15 July 2024	N/A	N/A	Spotlight Topic: Digital from a Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	jan-25	Closed at SDC 16.1.2025	Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme.
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Director of Digital	Director of Digital	jan-25	Closed at SDC 16.1.2025	Patient Centred Contact requirement included in IMTP submission for 2025/2026

People & Culture Committee April 2024	5.2 Strategic Equality Plan	Pages 3 & 4	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Assistant of OD and Wellbeing	Assistant of OD and Wellbeing	jan-25	Closed at SDC 16.1.2025	•Data analysis showed that the pay gap is (as the original report speculated) due to proportionally more women in lower banded clinical and non-management roles, and more part-time workers. We are in discussions currently about how to best support colleagues (including their development and readiness) this will form part of the OD, L&D and Inclusion workplans during 2025/26 •In terms of awards: the main awards are being incorporated into the pay scale (no longer as an award, including the same incremental payment points for part-time staff). Therefore, this will not impact the gender pay gap data in future. •Clinical Excellence Awards (CEAs) and the new National Clinical Impact Awards are for consultants and are allocated within England and Wales, and sifted twice at a National level. CTM does not have power of awarding these and only receives 1-2 of these awards per year. The low awarding rate means this will have little impact on the gender pay gap. As this is a national award, CTM do not hold data on the number of applicants or their success rates, but it has been speculated with the Staff Network teams that there is more work to be done at CTM to encourage and support applications.
Population Health & Partnerships Committee Meeting 1 August 2024	5.1 Population Health Management	Page 3	Population Health Management Programme Update	To bring a further update on the accelerated cluster model and how the data was being used by GP's and accelerated clusters to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Propose to close - received as part of the Primary Care Strategic Update at the November 2024 meeting of the PHP Committee
Population Health & Partnerships Committee Meeting 1 August 2024	5.2 Health Protection System	Page 3	Health Protection System	To bring a further update on staff vaccinations back to the Committee to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Proposed to close - received as part of the Health Protection Report at the November 2024 meeting of the PHP Committee
Population Health & Partnerships Committee Meeting - November 2023	5.1 Active Travel Charter	Pages 3 & 4	Active Travel Charter	To bring the Implementation Plan back to a future meeting of the Committee.	Director of Public Health	Executive Director of Strategy & Transformation	jan-25	Closed at SDC 16.1.2025	The implementation plan is going to the SDC January 2025 Committee and will be going to EMB at the end of January.
Population Health & Partnerships Committee Meeting - May 2023	02/23/11	Page 7	Primary Care Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Chief Operating Officer	Chief Operating Officer	jan-25	Closed at SDC 16.1.2025	In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale.
Population Health & Partnerships Committee - November 2024	5,1	Page 4	Director of Public Health Annual Report - Diabetes	To check if the outcome of the Board to Board session had been circulated to all Independent Members	Head of Corporate Governance & Board Business	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Propose to close - the outputs from the Board to Board meeting held on 27 June have been shared with Board Members.
Population Health & Partnerships Committee - May 2023	7.2 Regional Partnership Board Further Faster Pathway Update	Page 7	Regional Partnership Board Further Faster Pathway update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	jan-25	Closed at SDC 16.1.2025	Propose to close - received at the November 2024 PHP committee meeting

Strategic Development Committee 16 January 2025	3.1 Action Log - Vaccination Programme	Page 2	Vaccination Programme	Lessons Learnt and future approach to be shared with the Committee	Philip Daniels, Executive Director of Public Health Hywel Daniel, Executive Director For People	Philip Daniels, Executive Director of Public Health Hywel Daniel, Executive Director For People	Added to forward Work Plan	Closed at SDC January 2025	Now added to forward work programme
Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Circulation of Public Health reference material.	Circulate to the Committee the Public Health Wales prioritising prevention documents.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Complete		P Daniels circulated via email outside of the Committee meeting.
Strategic Development Committee 3 April 2025	7.5 Annual Review of the WBFGA	Page 9	Annual Review of the Well Being of Future Generations Act (WBFGA) and Objectives	It was recommended that an additional objective for the WBFGA concerning the Welsh Language be presented for approval at the May Board Meeting.	Executive Director of Public Health	Executive Director of Public Health	Complete	Closed at SDC July 2025	The additional objective was approved at the May Public Board Meeting.
Strategic Development Committee 3 April 2025	7.4 Digital and Data Strategy	Page 9	Digital and Data Strategy	Digital challenges identified to be captured within the Digital Risk on the Board Assurance Framework. Discussion between Assistant Director of Governance & Risk and Director of Digital.	Assistant Director of Governance & Risk	Director of Digital	Complete	Closed at SDC July 2025	The May iteration of the Board Assurance Framework has been updated in terms of the Strategic Risk to capture the challenges discussed at the meeting in April 2025.
Strategic Development Committee 3 April 2025	7.1 Staff Survey & People Plan	Page 7	Staff Survey	The People Plan was presented with confirmation that it would be submitted to the Board at the end of May 2025 and to follow would be publicised across CTM in June 2025. Ensure the item is on the Board agenda for May 2025	Deputy Director for People	Hywel Daniel, Executive Director for people	Complete	Closed at SDC July 2025	The People Plan was approved at the May Public Board Meeting.
Strategic Development Committee Meeting 3 April 2025	6.4 Area Planning Board Update	Page 6	Area Planning Board Update	The Executive Director of Public Health will review and correct inaccuracies in the cover report and resubmit it after the meeting and ensure future reports were suitable for the lay reader, particularly in regard to the use of acronyms	Executive Director of Public Health	Executive Director of Public Health	Complete	Closed at SDC July 2025	The task was completed after the Committee Meeting, and the new bundle was subsequently re-uploaded to the Website and Admincontrol.



Agenda Item

4.1

STRATEGIC DEVELOPMENT COMMITTEE

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Risk Owner updates	August / September 2025	Reviewed and signed Off
Executive Leadership Group	15 September 2025	Risks reviewed and management sign off received.
Public Board Meeting	25 September 2025	<i>Pending Approval</i>

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework
SDC	Strategic Development Committee

1. Situation /Background

- 1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.
- 1.2 The SDC are asked to note the updates made to the BAF which were received by the Board for approval on the 25 September 2025.

2. Specific Matters for Consideration

- 2.1 The BAF has been developed to ensure it appropriately reflects;
- the four strategic goals of the Health Board;
 - assurance reporting that supports a streamlined and effective committee and reporting structure;
 - a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
 - international best practice; and
 - the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.
- 2.2 The Organisational Risk Register is received in its entirety by the Audit, Risk & Assurance Committee and the assigned risks to the other Board Committees as appropriate.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.
- 3.2 The following new risk was escalated to the BAF in September 2025:
- Strategic Risk 9 - Failure to plan and manage revenue resources within the Resource limits set by Welsh Government.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Dying Well, Growing Well, Living Well, Starting Well
	A Healthier Wales



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐ Outcome:	No: ☐ If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐ Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	No: ☒ If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below) See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) See detail captured for each risk	

5. Recommendation

5.1 The Committee is asked to:

- **NOTE** the updates captured in section 3 that are being progressed for the July iteration of the Board Assurance Framework Report.
- **NOTE** the changes made to the Risk Management Strategy as outlined in Section 3.

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory	Risk Treatment
1.	Improving Care, Sustaining our Future   Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
		b) Enough capacity to meet emergency demand			20 (C4xL5)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
2.	Improving Care, Sustaining our Future   Click Here for Risk 2	Ability to deliver improvements which transform care and enhance outcomes	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
3.	Sustaining our Future, Improving Care and Inspiring People    Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation (Including Culture, Values and Behaviours)	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat
4.	Creating Health, Sustaining our Future   Click Here for Risk 4	Effective Community and Partner Engagement in service changes and developments	Director of Communication , Engagement & Fundraising	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
5.	Improving Care, Sustaining our Future   Click Here for Risk 5	Delivery of a digital and information infrastructure to support organisational transformation	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat
6.	Improving Care, Sustaining our Future   Click Here for Risk 6	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
7.	Sustaining our Future, Creating Health   Click Here for Risk 7	Fulfilling our Environmental and Social Duties and ambitions	Executive Director of Strategy & Transformation	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
8.	Creating Health, Sustaining our Future   Click Here for Risk 8	Prevention and early Intervention to support Healthy Life Expectancy	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	No change to risk scores this period. ↔	Treat
9.	Sustaining our Future  Click Here for Risk 9	Failure to plan and manage revenue resources within the Resource limits set by WG	Executive Director of Finance	Operational Delivery Committee	20 (C4xL5)	New risk escalated to the BAF in September 2025	Treat
10.	Sustaining our Future, Improving Care   Click Here for Risk 10	Ability to develop a fit for the future estate to reflect our future clinical service model	Executive Director of Finance	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
11.	Creating Health, Sustaining our Future, Improving Care    Click Here for Risk 11	Delivery of an Integrated Care Model	Chief Operating Officer	Strategic Development Committee	16 (C4xL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

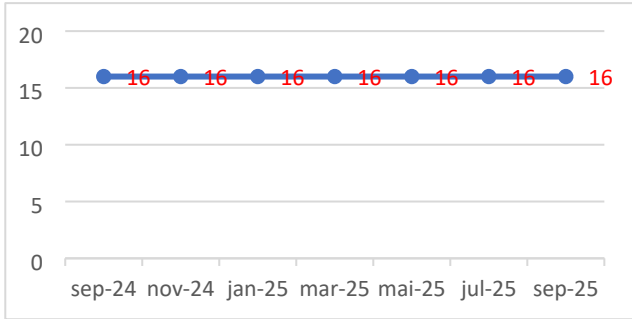
Target risk scores in *grey italic*

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

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):			Risk score 16	
	Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care •			Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future
Strategic Risk: Enough capacity to meet elective demand - (Risk No.1a)				
If the Health Board is unable to meet demands for services at all points in the patient journey.	Then its ability to provide high quality and affordable care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.		

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

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20	No change to risk scores this period.
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			Risk Score Trajectory 
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				- Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics. - Regional Outpatient Insourcing commenced at CTMUHB on 6th September 2025. Aiming to reduce Outpatient waiting times across all specialities - The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds. - Princess of Wales Theatres fully opened on the 1st September 2025. - All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC. - Regional Cataract Plan continues through Q2-Q4 to reduce Cataracts waits further. - The Vascular Network INNU process has been adopted by CTMUHB. 8 theatres across CTMUHB remain closed - Endoscopy moved back to Princess of Wales Hospital in June 2025. With the Endoscopy recovery plan commencing August 2025 to December 2025.

	• PIT Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS. • 4 Mobile theatres opened Mid-April • 2 Prince Charles Hospital (PCH) theatres opened end of April 2025 • 1 Theatre and Ward at PCH dedicated to Orthopaedic Inpatient surgery from May – July 2025 • Critical incident declared at Princess of Wales (POW) on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc. cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and Royal Glamorgan Hospital (RGH) to respond to the critical incident. • Planning continues recovery phase following critical incident with the impact not yet quantified. • There has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • The large-scale capital programme at PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. • The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. • Regional working continues and the positive and negative impact of this will be continuously reviewed. • It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures	
Productivity, improvement and transformation programme (PIT) • Increase Planned Care Capacity • Transform the way Planned Care is delivered • Prioritise both diagnosis and treatment • Provide better information and support to patients Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve. In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are:	

1. Effective Waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatient & Preoperative Modernisation: utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics
3. Theatre Capacity: reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity
4. GiRFT & Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery
5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

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

1. Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays, and ensure all services are delivered in a cost-effective manner.
2. Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services.
3. Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste.
4. Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed.
5. Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent and high-quality care.
6. Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement
7. Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.

All elective care services will hold a monthly Service Improvement Group.

Planned Care Recovery Programme

- Enhanced monitoring process for Cancer Services –weekly focussed meetings
- Llantrisant Health Park site plans under development
- Clinical Services Plan Group being established
- Speciality Specific and Cancer Improvement Trajectories Completed.

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

Lessons learnt from Winter Planning process - currently being analysed from a lesson learnt perspective.

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

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

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

Specific Improvement Groups/Boards

- PIT programme
- Planned Care recovery
- Service Improvement Groups

- Cross Cutting Improvement Groups – Theatre, Pre assessment, Diagnostics, Outpatients and therapies.

All updates feed into the Improving Care Board.

Annual Planning Process

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

Escalation Status programme work

Regional Working

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

Governance Structures

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

Operational Processes

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

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Harm Reviews
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Ophthalmology, Urology
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- PIT Programme reports
- Planned Care Recovery Update report
- Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing a Planned Care Audit in August 2024.
- Audit Wales commencing a Health Protection Audit in August 2024.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. CTMUHB digitally based enabling systems	- Manual processes in areas of no system. - Scope of digital Pre-assessment system - Digital dictation consolidation and standardisation - Theatre system update - Need for digital outpatient system - Consultant connect implementation - Attend anywhere use for virtual activity - WPRS full roll out	- Increased utilisation - Reduction in patient attendances - Reduction in patient follow up appointments - Reduction in demand - Reduced paper and manual process - Increase in data information	- Decreased CAN/DNA rate - Increased utilisation - Decreased missed opportunities - Reduction in referral demand - Reduction in waiting list
2. Robustness of cancer tracking and specialty-specific elective data	- Weekly performance meeting - Implementation of online escalation process for all patients outside of agreed component waiting times. - Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets - Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance	- Performance monitoring - Patient identification - Improved pathway monitoring	- Increase in performance SCP - Decrease in waiting list back log
3. Improvements being made in elective care trajectories albeit not fully embedded.	- Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024 - Regional Ophthalmology service with increased activity across the region for CTMUHB patients. - Reconfiguration of elective surgery has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. - Reconfiguration of Trauma ongoing assessment - In sourced additional staff to open additional theatre activity until theatre plan fully recruited to. - Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). - In Development – Clinical Services Plan.	- More capacity - Reduced waste - Consolidated pathways - Increase in workforce - Increased utilisation	- Increase in activity - Reduced fellow sessions - Reduction in waiting times - Reduction in >104 week wait

Linked National Priority Measures

Access to Timely Planned Care

- Number of patients waiting more than 104 weeks for treatment;
- Number of patients waiting more than 36 weeks for treatment;
- Percentage of patients waiting less than 26 weeks for treatment;
- Number of patients waiting over 104 weeks for a new outpatient appointment;
- Number of patients waiting over 52 weeks for a new outpatient appointment;
- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%;
- Number of patients waiting over 8 weeks for a diagnostic endoscopy; and
- Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).

Current Performance Highlights

Latest RTT Performance not available at time of reporting – will be included in future BAF iterations when available.

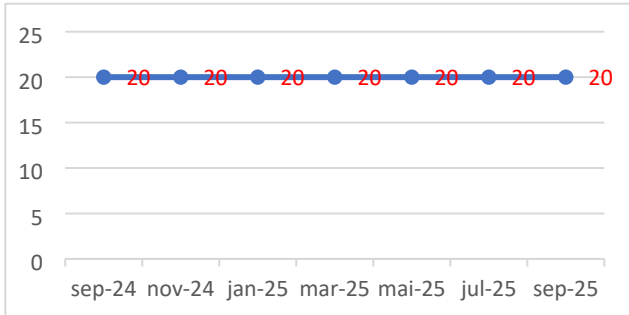
Were there any significant incidents affecting this strategic Risk this period:

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

Associated Risks escalated to the Organisational Risk Register		
5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	20
5961	Remedial roof works to resolve the water ingress at POWH.	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
5417	Paediatric dentistry – General Anaesthetic theatre list.	20
3567	Capacity of Cellular Pathology Service – Space	16

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				- Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity - Impact of a temporary centralisation of stroke into one site. - There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system. - There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. - There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. - Planning continues on recovery phase following critical incident with the impact not yet quantified. - There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours. - The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts. - There has been a reduction and re-alignment of bed capacity at POW and RGH. - There has been a diversion of emergency intakes from POW to RGH.

	- There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. - The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. - Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority. - Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures	
Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023): - Admission Avoidance - Integrated Front Door - Acute Hospital Flow and Discharge - Integrated Discharge In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for urgent care with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are: - Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management - Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services - Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice - GiRFT/SEDIT: Clinical Implementation Networks: Emergency Medicine All areas of the programme will focus on the following crosscutting themes: - Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays. Ensuring patients receive the care in the lowest acuity setting for their needs. - Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services. Reducing overcrowding within the UEC system to reduce harm and improve patients and staff experience. - Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste. Lowering the number of avoidable attended to ED by directing patients to more appropriate urgent and community settings. - Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed. - Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent high-quality care and minimising harm. - Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement. - Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working. Programme 6 Goals Programme Board	

- Diabetes Programme Board
- Stroke Programme Board (Paused), Stroke Service re-design programme in operation to support development of service due to temporary centralisation of Stroke services. **South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.**
- Orthogeriatric Programme
- MTC Programme Board
- Strategic Transformation of Acute Medicine (STAMP)
- Improving Care Board
- Operational Management Board
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

- Optimise Project Board
- Orthogeriatric Project
- SDEC Project Board
- UTC Project Board
- FLS Project Board
- Frailty Project Board
- Diabetes Project Board
- Single Point of Access Project Board

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW

Lessons learnt from Winter Planning process currently being analysed from a lesson learnt perspective.

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

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

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

Escalation Status programme work

Regional Working

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

Governance Structures

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

Operational Processes

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

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Neurology, Stroke
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- ~~Stroke Programme Board~~. South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.
- SDEC Programme
- Optimise
- Ambulance Handover and ED Improvement Plan
- Escalation processes leading to Chief Operating Officer Report to Quality &
- Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing an Urgent and Emergent Care Audit.
- Reset fortnight commenced week commencing 19th August 2024 – sets out Care Group plans with an aim to resetting and de-escalating sites ahead of winter.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Improvements being made in urgent care trajectories albeit not fully embedded.	• Rapid Improvement Action Plan in development to achieve Ministerial Advisory Group target of 45 minutes for handover Ambulance. (Welsh Government has a clear expectation that an ambulance handed over is within 15 minutes, MAG target is an interim measure). • Internal action plan in development to achieve a reduction in 12-hour Emergency Department Performance. • STAMP roll out across all sites • UTC Pilot PCH • Single Point of Access Board • Reconfiguration of ED footprint – ambulatory footprints at POW • Re-alignment of clinical pathways • Internal Professional Standards • Re-alignment of ward capacity • Establish un-commissioned capacity with substantive workforce • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • In Development – Clinical Services Plan.	• Improved Patient Experience • Improved patient flow • Sustainable workforce • Care closer to home	• Improved performance • Reduction in patients >12hrs • Improved community response • Reduced LoS in the Emergency Department • Reduced harm associated with increased waiting times

- Task Group established with Chief Executive Officer Leadership to address clinically optimised patients in Pathway 1 – with a view to creating a model of care delivery for patients closer to home.
- Urgent Care Summit to develop a whole system approach to improvement in:
 - Admission Avoidance
 - Integrated Front Door
 - Acute Hospital Flow and Discharge
 - Integrated Discharge
- Agree improvement trajectories for 2025/26

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

- 45 mins ambulance handover by October 2025
- 50% reduction in 12hr ED waits by July 2025
- Zero tolerance for any ED wait over 12 hours by October 2025

Access to Timely Planned Care Services in USC

- As per Planned Care BAF

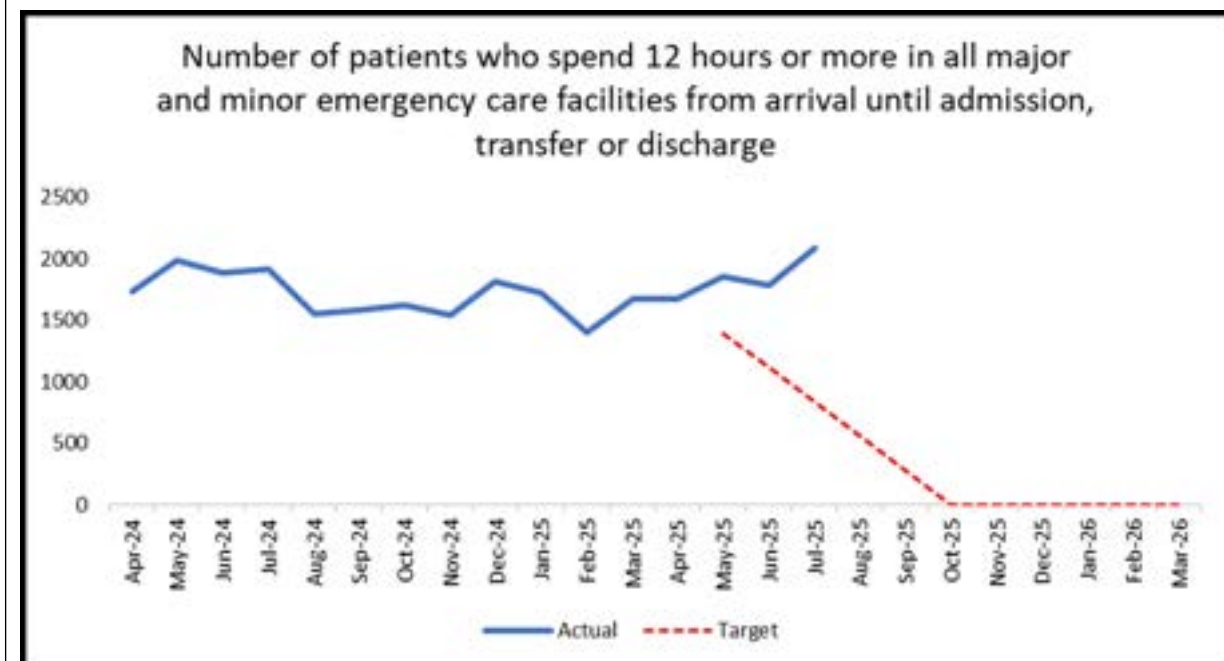
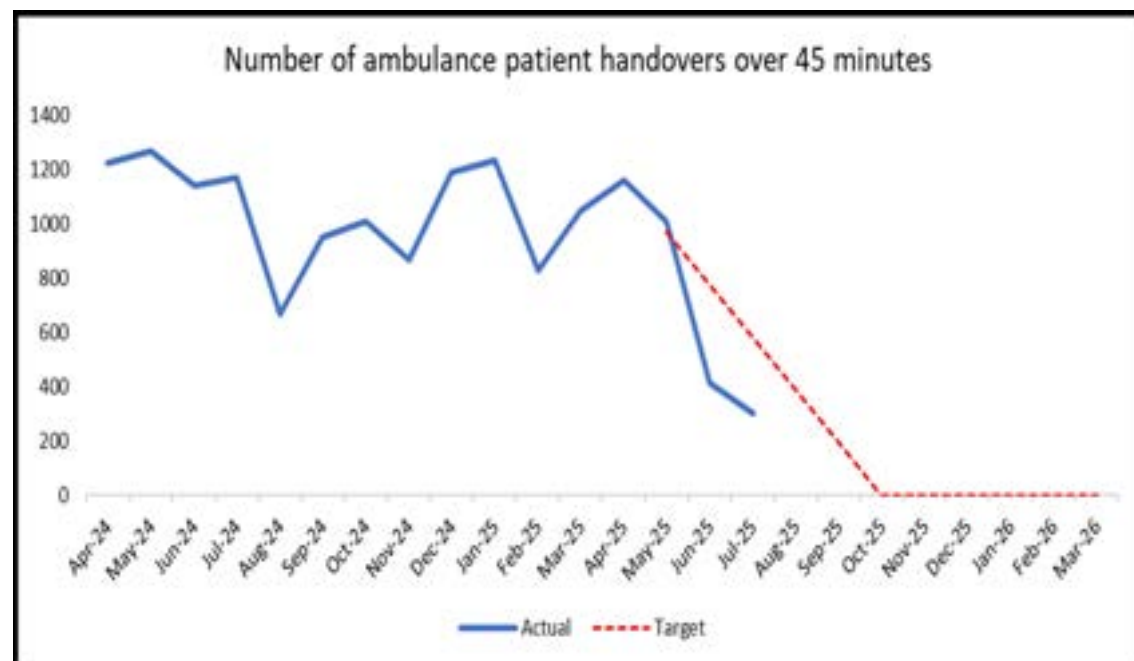
Current Performance Highlights

Emergency Department Performance:

- Site and USC collaborative approach to the development of the 45-minute Ambulance Handover plan.
- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3-month trial. This has been extended. The service has continued but recurrent revenue has yet to be confirmed.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Formulations of ED Rapid Improvement Plan and Improvement Targets, including:
 - 45 mins ambulance handover by October 2025
 - Zero tolerance for any ED wait over 12 hours by October 2025
 - The above improvements will be aligned against the following assumptions:
 - Single Point of Access (scheduling unscheduled care) – November 2025
 - All GP / 111 / NHSDW calls to be triaged by the Nav Hub
 - Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025
 - 'Ticket to ride' for all WAST non-red Care Home attendances – implementation aligned with national work
 - Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care
 - 30 additional beds from August 2025
 - 60 additional beds from November 2025
 - 60-minute specialty in reach – August 2025
 - Sign off Internal Professional Standards
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
- Nav Hub/Care Home pathway development
- SDEC
- Extend UTC
- Implementation of STAMP across all 3 acute sites.
- Single Point of Access Board to be established.
- Bi-weekly team meetings established with WAST.
- D&C mapping to identify invest to save opportunities for additional medical recruitment across all 3 ED's.
- Development of ambulatory footprint in POW ED.

Improvement Trajectories 25/26

MEASURE		2024/25 ACTUAL PERFORMANCE												2025/26 PERFORMANCE											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Number of ambulance patient handovers over 45 minutes	Actual	1226	1269	1141	1169	669	950	1010	868	1189	1232	827	1050	1163	1011	416	302								
	Target														969	775	582	388	194	-	-	-	-	-	-
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	1732	1985	1889	1912	1549	1584	1617	1544	1815	1721	1398	1672	1668	1855	1783	2085								
	Target														1,391	1,113	835	556	278	-	-	-	-	-	-



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

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

An urgent temporary move of the Stroke Services was agreed due to the fragility of the Consultant workforce at PCH. The Stroke Service moved from PCH to RGH on Wednesday 8th January 2025. Substantive consultant recruited June. Start date in Jan '26. 1 Stroke Consultant 6-month phased return.

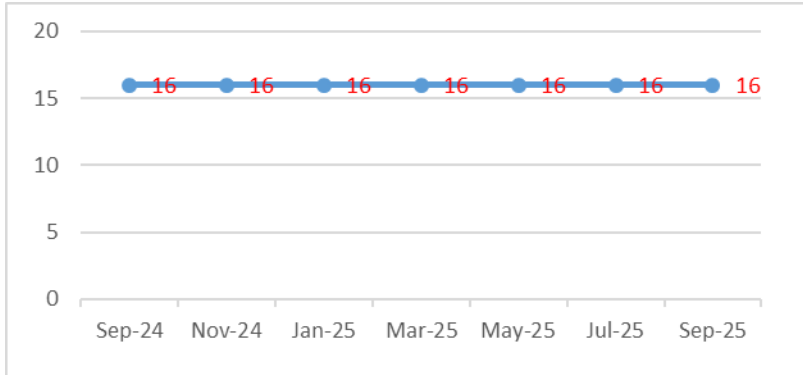
Associated Risks escalated to the Organisational Risk Register

4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation). Risk score reviewed and decreased in September 2025 review of the Organisational Risk Register.	20-16
3826	Emergency Department (ED) Overcrowding	20

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

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged due to the current challenges and complexities being faced by teams across all sites. It is anticipated that the risk score may remain quite static as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. It is also recognised that cultural change can only be achieved over time.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating action section.

Current Control Measures

Quality Frameworks and Policies

- Strategic review of Infection, Prevention & Control (IP&C) has been completed and has been aligned to the IP&C Strategy 2024-2027. Review outcome received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. A work plan has been developed to imbed the strategy and a new operating model for IPC. Strategy launched, ongoing Organisational Change Programme.
- Development of the CTM Safeguarding Strategy 2024-2027 – endorsed at Health Board meeting in January 2025.
- Quality & Safety Framework in place.
- ~~Quality Strategy will come to an end in 2025. Review underway to develop a Quality Strategic Plan that will feed into the Annual Duty of Quality Report and delivery of CTM2030. Quality Strategy action plan updated, and an update received at the Quality & Safety Committee in July 2024.~~
- Clinical Guidelines;
- Suite of Standard Operating Procedures;
- Clinical Education Framework. The CTM Learning Academy Framework is being presented to the Quality, Safety & Experience Committee in January 2025 and to the March 2025 Board Meeting;
- The Incident Management Framework was launched in June 2022 to reflect national changes in national incident reporting; following consultation across CTM, the Incident Management Framework has been updated and was approved in January 2024 at the Quality & Safety Committee.
- Incident Investigation training established and being rolled-out across the Health Board on a monthly basis;
- Superseded by CTM Learning Academy framework.
- Listening & Learning Framework established. Shared Listening and Learning Forum meets at least four times per annum with two Shared Learning events each year. Last event took place on 13 November 2024, and a further event in late spring/early summer 2025 is planned.
- Ward Accreditation Programme Framework established and is in the process of being rolled out. We have currently completed 27 wards with 8 white and 19 reaching Bronze accreditation. There is a rolling programme in place for 2025 which includes Maternity & Mental Health.
- Nursing and Midwifery delivery plan was received at the May 2024 Quality & Safety Committee and formally launched in July 2024. ~~Update on the delivery plan shared with the Quality, Safety & Experience Committee in July 2025.~~
- Duty of Quality and Candour established within CTMUHB. CTMUHB is represented on an All Wales basis where any discussions are held in terms of reviewing the framework. Adhoc support is available from the NHS Wales Performance & Improvement (formerly NHS Executive) as required. ~~Annual Duty of Quality Report for 2024-2025 was received at the Quality, Safety & Experience Committee in July 2025. Progress is also being made against the Annual Quality Report in readiness for publication in the forthcoming months.~~
- CTM Allied Health Professionals and Health Care Science Delivery Plan.
- Assistant Medical Director for Quality & Safety commenced in February 2025.
- Mortality Board established and inaugural meeting held in December 2024. Agreement with Archus to establish a robust process for data monitoring.
- People Experiences Framework
- Harm Free Care

Learning from Experience

- New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards. Patient Experience Forum revitalised and an operational group also now established to support this activity. The bi-annual report from the forums will be received at Quality, Safety & Experience Committee in July 2025.
- Executive and Independent Member Patient Safety Walkabouts framework complete and implemented. ~~Evidence based review underway which will inform the ongoing format and approach to IM walkarounds. The format of future walkarounds, aligned to the new framework, is in the process of being finalised including a review of the Independent Member/Executive buddy system.~~
- Citizen's Voice bodies (Llais) launched in place of CHCs. unannounced visits by Llais has recommenced and monthly meetings have been set up with Llais and the corporate team for early escalation and assurance of issues. Llais has confirmed they are holding "outreach" clinics across community 4 times a month to hear the voice of the population.
- The mortality team is finalising a standardised mortality dashboard which will establish a consistent process for mortality scrutiny, with key information regularly reported to a Mortality Board. The aim is to complete this in Q4. This has been expanded to include reports from the Medical Examiner service and integrated into the mortality learning reports.
- Working with the COO and wider operational teams, the Deputy Executive Nurse Director has mapped the harm free care agenda, including Hydration and Nutrition, Inpatient Falls and Pressure Damage Steering Groups through the existing Improving Care Board structure, resulting in planned bi-annual reporting to Quality, Safety & Experience Committee.
- Weekly executive-led patient safety meetings;
- Service Level Patient Safety meetings incorporate learning from events;
- Patient and Staff Stories received at Board Meetings and Quality, Safety & Experience Committee;
- Active Forums such as ~~"My Maternity My Way Maternity & Neonatal Voices"~~ which includes past and present service users; ~~Successful recruitment of Lay Patient Representative who will chair this forum.~~
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2025 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out. ~~CTMUHB has PREMS across multiple specialities reporting to QSEC via the Quality Dashboard.~~

- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures.
- ~~Patient Safety Clinics, targeting service areas with high or low incident reporting;~~
- Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns.

Current Control Measures Contd.

- Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS); PROMS provider selected for CTM wide – procurement complete and roll out plan for 2025 in development. (Linked to PREMS and Civica replacement update above). PREMS now live in Emergency Departments. System set up and roll out planned.
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions; Over 1,800 individuals registered and using the system. Over 270 staff ideas generated since its launch.
- RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. Current framework and structure for RADAR under review and will be subject to further discussion over the coming weeks. Activities of RADAR are now integrated into business as usual within the Unscheduled Care Group structure.
- There is an End of Life provision plan which is being managed by the Primary Care, Care Group alongside Palliative Care.
- Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

Innovation & Improvement Programmes

- On the back of the success of the 2023 and 2024 events, **the 2025 Quality Improvement showcase took place in July 2025.**
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Theatre Utilisation Group is now captured within the Productivity Improvement and Transformation Programme for Planned Care activity. There is also a Strategic Transformation of Acute Medicine Programme for Unscheduled Care activity. Both programmes report into the Operational Management Board.
- iCTM (Improvement & Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety; Team working 2025-2028 business plan.
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Phase 1 completed. Phase 2 launched in October 2024 focusing on Acute Deterioration, Deconditioning and Quality Management Systems; Improvement and Innovation CTM are actively supporting a number of services, a full list is available from iCTM;
- ICTM developed and delivering a QI Capacity and capability programme;
- Monthly Quality Improvement (QI) training continuing and ongoing on a monthly basis, over 490 CTM people trained in numerous improvement techniques.
- Investigation and Putting Things Right (PTR) Training commenced during July 2022; The delivery of investigation and PTR training is under review as part of the updated PTR regulations implementation. All Wales PTR training is currently out for consultation across NHS Wales organisations.
- Value Based Healthcare programme in place aligned to national Value in Health priorities; business case proposals received for 2024-2025 investment currently being reviewed.
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- Leading and empowering Improvement and Innovation built into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Service Improvement Groups established end of 2024
- Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways.
- The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity.
- ~~The Deputy Executive Director of Nursing is a steering group member led by WG on the national safeguarding review for health, commissioned by the CNO. This will be due for completion in June 2024. Completed and final report has been issued.~~
- The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a recent national report on Sexual Safety and associated safeguarding concerns. There are currently delays in terms of scheduling from an All Wales perspective and will update accordingly. First all-wales NHS Wales Performance & Improvement (formerly NHS Executive) Led meeting on Sexual Safety held to define the structure of this programme of work.
- Duty of Quality and Duty of Candour Training will be ongoing as required as the Act is embedded within the Health Board. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. Reviewing the process documentation and guidance for Duty of Quality and Duty of Candour to ensure accessible training and proper recording on our Electronic Staff Record (ESR). The PTR training will also incorporate Duty of Candour.
- A Clinical Effectiveness Committee has been introduced to be an effective and efficient forum for high-level clinicians, leaders and managers to support continuous quality improvement in clinical care in CTMUHB. It will monitor the implementation of the clinical audit program and implementation of NICE/national guidelines/standards to ensure best practice across the Health Board. It will provide support and strategic direction for the Health Board's national and local clinical audit programme, receiving assurance reports from the sub groups and following analysis escalate issues or provide assurance to the Quality, Safety & Experience Committee and Board.
- Medical Collaborative Group **has been** formed and re-invigorated and **improving collaboration** between primary and secondary care **with good attendance.**
- Clinical Pathways Group have been established to approve any changes to clinical pathways that impact patient flows across CTMUHB.
- Improving Care Board has developed a portfolio of improvement programme and projects.
- National Safe Care Collaborative Programme Commenced.

- CTM Learning Academy – The vision of the CTM Learning Academy is to “Develop an ambitious and capable integrated multi-professional clinical workforce, improving patient and population health outcomes & wellbeing. To develop and deliver an inter-professional and collaborative learning approach, meeting the individual educational needs of each profession whilst also enabling and benefitting from diversity of thought and skill set.”. There are 4 Strategic Aims:
 - Establishing underpinning processes for Education Quality, Governance and sustainability
 - Developing and Transforming our Current workforce
 - Developing our Future Workforce
 - Developing a Culture of Interprofessional Learning and Collaboration.

Research

- Research & Development Programme. Healthcare Research Wales have validated the Health Board’s self-assessment of its Research and Development strategy and the feedback will be used to shape ongoing strategic direction. Research strategy in final draft form, currently out for wider consultation. **The Research & Development Strategy approved by Board following endorsement from the Quality, Safety & Experience Committee. Increased oversight at Operational Management Board on RDI activity.**

Flow Efficiencies and Productivity

- ‘Optimise’ – optimise flow improvement programme rolled out across all three acute sites.
- Medical Workforce & Nursing Workforce Productivity Programmes established. Medical Workforce Productivity Programme encompasses a performance and escalation group as well as a framework group for establishing standard practice at CTM.

Sources of Assurance (Internal and External)

External Reports

HIW Deprivation of Liberty Safeguards Report 2024 - The Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2022-23 provides an overview of the implementation of DoLS in Wales. The report highlights a significant increase in the number of applications received by local authorities and health boards, with ongoing delays in allocation, assessment, and authorisation processes. These delays result in many individuals being deprived of their liberty without legal protection. The report also notes variations in the use of conditions and the need for improved procedures for urgent authorisations. The Welsh Government is considering strengthening the current DoLS system to better protect the human rights of individuals who lack mental capacity. CTMUHB has been actively addressing the Deprivation of Liberty Safeguards (DoLS) through various measures to oversee and respond to the increasing demand.

Internal Audit review on “Embedding the Quality Framework” completed and final report has been received. Reasonable assurance has been provided by the Audit, recommendations are being acted upon and managed via the audit tracker.

Internal Audit – Peoples Experience – resulted in Substantial Assurance.

Annual Reports

- Clinical Audit Annual Report;
- Clinical Education Annual Report;
- Safeguarding Annual Report;
- Putting Things Right Annual Report;
- Infection Prevention and Control Annual Report;
- Medicines Management Expenditure Committee Annual Report;
- Organ Donation Annual Report.
- Health and Care Standards Annual Report; (incorporating patient survey)
- GMC Survey
- Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board;
- ICTM (Improvement and Innovation) Annual Report
- Annual Duty of Quality Report

Quarterly Reports

- Quality Dashboard;
- Integrated Performance Dashboard;
- Quality Governance – Regulatory review progress updates;

- IPC Highlight reports;
- Care Group reports;
- High level update on mortality indicators;
- Research and Development Update;
- National Clinical Audit and NCEPOD studies;
- Maternity and Neonatal Improvement Programme Highlight Report;
- Llais briefing papers;
- RADAR Reports;
- Improvement portfolio report;
- Multiple engagement events underway.

Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- Health Inspectorate Wales unannounced visits;
- Medication Prescription and Administration incident update, which reports into the Medication Steering Forum.
- All Safeguarding Hubs working collaborative across CTM population;
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); partially complete. New Directors now require training, safeguarding team leading a short review to ensure appropriate level of training, L2/3 for clinical and non-clinical directors (to be completed by May 2025).
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3;
- Harm Free Care Agenda
- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- Internal Audit undertook a review which considered the processes and procedures implemented by the Health Board to ensure compliance with the Duty of Candour. The final report is awaited, and any recommendations will be acted upon and managed via the Audit Tracker
- Internal Audit review undertaken on embedding the Quality Framework. Final report received and reasonable assurance allocated. Recommendations are being acted on and being managed via the Audit Tracker
- Staff survey closed. Higher response rate received than in previous years. The final CTM response rate was 26.7% which equates to 3553 members of staff. This is the highest rate among the Health Boards of our size in Wales and CTM's highest response rate to date.
- Ward Accreditation Programme is embedded across the Health Board in Inpatient Areas.
- ~~Medical Workforce Delivery Group-Performance and Escalation Group (PEG)~~ for Medical Workforce Matters.
- Action Plan is in place to address the backlog of open coroner cases caused by a significant increase of number of inquests of the last 12 months.
- Legal Services Recovery Plan in place which will consider if there is enough capacity to manage all legal activity and if internal processes and systems need to be revisited to make changes and identify areas for further improvement.
- CTM Pathology services accredited to ISO 15189:2022 the international standard that specifies requirements for quality and competence in medical laboratories, ensuring accurate and reliable test results essential for patient diagnosis and treatment.
- Cardiac Physiology services in PoW are accredited to British Society of Echocardiography for TTE, Training, Stress, TOE.

Qualitative Intelligence

- Monthly PREMS qualitative feedback received.
- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators;

- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed site visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive/deputy executive led patient safety meetings;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings which concluded in March 2024; however, additional meetings will be held in the future as required to benchmark and share learning;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- Discussions are urgently progressing in relation to regional stroke services developments. Stroke monitoring and evaluation dashboard established to identify potential impact of moving to a temporary single site stroke service for CTM. Teams have established daily huddles to monitor qualitative feedback from Teams in terms of impact of moves.
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.
- External audit in June 2024 in collaboration with Arjo Huntleigh regarding pressure ulcer prevalence has been completed and considered at the January 2025 Quality, Safety & Experience Committee.
- Health Education Improvement Wales (HEIW)– undertake regular reviews of services with respect to medical training of resident doctors.
- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans;
The AmAT Inspection Module is being implemented for HIW Audit Recommendations with the first report received in May 2024 at the Quality & Safety Committee, which will be a hybrid approach as CTM fully transitions to the new automated system.
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) governance and incident management;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced.	Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024. The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards) Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.	Currently 35 wards completed. 8 white and 19 reaching Bronze accreditation. 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
2. Strategy & Framework Reviews and Development Safeguarding Strategy - o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 - o Development of a safeguarding dashboard	Complete in terms of Safeguarding Strategy. Timeframe for Safeguarding dashboard is planned to be available in draft by the end of May 2025.	The Safeguarding strategy and framework give a comprehensive approach to Safeguarding. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.	Pilot dashboard has been developed and is in the pilot stage for user ability data presentation There is a national launch of the safeguarding module on the once for wales Datix site which is being piloted to capture professional concerns 1.9.25. This will not capture all safeguarding only professional concerns currently There is a robust work plan which is in ace to support implementation of the safeguarding strategy and framework. The monitoring of these actions will be overseen thorough the safeguarding executive committee
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	CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda. Our Learning Processes, including the Listening & Learning Framework with its central repository and bi-annual Listening & Learning event, have supported improvements in cascading learning across CTMUHB. By focusing on timeliness and effective care, CTMUHB has significantly enhanced its concerns response compliance. CTMUHB is now recognised as an exemplar for concerns management across NHS Wales. Our team regularly

		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.	benchmarks our performance against similar NHS organisations. CTMUHB's position in relation to NRI compliance has also improved over significantly over the last year.
	Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas.	- Improved decision making and therefore improved patient care - Improved oversight of patient care from ward / team to Board against evidence-based standards and local indicators - Stimulate clinical team discussion and quality improvement areas - Decision making - Real time insights to ensure mobilisation of support, adjustments and actions where needed	Action complete.
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.	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.
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	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:

		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. • Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses	• 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).
6. Fragility of the Legal Services Directorate	• Legal Services Recovery Plan in place which will consider if there is enough capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. • Recovery plan also considering the stability of the Legal Services Directorate.	• Improved patient and stakeholder experience. • Improved compliance and performance. • Sustainable service fit for the future. • Robust systems and processes.	• Compliance and performance metrics within the Integrated Performance Dashboard. • Decrease in cases being referred or escalated to next stages in the relevant process. • Increased compliance in KPI across legal and PTR. • Reduction in recovery measures in line with improving performance • Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure. • Implementation of the revised operating procedures and process maps.

Linked National Priority Measures

Care Closer to Home

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

Patient Safety Solutions

Infection Prevention and Control

- Six Tier One IP&C Targets;
- National IP&C Guidance – to include implementation of respiratory and non- respiratory pathways;
- NHS Wales National Framework – Management of patient safety incidents following nosocomial transmission of Covid-19.

Children's Charter

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

Safeguarding

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

Chief Nursing Officer's Launch of the Nursing and Midwifery Priorities – 2023-2024 – Development of a Nursing and Midwifery vision underway.

National Patient Experience Framework.

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.

NHS Wales Quality and Safety Framework: Learning & Improving. Published by WG September 2021.

The Health & Social Care (Quality & Engagement) (Wales) **Act 2020** - Improving quality and public engagement in health and social care.

National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities

Full engagement in the Chief Medical Officers priority to strengthen clinical leadership and the Medical Director closely involved with the National Work (Ministerial Advisory Group Report)

Current Performance Highlights

Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance:

- Quality Dashboard
- Maternity & Neonatal Dashboard
- Cancer Standards;
- Unscheduled Care;
- Six Goals Programme (Emergency & Urgent Care, D2RA);
- Waiting List Delays;
- Mortality Indicators;
- Tier 1 IP&C Indicators;
- Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration;
- Sepsis;
- Mental Health Measures;
- Putting Things Right Compliance;
- Patient Safety Solutions compliance

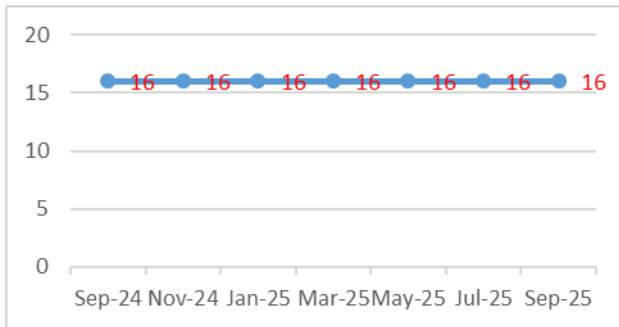
Were there any significant incidents affecting this strategic Risk this period:

Significant incidents (NRI or LRI) are managed in according with the Incident Framework and reported to the Quality & Safety Committee.

Associated Risks escalated to the Organisational Risk Register		
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
6111	Medical Examiner Delays.	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
4417	Management of Security Doors in All Hospital Settings	16
5646	Impact of Right Care Right Person approached.	16
6228	Effective and efficient management of requests from the HM Coroner.	16
6229	Timely development of, management and response to Learning from Event Reports (LFERs).	16
6230	~~Proactive management and compliance with Medical Negligence or Personal Injury claims at Pre-Action Protocol stages.~~ Risk score reduced in September 2025 to a score of 12 and therefore has been de-escalated from the Organisational Risk Register.	16
6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.	16
6232	Stability of the Legal Services Function.	15
6217	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity.	15
4691	New Mental Health Unit	15
1793	Lack of isolation facilities available – negative pressure rooms. New risk escalated to the Organisational Risk Register in September 2025.	16
6052	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts). New risk escalated to the Organisational Risk Register in September 2025.	20

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				This risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. Workforce gaps due to lack of available skilled workers either in local or national labour market and we are having to look at alternative options to meet demands and reduce variable pay. International recruitment has been explored but is expensive and not sustainable. However, a limited number of specialities are pursuing medical international recruitment via NWSSP. This is a short-medium term solution whilst alternative plans are implemented to build skills with the intent of ceasing international recruitment or using in exceptional circumstances. Alongside this, innovative solutions such as developing new roles/additional/extended skills take time to grow. The wellbeing of our workforce is at the heart of all we do, and we remain focussed on reducing the impact on the workforce if sickness and turnover rates remain high. Sickness rates increased slightly to 7.03% in July 2025, compared to

	6.66% in June. The rolling 12 months sickness rate was 6.98%. Turnover increased slightly to 9.00% in July 2025 (from – 8.91% in June) but decreased to 8.66% in August 2025. Job Planning compliance is at 35% as at end of August 2025. Agency spend at M4 £9.672m. The risk score has been reviewed in accordance with the Risk Domain/ Scoring Matrix. The following consequences have not been seen, as outlined at L5, which suggests the original risk score may have been overstated previously and was reported too high, based on the points below • Non-delivery of key objectives/services due to loss of several key staff – there are references in the risk register at a risk score of 20 for failure to deliver some services e.g. immunology in secondary care, stroke services, laboratory information system, sustaining cancer targets, imaging and failure to meet the demand for patient care at all points of the patient journey but there are controls in place and action plans to address any shortfalls • Ongoing unsafe staffing levels or competence/skill mix. The same as above • The number of staff attending mandatory/professional training - mandatory training for CTMUHB is 73.52% as at June 2025. The workforce risk remains significant. The reduction in the likelihood is to correct the scoring which places the risk score more appropriately represented within the risk domains at L4. • Late delivery of key objective/service due to lack of staff. • Unsafe staffing level (>1 day)/competence. • Low staff morale. • Poor staff attendance for mandatory/key professional training. We continue to treat and mitigate the risk as follows in the report.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be treated and managed through the expansion of programmes of work across CTMUHB with Care Groups, Services, Professional Leads and Heads of People, focused on improved data analytics and strategic workforce planning: workforce transformation, attraction recruitment/development, retaining our workforce, building skills and flexible workforce options which are aligned to current and future workforce requirements, which are more affordable and sustainable. The launch of the People Plan and development of associated metrics will support priorities, monitoring and improvements through shared organisational actions. Alongside this are the action plans to support the results of the staff survey. Improved workforce systems controls will support productivity and efficiencies. Proposed changes to nursing, midwifery and Health Care Support Worker shift patterns are being worked through with ongoing consultation with staff and Trade Union colleagues with a view to agreeing a consistent shift pattern across CTM, which meets agreed criteria around patient safety, staff wellbeing, improved workforce availability and financial efficiencies.

Current Control Measures

Recruitment

- Vacancy Scrutiny Panel.
- ~~Bank modernisation action plan which includes proactive recruitment across 12 months.~~ SDP Nursing Productivity Programme includes workstreams on temporary staffing and Bank optimisation to support optimisation of bank potential
- Online recruitment through Trac.
- Review of the CTM 'reducing the time to hire, ownership of the journey' aligned to the NWSSP Recruitment Modernisation Group.
- ~~International Recruitment - via NWSSP - 3 x Psychiatrists (ANCIPS) (India) posts offered for Mental Health and Learning Disabilities Care Group with their arrival due from June 2025. CTM has also submitted a funding application for additional medical staff as part of the potential funding allocation proposed by WG. Awaiting confirmation of the funding for CTM. A further one Speciality Grade Doctor for Haematology is in process of being sought from India.~~ International Recruitment - via NWSSP, 3 x Psychiatrist (ANCIPS) (India) posts offered for Mental Health and Learning Disabilities

Care Group - the first Doctor arrived at the end of June 2025 with the others due later this year. The Haematology Department has also recruited a Specialist Grade Doctor who will join in late 2025/early 2026. CTM also submitted a funding application for additional medical staff as part of the potential funding allocation proposed by WG. Awaiting confirmation of the funding for CTM for 9 Consultants and 9 Specialty Doctors

- Pathways to Employment programmes (Project Search/Supported Internships, apprenticeships, Network 75, Jobs Growth Wales +, Graduate Activity) alongside NHS graduate training schemes
- Living Wage employer status.
- Medical Recruitment plan includes a focus on job description standardisation which is a key action for the MWPP Framework Group for a once for CTM approach.
- Attraction and Resourcing Key priorities: Through the development of an Attraction and Resourcing Working group the following priorities have been identified: Increasing visibility of vacancies through social media strategy implemented with increased social media presence presenting job vacancies, working with local partner organisations to raise visibility of CTM vacancies including presence in Careers fairs, and distribution lists. Raising our employer brand through the development on our career's website, and building CTM assets, promoting CTM as an employer of choice learning to inform future events.
- Trialling on-the day recruitment events and alternative application methods to widen reach and improve accessibility for applicants. **Have successfully trialled on the day recruitment events in Facilities, expanding to trial Health Care Support Workers.**
- Actively involved in senior key critical appointments across the Health Board. **This includes exploring person spec application form to improve shortlisting for managers and accessibility for applicants.**
- Reviewing the CTM approach to the selection process to standardise the approach to the use of psychometrics and assessment centres to improve appointment decision making.
- Work experience pathway established.
- A 'Loop' app to improve access to book shifts for bank workers.
- Non-Consultant rate card and Consultant rate card in place to provide consistent rates of pay.
- Reviewing M&D fixed term contracts and agreeing a more robust approach and controls with the Executive Medical Director.
- Review of support for nurses recruited via IEN Programme to improve experience, CPD, career pathways, wellbeing and retention.
- **Development of the recruitment intranet via SharePoint.**

Retention

- Engagement in All Wales Nursing Retention group and HEIW Retention Community of Practice. Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources launched in place with local plan developed including key areas of focus: lateral moves, flexible working and moving on questionnaire. **Plan reviewed with key stakeholders. Current progress: 0 red, 23 amber and 32 green actions. Aim to evaluate progress and compare across NHS Wales.**
- ~~A CTM Retention Steering Group in place to ensure appropriate stakeholders, priorities and alignment with other Groups/Committees. A retention action plan has been developed which includes national and local actions and this group will have oversight. Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes.~~ The Retention Programme is currently being re-established, with plans to refocus its priorities and reconvene the steering group in September/October 2025. The aim is to define a clear vision, set guiding principles, and establish a mission for the programme, supported by a targeted action plan aligned to measurable objectives. As part of the proposal, the steering group will be split into two tiers:
 - An operational group to test and implement change; and
 - A strategic programme board to oversee progress and direction.
- ~~The Moving on questionnaire is under review with aim of increasing completion rates and providing us with a valuable data on turnover. This is being reviewed to establish links to other workforce data and to ensure the process is robust.~~ The 'Moving on Process', including the questionnaire and flowchart, is currently under review. A revised version is expected to be shared with the Workforce Planning Team by the end of September, alongside evaluation findings from responses received to date. The review aims to introduce a more streamlined and automated resignation process for CTM, incorporating key retention and employee experience questions to ensure meaningful data capture, even if the full questionnaire is not completed. Retention intranet pages contain resources to enable managers to record leavers correctly and provide a centralised area to access related resources.
- The **Starting Joining Well** Survey was relaunched in January 2025 with a focus on Attraction, Onboarding, Employee Experience and Retention and will improve understanding. **The initiative is currently led by the Employee Experience team, with our Retention Lead serving as a key stakeholder within the working group. While the survey has been piloted, it has not yet been formally launched. Response rates so far have been low, however, feedback received has provided valuable insights that have already enabled improvements to be made. Further work is required to develop a targeted communication strategy and to review the scheme's timing to ensure it aligns effectively with staff needs and engagement opportunities.**
- Internal Lateral Moves Scheme for Band 5 Nurse and Midwives in place. ~~The scheme is currently under review to automate and improve the process now it is established. The next steps are to review expanding the Scheme to include other staff groups.~~ The scheme has undergone Phase 1 improvements, including better tracking tools and engagement with stakeholders to gather feedback and evaluate impact. Since launch, 306 applications were received, with mixed experiences reported. Phase 2 will introduce automation via Microsoft Lists, with a re-launch planned for October 2025.
- All Wales Flexible Working Policy launched with accompanying promotion and implementation of oversight mechanism in place which align to retention as a key initiative. **Aim to move all flexible working applications onto ESR in the near future** ~~Work is taking place to move the Flexible Working requesting process onto ESR~~ to allow for better data intelligence and a more robust monitoring process.
- Wagestream as a mechanism for regular pay
- Organisational Induction launched

- PDR "Your Conversation" promoting safe and productive environments for managers to interact with and listen to their staff
- Retention Lead appointed to take up post in June 2025 to take the agenda forwards.
- An Attraction and Resourcing Lead in place providing expertise and to drive the agenda forwards.
- **Retention dashboard created and shared with key stakeholders with the aim to digitise and support managers to understand and use this data in collaboration with HOPs and DHOPs.**

Temporary staffing solutions

- Workforce Efficiencies Programme in place with dedicated lead to drive the savings programme for 2025/2026 around nursing and medical and dental. Retinue Solutions contract for Medical, Dental, AHP and HSS (agency) and Patchwork for Medical and Dental bank ceased on 26 June 2025. Locum's Nest contract in place as a new provider went live for Medical and Dental bank on 26 June 2025. Agency for AHP and HSS temporarily managed through Health Roster and Staff Bank. **Proposed date for launch of Medical and Dental Agency on Locum's Nest is 9th September (pending Executive approval). Manual process managed by the People Directorate has been in place in the interim whilst process/ data issues resolved.**
- Further update of the FCP and SOP and will incorporate the requirements for the workforce efficiencies programme and the new Locum's Nest system.
- Optimisation of Health Roster and Staff Bank are the key workforce programmes of work under the Nurse Productivity Programme to support £4m savings
- Bank KPIs are being developed part of the Nurse Productivity Programme.
- Medical and Dental Programme of work to support the £3m savings under the Medical Workforce Productivity Programme

Day-to-day management of staffing levels

- Electronic rostering via Health Roster
- Job Planning Guide and communication issued (agreed with the LNC) reduced presumed sign off period for job plans from 10 weeks to 4 weeks in place.
- Junior doctor rota monitoring. **A rota monitoring paper and scheduler has been developed and is implemented. Monitoring plan for next tranche to be signed off by September 2025.**
- Sickness absence management process, **scoping of CTMUHB wide sickness project underway.**

Workforce Planning

- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool.
- Development of tool for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway include working with HEIW on the Workforce Modelling Tool.
- HEIW all Wales Strategic Workforce Plans across: AHP, Dental, Genomics, Mental Health, Perinatal, Pharmacy and Primary Care and Nursing. Guidance for Radiology is also available.
- The Head of Workforce Planning and Head of People Analytics are aligned to the HEIW Workforce Planning Network.
- **Discussions to commence regarding** education commissioning submission for the 2 PAs graduating in 2025.
- SWP Audit actions in progress and reported via the audit tracker reported at the Audit and Risk Committee.
- **Medical establishment has been developed that aligns ESR and ledger data to provide accurate establishment and vacancy information.** Work still required to develop controls to keep this live. **The next focus is the development for Nursing, Midwifery and HealthCare Support Workers, this work will be undertaken in partnership with HEIW.**
- **Work to plan and prepare for the Registered Nurse Associate (RNA) in CTM is underway across workforce planning, clinical education and corporate nursing. There has been a slight delay as HEIW Education Training Commissioning Templates are not requesting HB numbers for the RNA in this year's return as expected.**

Sources of Assurance (Internal and External)

- Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM Operational Delivery Committee and CTMUHB Local Partnership Forum. Data also included in Integrated Performance Report to the Board; and included in Nursing Productivity and Medical Productivity Programmes which reports into Values & Effectiveness Board. **Our People Metrics are currently undergoing improvements, including to align to the People Plan.**
- Medical Workforce Productivity Programme (MWPP): Delivery Group meeting includes data on bank usage, agency spend, waiting list initiative (WLI) usage/spend, job planning compliance and trajectories, sickness absence. The new Medical and Dental Policy Group meeting which reports to the Delivery Group focuses on consistent practices and policy application recruitment, retention and consistent policies and practices with the aim of a 'Once for CTM' approach.
- Annual Education Commissioning Submission and IMTP Chapter and MDS. This year's IMTP Education and Commissioning submission was approved at ELG in March 2025 and submitted to HEIW. The next cycle of IMTP Education Commissioning commenced in October 2025 for a draft submission to HEIW at end of January 2025, with a final Board approved submitted by 31 March 2025.
- Quarterly vacancy data return submitted to Welsh Government for NHS vacancy statistics
- **A suite of BI People dashboards launched (Care Group and Nursing Dashboards). The Nursing dashboard, and dashboards are in development with the nursing dashboard was launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Further reporting automation and dashboards are progressing for phase 2. A suite of BI People dashboards launched (Care Group and Nursing Dashboards). The nursing dashboard was launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Phase 2 and the redevelopment of the Care Group Dashboards are currently in development. Further automated reporting is in development to support MWPP and Establishment reporting.**

- In partnership with Digital, developing a CTM strategic approach to the use of Robotics.
- In partnership with the National Data Resources (NDR), piloted ONS's data Masterclass within the people directorate to Building enhance data and analytical capability for leaders to improve data driven decisions. Exploration is being undertaken with the NDR to incorporate a masterclass into CTMs Leadership programme
- Positive Review of Workforce Planning Arrangements undertaken by Audit Wales with six recommendations which have been developed into an action plan with agreed deadlines. Working towards the SWP Audit Wales recommendations outlined in the audit report. The audit report and actions were shared at the CTM Audit and Risk Committee on 18 April 2024.
- Retention and Workforce Planning Lead is a key part of the Health Education Improvement Wales (HEIW) retention community of practice, which will encourage sharing best practice and utilizing networks across Wales.
- CTM are connected to stakeholder events such as the Physician Associates and key stakeholders at the Physician Associate Recruitment Group and Medical Associate Profession (MAPs) groups.
- Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM. The questionnaire was initially sent to all AFC staff who joined CTM in last 12 months and to date 125 responses to formulate a report on themes and next steps to inform our CTM attraction strategy. Next step is to send out to M&D new starters to support M&D attraction.
- Establishment of a multi-disciplinary workforce shape and supply steering group to discuss workforce supply pipelines. T&F Groups are being set up to develop information and data on workforce pipelines.
- Work is underway aligned to activity and finance to review the workforce data modelling that is needed to inform the ACSP service plans.
- Horizon scan work is being finalised as one of the actions under the underway in accordance with the Audit Wales SWP audit recommendations.
- Update on Workforce Planning was discussed at People and Culture in August 2024.
- Workforce Planning and People response to the HEIW Nursing Strategic Workforce Plan was provided on 21 June 2024. A review of how this Strategic Workforce Plan will impact on CTM is being considered. Assessment of the CTM progress against HEIW Strategic Workforce plans was undertaken and discussed at People and Culture in August 2024.
- Initial discussions are underway to prepare for the work and communications required for the Future NHS Workforce System with the all- Wales and England plan to transition to a new supplier in the summer, 2025. Implementation and roll out planned for 2027-2030.
- A review of our medical workforce systems is underway to develop improved interoperability between systems and alignment to the new future NHS workforce system (where time and information is available to join up). This is now being aligned to the Workforce Efficiencies Programme, and links with NWSSP Procurement, Finance, Digital and Data teams.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Workforce Planning • Workforce Planning process not yet in place – currently at very early stage • Establishment control not in place and ongoing challenges in vacancy reporting	Developed an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics to understand the CTM vacancy position, to support better workforce decisions to fill gaps and reduce reliance on temporary variable pay. Enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future. The following Workforce Planning activity is also now underway: • Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. This has been postponed due to moves in Children and Families with the next session proposed for October 2024. This has been postponed until the return of the Maternity Services to POWH. A further date to be arranged. • Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park. This has been postponed and awaiting further updates from the Regional Ophthalmology Group. A dedicated workforce planning support has been appointed to align the workforce requirements and deliverables for LHP.	To identify the CTM vacancy position. This will be initially for medical and dental workforce aligned to CG service needs. This was completed in May 2025. This will include substantive staff in post, ledger information and bring medical variable pay (agency, WLI and bank usage/spend) alongside job planning compliance. Development work for Nursing, Midwifery and HCSW is due to commence with support and partnership working with HEIW. This will include substantive staff in post, ledger information and nursing variable pay (agency and bank) alongside overtime, SafeCare and Health Roster data. Improved data quality and provision of analytics and intelligence to inform current and future trends.	Clarity and visibility on our CTM workforce gaps and rationale for overspend. This can be used to inform, and drive CG/Service workforce plans to find more affordable and sustainable workforce options. This will provide a narrative to tell the organisational story and what actions are needed to mitigate risks. Ensure workforce plans are in place to meet the current and future workforce demand.

	- The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised. - This strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. - The plans under development will consider all the above, alongside workforce trends and horizon scanning, to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population. - Alongside development of our approach to workforce planning we are also developing a framework regarding new roles - Establishment of PA Working Group - Initial meeting took place in June 2025 to shape the group and content. - The Head of Workforce Planning is representing CTM on the All Wales Registered Nursing Assistant Band 4 post to support the development of a CTM action plan. - Workforce planning alignment to the ACSP to promote opportunities to maximise workforce productivity, integrated working, redesign and new role developments. - SWP Audit Wales Recommendations Action Plan in place and progress and updated at People & Culture Committee in August 2024.	To support the development of a workforce plan to support the delivery of the all Wales Perinatal workforce plan. Development of an LHP workforce plan. The workforce section of the Outline Business Case is in development for submission in ~~May-September~~ 2025. Due to changing demographics of our patients and workforce, the need for alternative workforce models to address shortages in skills/workforce availability. Providing information around what changes are predicted in the future that could impact on the workforce. This will include changes to work through technology or approaches to work due to generational shifts which need to be considered for future workforce demands and supply. ~~The PA Working Group will provide a CTM approach to employing and supporting Physician Associates in the organisation.~~ To develop an agreed CTM approach to recruitment and practice for RNAs aligned to professional registration and standards. Development of a workforce plan that supports a multi-skilled, flexible workforce to meet current and future needs. Regular reporting at Strategic Development Group on strategic workforce plans providing governance and oversight on the approach.	To ensure there is an affordable and sustainable workforce plan to meet the ambitions of LHP and ensure delivery of the plans. Reduce vacancies through improved retention and attraction. Reducing over reliance on temporary workforce where more sustainable options may be available. Consideration of future changes in workforce plans to ensure they remain flexible and agile to meet changing population and workforce needs. Clarity on the use of and approach to Physician Associates in CTM aligned to all Wales Governance and agreed standards. This will also set out the governance and infrastructure for PAs to ensure maximum benefits from the role within multi-disciplinary teams. Effective use of RNAs to support high quality patient care and appropriate skill mix to support patient care across the nursing workforce and multi-disciplinary team. Reducing workforce gaps in skills/posts and temporary spend where appropriate. Agreed approaches to deliver the workforce required, aligned to professional standards, which is affordable and sustainable. Organisational oversight and commitment to the direction and align of the workforce to deliver the objectives and ambitions of CTM 2030.

2. Recruitment & Retention The Health Board does not currently have a signed off Recruitment & Retention Plan.	- Retention action plan is drafted - monitored and updated by the Retention lead. Currently being refreshed prior to sign off. - Retention updates being provided on an ongoing basis via the Operational Delivery Committee.	CTM delivery against the All Wales Nurse Retention Plan and CTM Retention Plan.	Reduced turnover (increased retention) of workforce to reduce vacancies. Retaining skills and expertise especially in areas where workforce is in short supply or will be in the future. Improved succession planning.
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 None identified in the July 2025 iteration.			
Were there any significant incidents affecting this strategic Risk this period: None identified in the July 2025 iteration.			
Associated Risks escalated to the Organisational Risk Register			
5753	Inadequate Special School Nurse Provision.		20
4973	Clinical Medical Cover within CTM Adult Mental Health Services.		16
5576	Palliative Medicine Staffing		16
5304	Datix Risk ID - The Air Handling Unit (AHU) for the pharmacy aseptic production suite.		16
6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.		16
6232	Stability of the Legal Services Function.		15
4218	Reduced on site Consultant Microbiologist / IPC Doctor cover for Bridgend. New risk escalated to the Organisational Risk Register in September 2025		16



Creating Health

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



Sustaining our Future

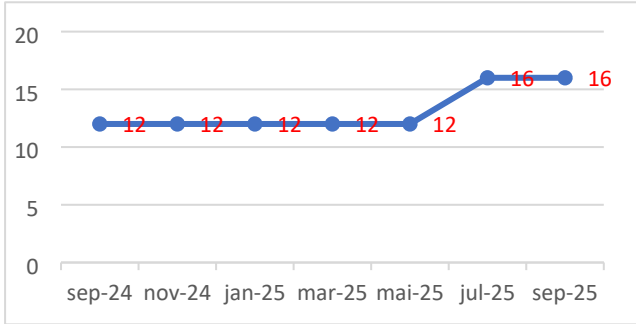
- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

Risk score

16

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20	No change to risk scores this period.
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			Risk Score Trajectory
				
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				In recognition of the gaps identified around additional capacity requirements to develop and implement an engagement and involvement strategy associated with the Acute Clinical Service Plan and wider service change requirement as well as the need to define a clearer process and procedure for supporting transformation and service change, the risk score has been increased in terms of likelihood to a 4 in July 2025. The gaps are captured in the mitigating action plan section of this risk.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk is being actively managed via the communications team and wider engagement function. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.

Current Control Measures

Strategies & Plans

- 2030 Strategy – 'Our Health Our Future'
- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed*
- Public Engagement Plan for 'Our Health Our Future'
- Becoming an Engaging Organisation
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Acute Clinical Services Plan – Senior Leaders Group
- CTM Leaders Forum - New Terms of Reference developed with a further review scheduled for 2025.
- Staff Q&A
- (Staff) Leaders' Forum
- Stakeholder Reference Group
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- Links with Llais including representation on Board
- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities
- Community Voluntary Councils (Interlink RCT, BAVO, VAMT)
- OPAG (Older Person's Advisory Committee)
- CTM 50+ Forums
- Maesteg Stakeholder Reference Group
- Partnership with CTM WISE (Wellness Improvement Service)
- Regional Mental Health Forum
- Partnerships with colleges and education providers
- CTM Strategic Engagement Forum (established Sept 24). Chaired by Head of Engagement and Involvement.
- A collaboration with Veterans is being established through the development of a forum with partners from the Veteran Hubs, wider Armed Forces community, third sector organisations, Primary Care and CTMUHB.
- Working group for health protection and vaccination, including members of the community leaders' network

Needs Assessment & Consultation Processes

- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars

Sources of Assurance (Internal and External)

Board Development Session – held on the 14th December 2023 in relation to community engagement and the maturity journey for the Health Board in further developing its approach to being an engaging organisation.

Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan.

On the 7 April 2025, the Welsh Language Commissioner published her five-Year Plan, within which she encouraged others to speak with CTM as an example of good practice, this endorsement provided CTMUHB with the opportunity to showcase the work being done across the health board to enable our staff to learn and use the Welsh language.

Reports to other committees

- Community Health Council briefing papers to Quality, Safety & Experience Committee.

External

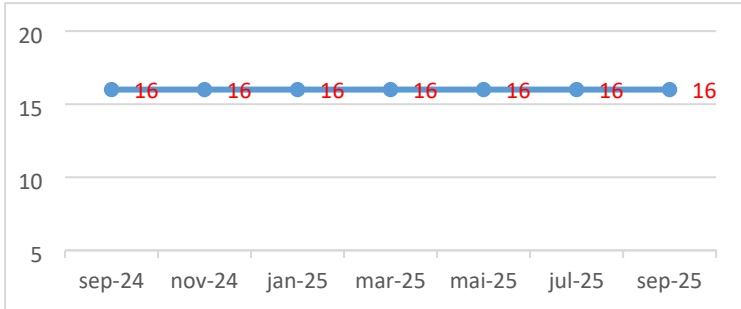
Activity commissioned from Opinion Research Services will provide detailed intelligence of stakeholders within CTM communities, including those at the hyperlocal level, enabling greater effectiveness and efficiency of public engagement and involvement activities.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Review the Becoming an Engaging Organisation Strategy	- Revisit to ensure the principles support the direction of travel, particularly their consistency and alignment with the ACSP engagement strategy, - Board Development Session reviewed the strategy on the 14th December 2023, outputs of which will now be taken forward. - Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders and the risks associated with service change. Consultation desk review now complete. This will be removed on the next iteration. The content of the review is informing engagement planning going forward. - Development of specification for procurement of consultation partner to support creation of hyperlocal stakeholder mapping to enable improved targeting of engagement activities and resources. Collaboration with Regional Partnership Board on use of stakeholder management system to provide increased rigor and improved data capture. - External expertise commissioned from Opinion Research Services (ORS) in October '24, to develop stakeholder mapping. Outputs will provide broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Outputs will be delivered in last quarter 24/25. This work has begun, and interviews are scheduled to take place with Independent Members and key senior Health Board staff throughout January 2025. - Collaboration with South East Wales Health Boards to formalise Regional Communication and Engagement plans and activity. - Defining the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements. - Discussions to identify opportunities to improve robustness of partnership between Communications and Engagement and planning and transformation, and	- Alignment across health board strategy and change programmes. - Ensure Board awareness and continued relevance of strategy with current strategic and operational ambitions and objectives. - A more informed approach to public engagement and consultation activities relating to significant services change, based upon legal precedence and best practice and resulting in reduced risk of judicial review. - Identification and commissioning of an external provider with requisite experience and ability to lead development of stakeholder mapping to inform strategic service change. - Increased efficiency of public engagement planning and actions through shared data, targeting and delivery. Development of shared objectives and identification of opportunities for collaborative engagement activities. - Broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Joined up working and efficient and effective use of shared capacity across the three South East Wales Health Boards. - Adequate capacity to engage and involve the population and wider stakeholders in ACSP and service change programmes.	- Consistency of narrative across strategic resources and change plans. - Continued Board support for BHT strategy and for development of involvement. Engagement and consultation resources aligned accordingly. - Delivery of a best-practice effective engagement and consultation plan to support strategic service change with minimal challenge and mitigating against judicial review. - Securing of partner to delivery through procurement process on budget and against expected schedule. - Delivery of shared engagement and involvement plans and delivery, realised through partnership working. Greater reach/traction of activities, with higher rates of participation/interaction. - Provision of a stakeholder map by ORS to be used for targeted involvement/engagement/consultation - Development and implementation of a Regional Communication and Engagement Plan. - Development of the ACSP and service change public engagement/involvement strategy for CTMUHB - A single policy/process for support of service change and transformation. An annual plan for public and community engagement activities and objectives.

	development of better-defined processes and procedures for supporting transformation and service change. • Closer, more formalised working relationships between Strategy and Planning and Communications and Engagement, including Head of Internal Engagement attendance at Strategy & Planning team meetings.	• More effective, efficient and sustainable support for service change and transformation with lower risk. • Closer working with the Strategy & Planning directorate will enable the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives.	
Linked National Priority Measures			
Nil			
Current Performance Highlights			
• Survey shared with all CTMUHB staff, to audit effectiveness of internal communications and engagement and opportunities to improve, including implementation of new engagement platforms. • CTMUHB chaired Stakeholder Engagement Forum creating productive outputs, developing single plan for engagement priorities for 25/26 with Public Health, People, Welsh language, RPB. • Revised approach to CTM2030 Leaders' Network to be implemented in April, to improve focus on enabling community groups to take actions that improve health and wellbeing of communities. • Definition and costing of the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements.			
Were there any significant incidents affecting this strategic Risk this period:			
None identified.			
Associated Risks escalated to the Organisational Risk Register			
Nil			

Strategic Goal(s):			Risk score
 Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care	 Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	16	
Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)			
If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	Then We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	Resulting in Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population’s and patients experiences, and continue to constrain our ability to work seamlessly across our region.	

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Trajectory and Next Steps - The risk score remains unchanged this period due to the balance between progress and persistent vulnerabilities. However, the trajectory is cautiously optimistic, with mitigating actions underway: - Renewal of CTMUHB’s strategy for AI, data and digital transformation, - Continued implementation of the Cyber Improvement Plan and Information Security Policy. - Strengthening of governance frameworks for AI, supplier management and digital inclusion - Ongoing collaboration with NHS Wales organisations and internal stakeholders to refine strategic oversight and assurance. Improvements - CTMUHB continues to make tangible progress across several dimensions of digital transformation: - Digitisation of Medical Records: Ongoing rollout and integration across sites. - Cyber Resilience and Security: Deployment of a new network monitoring tool and enhanced reporting functionality. Monthly reviews by the Cyber Security & Availability Board ensure proactive threat management.

	- Advanced Technologies: Operational use of 15 AI applications across the UHB such as Dragon Medical One, IBEX, Heartflow, and CTMUHB’s own CCLLM and ED Attendance Prediction tools. Interim Governance frameworks for AI are in place, prior to formal endorsement by the Board. - Infrastructure and Standardisation: Improvements in digital infrastructure across sites, consolidation of clinical systems post-Bridgend disaggregation, and standardisation of digital tools and processes. - Strategic Enablers: Mobilisation of contracts for e-prescribing, formalisation of shared care record agreements, and development of a patient-centred contact programme. Remaining Vulnerabilities and Risk Justification Several factors justify maintaining the current risk score: - Cyber Threats: Indicators of compromise were identified in May 2025. Although managed without service disruption, the National Cyber Security Centre continues to advise caution. The risk of cyber-attacks remains high and is scored at 20. - Resource Constraints: The Digital & Data team is required to balance the increasing organisation demand and expectation, against the current financial envelope for capital and revenue allocations. Staffing challenges persist, and some national programmes do not have approved business cases or funding alignment. - Operational Sustainability: While strategic clarity is improving, gaps remain in asset registers, policy adherence, and workforce capacity to fully embed digital culture and agility. - Low Maturity Against International Benchmarks: CTMUHB remains at a low level of maturity and capability when assessed against international benchmarking frameworks such as HIMSS for Electronic Patient Records (EPR), and similarly for AI and Business Intelligence. This limits our ability for our patients to interact with us digitally, for our staff to work digitally and thus is limiting the expected returns and benefits we anticipate from our digital programme.

Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is considered that the Health Board is continuing to ‘Treat’ this risk as it has a number of actions it is taking forward to mitigate this risk.

Current Control Measures

- Population Health Strategy – Aligns digital infrastructure with population health priorities. - Digital & Data Delivery Programme – Oversees implementation of digital initiatives and transformation projects. - IT Infrastructure Review – Ongoing assessment of infrastructure resilience, availability, and scalability. - Digital Investment Fund – Supports strategic digital projects and innovation. - Information Security, Records Management and Information Governance Policies & Improvement Programmes – Includes the Cyber Improvement Plan, Information Security Policy, and governance frameworks for AI and data protection. - Project Portfolio Board – Monitors delivery of digital projects and ensures alignment with strategic goals. - Cyber Security & Availability Board – Monthly review of threat landscape and mitigation actions. - AI Governance Framework – Endorsed by SIRO, Caldicott Guardian, and DPO; supports safe deployment of AI tools. - Digital Maturity Benchmarking – Recognition of low maturity against international standards such as HIMSS for EPR, AI, and BI; informs capability development planning. - E-Prescribing Mobilisation – Contract and project mobilisation underway. - Shared Care Record Agreements – Formalised data controllership arrangements for NHS Wales. - Non-Corporate Communication Channels Policies – Strengthens governance of informal digital communications. - Bridgend Clinical Systems Consolidation – Supports operational continuity post-disaggregation. - Patient-Centred Contact Programme – Development of digital tools to improve patient engagement and communication. - Risk-Based Management of Digital Debt – Prioritised approach to legacy systems and technical debt. - Incident Response Capability – Proven ability to manage cyber incidents without service disruption (e.g. May 2025 hostile actor compromise). - Digital Inclusion and Accessibility Workstreams – Ensures equitable access to digital services across communities.	

Sources of Assurance (Internal and External)

Reports to **Operational Delivery Committee incorporating**

- Periodic audits by Wales Audit and regular audit from Internal Audit
- All-Wales Information Governance Toolkit and ICO Audit Review.
- NIS-D Cyber Assessment Framework and Improvement Plan (CRU).
- Digital Programme Assurance Report **covering digital and data elements of the IMTP**
- Medical Records Assurance Report

Reports to other committees

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Closing the gap in Digital Literacy	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. The Head of Digital Business Change and Benefits will start on the 15 September 2025, this role will lead the development of an overarching strategy to support digital literacy. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk Easier to deploy new digital solutions
2. Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3-year programme of work. Across the programmes funded by Welsh Government and the IMTP e.g. ePMA, we are working with Workforce colleagues to develop an approach to digital clinical training. Additional business change facilitators will support this activity.	Developing capabilities to support service change enabled by digital and data technology.	We are building our wider Digital training capability and skills facilitate training Increase confidence and capability of all our staff in the use of digital and data technology for all the workforce
3. Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms
4. Tested and integrated cyber incident management plan	All Wales Cyber Incident Response exercise has been developed and is planned to be	Improved response to cyber threat	Awareness and improvement to the cyber improvement

	undertaken in September. Over the past 2 months a new patch management system and associated vulnerability management policy has been enacted, reducing our cyber threat score.		
5. Develop a baseline Asset Register and product catalogue.	Architectural components (including digital applications) are being captured on the all Wales Ardoq system - a centralised repository that continuously connects and updates data about our business strategy, processes, software systems and integrations. (A digital plumbing map) The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network and contributes to the Ardoq system. A replacement to our current IT Service Management tooling (Service Point) noted in Internal Audit - CTMUHB-2324-18 - is needed to fully manage this in the most effective way.	Greater insight into digital assets Greater understanding of risk profile	Improved cyber posture
6. Poor adherence to policies	Recognised requirement for policies to balance enablement with protection and for national digital strategies to place greater value on indirect clinical risk. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.	Standardisation of working practises and processes.	Reduction in variation in working practises and processes across CTMUHB
7. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming. Welsh Government have written out to CTMUHB to gather capital investment proposals for organisations that focus on digital infrastructure improvements that can be delivered within 2025-26 financial year	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.	Improved project and programme delivery timeframes. Improved user experience with BAU digital services. Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.

	that align with operational resilience and delivery of services. Timeframe: No timeframe set as this action is dependent on external parties. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider improvement opportunities, which is a continuing National challenge that 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. 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: Report by January 2026	Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements. Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.
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. 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 In addition to the ePMA funding the Health Board has agreed to fund the Patient Centred Contact Transformation Programme as part of the Savings Delivery Programme (SDP). This will enable us to fundamentally change the patient experience and interactions with	Increased capacity facilitated through various Digital programme	Working with ChangeHub to broaden understanding of transformation that is enabled via Digital. Successful delivered transformation through the implementation of digital solutions.

	us as a Health Board while growing our Digital and Data capabilities. Recruitment is underway across multiple disciplines within Digital & Data, however the recruitment process takes time and thus inducting new staff quickly is proving challenging, this is exacerbated by the short-term project funding for roles.		
11.Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme The current contract for patient record scanning (Cito) is due to expire in March 2026, the Digital Transformation (Medical Records) team are working on a new business case for consideration by the Executive Team. We are backfilling a medical records role to create more capacity on the business case. We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability. The business case has been drafted and under review by the Digital and Data Senior Leadership Team. Once approved this will be submitted through CTM governance for approval. 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	Remains a key element for our digital journey / alongside reduction and removal of paper from day to day clinical use
12.No resourced function within CTMUHB focussing on benefits realisation	As part of the funding from WG for a Mental Health Single Record the team will be employing a new Head of Digital Business Change and Benefits to take this work forward. The Head of Digital Business Change and Benefits will start on the 15 September 2025, this role lead the development of an overarching strategy to support digital literacy.	Invest in enhancing benefits realisation capability within the Digital function – working with ChangeHub to ensure standardised approach across the wider Health Board	Improved ability to articulate, track, monitor and realise benefits of digital transformation programme
13.Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board	Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow.	Improved productivity Reduction in errors associated with paper-based records and processes

	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. Recruitment is now almost complete, significant progress has been made with patient engagement. The procurement documentation has been completed for the technical solutions that are key enablers to deliver the programme benefits. Procurement should be completed during Q3 of 25/26. Timeframe: 2-3-year programme of work.	Reusable digital data to enhance decision making	
14. Recruitment challenges due to short term funding allocations leading to an increased use of 3 rd party contractors and fixed term contract arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs
15. CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to the community and closer to home, which underpin ACSP.	Business case for the Mental Health EHR has been approved and funded. Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow

16.Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	The Digital and Data IMTP submission has now been approved, this includes funding to engage a strategic partner to support and develop our digital and data strategic roadmap, and a procurement activity is underway. The Ministerial Advisory Group (MAG) report has now been published which highlights challenges with Digital Transformation across NHS Wales, the UHB is analysing the detail of the report.	Speed up delivery of digital transformation. Improved utilisation of cutting-edge clinical technologies e.g. AI. Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).	Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management. Improved patient access to clinical services. Enabling staff to deliver high quality care.

Linked National Priority Measures

Digital and Technology

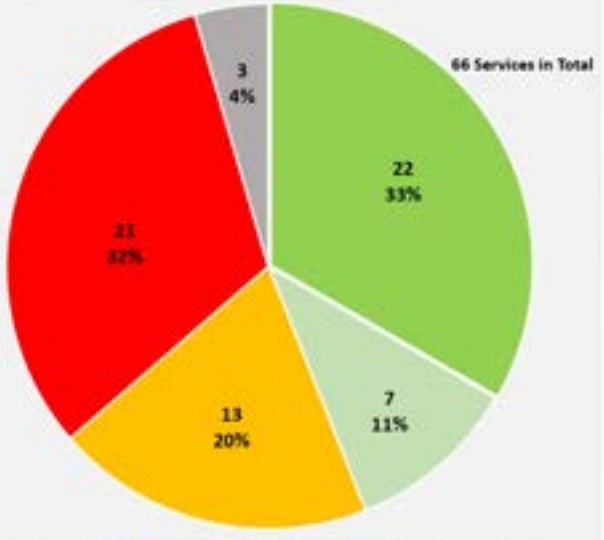
National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),
Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)
Value Based Health and Care
Coding standards

Current Performance Highlights

Digital Systems continue to enable service expansion within CTMUHB, Ophthalmology Cataracts clinics to go live in POW 01/09/2025 with the Medisight applications. Digital Growth charts have been deployed to Paeds 14/07/2025 and continues to be well received and used by the service. Welsh Clinical Worklist Manager (WCWM), specifically testing workflow actions has been expanded to several clinicians. The Application will allow the creation, configuration and management of care worklists.

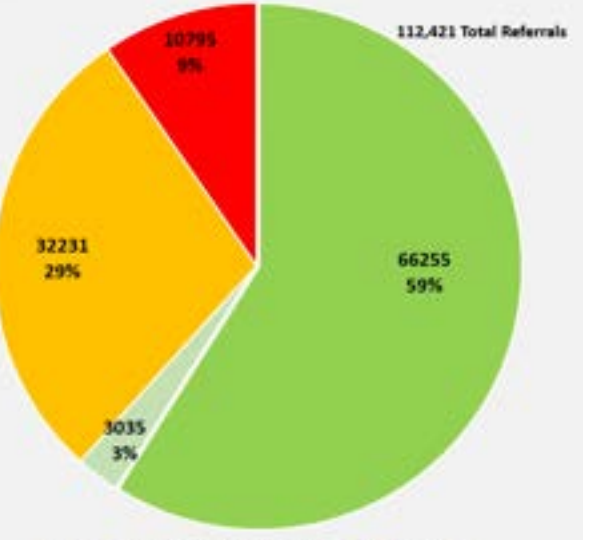
The WPRS Service Uplift has resumed and is progressing at a stable and consistent pace following the completion of WPAS disaggregation:

WPRS Progress indicated by No of Services



Category	Count	Percentage
Live	22	33%
WAP Only	7	11%
In Progress	13	20%
Not Started	21	32%
Deactivated	3	4%
Total	46	100%

WPRS Progress indicated by No of E-Referrals



Category	Count	Percentage
Live	66,255	59%
WAP Only	3,035	3%
In Progress	32,231	29%
Not Started	10,795	9%
Total	112,421	100%

Excellent progress continues to be made in the **electronic Prescribing for secondary care (ePMA)** programme. The project is on schedule to go live with the early adopter ward at PoW on 7th October with a view to a PoW site wide rollout in November. Communication, engagement, training and testing activities will ramp up considerably over the next 6 weeks as we prepare to go live.

The team are working with Local Authorities and Betsi Cadwaladr University Health Board on the procurement of a **Mental Health solution**. The procurement is currently in evaluation stage with contract award in Autumn 2025. The evaluation stage is near completion, the procurement outcome report will be submitted through CTM governance during September.

The Digital & Data team awarded a contract to Systems C to implement its Badgernet solution for **Maternity Services**. This clinically led programme is currently working to an implementation timeline of March 2026.

Phase 1 of the **Patient Self Checking** project has procured 25 replacement media players and 3 replacement kiosks (hardware) go live is now anticipated for the end of October 2025.

The **Patient Centred Contact Transformation** has continued at pace. **Recruitment is now almost complete, significant progress has been made with patient engagement. The procurement documentation has been completed for the technical solutions that are key enablers to deliver the programme benefits. Procurement should be completed during Q3 of 25/26.**

Windows 10 becomes end of life on the 14th October 2025. Any devices that have not been migrated to Windows 11 will need to be enrolled into a paid Extended Security Updates subscription, to continue to receive security patches. This is captured in Risk 2795 on the Organisational Risk Register. Currently CTMUHB have approx. As of 02/09/2025 there are 4169 devices that are still on Windows 10. Based on that figure the costs for a 1-year ESU extension would be ~£220,000 inc VAT. A task and finish group has been set up to speed up migration to Windows 11. Progress across Wales in other Health Boards is being tracked and conversations are taking place about a co-ordinated response to the challenge with Welsh Government.

Work continues on **network infrastructure improvements**. Improvements to our WiFi network continue with replacements to our wireless lan controllers adding improved functionality and resilience. 219 of the 464 wireless access points in RGH have now been upgraded, and access point are scheduled for roll out at YCC, YGT and DSH. Work has also begun to replace core switches at YCC, YCR, KHHP and DSH.

On the 1st of July 2025 Health Boards and Trusts across Wales entered into year 4 of the current 5-year **Microsoft Enterprise Agreement**. A working group led by DHCW supported by Livingstone and Trustmarque, our Microsoft licensing resellers, has begun to look at scoping the next EA and workshops are underway examining options with a view to a national business case being agreed in October.

UK's **Public Switched Telephone Network (PSTN)** and Integrated Services Digital Network (ISDN) is scheduled to be ceased on 31 December 2025. While the UK government has confirmed the final date is January 2027, our vendor, Maintel, advised that the latest date for CTMUHB is the end of 2025 (subject to review of emergency numbers). Cwm Taf Morgannwg has 458 'lines' which are affected. 121 of these lines have now been cancelled, and solutions for the other lines are being developed. PSTN are mostly estate services for alarm/Building Management Systems (BMS)/fire connections) and conversations are taking place with Estates to progress remediation. Our ISDN services are predominantly an additional failover to our network lines and planning work is underway to migrate these lines to SIP technology or remove from service.

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

Critical incidents under NIS-D: - A problem with the cooling systems in the DHCW CDC National Data centre resulting in Welsh Clinical Portal (WCP) and Welsh Patient Administration Services being affected resulting in service downtime. This was reported under NIS-D.

Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully
Impact	5	4	4	3	3	3
Likelihood	4	2	2	4	4	5
Risk	20	8	8	12	12	15

Associated Risks escalated to the Organisational Risk Register

5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
6102	Patient pathways - working in two WPAS instances – Escalated to the Organisational Risk Register March 2025.	20
5226	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025. Risk de-escalated from the Organisational Risk Register in May 2025.	20
~~6053~~	~~Failure to secure an alternative Clinical System for GP practices on Vision. Escalated to the Organisational Risk Register March 2025. Risk closed in the September iteration of the Organisational Risk Register.~~	~~20~~

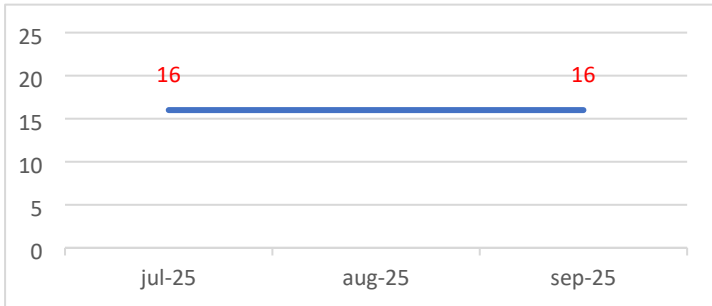
4671	NHS Computer Network Infrastructure unable to meet demand	16
2795	EUC: Unsupported Windows 10 Desktop Operating Systems.	16
6039	Increased cost of VMWare Licensing.	16
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	15
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	15

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

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

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

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	4	16	No change to risk scores this period.
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			Risk Score Trajectory 
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				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 Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.
Current Control Measures				

- Prioritisation of Estate Activity based on risk-based decision making.
- Pursue all capital funding options from Welsh Government to address backlog maintenance and statutory compliance such as:
 - Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies.
 - Applications to the All Wales Capital Programme on an annual basis.
 - Discretionary Capital
- Maximise current revenue allocations, optimised for statutory compliance and risk priorities.
- Maintenance Programme established managed via the Planet Facilities Management System (Planned and Reactive Maintenance Jobs).
- In 2024-2025 the estates' operational function was digitised, the estates operatives were provided with mobile devices so that they are now able to work in real time, this has helped to maintain performance despite the staff shortages.

Sources of Assurance (Internal and External)

Internal

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

External

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. National Skills shortage in Estates Roles (<i>Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market</i>) results in staffing challenges to deliver the estates functions.	• The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend. • Concerns have been raised at a national level. • Meeting scheduled with the People Directorates Attraction and Retention Lead to explore potential options to mitigate this risk.	• Competitor in the market. • Successful recruitment to roles when advertised	• Full establishment and retention of Estates Workforce. • Estates Maintenance performance activity will demonstrate an improvement.
2. Increasing Backlog Maintenance position.	• Secured Targeted Estates Funding (TEF) • Proactive in securing additional funding from Welsh Government when available.	• Reduced backlog maintenance	• Targeted schemes delivered • Improved patient environment • Reduced estate risks.
3. Secure Funding to deliver Capital Schemes	• Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	• Reduction in backlog maintenance and lifting of Fire Enforcement Notice.	• Funding secured to deliver the project
4. Deliver schemes within a live environment	• Dialogue with service leads. • Secure decant where appropriate.	• Minimal impact on service whilst project is delivered.	• Business continuity is maintained whilst the project is delivered.

Linked National Priority Measures

Energy and Environmental Targets as listed in the CTMUHB Decarbonisation Action Plan (DAP).
Deliver the Capital programme within the agreed Capital Resource Limit (CRL).

Current Performance Highlights

Please refer to the Estates Performance Report submitted to the Operational Delivery Committee in April 2025 available here: [29 April 2025 - Cwm Taf Morgannwg University Health Board](#)

The next submission will be shared with the Operational Delivery Committee when available.		
Were there any significant incidents affecting this strategic Risk this period:		
~~The Capital and Estates Team have had to focus significant time in responding to the critical incident which incurred at the Princess of Wales Hospital to deliver the roof replacement programme by the Summer of 2025.~~		
Associated Risks escalated to the Organisational Risk Register		
6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB’s ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16

Strategic Goal(s):



Creating Health

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



Sustaining our Future

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

Risk score
16

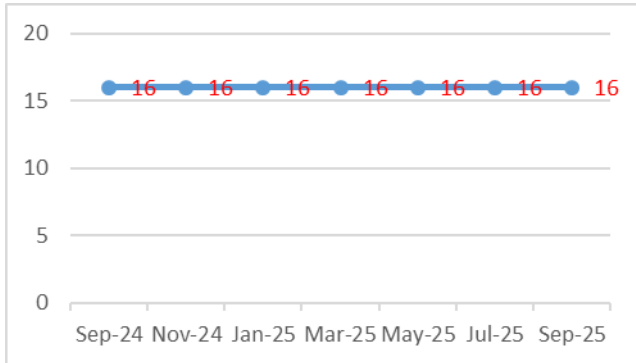
Strategic Risk: **Fulfilling our Environmental and Social Duties and ambitions (Risk No.7)**

If the Health Board’s decisions fail to reflect our values or consider the long-term environmental or social impact

Then we will not fulfil our Socio-economic duty, **our statutory emission reduction targets**, our Wellbeing of Future Generations objectives and our value-based healthcare principles

Resulting in negative environmental and social impacts, and loss of trust and confidence among stakeholders

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Current Control Measures

Building Healthier Communities

The Building Healthier Communities Steering Group aims to support delivery of the Socio-Economic Duty - for example, procurement, foundational economy, employability, probation.

Wellbeing and Socio-economic duties

- Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.
- ‘CTM 2030’ delivery focusses on community developments, employment and local procurement where possible.
- CTM becoming established as an Anchor Organisation.

Socio-economic duties are also considered as part of the controls and impact captured within the following Strategic Risks St 8, St 3 and St 4.

Environmental Sustainability – Net Zero

- Decarbonisation Strategy
- Established a CTM Environmental Sustainability Group as part of transformation agenda.
- 'CTM 2030' seeks to ensure that services take account of the impact on the environment
- All-Wales approach to sustainable procurement
- Green CTM Staff Forum
- ~~Fleet emissions reduction programme and trial of electric vehicles~~
- ~~Tree planting initiatives~~
- Waste management – elimination of landfill for foodstuffs
- Use of less environmentally impactful anaesthetic gases
- ~~Workshop delivered to Board Members in 2025.~~
- Decarbonisation Action Plan in place.
- ~~Adaptation risks and plan being developed to address some of the challenges we may face~~
- Appointed a full-time permanent Sustainability Manager

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

The Targeted Estates Fund (TEF) application for "Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture" has been awarded. The next steps are for the Capital Department to assign a project manager to oversee the works. The project is scheduled for the 2025-2026 financial year.

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.~~

Commenced reporting to Board / committees regarding Net Zero.

Innovation Activity – Sustainability Manager exploring opportunities around innovation and sustainability.

Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery ~~has been undertaken~~. All Health Boards are subject to this review. Outcomes will be reported to the appropriate committee and associated actions added to the strategic risk as appropriate. ~~Copy of the report available upon request from the Corporate Governance Team.~~

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Adaptation Plan. Plan to be produced in line with national deadline of April 2026.	Board sessions have been presented to the board to increase awareness and knowledge. The PSB have developed a CCRA for the region. Climate Action	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to	Long term success indicators due to the nature of the risk.

	requirements are being required and risks developed in line with WG policy.	the current and expected impacts of climate change.	
2. Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	Procurement team part of Environmental Sustainability Group and wider decarbonisation networks. Ongoing. Pace of progress likely to be slowed as financial considerations become more dominant.	Procurement processes always consider the carbon impact as part of the decision-making process.	Reduction in carbon footprint associated with procurement processes over the medium to long term.
3. Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021.	To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.	Tackling inequality is a focus of decision making.	Long term success indicators due to the nature of the risk.
4. Global energy crisis will impact on service delivery for our communities and staff; this is being closely monitored, as it will impact upon health and wellbeing.	CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Working alongside community partners to access identify and access opportunities for community support. Ongoing.	Impact of cost of living rises are reduced where possible.	Long term success indicators due to the nature of the risk.
5. Access to capital opportunities needed to deliver decarbonisation plan is limited	Decarb action plan currently being costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the decarbonisation action plan are completed when funding is secured.	Long term success indicators due to the nature of the risk.
6. There are organisational policies which will be required (i.e. building and estates strategic plan) to feed into the decarbonisation programme	This has been flagged as a risk; however, policies will be managed under alternative programmes.	Through flagging these risk the aim is to influence the development of plans which impact on the decarbonisation programme.	Long term success indicators due to the nature of the risk.

Linked National Priority Measures

Economy and Environment

- Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach
- Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
- Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

Current Performance Highlights

Decarbonisation Reporting has taken place of the course of the year.

Annual Carbon Emissions report. Data has been gathered and will be completed by September 2025.

The annual CTMUHB Annual Report & Accounts has captured the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).

CTMUHB won 2 NHS Wales Sustainability awards and was shortlisted for several others. Significant funding was secured through SBRI and SFIS programmes developing solutions to waste sustainability challenges.

All 3 of the ED's across the organisation have achieved Bronze GreenED accredited status.

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

Associated Risks escalated to the Organisational Risk Register

5374	Fulfilling our environmental and social duties.	16

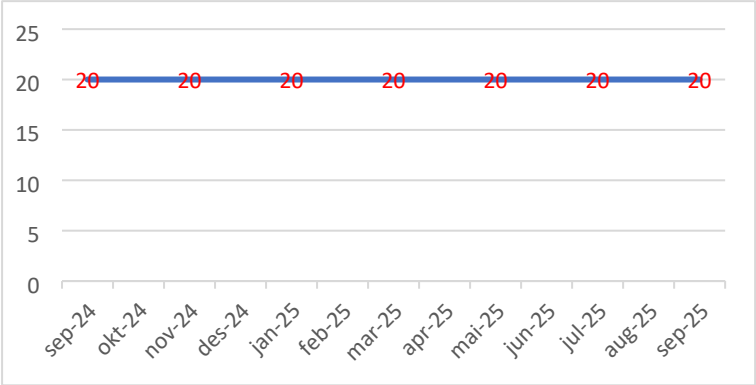
Strategic Goal(s):

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

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

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: *The consequence score has reduced for the target score assessment, as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention), however, the organisation will still need to adapt as appropriate. No change to risk scores this period. Risk Score Trajectory 
Initial	5	4	20	
Current	5	4	20	
Target	4*	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>	The risk score has remained unchanged. Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change. For example; Due to ongoing delays to the funding of the children’s weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited. 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 56.5% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019). Linked to this,

	CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in healthcare demand may be higher than in the rest of Wales. In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services and health board budgets Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board. If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures

Strategies & Plans

- Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales".
- CTM 2030 Strategy – 'Our Health Our Future'
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021, updated November 2022.
- Public Service Board – Well Being Plans.
- Creating Health delivery plan approved.
- CTM Health Protection Strategy drafted and approved.
- Development of Acute Clinical Service Plan (ACSP).
- **Business case developed as part of IMTP process for child weight management but not yet approved**

Engagement Forums

- CTM Creating Health Portfolio Board
- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities.
- CTM Health Protection Board
- Welsh Government Health protection Operational and Resilience Group

Needs Assessment & Consultation Processes

- Population Segmentation & Risk Stratification

- Pharmaceutical Needs Assessment
- Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing
- Wellbeing Assessment (PSB)
- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- CTM Leaders Network
- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars
- Primary Care clusters

Services:

- Integrated Level 2 and Level 3 Weight Management Services – established in September 2022.
- Smoking Cessation Service
- All hazards Health protection Service

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.
2. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board	Decreased variation in access and outcomes across the population of CTM.	Delivery of the outcomes associated with the Health Protection strategic plan

	Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. Vaccine equity strategy	Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.	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.
3. Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board Review of resource options underway, consideration for external short-term capacity Work underway to consolidate a shared clinical record.	The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.	PHM priorities defined as part of the Local Public Health Team portfolio. A clearly defined strategic plan for the delivery of PHM in CTM. A robustly resourced PHM function in CTM.
4. Impactful action to address health inequalities	- Whole system approach to Healthy weight - Help me quit/ hospital programme - WISE - Cancer inequalities group - Implementation of Stroke equity Audit recommendations. - HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events - Vaccination equity strategic plan in place	Decreased variation in access and outcomes across the population of CTM Increased focus and alignment of resources to meet the needs of vulnerable groups	Measurable improvements in outcomes for vulnerable groups. Less variation in access and outcomes across the CTM population. Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan. Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.
5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as; diabetes, cardiovascular disease, etc	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc. A business case submitted as part of the IMTP to fund a children's weight management service	Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease. Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate. Resources moving into prevention strategies	CTM representation at all relevant partnership boards and programmes of work. Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio Improvement in outcomes for patients with chronic disease A funded child weight management service agreed A funded child weight management service in place
6. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population.	CTM representation at all relevant partnership boards and programmes of work. Collaborative projects delivered in partnership influence wider determinants.

Linked National Priority Measures

Population Health – Ministers Measures Phase One

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

NHS Performance Framework Quadruple aim one:

- Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
- Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
- Percentage uptake of the COVID-19 vaccination for those eligible
- Percentage of adult smokers who make a quit attempt via smoking cessation services
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks
- Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment
- Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
- Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

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

No

Associated Risks escalated to the Organisational Risk Register

5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16
5726	Public Health Funding for Microbiology Testing	15
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	12
6179	High and increasing prevalence of overweight and obesity in children and adults	20

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

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

If the Health Board fails to 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) and the planned break-even position for 2025-2026.	Resulting in inability to fund planned improvements and new services and increased regulatory scrutiny and enforcement.

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.

	Consequence	Likelihood	Score	Risk Score Trend this Period: New risk added to the Board Assurance Framework in September 2025.
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 Trajectory New risk added to the Board Assurance Framework in September 2025.
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The Health Board has submitted a balanced financial plan for 25/26 but this plan includes significant risks, including the delivery of £31.3m of efficiency savings together with anticipated allocation risks. The Month 5 YTD position was a £6.3m deficit with a savings shortfall of £7m. WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in a unplanned £3.8m cost pressure. There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				The financial plan highlights a number of significant risks for 25/26. This risk will therefore be treated until there is confidence that the Health Board can achieve the planned break-even position.

Current Control Measures

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

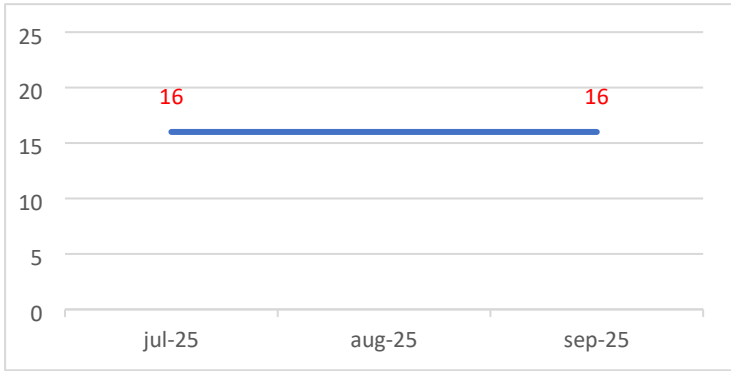
Sources of Assurance (Internal and External)			
Financial Management - Annual Report and Accounts - Monthly Finance Reports - Monitoring Returns to Welsh Government - Internal Audit Programme - External Audit Programme - Losses and Special Payments Report to Audit & Risk Committee			
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	- Deliver budget holder training within Care Groups/Directorates – <i>Ongoing throughout 2025-2026.</i> - Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2025-2026.</i>	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 project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 26/27. - Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. - Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables. Shared learning across directorates will identify areas of best practice and what has worked well.	Improved financial resilience and sustainability.
Linked National Priority Measures			
1. YTD position 2. Savings plan position			
Current Performance Highlights			
- The M5 YTD position was a £6.3m deficit. - WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in a unplanned £3.8m cost pressure. - There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit.			
Were there any significant incidents affecting this strategic Risk this period:			
WG not fully funding National Insurance Changes and 2024/25 pay awards has resulted in an unplanned £3.8m cost pressure, in addition NWSSP have indicated a potential £5.5m risk to the Welsh Risk Pool contribution for 2025/26 in addition to the £1.5m already provided within the IMTP.			
Associated Risks escalated to the Organisational Risk Register			
6239	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26	20	
6240	Failure to achieve the planned break-even position in 2025/26.	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 its fit for future.	Then there is a risk that CTMUHB may not be able to deliver the required enhancements / improvements to support patient care and staff wellbeing for the future and to align with the strategic vision and ambitions.	Resulting in - Being unable to deliver its services efficiently and effectively in the right place with the right provision at the right time in modern and fit for purpose healthcare facilities - Impact on environment for patients and staff - Future site development plans may not be fit for purpose - Less ability to ascertain NHS capital or alternative financial support for the future development of its sites - Lack of digitally enabled facilities - High carbon footprint

Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.

Current Control Measures

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

Sources of Assurance (Internal and External)

Internal

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Estate strategy to be developed on completion of the Clinical Service Strategy.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.
2. Enough Funding to deliver Capital Schemes.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.

Linked National Priority Measures

None identified in the **September** 2025 iteration.

Current Performance Highlights

None identified in the **September** 2025 iteration.

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

None identified in the **September** 2025 iteration.

Associated Risks escalated to the Organisational Risk Register

6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16

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

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

If CTMUHB is unable to develop and deliver an integrated care model - both within the NHS and with wider social care and Third Sector partners - that is community based, proactive and which achieves greater continuity and coordination of care.	Then there will be: - A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served; - Failure to wrap around robust community services which are responsive to patient needs around the GP practice teams; - A negative impact on Primary Care teams and demand for services resulting in instability of Primary Care services; - A negative impact on productivity and value for money; and - Limited support to broader social and economic development.	Resulting In: CTMUHB being unable to improve outcomes and reduce health inequalities for its population and therefore failure to deliver the objectives set out in CTM 2030.

Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	4	16	The current score remains unchanged.
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			Risk Score Trajectory 
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The current score remains unchanged, although there has been progress with control measures. Risk target score has been revised to '8' to reflect more ambition for the impact of key strategic programs.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures
The Integrated Community Care System Program – which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed. A Regional Partnership (Section 33) Agreement has just been signed off by CTMUHB and the three local authorities.

Commissioned National Association of Primary Care to work with key stakeholders to develop a clear model for delivery.
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.
Reviewing Locality delivery options and governance as complex regional landscape.

Primary and Community Care Transformation Programme established. Its main purpose is to establish a sustainable model for primary and community care that underpins the future model of care across the Cwm Taf Morgannwg region and align with the Acute Clinical Services Plan (ACSP). The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

Alignment and integration opportunities will be explored in relation to mental health and substance misuse services, children's and families' services as the work matures.

Undertake comprehensive listening exercise to understand the issues to inform the improvement programmes.

CTM Regional Partnership – Local Authority, NHS and Third Sector leadership meeting bi-monthly. Regional Integration Fund (RIF) allocation supports regional working initiatives, including integrated care. Regional Partnership oversees production of Needs Assessment and Care Sector Market Stability Report. Establishment of a number of Boards/Working Groups to deliver against needs assessment.

Integrated Leadership Board – Senior level board underpinning the CTM Regional Partnership, established to provide integrated Executive-level leadership across health and social care across the region.

Partnership Leadership Team – established with Local Authority and NHS representation to spot challenges and progress opportunities across the partnership – meets monthly.

Implementation of the National Single Point of Access (SPOA) Framework as directed by the National 6 Goals Framework informing the Primary Care Transformation Programme.

Connectivity and alignment of this programme with other programmes such as Frailty Board, 6 Goals is a key remit of the Integrated Care Board.

The 3Ps programme is supporting people to make informed decisions about their health care, supporting them to manage their health while waiting for treatment. This work is being taken forward via a partnership approach in CTM, including the Community Voluntary Councils.

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Regional Partnership and Integrated Leadership Board – highlight reports
- Strategic Development Committee reports
- Regional Integration Fund reports
- ~~Strategic Development Committee reports~~

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Data and digital solutions will be needed alongside strategic ambitions	Scoping for new community care digital record which is integrated with GP practices and interface with social care	The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the different population groups and the drivers of health inequalities.	Integrated records and data sharing agreements in place
Evidence base for alternative delivery models for practices	Commissioned to address gap Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK	To support sustainability of GP practices and support robust primary care services	Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care A Strategic plan for primary and community services

There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist.	Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models. Workforce and Digital leads to be convened to support progress.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain leading measures which will indicate if we are changing 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 through local integrated teams.	JPBs being reset through the Primary and Community Care Transformation Program.	Shared space for decision making and constructive challenge.	Primary care transformation programme Joint working with local authority and regional development of integrated approach
There has recently been a turnover of staff in key senior roles in each of the four statutory organisations. Attention needs to be given to maintaining and further developing a 'once for CTM' culture as new post-holders arrive.	Role for the regional partnership in 'inducting' new colleagues into our way of working.	More collaboration and joint decision making.	Self-assessment of the quality of partnership working.

Linked National Priority Measures

Ministerial Priorities

- Timely access to care
- Population health and prevention
- Building community capacity
- 6 Goals for Urgent and Emergency Care

Current Performance Highlights

- Focus has been on integrating health services within the Rhondda Cynon Taf (RCT) and Merthyr Tydfil localities as they are separate services at present. **Commenced** Organisational Change Process **August 2025** to integrate health services in the first instance to create intermediate care services to prevent patients from entering acute hospitals where not appropriate and supporting discharge.
- Focus on the development of the Navigation Hub for admission avoidance, e.g. virtual ward for Same Day Emergency Care and Respiratory; oversight of the Wales Ambulance Service Trust stack to intervene where patients can be triaged and signposted to Primary Care and Community; Care Home intervention service (87% success rate); and also falls service in collaboration with RCT Local Authority.
- Series of engagement & learning events taken place with GPs. **Summary of key actions has been included in a communication newsletter to Primary Care.**
- Mapping exercise of all the community services.
- Action plan devised by NAPC together with the leadership team and **present and agree priorities and infrastructure at the next Primary and Community Care Board.**
- CTM Regional Partnership has defined a target model an Integrated Community Care System (ICCS) for our older population. An implementation plan, program delivery team and clear governance route is in place.
- Regional Partnership structures provide the main governance fora for integration with social care. There are generally good working relationships and there have been successes for example in retendering domiciliary care in RCT aligned to D2RA pathways.
- A Regional Partnership (Section 33) agreement **signed by CTMUHB and the three Local Authorities** - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard.
- Impact from the actions and work of the transformation programmes.

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

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

Associated Risks escalated to the Organisational Risk Register

4491	Failure to meet the demand for patient care at all points of the patient journey	20
6179	High and increasing prevalence of overweight and obesity in children and adults.	20

6053	Failure to secure an alternative Clinical System for GP practices on Vision	20
3826	Emergency Department (ED) Overcrowding	20
5753	Inadequate Special School Nurse Provision	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
5646	The impact of "Right Care Right Person" (RCRP) approach.	16
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16

Agenda Item

5.1

Strategic Development Committee

Our Strategy Deployment

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy & Transformation Paul Gimson, Assistant Director of Improvement Culture, Capability & Delivery Dee Lowry, Assistant Director of Value & Efficiency
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Noting As part of delivering CTMUHB's strategic direction this early thinking on strategy deployment is presented for the Committee's awareness and reflections.

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

Committee / Group / Forum Individuals	Date	Outcome
Executive Leadership Group	August 2025	Endorsed

Acronyms / Glossary of Terms

CTM UHB	Cwm Taf Morgannwg University Health Board
MAG	Ministerial Advisory Group
RPB	Regional Partnership Board

1. Situation / Background

- 1.1 The current arrangements for delivering our strategic intentions are being reviewed as part of routine good practice within the Health Board.
- 1.2 The reformation of the central NHS Wales operating model (NHS Performance & Improvement) on the back of the Ministerial Advisory Group report¹ and the development of South East Wales regional joint working provides a prompt to consider how CTM might want to adjust mechanisms for strategic delivery.
- 1.3 The new Board Committee structure is subject to review and at the same time executive directors and senior leaders have been providing their views on strategy delivery as part of the orientation for the new Executive Director of Strategy & Transformation.
- 1.4 This paper is shared with committee members to elicit their views on the desirability of adopting a strategy deployment framework and improvement based operational management system for the Health Board.

2. Specific Matters for Consideration

2.1 Strategy deployment framework

- 2.1.1 A strategy deployment framework is a central mechanism to operationalise our strategy (pages 4-6). There are many models available, but the underlying principles are consistent². They focus on making the organisation successful in the external and internal environment and all centre around the alignment of the activity/delivery, architecture, culture and resourcing to the vision (long term goals and aspirations) and mission (current purpose and core activities) of the organisation.
- 2.1.2 The CTM strategy (page 7) is clear and well understood internally and externally. The 'brand' is generally recognised as 'CTM2030'. The vision of 'building healthier communities together' and the 4 strategic goals of 'creating health', 'improving care', 'inspiring people' and 'sustaining our future' are strongly echoed in Board governance and have some delivery mechanisms but these understandably become more diffuse further into or outside the organisation. Evidence indicates that tighter alignment of these and focus on a reduced number of priorities (echoing the recommendations of the MAG report) is likely to create an environment in which our people can do their best work.
- 2.1.3 The attached paper outlines a potential strategy deployment framework for the organisation (slides 8-10), for discussion and further iteration, as it would impact all directorates and care groups within the Health

¹ [NHS Wales performance and productivity: independent review](#) | [GOV.WALES](#)

² [Enduring Ideas: The 7-S Framework](#) | [McKinsey](#); [StarModel](#);

Board. There is a connection to the update from the Regional Partnership Board (RPB) also presented at the October meeting of the Strategic Development Committee, in that the RPB is presenting a consolidated set of metrics to ensure delivery of partnership priorities.

- 2.1.4 The paper furthermore outlines the potential consolidation of change delivery resource within a strategic improvement unit (slide 10) and describes a number of foundational elements that need to be secured as part of improving our strategy deployment (slides 11-12).

2.2 Quality as an operational management system

- 2.2.1 There is a clear evidence base³ for the implementation of an organisation wide improvement system and this paper proposes that this is the enabling tool to the strategy deployment framework (slides 14-22).
- 2.2.2 The statement 'culture eats strategy for breakfast' is well understood and so the facets of strategy deployment that relate to enabling our people are absolutely critical – a QI-centred operational management system takes a long-term systematic approach to this, but requires the sign up of and adoption by the Board of a different management approach, and one that is not always congruent with current Welsh Government practice.
- 2.2.3 There will be a need for resourcing (internal redeployment / external expertise) to develop this approach fully within the Health Board and so this needs to be subject to further consideration and discussion.

3. Key Risks / Matters for Escalation

- 3.1 No matters for escalation as this paper is presented for awareness and discussion, however committee members' reflections on the foundational elements for strategy deployment (pages 11-12) are particularly welcomed.

³ 2019 The Improvement Journey, The Health Foundation ([The improvement journey | The Health Foundation](#))
 2019 Creating a culture of excellence, KPMG ([Creating a culture of excellence](#)) 2023 NHS delivery & continuous improvement review: findings & recommendations, NHS England ([NHS England » NHS delivery and continuous improvement review: findings and recommendations](#)) 2022 Leading change across a healthcare system, Lessons from an evaluation of the NHS-VMI Partnership, University of Warwick ([Corrected Final v3 Leading change across a healthcare system](#)), 2025 [performanceandimprovement.nhs.wales/functions/quality-safety-and-improvement/quality-and-safety/developing-a-quality-management-system/](#)

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: All strategic goals are impacted- Inspiring People, Creating Health, Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: All life course areas are affected – starting well, growing well, aging well, dying well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: The success of our strategy deployment can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, Learning, Improvement & Research and Whole System approach.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Our strategy deployment should impact on all quality domains – Equitable, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: As above strategy deployment should impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: QIAs will form part of the work of strategy deployment and this discussion paper in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: As above
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource this work which will need to be drawn from existing resources or identified in business planning.	

5. Recommendation

- 5.1 The Committee is asked to **NOTE** this direction of travel and **COMMENT** on the suggested approach.

6. Next Steps

- 6.1 Further work to deliver the foundational elements of strategy deployment, which the Strategic Development Committee may wish to request updates on.
- 6.2 Further work to socialise this approach with the executive and Board, including consideration of resourcing the approach.
- 6.3 Further socialisation of the QI based operational management system with neighbouring Health Boards and as part of the NHS P&I operating model.

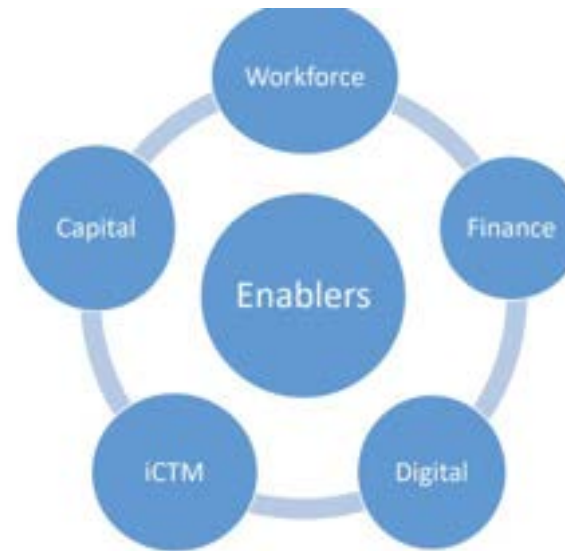
Agenda Item 5.1		1 October 2025	Strategic Development Committee	Our Strategy Deployment
Report Details:			Impact Assessment:	
FOI Status:	Please select: Open		Indicate the Quality / Safety / Patient Experience Implications:	Effective - Our strategy deployment should impact on all quality domains – Equitable, Efficient, Person centred, Timely, Safe.
If closed please indicate reason:	N/A		Related Health and Care Standard	Governance, Leadership & Accountability
Prepared By:	Claire Thompson, Executive Director of Strategy & Transformation Paul Gimson, Assistant Director of Improvement Culture, Capability & Delivery Dee Lowry, Assistant Director of Value & Efficiency		Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No - QIAs will form part of the work of strategy deployment and this discussion paper in and of itself does not presuppose any action or changes
Presented By:	Claire Thompson, Executive Director of Strategy & Transformation		Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Approving Executive Sponsor:	Claire Thompson, Executive Director of Strategy & Transformation		Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes - There is a requirement to resource this work which will need to be drawn from existing resources or identified in business planning.
Report Purpose	Please Select: For Noting - As part of delivering CTMUHB’s strategic direction this early thinking on strategy deployment is presented for the Committee’s awareness and reflections		Link to Strategic Goals	Please Select: Improving Care
Engagement undertaken to date:	Executive Leadership Group – August 2025 – Endorsed.			



Strategy Deployment

Strategic Development Committee

September 2025



1	Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	Single patient view	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-laying errors
4	Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across sites and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy



These are all extracts from our IMTP – do we have a unified approach that we can translate to our teams? If not then our strategy remains the preserve of the few and is not 'deployed'

Our care groups are our units of 'business delivery'.

We need to support them with a single strategic architecture and language that can support governance & accountability, values & behaviours and delivery.

We also have a set of external / partnership arrangements which are necessarily complex and which will be given greatest opportunity to succeed if there is strong internal clarity on strategic priorities.

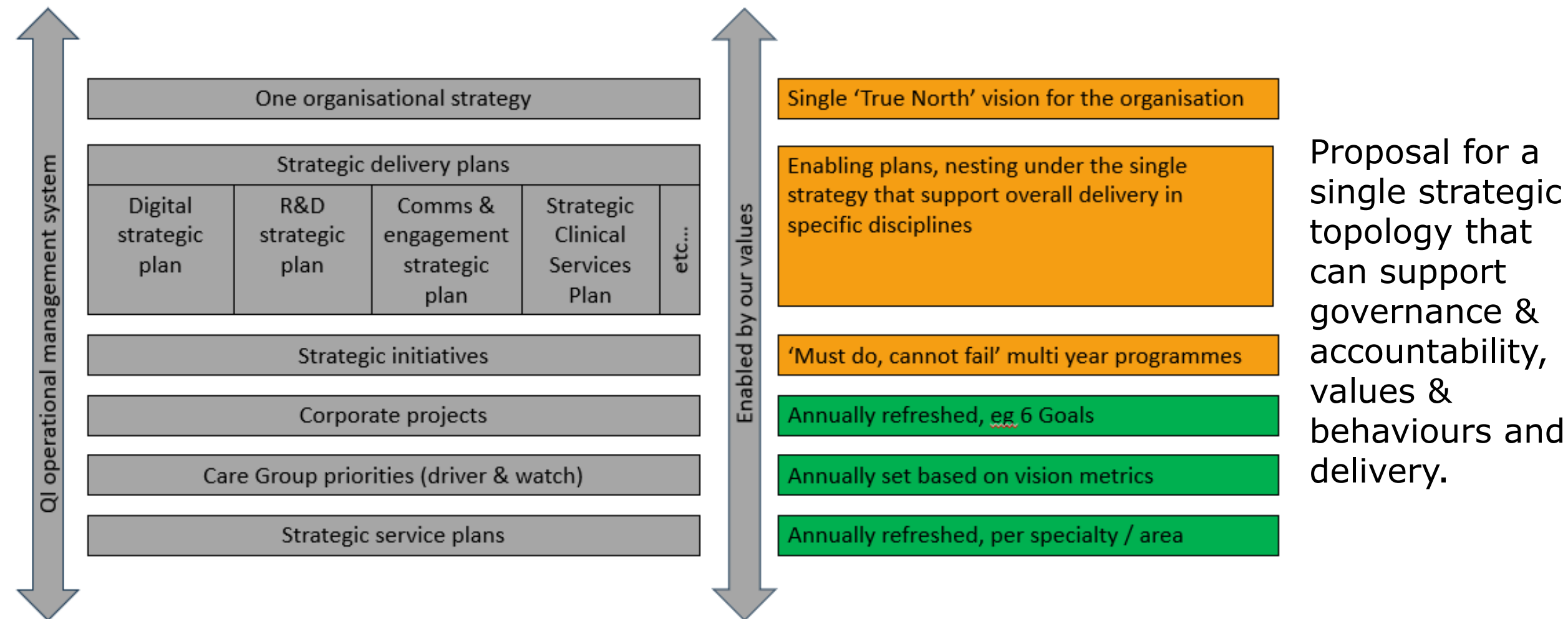
As outlined in the MAG report ([NHS Wales performance and productivity: independent review | GOV.WALES](#)) there is an acceptance of the need to reduce the number of priorities placed on Health Boards by Welsh Government and to streamline accountability mechanisms.

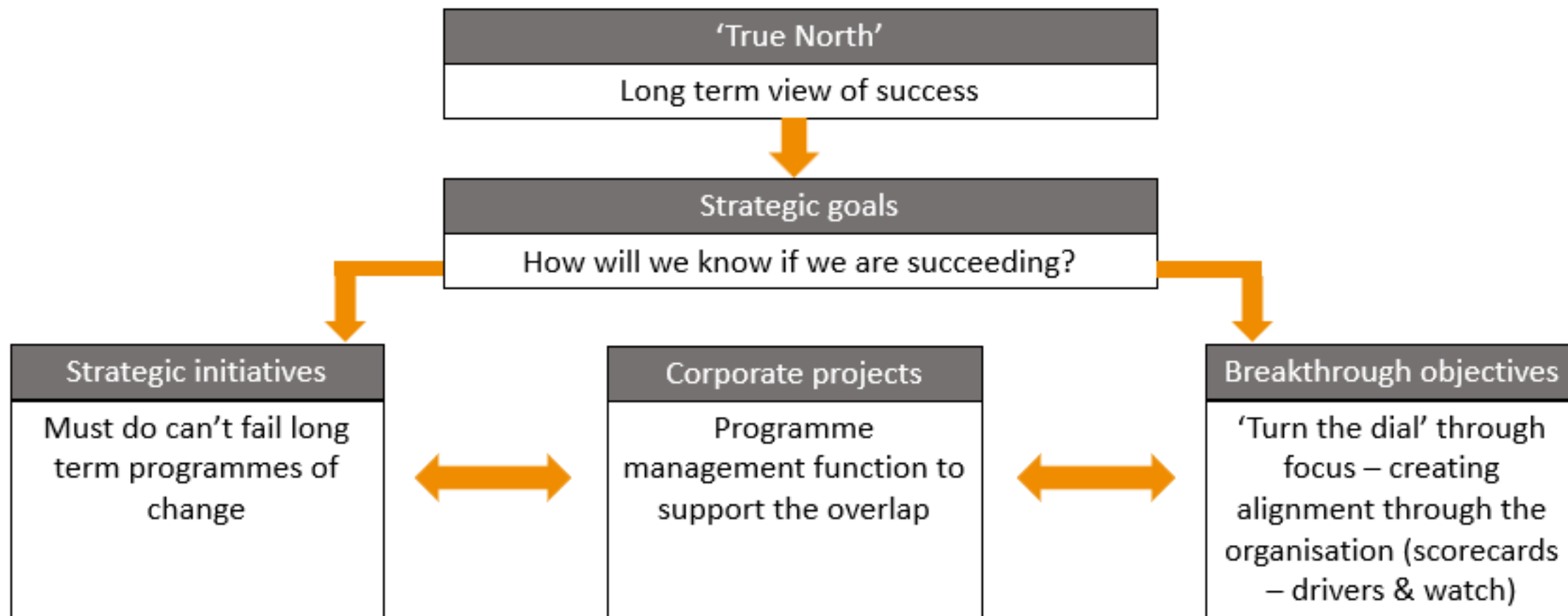


What is a strategy deployment framework?

- It is set by the Board and is based on our vision ('True North') and goals
- A central mechanism to operationalise our strategy
- Connects the delivery of our strategy to the work of our frontline teams
- Creates coherence for internal and external stakeholders
- Helps us understand how we will know we are succeeding
- Provides a structured method to define how our work (individual & collective) supports delivery of our key objectives
- It allows work across the organisation to be aligned to delivery of progress towards the vision - board committee priorities and integrated performance reporting should be defined by the SDF

We know we need to identify trade-offs, choosing what not to do as much as what to do. Grading the importance of various initiatives in an environment of finite resources is difficult and needs a consistent approach.







**STARTING
 WELL**



**GROWING
 WELL**



**LIVING
 WELL**



**AGEING
 WELL**



**DYING
 WELL**

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



**CREATING
 HEALTH**



**Our Strategic
 Goals**



**IMPROVING
 CARE**

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

Becoming a green organisation
 Ensuring our services financial
 sustainability
 Embedding value based
 healthcare
 Ensuring our estate is fit for the
 future



**SUSTAINING
 OUR FUTURE**



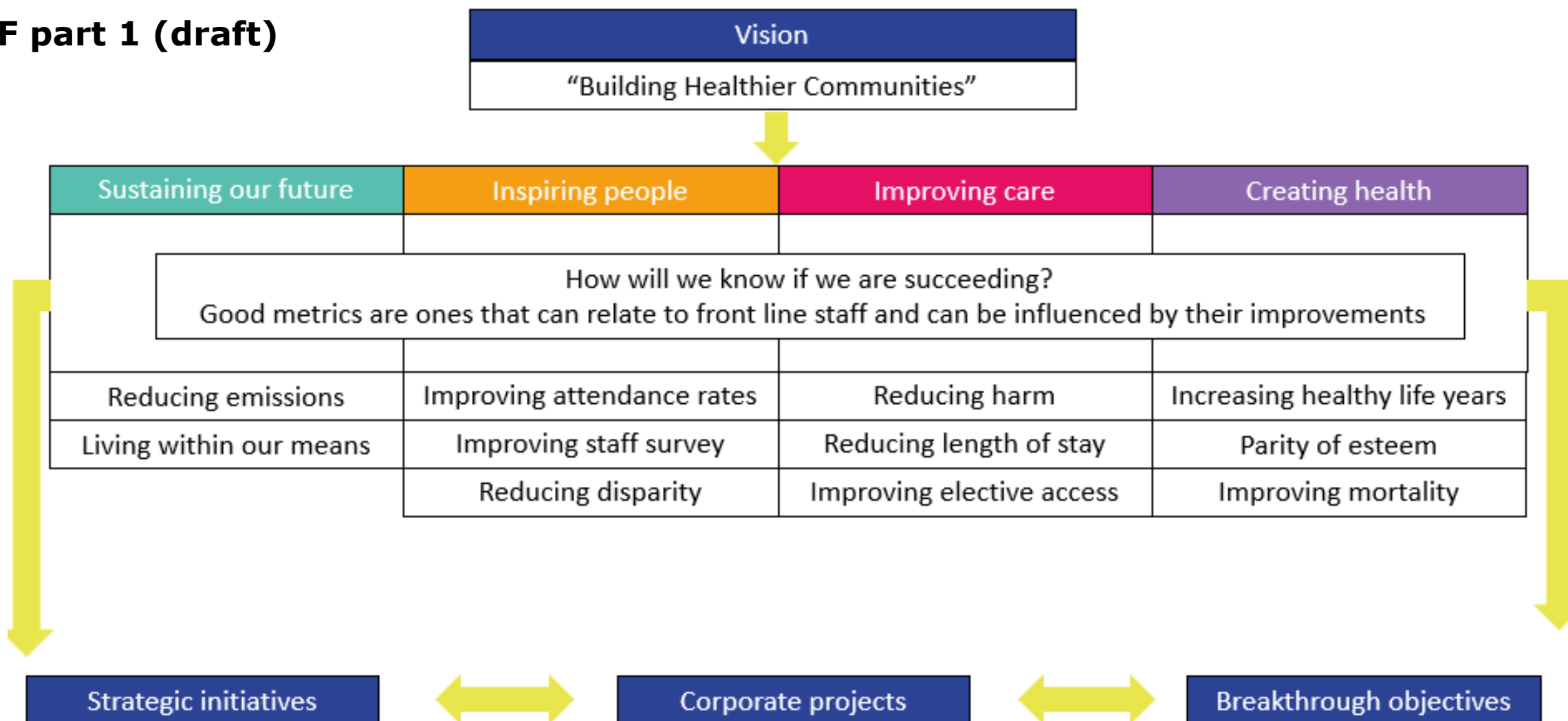
**INSPIRING
 PEOPLE**

**Visible and inspiring leadership
 Promoting diversity and
 inclusion
 Embedding our values and
 behaviours
 Encouraging local employment**



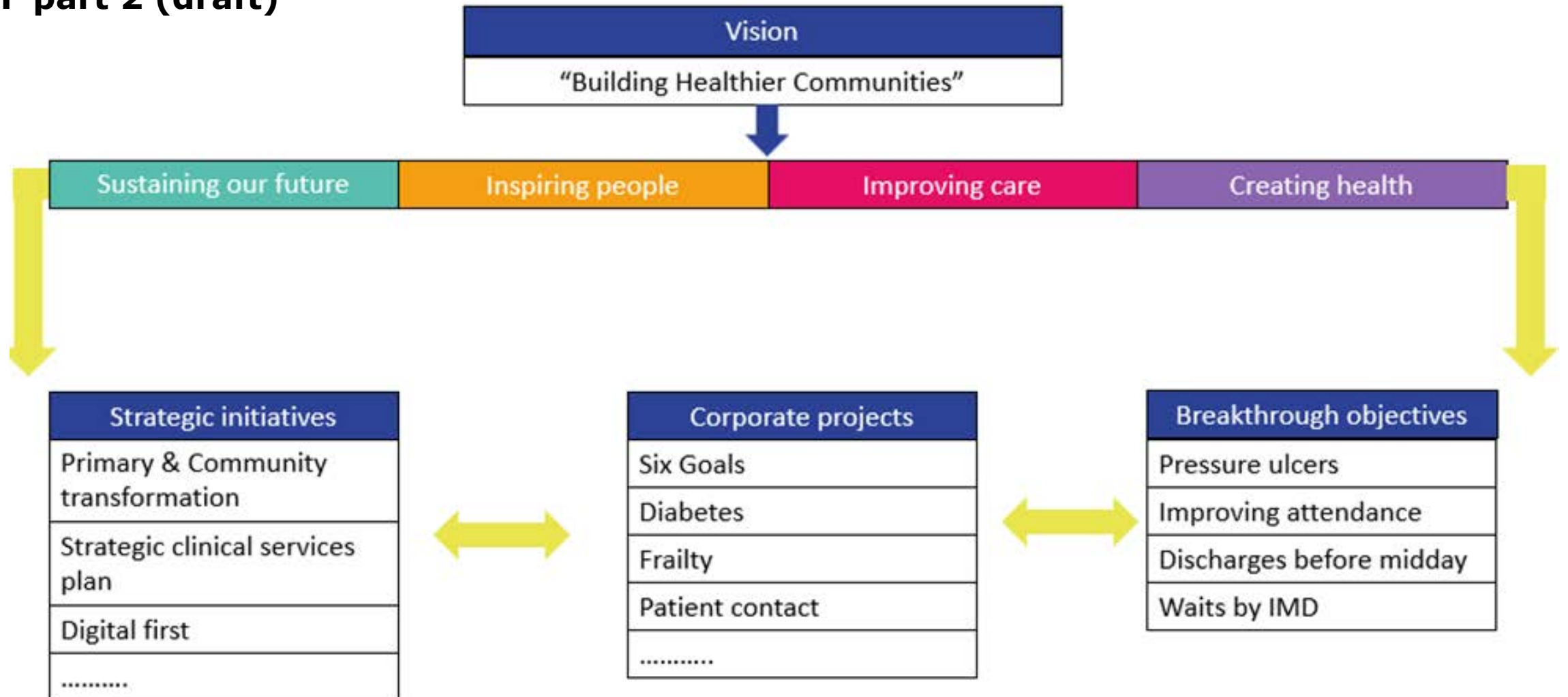
**GIG
 CYMRU
 NHS
 WALES**

Bwrdd Iechyd Prifysgol
 Cwm Taf Morgannwg
 University Health Board

**SDF part 1 (draft)**



SDF part 2 (draft)





Programme
managers &
Care Group
change
capacity

Strategic improvement unit

Use improvement tools to support our operating system to
deliver change
Identify how we **do things better** and more importantly **do better
things**

Digital 'factory' to develop & test hypotheses
Digital evidence base applied alongside e.g. pathway mapping
Patient co-creation

iCTM

PMO

Digital
transformation
capacity

VBHC



Elements of the strategy to enable deployment into the system (1-6) & Health Board (7-12)

	Element		Current state / action required	Lead
1	Organisational vision & strategic pillars		'Building Healthier Communities' and 4 strategic pillars	CT
2	Corporate Identity		Recognised deficit - requires support to create single identity	SB
3	Design principles		Drafted and testing through 25/26 investments (deputies). Requires engagement, confirmation and Board adoption for 26/27	PD
4	Priority areas		Recognised tacitly, requires codification and adoption as part of strategy deployment work	GH/CT
5	Case for change		'Do nothing' scenario. Specification drafted for work, requires BI, public health & finance input and ?working group	CT
6	Definition of future state		Articulation of care model, exciting vision of the future that can be easy read as well as for professional stakeholders, for strategic delivery plans to hang off – NOT a detailed prescription of the configuration of services	CT / all



	Element		Current state / actions required	Lead
7	Organisational vision & strategic pillars		'Building Healthier Communities' and 4 strategic pillars expanded into a document that is applicable to the organisation (rather than to the community / stakeholders) – would include elements of the people plan etc and is the internal corollary to (6) above	CT / external
8	Strategy deployment framework		Clear articulation of annual/multi-year priorities to guide CTM (respects staff internally & provides coherence externally)	CT
9	Key metrics (aligned focus)		Subset of current IPR	CT/all
10	Operational management system		Framework of meetings and escalation levels to support delivery. Includes monthly integrated performance review, scorecards from team/specialty/care group/executive. Ensures all groups are mapped to relevant Board committee to reduce duplication / secure oversight	MB/ CT/ GW/G H
11	Improvement tools & techniques		Suite of tools and skills centrally managed but deployed to priority areas in line with strategic direction above	GD/ GH/ SM
	Change management locus			
12	Culture		Values, behaviours, leadership & management processes	HD

A QI-based operating system

Background

"Quality as an Operating System" is a whole-organisation approach that embeds quality into the daily rhythm of NHS work—connecting strategy, leadership, behaviours, and improvement tools into a unified system for delivering better care, safer outcomes, and a healthier workforce.

A *Quality Management System* helps to provide the structure needed. Governance, metrics, assurance and alignment with strategic priorities.

In order to have *Quality as an Operating System* we need to incorporate the appropriate culture and behaviours into our way of working – including daily huddles, coaching, visual management and team-led improvement.

This presentation explores what Quality as an Operating System might look like in CTM. What building blocks are already in place and what do we need to do to achieve it.

From 'this is 'another thing'

Nationally



Worldwide



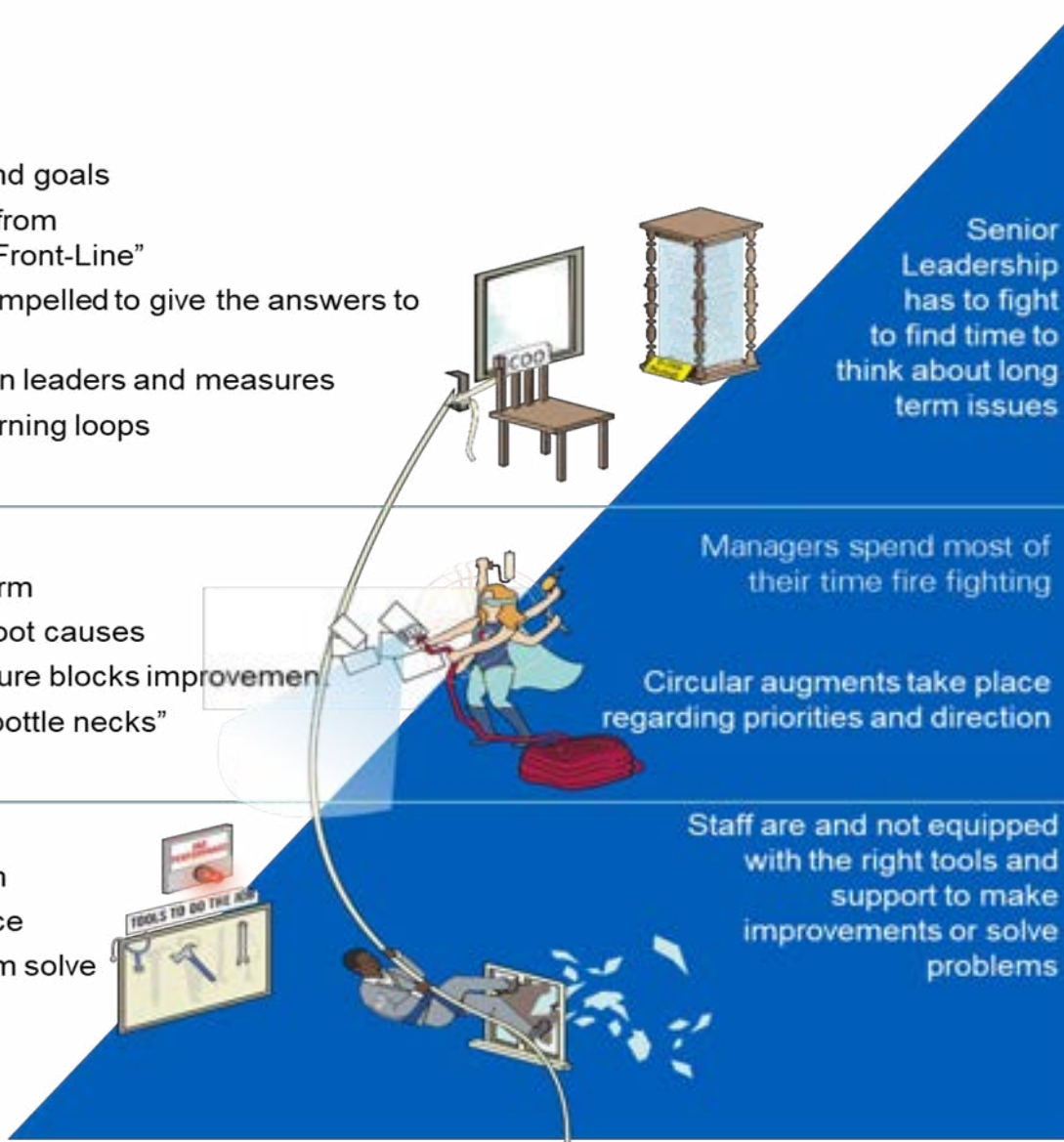
To this is 'the thing'

From this...

- Too many strategies and goals
- Lack of golden thread from Senior Leadership to “Front-Line”
- Senior Leaders feel compelled to give the answers to problems
- Siloed working between leaders and measures
- Poor feedback and learning loops

- Overburdening
- “Fire fighting” is the norm
- Focus on actions not root causes
- Shame and blame culture blocks improvement
- Managers end up as “bottle necks” in the system

- Disempowered staff
- Lack of standardisation
- Variation in performance
- Lack of tools to problem solve



To this...

Execs
reduce number
of priorities and
coach teams to
solve problems



- Prioritised and filtered strategies and goals
- Leaders are trained to coach and support staff to solve problems and improve, not have to have the answers

Managers
working on a set
of focussed
priorities

Clear and supportive
performance reviews, focussed
on root cause problem solving



- Cascade of prioritised goals establishes “golden thread”
- No more agenda bingo - clarity on ‘watch and drive’ metrics with clear business rules for both
- Coaching role to the frontline teams to solve problems

Frontline teams understand the
hospitals strategy and priorities
and their role in delivering them

All staff make improvements as
part of their day job.



- Front line staff identify and solve problems every day
- Improvements at the front line directly contribute to improved Trust KPIs

Imagine if all our colleagues could say

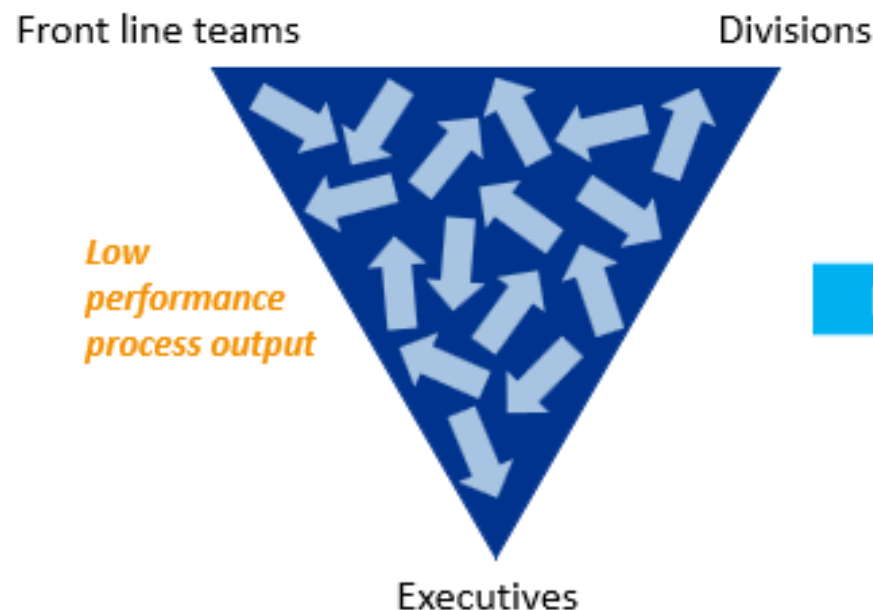
- 1 I am able to both deliver great patient care and improve how I do it everyday.
- 2 I understand what is important to our patients and the Health Board overall.
- 3 I understand how I and my team are doing against those priorities.
- 4 I feel supported and connected through our management routines and behaviours to deliver improvements.

Strategy deployment is a planning process which gives long term direction to a complex organisation

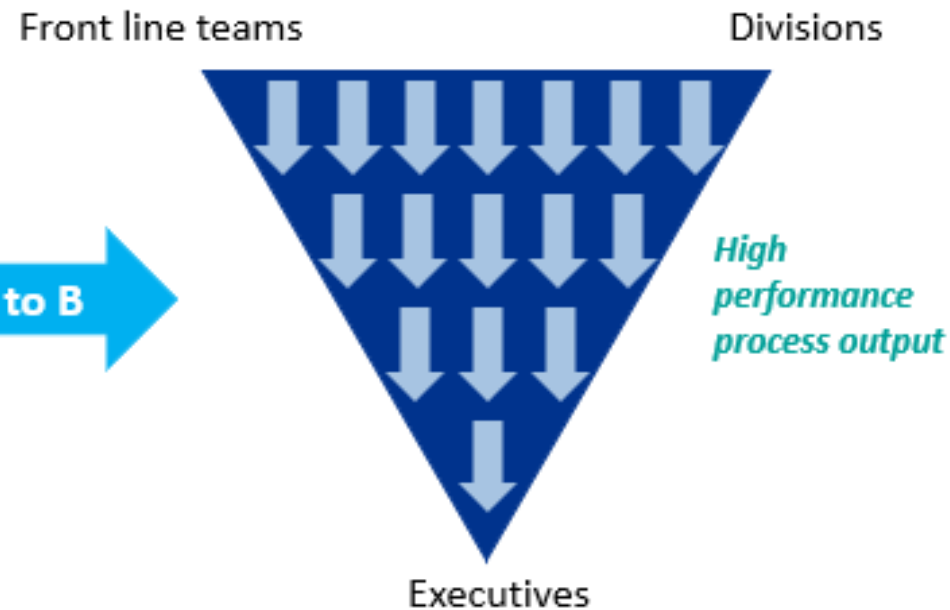
Why does it work?

- 1 Inch wide mile deep mindset
- 2 Aligns organisation's efforts
- 3 Provides clarity and decision making

A: Conflicting department goals/priorities



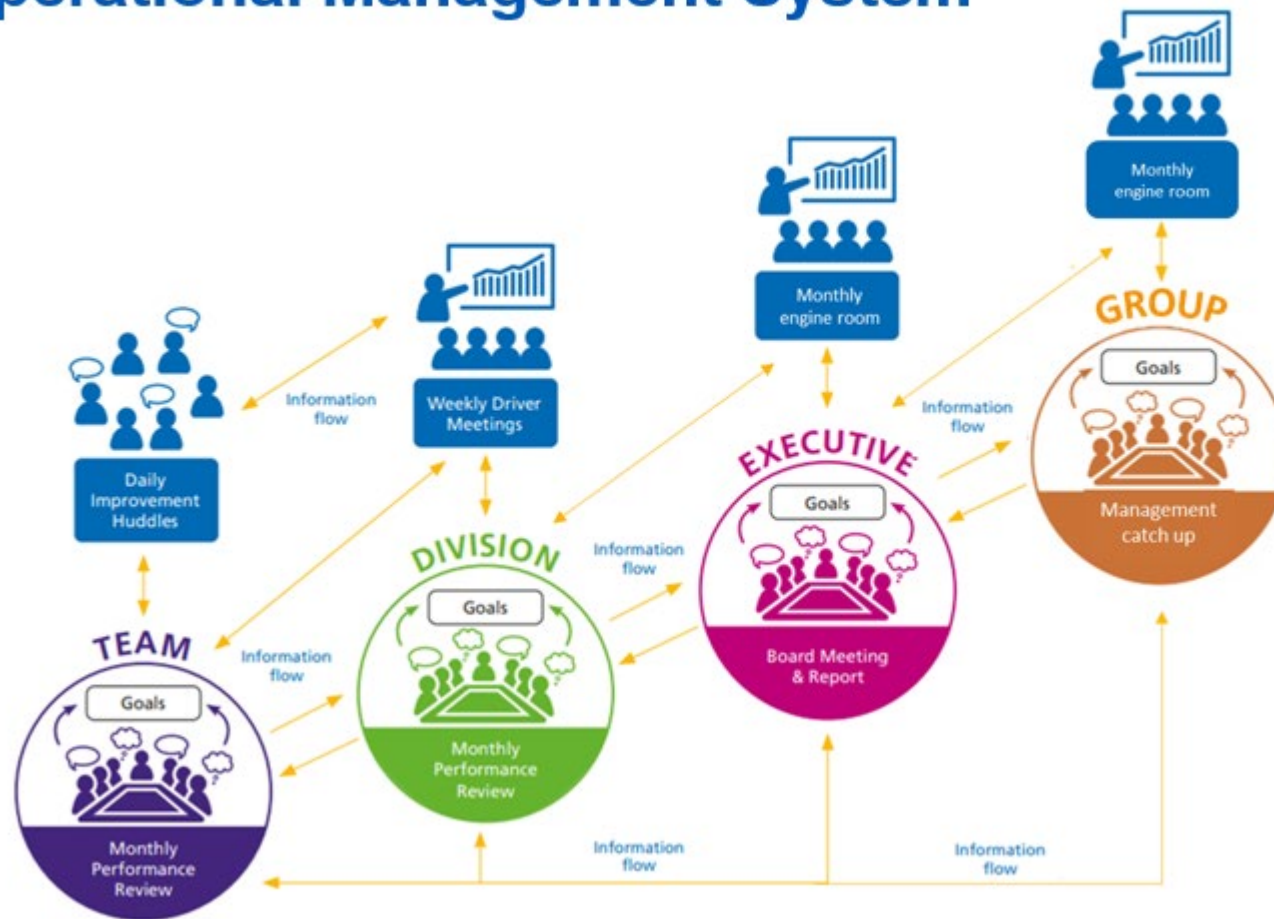
B: Aligned department goals/priorities



Move from A to B



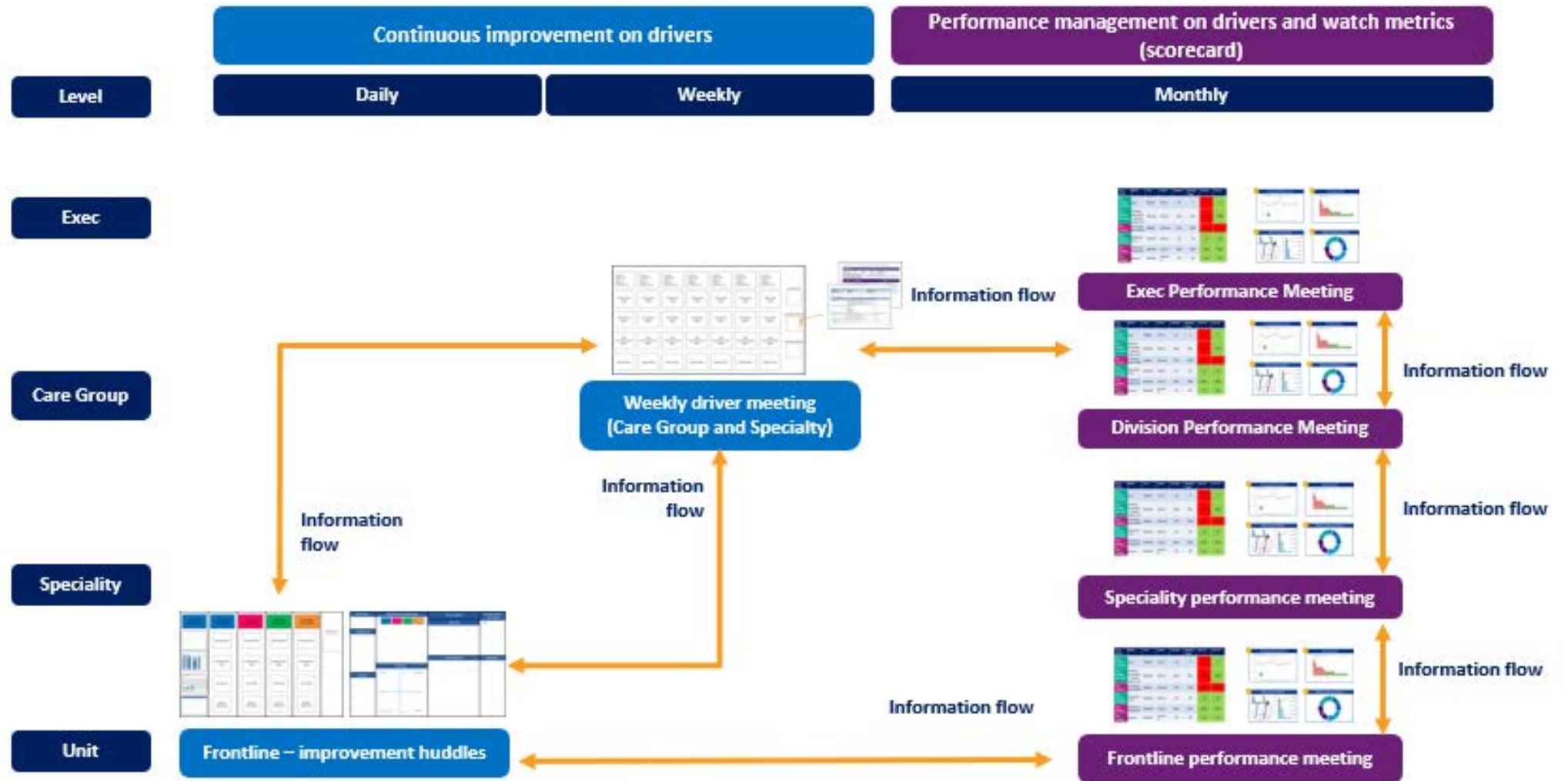
Operational Management System



The purpose of an OMS is to allow all staff to understand their contribution to the 'golden thread'

- improve communication
- ensure alignment of priorities
- celebrate success
- reduce duplication
- increase efficiency
- use subsidiarity to promote empowerment to act

Delivering improvement



Performance

The template will allow the Care Groups to plan:

- Which operational metrics and projects are driver and watch metrics for the next financial year?
- What are the proposed performance plans for each metric (i.e. how much by when)?

[illegible]

24/33

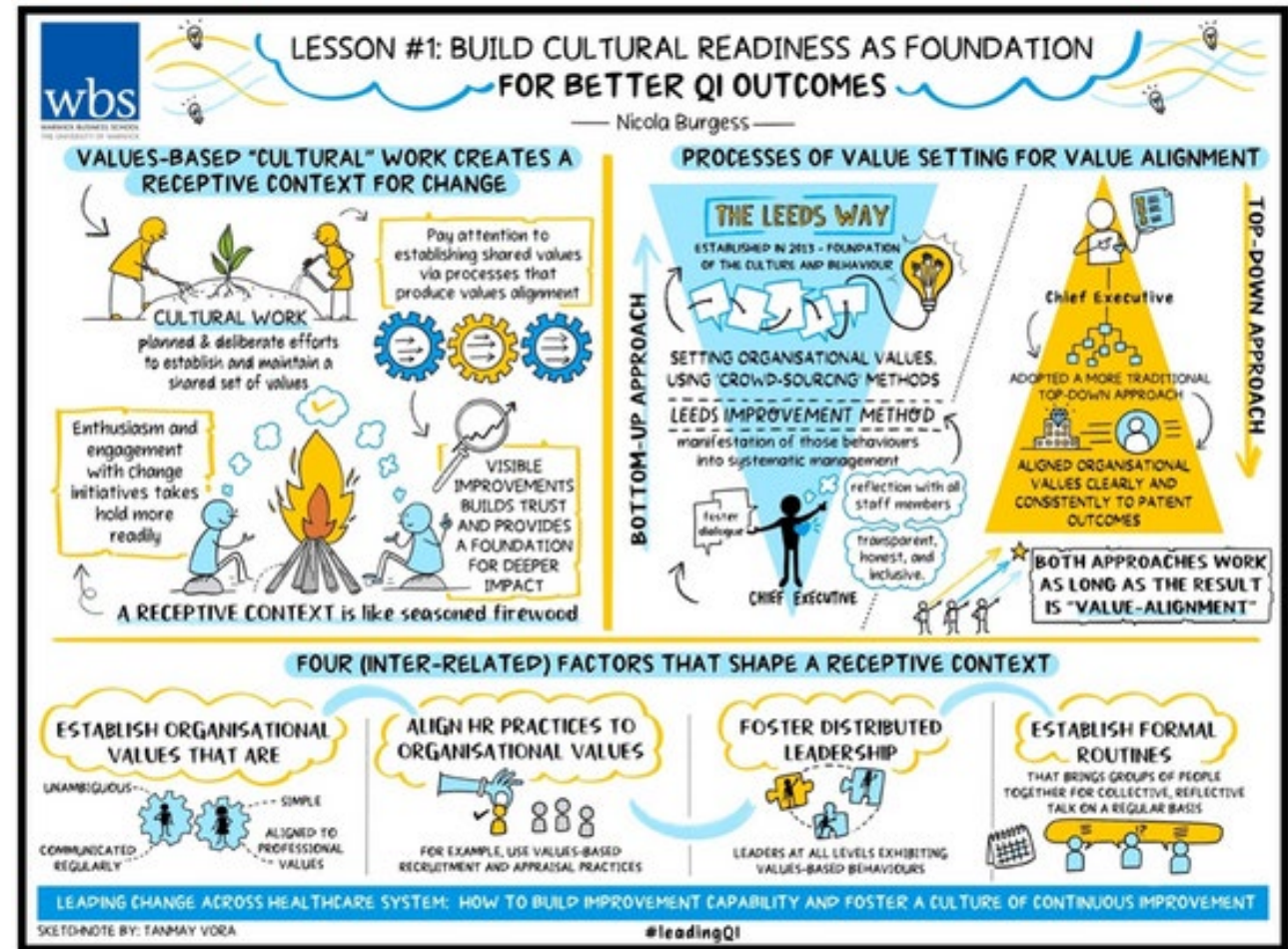


1: Build Cultural Readiness as a Foundation

- CTM Values Exist – are they embedded?

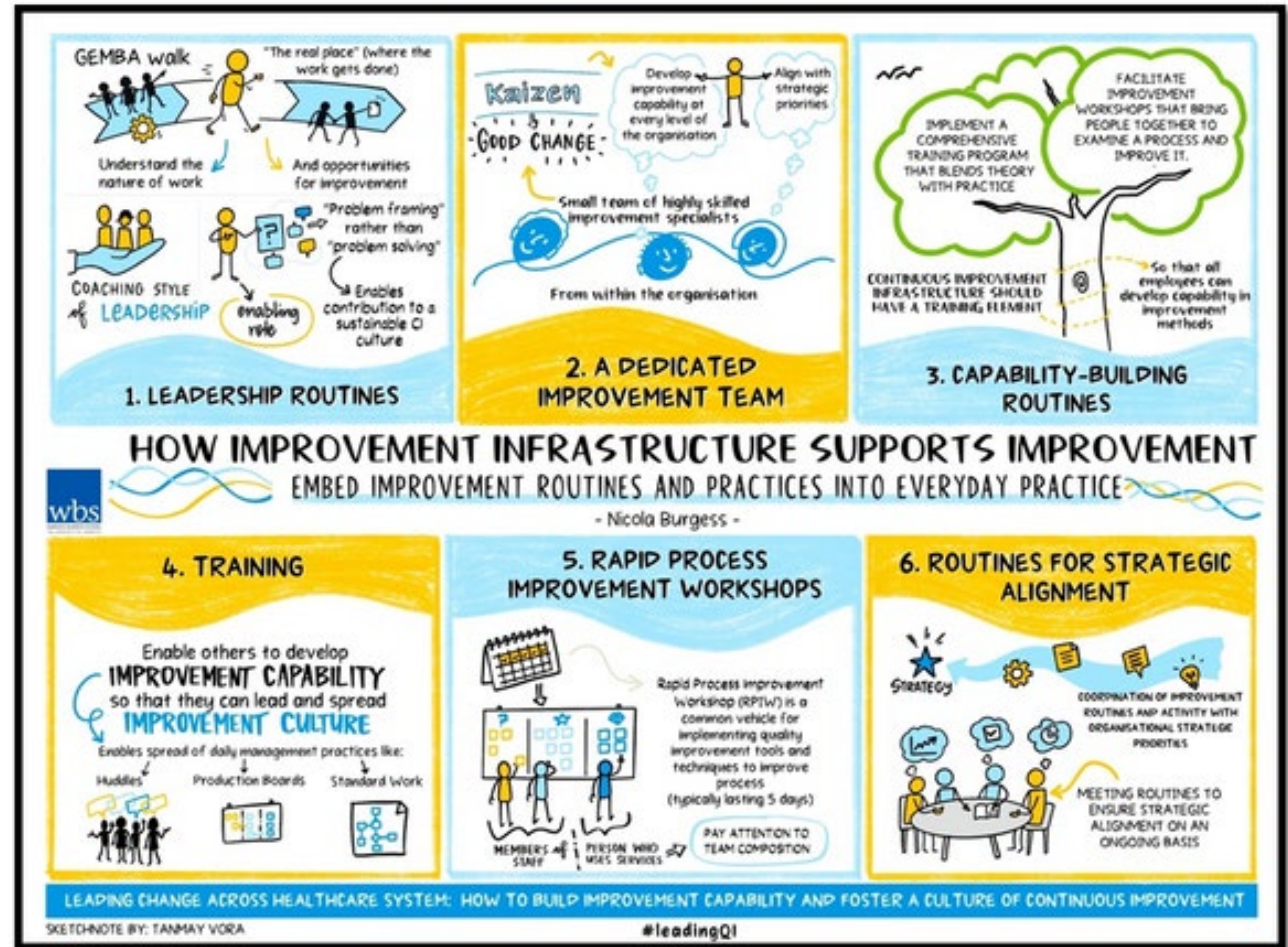


- Arguably a risk-averse, command and control culture focus on assurance, finance and Welsh Government targets.
- Ignite, Aspire and Inspire Leadership Programme (but aligned to Quality?)
- We have a new 'People Plan'



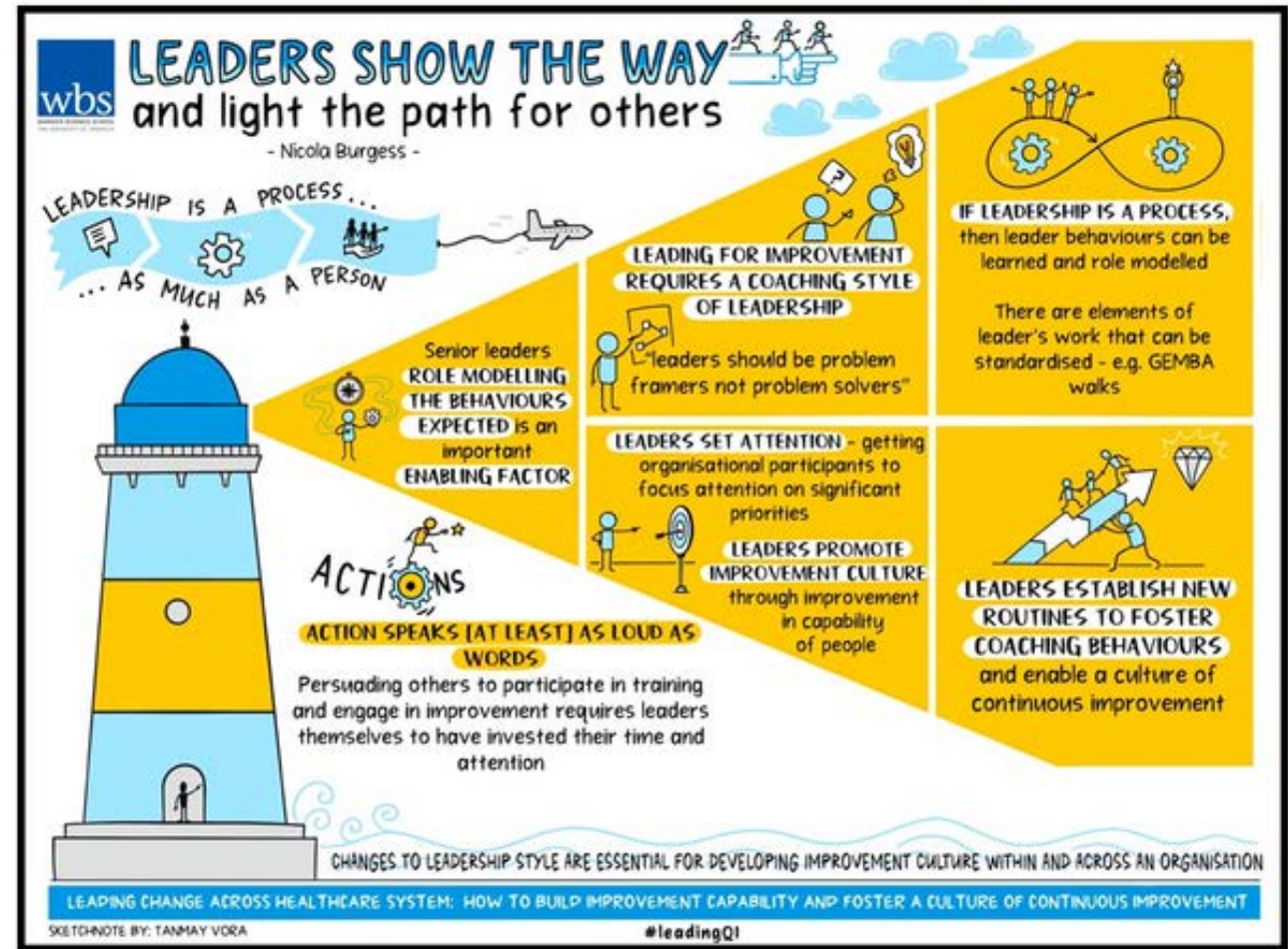
2: Embed Improvement Routines into everyday practice

- We have some of this, in particularly a training offer from the Improvement Team, but CTM lacks the capacity and capability to deliver on an organisational level
- There is inconsistency of approach regarding leadership and capability routines, process improvement workshops and strategic alignment of priorities
- According to evidence: Improvement fails because few leaders are capable of:
 - Imagining radically different future states
 - Approaching change systematically (vs looking for a silver bullet)
 - Persevering over the 3-4 years it takes to make deep change irreversible



3: Leaders show the way and light the path for others

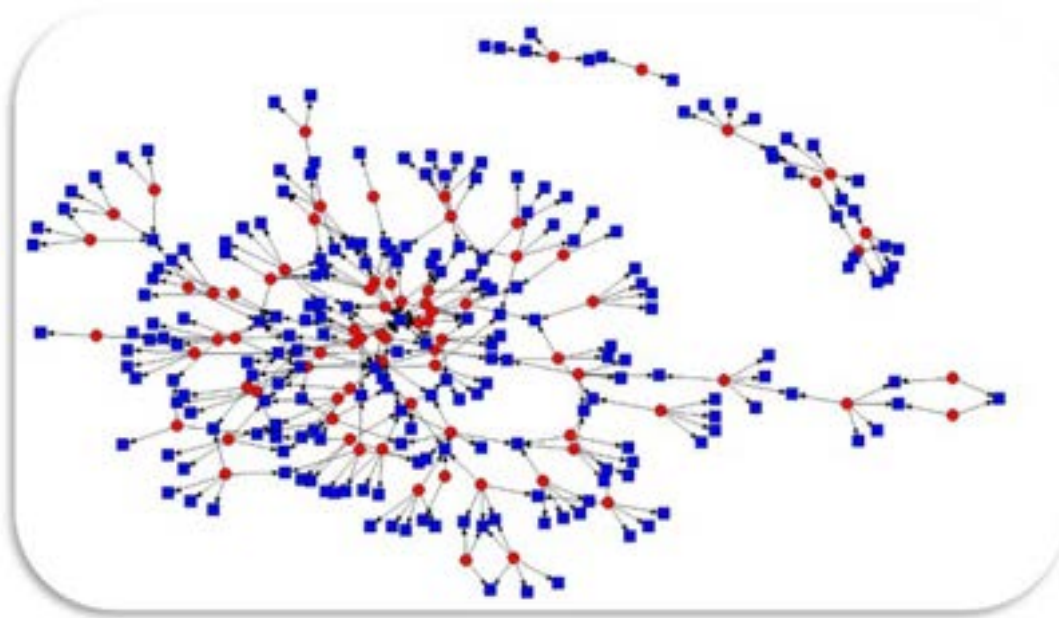
- *Leadership is a process as much as a person*
- Board and Exec are generally supportive
- We don't have a defined leadership 'style' or set of routines that supports Quality
- Training is often bottom-up rather than top-down – there has been little structured Board and Executive Development around Quality Improvement / operating systems



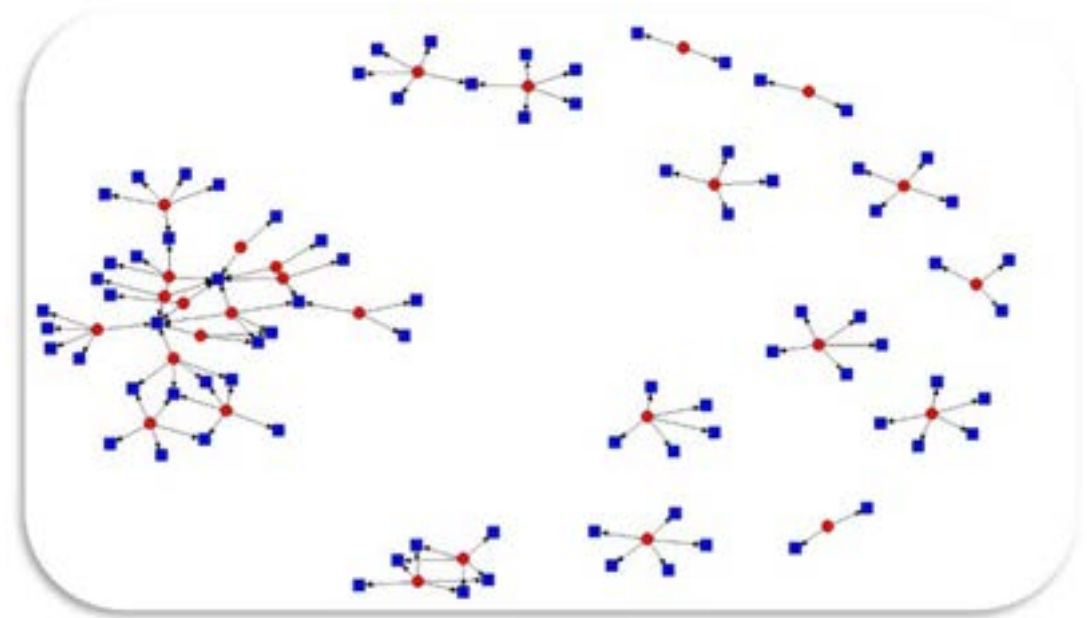
Mapping Relationship

(OSNA – Organisational Social Network Analysis)

High Performing Organisation



Low Performing Organisation



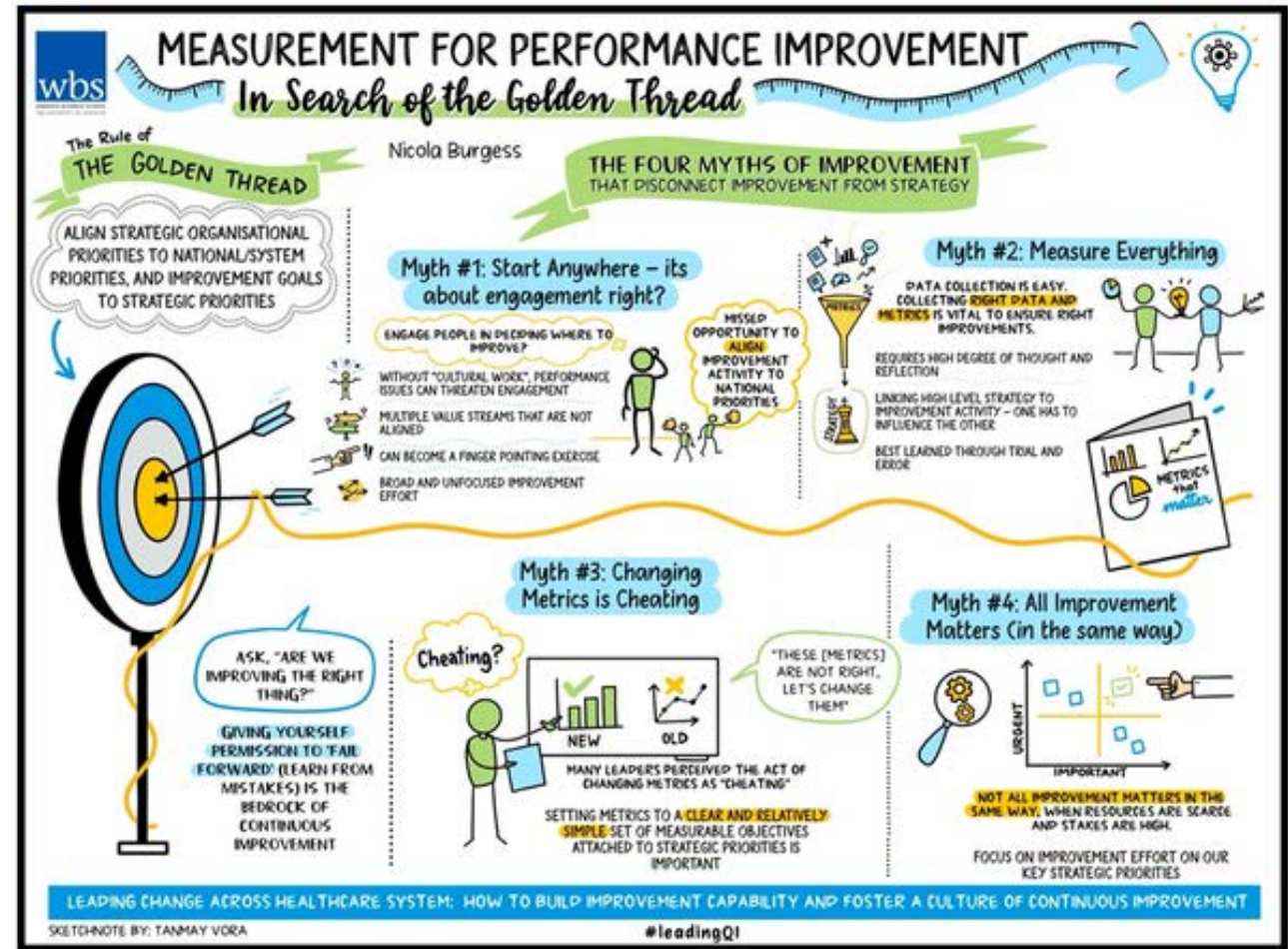
5: Hold each other to account for behaviours, not just outcomes

- Staff survey suggests a lack of psychological safety in some areas
- Progress is being made
 - People Plan
 - Staff recognition
- Lack of any meaningful way to measure
- Hierarchical approach can make this difficult
- Leadership and Management Behaviours are inconsistent



6: Measure for performance improvement

- *We are drowning in data but starved of information*
- No real 'Golden Thread' or Breakthrough Objectives
- Lots of dashboards and a more consistent approach has been developed recently
- A focus on Quality Control (performance) and Quality Assurance rather than Quality Improvement
- A lack of triangulation of data (e.g. PROMS/Premis/complaints/Datix recruitment data etc)
- Little automation although improving as we integrate with Power BI
- Multiple clinical systems



What would Implementation Mean?

- Executive and Board Agreement to the *Improving Together/Patient First* approach and articulating a vision for *Quality as an Operational System*
- Establishing an internal team to lead implementation, training and support, building on the current QI team and drawing from other corporate support functions
- Establishing A3 thinking and aligned Driver metrics as standard across Teams
- Co-producing a CTM specific leadership behaviours framework
- Developing a strategy deployment dashboard aligned with NHS Wales targets

Thank you



Agenda Item

5.2

Strategic Development Committee

Adulthood/Living Well Strategy Group Update

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Marie Evans, Head of Strategic Planning and Commissioning, Adulthood Strategy Group, Leanne Baylis, Planning and Partnership Manager, Adulthood Strategy Group Zoe Silsbury, Clinical Director, Adulthood Strategy Group
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Marie Evans, Head of Strategic Planning and Commissioning, Adulthood Strategy Group Zoe Silsbury, Clinical Director, Adulthood Strategy Group
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Creating Health Board (hepatitis elimination/3Ps)	19/08/2025	Progress made on increasing testing in Parc Prison was well received as well as

		work with Hep C Trust. 3Ps -High volumes of calls made to patients on W/Ls noted.
Health Protection Co-ordinating Group reporting up to Health Protection Board	Last deep dive 19/08/2025 (updates provided every 6 weeks)	Progress well received, noted the work required to delivery on the elimination plan.
National Hepatitis Elimination Oversight Group, Welsh Government	09/07/2025	Overall positive feedback for CTM. Further work with high risk groups recommended.
3Ps Meeting with National Policy Leads	17/07/2025	No further funding from WG confirmed. To aim to increase number of referrals to "wellbeing" services.
Liver Disease Planning and Delivery Group	Updates quarterly	Noted work on going, discussions on key challenges

Acronyms / Glossary of Terms

3Ps	Promote, Prevent and Prepare Programme
APB	Area Planning Board
BBV	Blood Borne Virus
CTMUHB	Cwm Taf Morgannwg University Health Board
GTAP	Generic Therapies Assistant Practitioner
KITT	Keeping In Touch Team
HMPP	Her Majesty's Prison – Parc
NSP	Needle & Syringe Programme
PHW	Public Health Wales
POW	Princess of Wales
VBHC	Value Based Health Care
WG	Welsh Government
WHO	World Health Organisation
WISE	Wellness Improvement Service
WTE	Whole Time Equivalent

1. Situation / Background

1.1 Based on a public health 'life course' approach, four Strategy Groups were established in 2021 as part of the CTMUHB operating model to build a system wide approach to wellbeing; improving outcomes that matter to the communities we serve by co-producing health and care pathways:

1. Pre-conception to First 1000 days (*Starting Well*);
2. Children and Young People up to 25yrs (*Growing Well*);
3. Adulthood (*Living Well*); and
4. Older Years, Frailty and Multi-morbidity (*Ageing Well and Dying Well*).

1.2 The work programme of Strategy Groups are characterised by:

- Developing system-wide plans for promoting and improving population health; supporting individuals and communities to become more resilient
- Evidence based pathway design that uses outcome data and needs assessments;
- Integrated pathway design that crosses the boundaries between health and social care;
- Designing health promotion and preventive interventions that ultimately reduce the need for health services in a traditional secondary care setting;
- Co designing and co creating services that enable people to take more responsibility for their own health and wellbeing; and
- A focus on long-term health and wellness systems rather than addressing immediate service vulnerabilities.

1.3 The Adulthood/Living Well Strategy group comprises of 1 Head of Strategic Planning and Commissioning, 1 Planning and Partnership Manager and a Clinical Director, who supports this strategy group 2 days per week.

1.4 The update information provided within this report and the slides for the Strategic Development Committee reflect work during 2024/25 financial year, highlighting strategy group work in relation to:

- Implementation of the National 3Ps (Promote, Prevent and Prepare) Programme
- Progress made in CTMUHB in relation to the National Hepatitis Elimination Strategy in particular the work undertaken in HMP Parc Prison
- The Strategy Group work programme also includes work within respiratory disease, liver disease, alcohol care and more recently improvements in pain services. However, due to the sheer size of

workload and time permitted this “deep dive” will focus only on the workstreams described above.

Appendix 1 provides a diagram to demonstrate the considerable work programme of the Adulthood/Living Well Strategy Group.

2. Specific Matters for Consideration

- 2.1 **National 3Ps Programme:** It is acknowledged that the Covid-19 pandemic resulted in significant delays in planned care activity. As a result, people referred to secondary care experienced unprecedented delays for a review and/or start of their treatment. Progress has been made to improve the planned care position and reduce waiting times in Wales, but we know that more work needs to be done to ensure timely services for our population. To support those waiting for planned care, and to deliver on the commitments made by the Minister for Health & Social Care in Wales in the recovery plan, the 3Ps Policy: Promote, prevent and prepare for planned care, was announced by the Minister for Health & Social Care on 24th August 2023.
- 2.2 **Welsh Government Funding allocation** - Funding has been received over the last 2 financial years for this programme, announced on a yearly basis. This has had a negative impact on both recruitment and retention of staff. Notification has been given that all Welsh Government funding will cease at the end of March 2026. £338,907 has been allocated for 2025/2026 which has been utilised in line with WG policy and prioritisation in areas such as funding of a Keeping in Touch (KITT) 5.5 WTE team, including supervisor, part time programme manager, Band 5 Escalation Nurse, Band 4 pre-habilitation Therapies Practitioner and support for website, comms and materials such as leaflets, posters etc. All posts are currently fully recruited to although there is a risk that this may change during the last 6 months of the funded programme. Executive discussions are currently ongoing re: the future model of service.
- 2.3 **Update on CTM 3Ps Programme** - the Adulthood/Living Well Strategy Group has been providing support to this programme since December 2023, and there has been significant progress over the last 18 months:
 - *Partnership Working* – A referral pathway was developed and implemented to facilitate supported access and information on local community services and activities. CTMUHB were the winners of the Working in Partnership Award at the 3Ps National Conference 20th March 2025 (**see Appendix 2**). CTMUHB’s 3P’s steering group recognised the limitations of a written directory of services as a sustainable, up-to-date information resource. Consequently, we worked in partnership with the County Voluntary Councils who have teams of social prescribers, who can keep pace with the dynamic landscape of community services as a ‘living’ directory of services. This facilitates personalised health plans for our patients, in their local community so our Keeping In Touch Teams are able to put patients in

contact with social prescribers in their local area. This partnership approach has been recognised nationally as good practice hence the Working in Partnership Award. Two workshops have been held to share information and develop relationships between the KITT and social prescribers (see details enclosed in poster **Appendix 2**)

- *Development of a Waiting Well website* providing a wide range of information <https://ctmuhb.nhs.wales/patient-advice/waiting-well/> which is signposted to and well utilised by patients and developments of a patient information leaflet which has been distributed across hospital sites, is available online and to be sent out via post to the non-digitally able (**Appendix 3**)
- *Communication* – Communication & Engagement plan developed.
- *Improved communication* between KITT and WISE (Wellness Improvement Service) with an increase in referrals to WISE direct from KITT (**Appendix 4**)
- *Pre-habilitation* - Band 4 GTAP (Generic Therapies Assistant Practitioner) has enabled prehabilitation service to open out to high risk non-cancer colorectal patients; referral rates are low. Service going through change in structure due to staffing changes however this remains a priority.
- *Pre-assessment* – Deployed Band 5 nurse funded by 3Ps to contact patients with 'stopped clocks' on waiting lists to see how they can be optimised / progressed through pathway whilst waiting.
- *Benefits realisation* - 2 workshops undertaken January and April 2025; relevant benefit measures matrix agreed with aim to develop a data dashboard.
- **Key challenges** for the programme, include the work now required to improve the number of patients taking up the offer of signposting. CTMUHB have the highest number of patient contacts across Wales, however the numbers signposted as a direct correlation is low when compared to others. Further data on this is included as part of the slide pack to accompany this report as **Appendix 5**. Another key challenge is retaining members of staff whilst the health board is considering the future of the 3Ps programme.

2.4 **Update Hepatitis Elimination:** The Hepatitis B and C Elimination Programme Oversight Group was established by Welsh Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) Strategy to achieve elimination by 2030. To note there was no dedicated funding issued to support this elimination programme.

2.5 **Elimination Plan** - Health Boards were requested to lead the development of elimination plans for their respective areas, working with the Area Planning Boards (APB) and Public Health Wales (PHW). There are 13 actions outlined by the Welsh Government roadmap to achieving elimination all of which were addressed within the Cwm Taf Morgannwg Elimination Plan.

2.6 A CTMUHB Elimination of Hepatitis B and C Working Group was established in March 2023. This group has grown both in terms of the involvement of

a wide range of stakeholders such as Public Health Wales, APB, Hepatitis C Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service. The group have welcomed the involvement of a number of national clinical leads who provide us with their expertise, knowledge and national context.

2.7 The Adulthood/Living Well Strategy Group has been providing support to this elimination programme since March 2023, and there has been significant progress over that time. A summary of recent progress is as follows:

- Developed good partnership working with probation service and a successful business case for Health Protection funding to complete mass testing within probation services across our health board areas. Formal evaluation is planned at the end of this programme.
- Business case successful; from health protection funds for Liver Disease roadshows which includes fibro-scanning and BBV (Blood Borne Virus) Testing,
- Completion of the National Re-engagement Programme – health protection slippage funds supported overtime for BBV Nurse and administration staff to progress the work,
- Improved and revised pathway in Substance Misuse services for screening, testing, results and treatment in collaboration with the Health Board's Hepatology Team
- Funding provided by APB for a 12-month secondment for a Harm Reduction Clinical Nurse Specialist whom has supported with testing and educational sessions.
- Task & Finish Group established to improve treatment times focussing on improvements in pharmacy, development of a new pathway prioritising the prison and Princess of Wales (POW) site which have the longest waits
- Maternity workstream established to determine process for testing high risk patients and development of a pathway for mother and child with positive results

2.8 Key Challenges include no specific funding provided for the elimination programme with a focus for implementation being on doing more within existing resources. There remains a small number of geographical areas where there is a level of Needle and Syringe programme (NSP) demand and no pharmacy provision currently. Actions are being taken forward to address this issue. One of the priority areas of work going forward is to improve treatment times, particularly within Parc Prison and on the POW hospital site where waits are longer. There are also challenges in engaging with patients to commence or complete treatment, due to the lifestyle factors associated with high risk groups. Within CTM there is no community outreach service with patients being treated within secondary care by hepatology nurses.

2.9 **Hepatitis Elimination within Parc Prison:** In January 2023 Welsh Government released a Welsh Health Circular “Eliminating Hepatitis (B and C) as a public health threat in Wales”. Action 9 of the circular relates to Improving testing and treatment in prisons with Hepatitis C Micro-elimination being defined as:

- **100% of the prison population being offered a hepatitis C test.**
- **90% of those having then been tested.**
- **90% of those who been diagnosed with hepatitis C having started treatment**

People in prisons are known to be at greater risk of exposure to, and more vulnerable from, the effects of external health threats such as infectious diseases and may require more targeted interventions to overcome specific barriers in identifying, accepting, and accessing services. According to data from the Hepatitis C Trust, people in prison are at least three times more likely to be living with the blood borne virus, hepatitis C, than people who live in the community. A summary of the work undertaken to achieve continuous and sustained improvements against the targets outlined above was as follows:

- SystmOne used for real-time data on testing levels – establishing a baseline and regularly reporting for offer, uptake and decline of testing is driving service improvement. Improving data quality and data completeness.
- Development of the admissions team and pathways for testing at the time of admission
- Targeted intervention - dedicated sessions for prisoners who needed 12-month review tests and prisoners who had previously declined
- Roll out of an ongoing education programme to increase awareness around Hepatitis and Liver health
- Implemented prison Peer programme working in partnership with Hepatitis C Trust
- Dedicated room now allocated to BBV nurse to undertake weekly clinics with privacy
- “Your Health Matters” Focus Group was undertaken by Prison Peers - a service user approach to improving Hepatitis screening & treatment at HMP Parc
- Prisoner poster competition coordinated by Hep C trust funded by VBHC to increase awareness
- Process Mapping undertaken on time to diagnosis to start of treatment with pathway improvement work underway.
- Successful working with The Hepatitis C Trust to support elimination in terms of peer recruitment, peer and staff training and raising awareness to lower the stigma

2.10 **Demonstrating Sustainable Improvement** - The rate of Hepatitis C testing has increased significantly in HMPP from 34% in March 2024 to 93.6% at the end of July 2025, with 99% of men in the prison having been

offered a test within the last 12 months. This was the highest reported figures in Wales. Graphs demonstrating further month on month improvement as well as more detailed descriptions of the work programme is included in the slide pack accompanying this report.

Next Steps : to share learning, continued collaboration with partners, improvement of treatment times and development of pathway, achieve micro-elimination and more focus on Hepatitis B vaccination rates.

3. Key Risks / Matters for Escalation

- 3Ps funding - Funding for the 3Ps Programme from Welsh Government end of March 2026. There are currently ongoing considerations and discussions at Executive level to determine a future model for Keeping Well for CTM.
- Retention of staff within the Keeping in Touch Team, who are on fixed term contracts, towards the end of the funding period. There may be an impact on the activity levels i.e. number of calls made should the team reduce in size.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Culture and Valuing People
	If more than one applies please list below: Whole systems perspective
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality	Person Centred
	If more than one applies please list below: The work described in this report links to all of the domains of quality described.

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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☒	No: ☐
	Outcome: Positive	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 To note and discuss the content of the report and slide deck presented by the Head of Strategic Planning and Clinical Director for the Adulthood/Living Well Strategy Group.

6. Next Steps

- 6.1 The Strategy Group will continue to implement and monitor outcomes of the programme of work described and report to the Strategic Development Committee when required. We will continue to be patient centred, to report our work nationally as well as locally, to work closely with the Value Based

Health Care Team and to embed VBHC principles and to continue to seek opportunities to share our best practice. Further detail on any of the programmes mentioned is available on request of the Committee.

Appendix 1 - Adulthood/Living Well Strategy Group current work programme



Appendix 2 - 3Ps National Working in Partnership Award - photo and poster – attached as 5.2.b

Appendix 3 - 3Ps patient information leaflet – attached as 5.2.c & 5.2.d

Appendix 4 - Increased referrals to WISE from the KITT

Month	Total Referrals	Booked	Attended	Discharge	Comments
April					
May	3	1			
June	20	3		5	D/C's due to patients not being interested
July	23	1		5	D/C's due to patients not being interested
August	25	1		3	D/C's due to patients just requiring updates, previously attended similar courses or personal circumstances

Appendix 5 - Slide pack to accompany this report – attached as 5.2.e

Maximising the potential of partnership working: A ‘Living Directory’ of services

3P’s Steering Group, Cwm Taf Morgannwg University Health Board (CTMUHB)

Introduction

The Promote, Prevent, Prepare policy is reliant on health boards collaborating with third sector and local organisations to support the provision of holistic, person-centred support whilst waiting for treatment. CTMUHB’s 3P’s steering group recognised the limitations of a written directory of services as a sustainable, up-to-date information resource to facilitate personalised health plans by the Keeping in Touch Team (KITT). Social prescribers have been proven to support people with access to current local information and advice to maintain health, wellbeing and independence⁽¹⁾. The County Voluntary Councils (CVCs) have teams of social prescribers, who are able to keep pace with the dynamic landscape of community services as a ‘living’ directory of services. Therefore, collaboration with the CVCs is a crucial priority for the future in delivering the 3P’s programme.

Methods

A collaborative workshop between the 3 CVCs across Rhondda Cynon Taf, Merthyr Tydfil and Bridgend was completed in December 2024 to explore referral pathways to facilitate access and information on local community services and activities.

Results

Attendees

There were a total of 33 attendees to the full-day workshop with 60% from the 3 CVCs, 36% from CTMUHB (including 3 from the Value Based Healthcare team (VBHC)) and one of Regional Integration Managers from CTM.

Format

Presentations from the CTMUHB 3P’s steering group, KITT and VBHC teams and the CVCs gave context and showcased the opportunities of collaborative working. Videos presented by the



CVCs demonstrated a ‘Day in the life of a social prescriber’ and the diverse groups that could be signposted to. The scope and variation in CVC offerings was highlighted to ensure clarity of services and diversity across the locality.

Key themes from open discussions

- Support anticipated by patients, emphasising this may change over their journey and how CVCs can support this;
- Need for open, honest and equal partnerships to build a robust efficient alliance;
- Understanding of requirement from all attending to ensure sustainability of services, including funding opportunities;
- Shared learning, development and joint training opportunities;
- Standardisation of referral pathways, documentation and sharing of information, to include DPIA for aggregation of data;
- Realistic expectations from all stakeholders of objectives and outcome, considering the finite resource availability;
- Linking of systems and evaluation to support the 6 domains of healthcare quality.

Conclusion

Recognising the value in the expertise outside of the health board ensures a current ‘living directory’ of community services is available, in a diverse and developing environment. This session demonstrated the enthusiasm for collaborative working from the outset to deliver holistic, community-based, person-centred plans to support people to live well whilst awaiting treatment.

Next steps

1. Joint session with the CVCs and Keeping in Touch team arranged for 3rd March 2025 to strengthen working relationships;
2. Continue partnership working to develop a dynamic ‘Living Directory’ of available services to enable ‘waiting well’;
3. Work together to implement a person-centred approach across all touchpoints to ensure pathways and interactions meet individual needs and support patient’s activation and empowerment;
4. Continue collaboration between CTMUHB, CVCs and third sector organisations to deliver a holistic, co-ordinated and effective community support system for people awaiting care.
5. Plans to monitor the number of referrals from KITT to the CVCs and gaining patient stories of their experience of this collaborative initiative.



References

1. Tierney S, Wong G, Roberts N, et al. Supporting social prescribing in primary care by linking people to local assets: a realist review. *BMC Med.* 2020;18(1):49. Published 2020 Mar 13. doi:10.1186/s12916-020-1510-7



STARTING WELL



GROWING WELL



LIVING WELL



AGEING WELL



DYING WELL





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Keeping Well Before Your Surgery or Planned Treatment

In advance of planned surgery or treatment it is important to take action to help give yourself the best chance to recover well.

This booklet has been put together by a variety of health professionals to support you with lots of easy-to-follow tips and information.



SCAN
ME!



<https://www.nhs.uk/live-well/>

3Ps Waiting Well Charter

What you can expect from Promote, Prevent and Prepare services

Promote, Prevent and Prepare services, known as 3Ps Services, will help you:

Promote healthy decisions and lifestyles
to reduce the risk of developing illness

Know what to do to **Prevent** your condition getting worse

Prepare for your treatment to be a success

The principles:

1. Communication

- Information is accessible and my communication needs are met.
- I know that my referral has been received and what waiting list I am on.
- I know how I can access information on what support is available to me whilst waiting via the Keeping In Touch Team and on the health board's website.

2. Holistic Person-Centred Care

- I have regular contact with the team managing my wait.
- I have access to the support in line with my needs.

3. Shared Decision Making

- I have received sufficient information to help me make informed decisions about my care and support.
- I have clear information about expectations when preparing for my treatment and recovery.

4. Information

- I have access to clear information and education, including what is available in my community to support my own self-management.
- I can access the information signposted to me.

Further Information on the **3Ps Charter** can be found at
[https://ctmuhb.nhs.wales/patient-advice/waiting-well/
promote-prevent-and-prepare-services-charter/](https://ctmuhb.nhs.wales/patient-advice/waiting-well/promote-prevent-and-prepare-services-charter/)





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Keeping Well Before Your Surgery or Planned Treatment

Below we have included a variety of information about the following:

1. Keeping Active	2
2. Stopping smoking	4
3. Eating well	6
4. Reduce your alcohol intake or stop drinking	8
5. Mental Health and Wellbeing	10
6. Lifestyle changes and coping with pain	12
7. Immunisations and Screening	14
8. How to get further support	15

You can pick and choose whichever area(s) you feel will be of most help to you.

<https://www.nhs.uk/live-well/>





1. Keeping Active

Being more active before surgery can speed up recovery. Keeping active and moving our bodies is beneficial to keeping well and healthy. Benefits include reduced stress and anxiety; improved cognitive function; improved sleep quality; strengthened bones and muscles; reduced risk of various diseases, including heart disease, type 2 diabetes, stroke; and maintenance of a healthy weight.



Getting active will look different to everyone. If you are new to exercising, start small and build slowly.

For example going for a walk, taking the stairs instead of the escalators, going for a bike ride with friends and family, joining a local sports club or weekly exercise class. It is important you exercise in a way that works for you and your capability, so it minimises your risk of injury or hurting yourself.

Some quick tips for getting active are:

- **Start slowly and build up gradually.** Give yourself plenty of time to warm up and cool down with easy walking or gentle stretching.
- **Take breaks if you need to.** Smaller frequent activities throughout the day are just as beneficial for you and may make exercising feel more manageable.
- **Get creative.** Try to think of an exercise or movement that you can enjoy and repeat. This could be a dog walk with a friend, a dance class, or whatever form of movement you feel confident and capable to do.
- **Set a goal – no goal is too small. The hardest part is often getting started.** Try a small daily commitment to moving more e.g. a 15 minute walk outside can help us stay consistent to a gentle exercise routine.
- **Eat well and stay hydrated.** It is important to keep on top of your nutrition and stay hydrated when you are getting active. Read more about Eating Well in Section 3.

Local **Community Voluntary Councils** can direct you to activities in your area – **please refer to page 18.**

Use the QR codes below to learn more about exercising.



<https://www.nhs.uk/live-well/exercise/>



<https://www.nhs.uk/conditions/nhs-fitness-studio/>



2. Stopping smoking

Stopping smoking before any planned hospital treatment is the best thing you can do for your health. It speeds up your recovery and has many other health benefits, as well as saving you money. Did you know that the average cost for a 20 a day smoker for one month is £380?

Help Me Quit, the NHS Wales stop smoking service, has facts and advice about quitting, including the amazing benefits, that will help your body prepare for your treatment.



Here are 5 easy steps to help you:

1. Try to quit at least 8 weeks before your treatment and stay smoke free afterwards. This will give you the most benefits.
2. Even quitting one or two days before surgery - and staying smoke free afterwards - reduces the risk of some complications and helps the body heal better and faster after treatment.

3. It is really important not to smoke on the day of your treatment. People who continue to smoke are more likely to suffer complications.

4. Smokers are more likely to have chest infections and breathing problems, be at risk of blood clots and have wounds that heal more slowly following surgery than those who have quit.

5. If you are quitting with nicotine replacement therapy (NRT) let your nurse or doctor know and they will make sure you have what you need during your stay.

6. The Help Me Quit Service is dedicated for people in Wales and you are four times more likely to quit with their help and support.

You can call them on for free

0800 08502219 or
text **HMQ** to **80818**.



Scan this QR code to find out more about Help Me Quit



<https://www.helpmequit.wales/>



3. Eating well

Eating well is something simple we can all do to try and keep ourselves well and healthy in the interim between becoming unwell and receiving treatment. Here are some general tips to eating well:



- **Starchy foods** such as bread, pasta, rice and potatoes should make up about a third of our diet. For adults and older children choose wholegrain or wholemeal varieties where possible.
- **Include fruit and vegetables** at each meal as well as snacks, aiming for a variety and at least 5 portions per day.
- Aim to consume adequate **protein** each day, examples include pulses (beans, lentils, peas), nuts, Quorn, fish, eggs and meat.
- **Cut down on saturated fat** by eating fewer cakes, sausages, cream, pies and cutting off visible fat from meat. Also try to **reduce foods high in sugar** or salt such as biscuits, pastries, sugary cereals, and highly-processed foods.

- **Opt for healthier snack options** such as low fat/ sugar yoghurts, vegetable sticks with hummus or salsa dip, rice cakes with low fat cream cheese, oatcakes, unsalted popcorn or a slice of toasted fruit loaf.
- **Stay hydrated** by drinking 6-8 glasses of water or sugar-free alternatives throughout the day. Plain water and milk are the only drinks children need.
- **Look at traffic light labelling on food and drink packaging.** Having mainly green and amber products will help you to have a healthier diet.
- **Aim to have a regular eating pattern where possible.** Monitor your food and drink intake by noting down your meals, snacks and drinks in a diary or by using an app, if you find this helpful.



Learn more about eating well using the QR codes below



Services we offer in the community

<https://ctmuhb.nhs.wales/services/public-health-dietitians/>



Help groups of people maintain or improve their health through what they eat and drink

<https://nutritionskillsforlife.com/about-us/>



Free NHS healthy weight plan to help you build healthier eating habits, be more active and become a healthy weight

<https://www.nhs.uk/better-health/lose-weight/>



4. Reduce Your Alcohol Intake or Stop Drinking

Drinking any amount of alcohol carries a risk. Drinking alcohol increases the risk of a range of illnesses including breast and bowel cancer. We also know that drinking has no health benefits for most people. The effects of alcohol on your health and wellbeing will depend on how much drink and the period of time you drink it over.

The less alcohol you drink, the lower the risk to your health.

There is no safe limit, but if you want to keep your health risks low:

- **Drink less than 14 units a week**
- **Spread your drinking over three or more days**
- **Avoid harmful regular heavy drinking episodes.** The risk to your health increases when you drink any amount of alcohol on a regular basis. The less alcohol you drink, the lower the risk to your health. Drinking too much on any single occasion (a binge) can carry additional risks.

If you're aiming to moderate your drinking, you may like to keep a "drinking diary".

On a daily basis make a note of:

- All the alcoholic drinks you've had
- What time you had them
- Where you were
- How many units you drank

This will give you a good idea of how much alcohol you're drinking, the situations in which you drink, and how you could start to cut down.

**To check your drinking levels and learn more about reducing your alcohol intake, use the QR code below
(Get help now | Alcohol Change UK)**



[https://alcoholchange.org.uk/
help-and-support/get-help-now](https://alcoholchange.org.uk/help-and-support/get-help-now)

If you would like to discuss reducing the amount you drink refer to DASPA - Drug & Alcohol Single Point of Access



<https://daspa.org.uk/>

You can also refer yourself to the local Alcohol Care Team by scanning the QR code

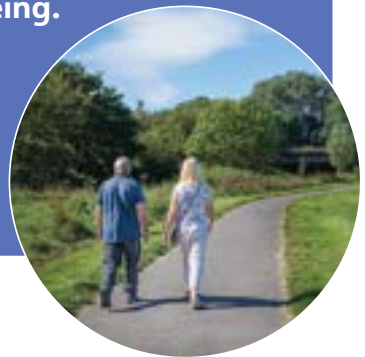


[https://ctmuhb.nhs.wales/services/
alcohol-care-team-act/](https://ctmuhb.nhs.wales/services/alcohol-care-team-act/)



5. Mental Health and Wellbeing

Waiting for surgery or treatment can be a difficult and distressing time. Symptoms that affect your body can also sometimes affect your mental well-being. It's important to recognise how you are feeling and take steps to reduce stress and anxiety. This will help you before, during and after surgery and can support a good or better recovery.



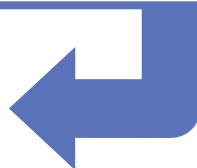
We recommend exploring the **5 Ways to Well-being**, which are 5 simple steps you can take daily to support your every day mental health.

- 1. Connect with other people** – Good relationships are important for your mental wellbeing. They can:
 - Help you build a sense of belonging and self-worth
 - Give you an opportunity to share positive experiences
 - Provide emotional support and allow you to support others
- 2. Be physically active** – Being active is not only great for your physical health and fitness. Evidence also shows it can also improve your mental wellbeing by:
 - Raising your self-esteem

- helping you to set goals or challenges and achieve them
 - causing chemical changes in your brain which can help to positively change your mood
- 3. Learn new skills** - Research shows that learning new skills can also improve your mental wellbeing by:
- boosting self-confidence and raising self-esteem
 - helping you to build a sense of purpose
 - helping you to connect with others
- 4. Give to others** - Research suggests that acts of giving and kindness can help improve your mental wellbeing by:
- creating positive feelings and a sense of reward
 - giving you a feeling of purpose and self-worth
 - helping you connect with other people
- 5. Paying attention to the present moment (mindfulness)** - Paying more attention to the present moment can improve your mental wellbeing. This includes your thoughts and feelings, your body and the world around you.

Some people call this awareness “mindfulness”. Mindfulness can help you enjoy life more and understand yourself better. It can positively change the way you feel about life and how you approach challenges. Read more about mindfulness, including steps you can take to be more mindful in your everyday life.

Find out more about how you can use the 5 ways to well-being to improve your mental health here:



<https://ctmuhb.nhs.wales/services/mental-health/self-help-resources/>



6. Lifestyle Changes and Coping with Pain

Changes to our health can result in changes to our lifestyle. Being in pain can seriously affect your quality of life and therefore it's normal to find it difficult to cope at times. Your GP can help if you are struggling. They may be able to refer you for complementary therapy, such as acupuncture or a pain clinic.

You could also speak to your healthcare team at the hospital for advice about how to manage your pain. They may be able to refer you to an occupational therapy or physiotherapy service.

Some quick tips for managing pain include:

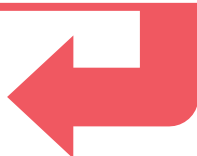
- **Try out a breathwork exercise** – breathe slowly and deeply to feel more in control and keep you relaxed
- **Shift your attention on to something else** so the pain is not the only thing on your mind. Get stuck into an activity that you enjoy or find stimulating.
- **Talk to someone** – sharing your thoughts around your pain with someone else may help lift the burden of coping alone.
- **Get a good night's sleep** – sleep deprivation can make pain worse or more uncomfortable



- **Try gentle exercise if you are able** – exercise is a great natural pain reliever.
- **Relax and keep positive** – there are many relaxation techniques you can try from breathing exercises, mindfulness or even meditation.

If pain and mobility problems mean you're struggling with daily tasks, like washing and dressing, or they affect how you're able to use your home, you could ask your local council to organise a care needs assessment or an occupational therapy assessment.

Use the QR code below to access more information on adapting your lifestyle and coping with pain when unwell or recovering from illness.



<https://www.nhs.uk/live-well/pain/>

Time4me@Cwmtaf EPP - Education Programme for Patients

Living with Persistent Pain Self Management course: This course helps adults living with chronic pain to maintain and improve their quality of life through self-management.

Topics include understanding chronic pain, pacing and planning, improving sleep, fatigue management, weight management, dealing with difficult emotions and low mood, better breathing, stress management, physical activity, healthy eating, develop and maintain your own self-management care plan, problem solving, working with your healthcare teams and decision making. To discover available self-management courses in your area, visit <http://www.eppwales.org>.



7. Immunisations and Screening

Vaccination saves lives. Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to 3 million deaths worldwide every year.

To find out more about which vaccinations you may be eligible for, please visit



<https://publichealthwales.nhs.wales/topics/immunisation-and-vaccines/>



How to get further support

If your symptoms change or get worse, it's important to tell us.

Contact a GP if:

- You have not had your first appointment with the department at the hospital
- Your GP has referred you for a diagnostic test, such as a scan or X-ray

If you are a patient on a waiting list for treatment, you might need support whilst you wait. The Cwm Taf Morgannwg Keeping in Touch Team (KITTT) is a small team of dedicated staff who focus on supporting you while you are waiting for appointments or treatments. We also want to help you to optimise your health and wellbeing while waiting for your treatment.

If you are a patient on a waiting list for treatment, or know someone who needs support whilst they wait, the KITTT can help.

The team offers:

- A single point of contact to provide support and advice on managing your health, signposting to appropriate services.
- An opportunity to ensure the information we hold for you is correct and up-to-date. It is very important that we have the correct information to contact you when we need to.
- An opportunity to discuss what matters to you and signpost you to other health and social care services, including community and third sector based services.
- A review of your situation while you are on the waiting list, to see if there is any additional support that could help improve your quality of life and independence and support you to remain control over your condition whilst waiting.
- Reassurance and advice on what you can do if your symptoms deteriorate.

You can contact the KITT directly by telephone or email. Our office is open Monday to Friday from 9.00am to 5.00pm (excludes bank holidays). Outside of these hours, please leave a message and a member of the team will call you back during office hours.

Telephone: 01685 728735

Email: CTM.VALIDATION.PCH@wales.nhs.uk

NHS 111 Wales



<https://111.wales.nhs.uk>



Empowering Self-Management for Long-Term Health Conditions



About Us: Time4me@Cwmtaf EPP Cymru is an NHS-based Self-Management Programme designed for individuals living with any long-term health condition. Our goal is to enhance your quality of life by teaching you essential skills to manage your condition daily.

Who Can Join? Our programme is open to groups of 8-16 participants, all over the age of 18, with various long-term conditions. Over six weekly sessions, each lasting 2½ hours, you will be guided by two trained tutors who have personal experience with long-term conditions or caregiving.

What to Expect: Each session covers practical tools and techniques to manage the effects of long-term conditions, including:

- Managing symptoms like pain and fatigue
- Handling emotions such as anger, fear, and frustration
- Coping with stress, depression, and low self-esteem
- Adopting healthy eating habits
- Learning relaxation techniques and including regular exercise
- Improved communication with family, friends, and healthcare professionals
- Planning for the future

Learn More: To discover available self-management courses in your area, visit <http://www.eppwales.org>



Further information on services groups in your community:

- **Merthyr Tydfil:**

VAMT – Voluntary Action Merthyr Tydfil,
Voluntary Action Centre, 89-90 High Street, Pontmorlais,
Merthyr Tydfil, CF47 8UH
Phone: 01685 353900
Email: info@vamt.net

www.vamt.net/en



- **Merthyr Tydfil Community Coordinators**

Are you an older person or do you care for an older person? Are you looking for support but don't know who to ask?

A Community Coordinator will talk about what matters to you and will provide information, advice, signposting, a social prescription or a referral.

Phone: Ian 07580 866547 or Susan 07768 669528
Email: [ccreferrals@vamt.net](mailto:cereferrals@vamt.net)

- **Rhondda Cynon Taff:**

Interlink RCT,
Glenview House, Court Street, Pontypridd, CF37 1JY
Phone: 01443 846200
Email: info@interlinkrct.org.uk

<https://interlinkrct.org.uk>



- **RCT Wellbeing Coordinators**

Wellbeing Coordinators link adults to sources of support in the community to help with any social, emotional and practical needs.

Phone: 07526 571340 / 01443 846200 (Option 2)
Email: wellbeing@interlinkrct.org.uk

www.interlinkrct.org.uk



www.connectrct.org.uk



- **Bridgend:**

BAVO - Bridgend Association of Voluntary Organisations,
112-113 Commercial Street, Maesteg CF34 9DL

Phone: 01656 810400 • Email: bavo@bavo.org.uk

www.bavo.org.uk



- **BAVO – Community Navigation**

Helps people in Bridgend County Borough and their families or carers, to access community level services, information and activities that will help them maintain independent lives which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services.

Our aim is to:

- Improve wellbeing through reducing social isolation and loneliness.
- Give people the knowledge of and access to services and support based in their community.
- Help people to feel part of their community

[https://www.bavo.org.uk/get-help/
help-for-individuals/community-navigators/](https://www.bavo.org.uk/get-help/help-for-individuals/community-navigators/)



General Information

Health Board Digital Clinical Health Assessments and Experiences

As part of supporting you to keep well before your surgery or planned treatment, we use a Digital Health Assessment system to collect important information about your health and well-being. This system allows you to share details, such as completing health forms or updating us on how you're feeling. The information helps us understand your needs better and tailor the care and advice we provide, ensuring you're in the best possible shape for your procedure. This booklet is designed to guide you with easy-to-follow tips and information to help you stay well.

For more details about how the Digital Health Assessment system works and what to expect, visit

<https://ctmuhb.nhs.wales/about-us/value-based-health-care/completing-digital-health-assessments-frequently-asked-questions>



Add to your life Health Assessment

The Add To Your Life health assessment will provide you with tailored feedback and resources to help you take positive steps to improving your physical health and mental wellbeing.

- The health assessment should take about 20-30 minutes
- You can register to save your results and view them again
- Your answers will not be shared with your doctor or hospital

Link to website: <https://addtoyourlife.nhs.wales>





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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cadw'n Iach Cyn eich Llawdriniaeth neu Driniaeth wedi'i Chynllunio

Cyn llawdriniaeth neu driniaeth wedi'i chynllunio,
mae'n bwysig cymryd camau i helpu i
roi'r cyfle gorau i chi wella'n dda.

Mae'r llyfryn hwn wedi'i lunio gan
amrywiaeth o weithwyr iechyd proffesiynol
i'ch cefnogi gyda llawer o awgrymiadau
a gwybodaeth hawdd eu dilyn.



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<https://www.nhs.uk/live-well/>

Siarter Aros Iach

Beth gallwch ei ddisgwyl gan wasanaethau Hyrwyddo, Atal a Pharatoi
Bydd gwasanaethau Hyrwyddo, Atal a Pharatoi, a elwir yn Wasanaethau
3P yn Saesneg (*Promote, Prevent and Prepare*), yn eich helpu i:

Hyrwyddo penderfyniadau a ffyrdd iach
o fyw i leihau'r risg o ddatblygu salwch

Gwybod beth i'w wneud i **atal** eich cyflwr rhag gwaethygu

Paratoi i'ch triniaeth fod yn llwyddiant

Yr egwyddorion:

1. Cyfathrebu

- Mae gwybodaeth yn hygyrch ac mae fy anghenion cyfathrebu yn cael eu diwallu.
- Rydw i'n gwybod bod fy atgyfeiriad wedi cael ei dderbyn a pha restr aros yr ydw i arni.
- Rwy'n gwybod sut y galla i gael gwybodaeth am ba gymorth sydd ar gael i mi wrth aros drwy'r Tîm Cadw Mewn Cysylltiad ac ar wefan y bwrdd iechyd.

2. Gofal Cyfannol sy'n Canolbwyntio ar yr Unigolyn

- Rwy'n cysylltu'n rheolaidd â'r tîm sy'n rheoli fy amser aros.
- Mae gen i fynediad at y gymorth yn unol â fy anghenion.

3. Gwneud Penderfyniadau ar y Cyd

- Rydw i wedi cael digon o wybodaeth i'm helpu i wneud penderfyniadau gwybodus am fy ngofal a'm cymorth.
- Mae gen i wybodaeth glir am ddisgwyliadau wrth baratoi ar gyfer fy nhriniaeth ac adferiad.

4. Gwybodaeth

- Mae gen i fynediad at wybodaeth ac addysg glir, gan gynnwys beth sydd ar gael yn fy nghymuned i gefnogi fy hunanreolaeth.
- Rydw i'n gallu cael mynediad at y wybodaeth sy'n cael ei chyfeirio ata i.

Mae rhagor o wybodaeth am y **Siarter** ar gael yn
<https://bipctm.gig.cymru/cyngor-i-gleifion/ros-yn-iach/hyrwyddo-atal-a-pharatoi-siarter-gwasanaethau/>





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Cwm Taf Morgannwg
University Health Board

Cadw'n Iach Cyn Eich Llawdriniaeth neu Driniaeth wedi'i Chynllunio

Isod rydym wedi cynnwys amrywiaeth o wybodaeth am y canlynol:

1. Cadw'n Heini

2

2. Rhoi'r gorau i ysmegu

4

3. Bwyta'n iach

6

4. Lleihau faint o alcohol rydych yn ei yfed neu roi'r gorau i yfed

8

5. Iechyd Meddwl a Lles

10

6. Newidiadau ffordd o fyw ac ymdopi â phoen

12

7. Imiwneiddio a Sgrinio

14

8. Sut i gael cymorth pellach

15

Gallwch ddewis pa faes/feysydd bynnag fydd o'r help mwyaf i chi yn eich barn chi.

<https://www.nhs.uk/live-well/>



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1. Cadw'n Heini

Gall bod yn fwy egnïol cyn llawdriniaeth gyflymu adferiad. Mae cadw'n heini a symud ein cyrff yn fuddiol i gadw'n iach. Mae manteision yn cynnwys llai o straen a phryder; gwell gweithrediad gwybyddol; gwell ansawdd cwsgr; esgyrn a chyhyrau wedi'u cryfhau; llai o risg o glefydau amrywiol, gan gynnwys clefyd y galon, diabetes math 2, strôc; a chynnal pwysau iach.



Bydd bod yn actif yn edrych yn wahanol i bawb. Os ydych yn newydd i ymarfer corff, dechreuwch yn fach ac adeiladu'n araf. Er enghraifft mynd am dro, cymryd y grisiau yn lle esgaladuron, mynd am daith feicio gyda ffrindiau a theulu, ymuno â chlwb chwaraeon lleol neu ddosbarth ymarfer corff wythnosol. Mae'n bwysig eich bod yn gwneud ymarfer corff mewn ffordd sy'n gweithio i chi a'ch gallu, fel ei fod yn lleihau eich risg o anaf neu frifo'ch hun.

Rhai awgrymiadau cyflym ar gyfer bod yn actif yw:

- **Dechreuwch yn araf ac adeiladu'n raddol.** Rhowch ddigon o amser i chi'ch hun dwymo ac oeri gyda cherdded hawdd neu ymestyn ysgafn.
- **Cymerwch seibiannau os oes angen.** Mae gweithgareddau aml llai trwy gydol y dydd yr un mor fuddiol i chi a gallan nhw wneud ymarfer corff yn fwy hylaw.
- **Byddwch yn greadigol.** Ceisiwch feddwl am ymarfer neu symudiad y gallwch chi ei fwynhau a'i ailadrodd. Gallai hyn fod yn mynd â'r ci am dro gyda ffrind, dosbarth dawnsio, neu ba bynnag fath o symudiad y teimlwch yn hyderus a galluog i'w wneud.
- **Gosodwch nod – does dim gôl yn rhy fach.** Y rhan anoddaf yn aml yw cychwyn arni. Rhowch gynnig ar ymrwymiad dyddiol bach i symud mwy e.e. gall taith gerdded 15 munud y tu allan ein helpu i gadw'n gyson â threfn ymarfer corff ysgafn.
- **Bwyta'n dda ac yfed digon o ddŵr.** Mae'n bwysig cadw ar ben eich maeth ac yfed digon o ddŵr pan fyddwch chi'n dod yn actif. Darllenwch fwy am Bwyta'n Iach yn Adran 3.

Gall **Cynghorau Gwirfoddol Cymunedol Lleol** eich cyfeirio at weithgareddau yn eich ardal – **ewch i dudalen 18.** Defnyddiwch y codau QR isod i ddysgu mwy am wneud ymarfer corff.



<https://www.nhs.uk/live-well/exercise/>



<https://www.nhs.uk/conditions/nhs-fitness-studio/>



2. Rhoi'r gorau i ysmegu

Rhoi'r gorau i ysmegu cyn unrhyw driniaeth ysbyty wedi'i chynllunio yw'r peth gorau y gallwch chi ei wneud i'ch iechyd. Mae'n cyflymu'ch adferiad ac mae ganddo lawer o fanteision iechyd eraill, yn ogystal ag arbed arian i chi. Oeddech chi'n gwybod mai £380 yw'r gost ar gyfartaledd i ysmygwr sy'n ysmegu 20 sigarét y dydd am fis?

Mae gan Helpa Fi i Stopio, gwasanaeth rhoi'r gorau i ysmegu GIG Cymru, ffeithiau a chyingor am roi'r gorau iddi, gan gynnwys y manteision arbennig, a fydd yn helpu eich corff i baratoi ar gyfer eich triniaeth.



Dyma 5 cam hawdd i'ch helpu chi i:

1. Ceisio roi'r gorau iddi o leiaf 8 wythnos cyn eich triniaeth ac aros yn ddi-fwg ar ôl eich triniaeth. Bydd hyn yn rhoi'r manteision mwyaf i chi.
2. Mae hyd yn oed rhoi'r gorau iddi ddiwrnod neu ddau cyn llawdriniaeth - ac aros yn ddi-fwg wedi hynny - yn lleihau'r risg o rai cymhlethdodau ac yn helpu'r corff i wella'n well ac yn gyflymach ar ôl triniaeth.

3. Mae'n bwysig iawn peidio ag ysmegu ar ddiwrnod eich triniaeth. Mae pobl sy'n parhau i ysmegu yn fwy tebygol o ddioddef cymhlethdodau.

4. Mae ysmygwyr yn fwy tebygol o gael heintiau ar y frest a phroblemau anadlu, bod mewn perygl o glotiau gwaed a chael clwyfau sy'n gwella'n arafach ar ôl llawdriniaeth na'r rhai sydd wedi rhoi'r gorau iddi.

5. Os ydych yn rhoi'r gorau iddi gyda therapi disodli nicotin (NRT), rhowch wybod i'ch nyrs neu feddyg a bydd yn sicrhau bod gennych beth sydd ei angen arnoch yn ystod eich arhosiad.

6. Mae'r Gwasanaeth Helpa Fi i Stopio wedi'i neilltuo ar gyfer pobl yng Nghymru ac rydych chi bedair gwaith yn fwy tebygol o roi'r gorau iddi gyda'u cymorth a'u cefnogaeth.

Gallwch eu ffonio am ddim

0800 08502219 neu

tecstio **HMQ** i **80818**.



Sganiwch y cod QR hwn i ddarganfod mwy am Helpa Fi i Stopio



<https://www.helpafiistopio.cymru/>



3. Bwyta'n iach

Mae bwyta'n iach yn rhywbeth syml y gallwn ni i gyd ei wneud i geisio cadw ein hunain yn iach yn y cyfamser rhwng mynd yn sâl a chael triniaeth. Dyma rai awgrymiadau cyffredinol ar gyfer bwyta'n dda:



- **Dylai bwydydd startshlyd** fel bara, pasta, reis a thatws fod yn tua thraean o'n diet. Ar gyfer oedolion a phlant hŷn dewiswch fathau o rawn cyflawn neu wenith cyflawn lle bo modd.
- **Cynhwyswch ffrwythau a llysiau** ym mhob pryd yn ogystal â byrbrydau, gan anelu at amrywiaeth ac o leiaf 5 dogn y dydd.
- Anelwch at fwyta digon o **brotein** bob dydd, gan gynnwys corbys (ffa, ffacbys, pys), cnau, Quorn, pysgod, wyau a chig.
- **Torrwch i lawr ar fraster dirlawn** trwy fwyta llai o gacennau, selsig, hufen, pasteiod a thorri braster gweladwy o gig. Ceisiwch hefyd **leihau bwydydd sy'n uchel mewn siwgr** neu halen fel bisgedi, teisennau, grawnfwydydd llawn siwgr, a bwydydd wedi'u prosesu'n helaeth.

- **Dewiswch fyrbrydau iachach** fel iogwrt braster isel/siwg iselr, ffyn llysiau gyda hwmws neu dip salsa, cacennau reis gyda chaws hufen braster isel, cacennau ceirch, popcorn heb halen neu sleis o dorth ffrwythau wedi'i thostio.
- **Yfwch ddigon o ddŵr** trwy yfed 6-8 gwydraid o ddŵr neu ddewisiadau amgen di-siwgr trwy gydol y dydd. Dŵr plaen a llaeth yw'r unig ddiodydd sydd eu hangen ar blant.
- **Edrychwch ar labeli goleuadau traffig ar becynnau bwyd a diod.** Bydd cael cynhyrchion gwyrdd ac ambr yn bennaf yn eich helpu i gael diet iachach.
- **Anelwch at gael patrwm bwyta rheolaidd lle bo modd.** Monitrwch faint o fwyd a diod rydych chi'n eu bwyta ac yn yfed drwy nodi eich prydau, byrbrydau a diodydd mewn dyddiadur neu drwy ddefnyddio ap, os yw hyn yn ddefnyddiol i chi.



Dysgwch fwy am fwyta'n dda gan ddefnyddio'r codau QR isod



Gwasanaethau rydym yn eu cynnig yn y gymuned

<https://bipctm.gig.cymru/gwasanaethau/deietegwyr-iechyd-y-cyhoedd/>



Helpu grwpiau o bobl i gynnal neu wella eu hiechyd trwy beth mae'n ei fwyta a'i yfed

<https://sgiliaumaethamoes.com/amdanom-ni/>



Cynllun pwysau iach am ddim y GIG i'ch helpu i feithrin arferion bwyta iachach, bod yn fwy egniol a dod yn bwysau iach

<https://www.nhs.uk/better-health/lose-weight/>



4. Lleihau faint o Alcohol rydych chi'n ei yfed neu Stopiwch Yfed

Mae yfed unrhyw swm o alcohol yn peri risg. Mae yfed alcohol yn cynyddu'r risg o amrywiaeth o afiechydon gan gynnwys cancer y fron a chanser y coluddyn. Rydyn ni'n gwybod hefyd nad oes unrhyw fanteision iechyd i'r rhan fwyaf o bobl wrth yfed. Bydd effeithiau alcohol ar eich iechyd a lles yn dibynnu ar faint o ddiod a'r cyfnod o amser y byddwch yn ei yfed.

Po leiaf o alcohol y byddwch yn ei yfed, y lleiaf yw'r risg i'ch iechyd.

Does dim terfyn diogel, ond os ydych am gadw eich risgiau iechyd yn isel:

- Yfwch lai na 14 uned yr wythnos
- Lledaenwch eich yfed dros dri diwrnod neu fwy
- Osgowch episodau yfed trwm rheolaidd niweidiol. Mae'r risg i'ch iechyd yn cynyddu pan fyddwch chi'n yfed unrhyw swm o alcohol yn rheolaidd. Po leiaf o alcohol y byddwch yn ei yfed, y lleiaf yw'r risg i'ch iechyd. Gall yfed gormod ar unrhyw achlysur unigol (goryfed mewn pylliau) arwain at risgiau ychwanegol.

Os ydych yn anelu at gymedroli eich yfed, efallai yr hoffech gadw “dyddiadur yfed”.

Bob dydd gwnewch nodyn o:

- Yr holl ddiodydd alcoholig rydych chi wedi’u hyfed
- Faint o’r gloch y gwnaethoch chi eu hyfed
- Ble roeddech chi
- Sawl uned y gwnaethoch chi ei yfed

Bydd hyn yn rhoi syniad da i chi o faint o alcohol rydych chi’n ei yfed, y sefyllfaoedd rydych chi’n ei yfed, a sut y gallech chi ddechrau yfed llai.

I wirio eich lefelau yfed a dysgu mwy am leihau faint o alcohol rydych chi’n ei yfed, defnyddiwch y cod QR isod (Cael help nawr | Alcohol Change UK)



[https://alcoholchange.org.uk/
help-and-support/get-help-now](https://alcoholchange.org.uk/help-and-support/get-help-now)

Os hoffech drafod lleihau faint rydych yn ei yfed, ewch i DASPA - Pwynt Mynediad Sengl ar gyfer Alcohol a Chyffuriau



<https://daspa.org.uk/>

Gallwch hefyd gyfeirio eich hun at y Tîm Gofal Alcohol lleol trwy sganio’r cod QR



[https://bipctm.gig.cymru/
gwasanaethau/tim-gofal-alcohol-act/](https://bipctm.gig.cymru/gwasanaethau/tim-gofal-alcohol-act/)

5. Iechyd Meddwl a Lles

Gall aros am lawfeddygaeth neu driniaeth fod yn gyfnod anodd a thrallodus. Gall symptomau sy'n effeithio ar eich corff hefyd effeithio ar eich lles meddyliol weithiau. Mae'n bwysig cydnabod sut rydych chi'n teimlo a chymryd camau i leihau straen a phryder. Bydd hyn yn eich helpu cyn, yn ystod ac ar ôl llawdriniaeth a gall gefnogi adferiad da neu well.



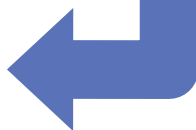
Rydym yn argymhell archwilio'r 5 Ffordd at Les, sef 5 cam syml y gallwch chi eu cymryd bob dydd i gefnogi eich iechyd meddwl.

- 1. Cysylltwch â phobl eraill** – Mae perthnasoedd da yn bwysig ar gyfer eich lles meddyliol. Byddan nhw'n gallu:
 - Eich helpu i adeiladu ymdeimlad o berthyn a hunan-werth
 - Rhoi cyfle i chi rannu profiadau cadarnhaol
 - Darparu cefnogaeth emosiynol a chaniatáu i chi gefnogi eraill
- 2. Byddwch yn actif yn gorfforol** – Mae bod yn actif nid yn unig yn wych ar gyfer eich iechyd corfforol a ffitrwydd. Mae tystiolaeth hefyd yn dangos y gall hefyd wella eich lles meddwl trwy:
 - Codi eich hunan-barch

- eich helpu i osod nodau neu heriau a'u cyflawni
 - achosi newidiadau cemegol yn eich ymennydd a all helpu i newid eich hwyliau yn gadarnhaol
- 3. Dysgu sgiliau newydd** - Mae ymchwil yn dangos y gall dysgu sgiliau newydd hefyd wella eich lles meddyliol trwy:
- hybu hunanhyder a chodi hunan-barch
 - eich helpu i adeiladu ymdeimlad o bwrpas
 - eich helpu i gysylltu ag eraill
- 4. Rhoi i eraill** - Mae ymchwil yn awgrymu y gall gweithredoedd o roi a charedigrwydd helpu i wella eich lles meddyliol trwy:
- greu teimladau cadarnhaol ac ymdeimlad o wobr
 - roi teimlad o bwrpas a hunanwerth i chi
 - eich helpu i gysylltu â phobl eraill
- 5. Talwch sylw i'r foment bresennol (ymwybyddiaeth ofalgar)** - Gall talu mwy o sylw i'r foment bresennol wella'ch lles meddwl. Mae hyn yn cynnwys eich meddyliau a'ch teimladau, eich corff a'r byd o'ch cwrpas.

Mae rhai pobl yn galw'r ymwybyddiaeth hon yn "ymwybyddiaeth ofalgar". Gall ymwybyddiaeth ofalgar eich helpu i fwynhau bywyd yn fwy a deall eich hun yn well. Gall newid y ffordd rydych chi'n teimlo am fywyd a sut rydych chi'n mynd i'r afael â heriau yn gadarnhaol. Darllenwch fwy am ymwybyddiaeth ofalgar, gan gynnwys camau y gallwch eu cymryd i fod yn fwy ystyriol yn eich bywyd bob dydd.

Dysgwch fwy am sut y gallwch chi ddefnyddio'r 5 ffordd at les i wella'ch iechyd meddwl yma:



<https://bipctm.gig.cymru/gwasanaethau/iechyd-meddwl/adnoddau-hunangymorth/>



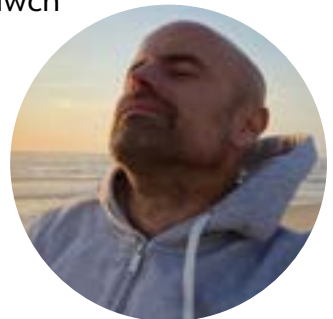
6. Newidiadau Ffordd o Fyw ac Ymdopi â Phoen

Gall newidiadau i'n hiechyd arwain at newidiadau i'n ffordd o fyw. Gall bod mewn poen effeithio'n ddifrifol ar ansawdd eich bywyd ac felly mae'n arferol ei chael hi'n anodd ymdopi ar adegau. Gall eich meddyg teulu helpu os ydych yn cael trafferth. Efallai y bydd yn gallu eich cyfeirio am therapi cyflenwol, fel aciwbigo neu glinig poen.

Gallech hefyd siarad â'ch tîm gofal iechyd yn yr ysbyty am gyngor ar sut i reoli eich poen. Efallai y gall eich cyfeirio at wasanaeth therapi galwedigaethol neu ffisiotherapi.

Mae rhai awgrymiadau cyflym ar gyfer rheoli poen yn cynnwys:

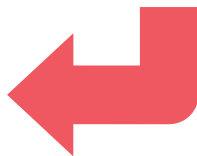
- **Rhowch gynnig ar ymarfer anadlu** – anadlwch yn araf ac yn ddwfn i deimlo bod gennych fwy o reolaeth a'ch cadw chi wedi ymlacio
- **Symudwch eich sylw at rywbeth arall** fel nad y boen yw'r unig beth ar eich meddwl. Ewch i'r afael â gweithgaredd rydych chi'n ei fwynhau neu'n eich ysgogi.
- **Siaradwch â rhywun** – gall rhannu eich meddyliau am eich poen gyda rhywun arall helpu i godi'r baich o ymdopi ar eich pen eich hun.
- **Cael noson dda o gwsg** – gall diffyg cwsg wneud poen yn waeth neu'n fwy anghyfforddus



- **Rhowch gynnig ar ymarfer corff ysgafn os gallwch chi** – mae ymarfer corff yn ffordd naturiol o leddfu poen.
- **Ymlaciwch a chadwch yn bositif** – mae llawer o dechnegau ymlacio y gallwch roi cynnig arnyn nhw o ymarferion anadlu, ymwybyddiaeth ofalgar neu hyd yn oed fyfyrddod.

Os yw poen a phroblemau symudedd yn golygu eich bod yn cael trafferth gyda thasgau dyddiol, fel ymolchi a gwisgo, neu os ydyn nhw'n effeithio ar sut y gallwch ddefnyddio'ch cartref, gallech ofyn i'ch cyngor lleol drefnu asesiad anghenion gofal neu asesiad therapi galwedigaethol.

Defnyddiwch y cod QR isod i gael rhagor o wybodaeth am addasu eich ffordd o fyw ac ymdopi â phoen pan fyddwch yn sâl neu'n gwella o salwch.



<https://www.nhs.uk/live-well/pain/>

Time4me@Cwmtaf EPP - Rhaglen Addysg i Gleifion

Cwrs Hunanreoli Byw gyda Phoen Parhaus: Mae'r cwrs hwn yn helpu oedolion sy'n byw gyda phoen cronig i gynnal a gwella ansawdd eu bywyd trwy hunanreolaeth.

Mae'r pynciau'n cynnwys deall poen cronig, cyflymu a chynllunio, gwella cwsg, rheoli blinder, rheoli pwysau, delio ag emosiynau anodd a hwyliau isel, anadlu'n well, rheoli straen, gweithgaredd corfforol, bwyta'n iach, datblygu a chynnal eich cynllun gofal hunanreoli eich hun, datrys problemau, gweithio gyda'ch timau gofal iechyd a gwneud penderfyniadau. I ddarganfod y cyrsiau hunanreoli sydd ar gael yn eich ardal chi, ewch i <http://www.eppwales.org>.

A photograph of a middle-aged man with grey hair and a mustache, wearing a light blue polo shirt. He is looking towards the camera with a slight smile. His right arm is raised, and he is holding his right shoulder with his left hand. A small, rectangular, light-colored bandage is visible on his right shoulder.

7. Imiwneiddiadau a Sgrinio

Mae brechu yn achub bywydau. Brechu yw'r peth pwysicaf y gallwn ei wneud i amddiffyn ein hunain a'n plant rhag afiechyd. Mae brechu'n atal hyd at 3 miliwn o farwolaethau ledled y byd bob blwyddyn.

I gael gwybod mwy am ba frechiadau y gallech fod yn gymwys i'w cael, ewch i



<https://icc.gig.cymru/pynciau/imiwneiddio-a-brechlynnau/>



Sut i gael cymorth pellach

Os bydd eich symptomau'n newid neu'n gwaethygu, mae'n bwysig dweud wrthym.

Cysylltwch â Meddyg Teulu os:

- Nad ydych wedi cael eich apwyntiad cyntaf gyda'r adran yn yr ysbyty
- Mae eich meddyg teulu wedi eich atgyfeirio am brawf diagnostig, fel sgan neu belydr-X

Os ydych yn glaf ar restr aros am driniaeth, efallai y bydd angen cymorth arnoch tra byddwch yn aros. Mae Tîm Cadw mewn Cysylltiad Cwm Taf Morgannwg (KITT) yn dîm bach o staff ymroddedig sy'n canolbwyntio ar eich cefnogi tra byddwch yn aros am apwyntiadau neu driniaethau. Rydym hefyd am eich helpu i wneud y gorau o'ch iechyd a'ch lles wrth aros am eich triniaeth.

Os ydych yn glaf ar restr aros am driniaeth, neu'n adnabod rhywun sydd angen cymorth tra bydd yn aros, gall y KITT helpu.

Mae'r tîm yn cynnig:

- Un pwynt cyswllt i roi cymorth a chyngor ar reoli eich iechyd, gan gyfeirio at wasanaethau priodol.
- Cyfle i sicrhau bod y wybodaeth sydd gennym ar eich cyfer yn gywir ac yn gyfredol. Mae'n bwysig iawn bod gennym y wybodaeth gywir i gysylltu â chi pan fydd angen.
- Cyfle i drafod beth sy'n bwysig i chi a'ch cyfeirio at wasanaethau iechyd a gofal cymdeithasol eraill, gan gynnwys gwasanaethau yn y gymuned a'r trydydd sector.
- Adolygiad o'ch sefyllfa tra'ch bod ar y rhestr aros, i weld a oes unrhyw gymorth ychwanegol a allai helpu i wella ansawdd eich bywyd a'ch annibyniaeth a'ch cefnogi i gadw rheolaeth dros eich cyflwr tra'n aros.
- Sicrwydd a chyngor ar beth gallwch ei wneud os bydd eich symptomau'n dirywio.

Gallwch gysylltu â KITT yn uniongyrchol dros y ffôn neu drwy e-bost. Mae ein swyddfa ar agor o ddydd Llun i ddydd Gwener rhwng 9.00am a 5.00pm (ac eithrio gwyliau banc). Y tu allan i'r oriau hyn, gadewch neges a bydd aelod o'r tîm yn eich ffonio yn ôl yn ystod oriau swyddfa.

Ffôn: 01685 728735

E-bost: CTM.VALIDATION.PCH@wales.nhs.uk

GIG 111 Cymru



<https://111.wales.nhs.uk/?locale=cy&term=A>

Grymuso Hunan Reolaeth ar gyfer Cyflyrau Iechyd Hirdymor



Amdanom Ni: Mae Time4me@Cwmtaf EPP Cymru yn rhaglen hunanreolaeth y GIG wedi'i chynllunio ar gyfer unigolion sy'n byw gydag unrhyw gyflwr iechyd hirdymor. Ein nod yw gwella ansawdd eich bywyd trwy ddysgu sgiliau hanfodol i chi reoli eich cyflwr bob dydd.

Pwy All Ymuno? Mae ein rhaglen yn agored i grwpiau o 8-16 o gyfranogwyr, i gyd dros 18 oed, gyda chyflyrau hirdymor amrywiol. Dros chwe sesiwn wythnosol, pob un yn para 2½ awr, byddwch yn cael eich arwain gan ddau diwtor hyfforddedig sydd â phrofiad personol gyda chyflyrau hirdymor neu ofal.

Beth i'w Ddisgwyl: Mae pob sesiwn yn ymdrin ag offer a thechnegau ymarferol i reoli effeithiau cyflyrau hirdymor, gan gynnwys:

- Rheoli symptomau fel poen a blinder
- Trin emosiynau fel dicter, ofn a rhwystredigaeth
- Ymdopi â straen, iselder a hunanbarch isel
- Mabwysiadu arferion bwyta'n iach
- Dysgu technegau ymlacio a gwneud ymarfer corff yn rheolaidd
- Cyfathrebu'n well â theulu, ffrindiau a gweithwyr iechyd proffesiynol
- Cynllunio ar gyfer y dyfodol

Dysgu mwy: I ddarganfod y cyrsiau hunanreoli sydd ar gael yn eich ardal chi, ewch i
<https://icc.gig.cymru/gwasanaethau-a-thimau/gwelliant-cymru/ein-gwaith/rhaglenni-addysg-i-gleifion/>



Rhagor o wybodaeth am grwpiau gwasanaethau yn eich cymuned:

- **Merthyr Tudful:**

VAMT - Gweithredu Gwirfoddol Merthyr Tudful
Canolfan Gweithredu Gwirfoddol, 89-90 Stryd Fawr,
Pontmorlais, Merthyr Tudful, CF47 8UH
Ffôn: 01685 353900
E-bost: info@vamt.net <https://vamt.net/cy/>



- **Cydlynwyr Cymunedol Merthyr Tudful**

Ydych chi'n berson hŷn neu'n gofalu am berson hŷn? Ydych chi'n chwilio am gefnogaeth ond ddim yn gwybod pwy i ofyn?

Bydd Cydlynnydd Cymunedol yn siarad am beth sy'n bwysig i chi ac yn darparu gwybodaeth, cyngor, cyfeirio at wybodaeth, presgripsiynu cymdeithasol neu atgyfeiriad.

Ffôn: Ian 07580 866547 neu Susan 07768 669528
Email: cereferrals@vamt.net

- **Rhondda Cynon Taf:**

Interlink RhCT,
Glenview House, Court Street, Pontypridd, CF37 1JY
Ffôn: 01443 846200
E-bost: info@interlinkrct.org.uk

www.interlinkrct.org.uk/cy/



- **Cydlynwyr Lles RhCT**

Mae Cydlynwyr Lles yn cysylltu oedolion â ffynonellau cymorth yn y gymuned i helpu gydag unrhyw anghenion cymdeithasol, emosiynol ac ymarferol.

Ffôn: 07526 571340 / 01443 846200 (Opsiw 2)
E-bost: wellbeing@interlinkrct.org.uk

www.interlinkrct.org.uk/cy/



www.connectrct.org.uk



- **Pen-y-bont ar Ogwr:**

BAVO - Cymdeithas Sefydliadau Gwirfoddol Pen-y-bont ar Ogwr,
112-113 Commercial Street, Maesteg CF34 9DL
Ffôn: 01656 810400 • E-bost: bavo@bavo.org.uk

www.bavo.org.uk/cy/



- **BAVO – Llywio Cymunedol**

Yn helpu pobl ym Mwrdeistref Sirol Pen-y-bont ar Ogwr a'u teuluoedd neu ofalwyr i gael mynediad at wasanaethau lefel gymunedol, gwybodaeth a gweithgareddau a fydd yn eu helpu i gynnal bywydau annibynnol sy'n helpu i atal eu hamgylchiadau rhag gwaethygu i bwynt lle gallai fod angen gwasanaethau iechyd neu ofal cymdeithasol lefel uwch arnynt.

Ein nod yw:

- Gwella lles trwy leihau arwahanu cymdeithasol ac unigrwydd.
- Rhoi gwybodaeth a mynediad i bobl at wasanaethau a chefnogaeth yn eu cymuned.
- Helpu pobl i deimlo'n rhan o'u cymuned

[https://www.bavo.org.uk/cy/get-help/
help-for-individuals/community-navigators/](https://www.bavo.org.uk/cy/get-help/help-for-individuals/community-navigators/)



Gwybodaeth Gyffredinol

Asesiadau a Phrofiadau Iechyd Clinigol Digidol y Bwrdd Iechyd

Fel rhan o'ch cefnogi i gadw'n dda cyn eich llawdriniaeth neu driniaeth wedi'i chynllunio, rydym yn defnyddio system Asesiad Iechyd Digidol i gasglu gwybodaeth bwysig am eich iechyd a'ch lles. Mae'r system hon yn eich galluogi i rannu manylion, fel llenwi ffurflenni iechyd neu roi'r wybodaeth ddiweddaraf i ni am sut rydych chi'n teimlo. Mae'r wybodaeth yn ein helpu i ddeall eich anghenion yn well a theilwra'r gofal a'r cyngor a ddarparwn, gan sicrhau eich bod yn y siâp gorau posibl ar gyfer eich triniaeth. Mae'r llyfryn hwn wedi'i gynllunio i'ch arwain gydag awgrymiadau a gwybodaeth hawdd eu dilyn i'ch helpu i gadw'n iach.

I gael rhagor o fanylion am sut mae'r system Asesu Iechyd Digidol yn gweithio a beth i'w ddisgwyl, ewch i

<https://bipctm.gig.cymru/amdanom-ni/gofal-iechyd-seiliedig-ar-werth/cwblhau-asesiadau-iechyd-digidol-cwestiynau-cyffredin/>



Asesiad Iechyd Ychwanegu at Fywyd

Bydd yr asesiad iechyd Ychwanegu at Fywyd yn rhoi adborth ac adnoddau wedi'u teilwra i chi i'ch helpu i gymryd camau cadarnhaol i wella eich iechyd corfforol a lles meddyliol.

- Dylai'r asesiad iechyd gymryd tua 20-30 munud
- Gallwch gofrestru i gadw eich canlyniadau a'u gweld eto
- Ni fydd eich atebion yn cael eu rhannu â'ch meddyg neu'ch ysbyty

Dolen i'r wefan: <https://addtoyourlife.nhs.wales>



5.2e	1 October 2025	Strategic Development Committee	Adulthood/Living Well Strategy Group Update	
Report Details:			Impact Assessment:	
FOI Status:	Please select: Open		Indicate the Quality / Safety / Patient Experience Implications:	Person Centred
If closed please indicate reason:	Not applicable		Related Health and Care Standard	Safety and effectiveness
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Marie Evans, Head of Strategic Planning and Commissioning, Adulthood Strategy Group, Leanne Baylis, Planning and Partnership Manager, Zoe Silsbury, Clinical Director, Adulthood Strategy Group		Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes
			Are there any Legal Implications /Impact.	No
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Marie Evans, Head of Strategic Planning and Commissioning, Adulthood Strategy Group Zoe Silsbury, Clinical Director, Adulthood Strategy Group		Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. In relation to continuation of funding for 3Ps programme.
			Link to Strategic Goals	Improving Care Creating Health
Approving Executive Sponsor:	Claire Thompson, Executive Director of Strategy & Transformation			
Report Purpose	Please Select: For Discussion			
Engagement undertaken to date:	Varied, dependent on work-stream, please cover report for details			



Adulthood/Living Well Strategy Group Update: Strategic Development Committee 1st October 2025 – Deep Dive

Authors:

Zoe Silsbury

Marie Evans

Leanne Baylis



Adulthood/Living Well: Progress Overview Highlights:



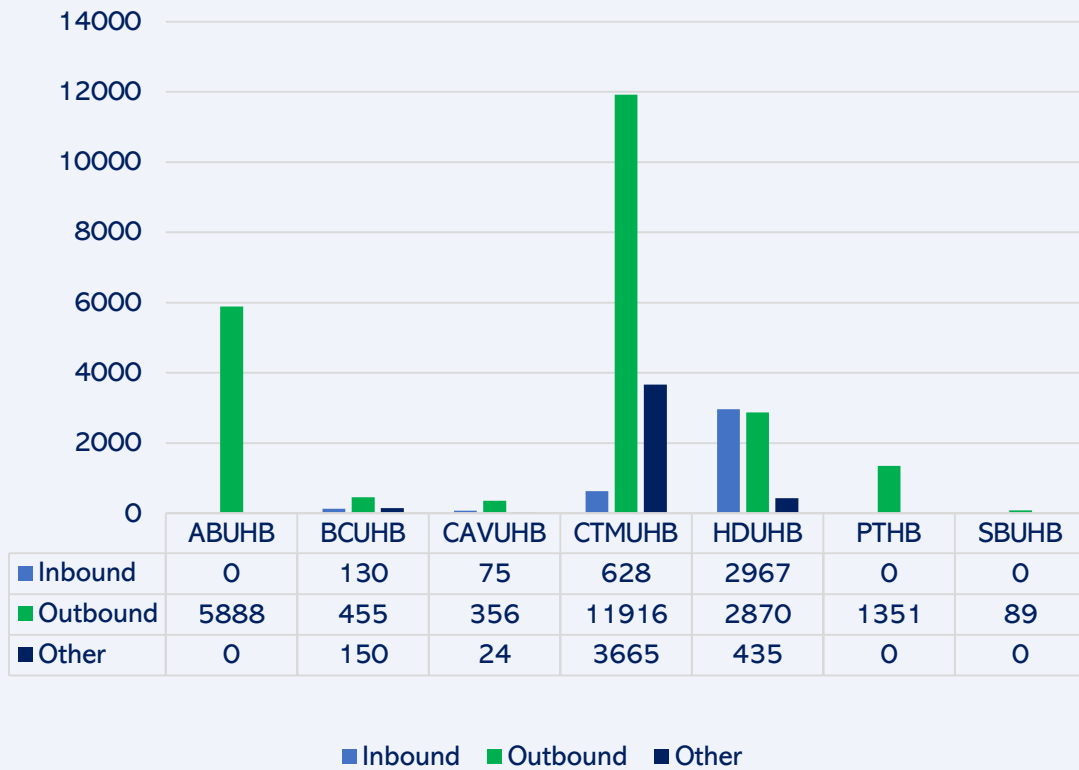
3Ps



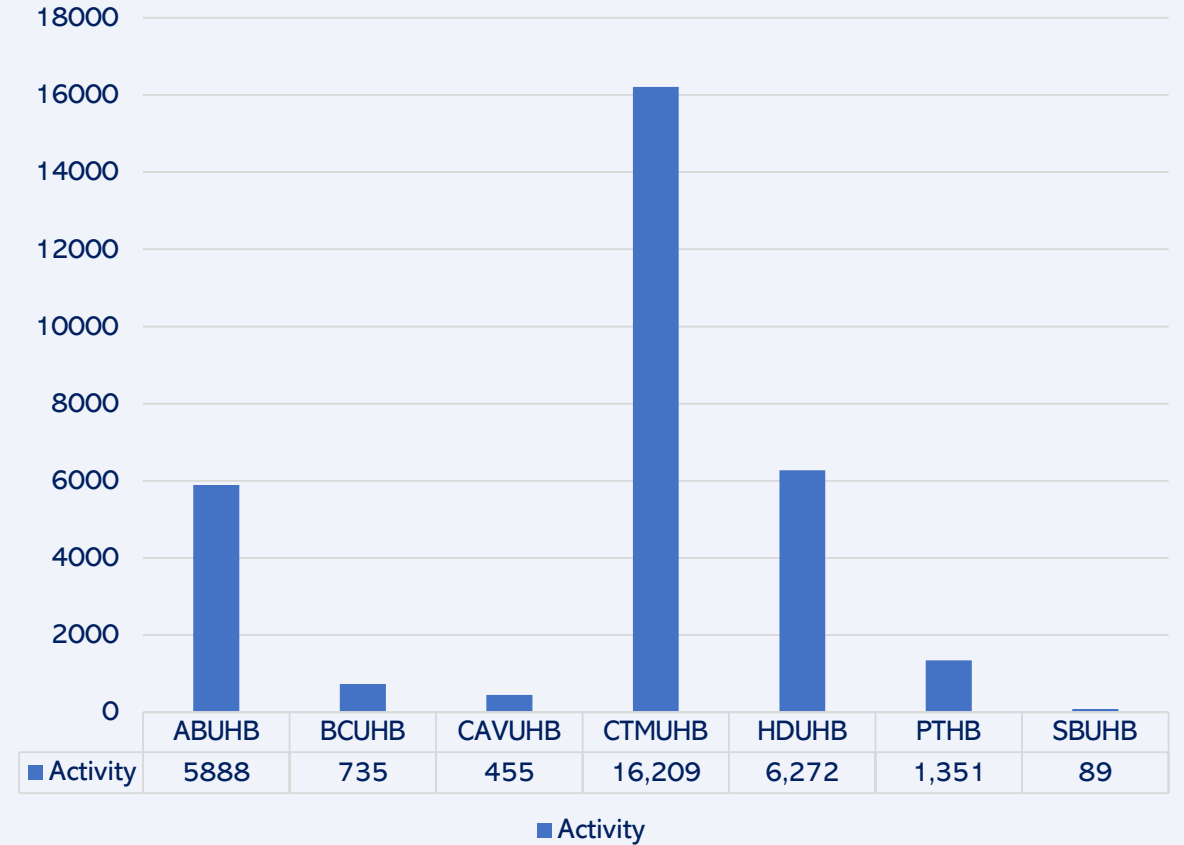
- Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in the number of people waiting for review and/or start of their treatment. The Promote, Prevent, Prepare (3P's) policy was instigated and funded by Welsh Government to support the provision of holistic, person-centred support whilst waiting for treatment. Quarterly monitoring meetings with Welsh Government are in place and monthly progress reports submitted to demonstrate progress at pace. Key areas of progress is as follows:
 - Communication & Engagement plan developed
 - Improved communication between KITT, WISE and third sector through CVCs with an increase in referrals
 - Training plans for KITT and escalation nurse to support MECC and HMQ
 - Additional Waiting well booklets ordered, with approx. 40-50 issued monthly following telephone conversation with KITT
 - Deployed B5 pre-assessment nurse funded by 3Ps contacting patients with 'stopped clocks' on waiting lists to see how they can be optimised / progressed through pathway whilst waiting.
 - Band 4 GTAP (Generic Therapies Assistant Practitioner) enabling prehabilitation service to open out to high risk non-cancer colorectal patients. Service going through change in structure due to staffing changes however this remains a priority. Exploring the evidence for high-impact for next area of roll-out.
 - Roll out plan - KITT support being explored with stage 4 patients across ops teams

Activity in comparison to other HBs

Cumulative activity by health board by mode of contact
(all specialties)



Cumulative activity by health board (all modes, all specialties)





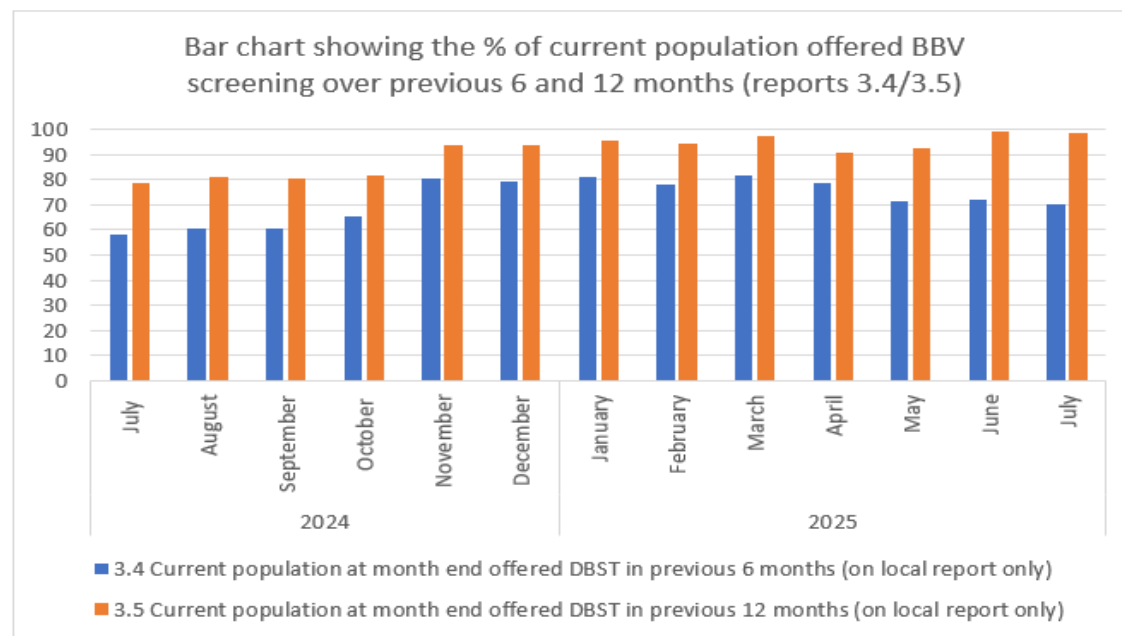
Hepatitis Elimination in Parc Prison



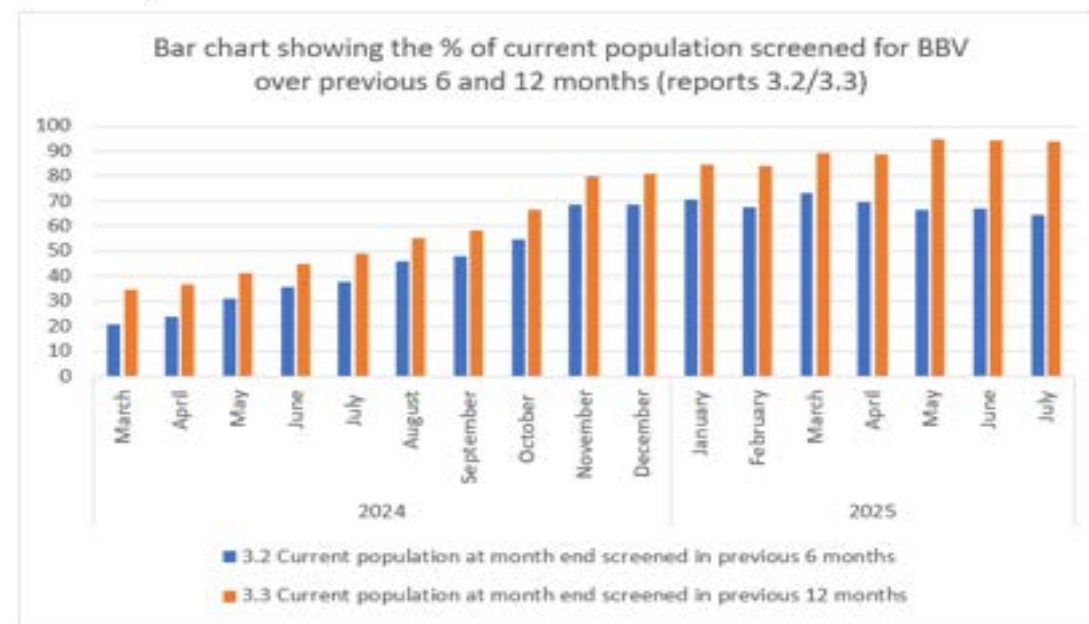
HMP Parc – Improvement in level of testing, data from July shows **99% of men were offered a test** in the previous 12 months (target for elimination 100%) and **93.6% of men had taken up that offer and been screened** in the previous 12 months (target 90%). Phenomenal achievement, demonstrating hard work and commitment of prison staff and our partners. This was the highest level recorded across Wales.

Offer of BBV test over previous (6 and 12 months) (aiming for 100% over 12 months)

This is a new report hence data is only available since July 2024.



Uptake of testing from the whole population over previous 6 and 12 months (aiming for 90% over 12 months)



Challenges / Barriers

Lockdowns

Early Release
Scheme

Education &
Training

Working
Practices

High risk
setting

Time
constraints

Low resources

Low baseline

Gap between
offer of test
and take up

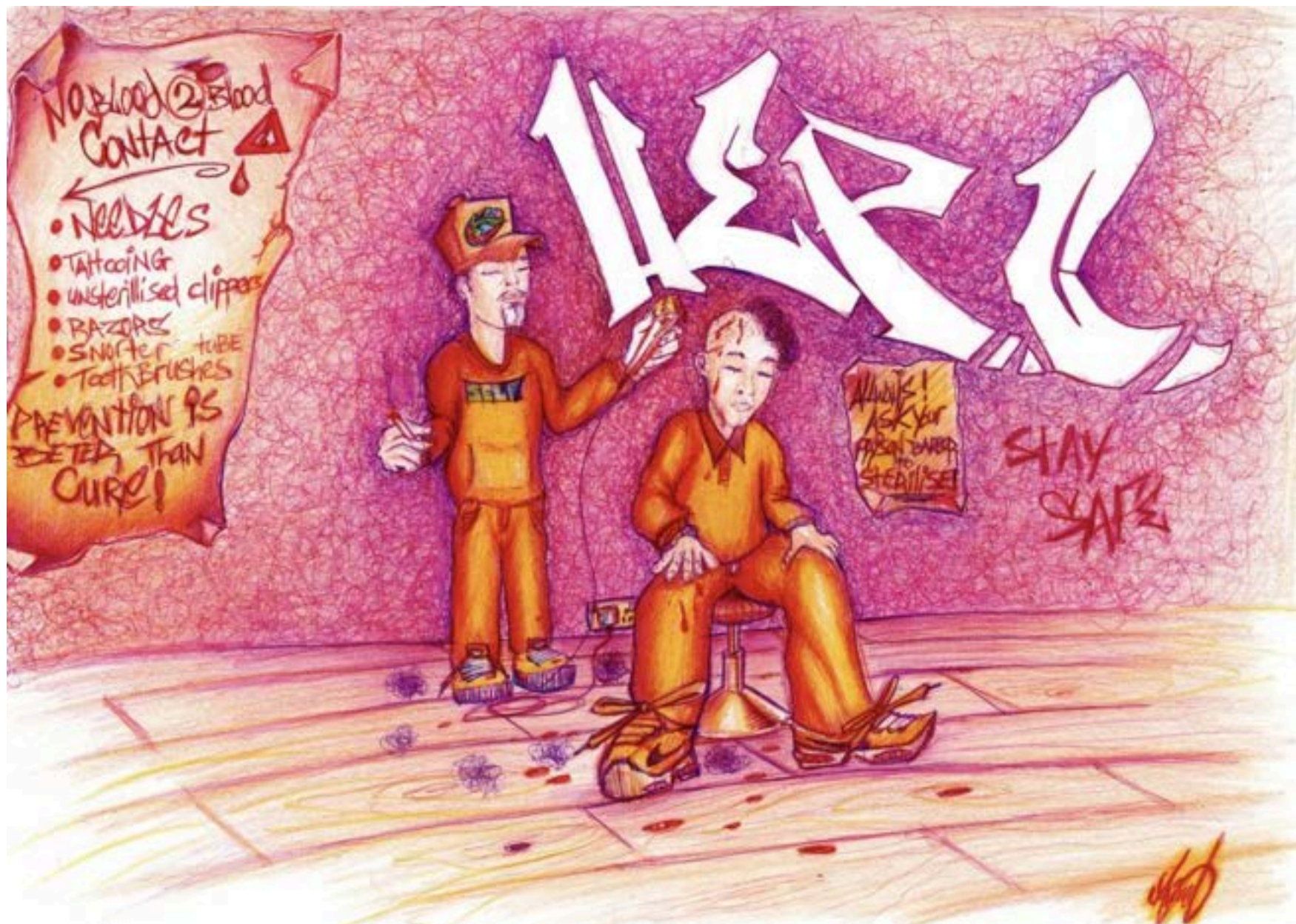
Lack of
pathways

Poor data
collection



Hepatitis Elimination – Hepatitis C Trust

- The Hepatitis C Trust's (HCT) prison Peer Programme was officially launched in 2018 after a successful pilot to address the lack of engagement of new inmates in BBV reception testing across the London Prison estate in 2017. It was subsequently commissioned and implemented nationally, in 2019, the programme became part of the NHS Elimination Programme.
- The aim of this service to have the assistance and expertise of the Hepatitis C Trust's evidence based Peer Support Programme which will have a positive impact on education, numbers of test, treatments and reduced 'declines' which will assist CTM in striving toward elimination status within Parc Prison
- Business case developed for 1 year funding from Health Protection Slippage for Hep C Trust to continue to provide support in Parc Prison. Business case successful, service specification and Service Level agreement noting key deliverables developed and signed off. Work this year includes:-
 - Trained 11 peers in HMP Par across 4 wings, with a focus on substance misuse wings and working closely with Dyfodol.
 - Run patient focus groups, got 50 questionnaires completed which have been evaluated and used to develop improved pathways.
 - Completed Resistance and Reinfection training and planned broader training with the health board.
 - Supported 2 peer that got released into Hepatitis C Trust voluntary work.
 - Produced an article that got published for the peer program starting in Parc that went internal and external giving the prison a good news story and increased awareness of BBV.
 - Arranged for a peer from Parc Prison to do a live stream into the National Hepatitis conference, to share lived experience and the role of a Peer, audience was around 100 healthcare professionals.
 - World Hepatitis Day – events were held all through July with 4 days of testing, art competitions and international physical competition which ran in sync with 100 prisons globally.





Hepatitis Elimination

- **Probation HiTT** – 28k allocation from Health Protection underspend, HiTTs undertaken in Merthyr and Pontypridd PDU's, testing in Bridgend still ongoing. To date 8 active Hep C infections found. 2 patients recalled to prison and treated, a further 6 patients have not received treatment due to DNA and No fixed abode. Patients referred into Hepatology MDT where contact can be made with GP etc. Formal evaluation planned following completion of the programme.
- **Treatment times** - Mapping undertaken on time from diagnosis to start of treatment (HMP Parc and DGHs) which highlighted unacceptable delays - Task & Finish groups meetings ongoing focussing on improvements in pharmacy, development of new pathway prioritising the prison and POW site which have the longest waits for treatment.
- **Maternity Workstream** – aim is to determine a process of testing for high-risk patients and a pathway for mother and child with positive results. Initial focus on determining a baseline position - what information is already available and commence work on developing a pathway for mother and baby.

Hep B:

- The Hepatitis B vaccination uptake rate in children reaching their first birthday in 23/24 has been consistently above 95% and CTMUHB consistently has the highest vaccination rates across Wales each quarter. However, Hepatitis B vaccination uptake in at risk populations still need improvement.
- Hep B Workstream established, priority areas of work identified.



Feedback from WG -Hepatitis Elimination

- The Chair of the National Hepatitis Oversight Group wrote to the CTM DoPH on 4th August 2025 to provide feedback on our progress report submitted in June 2025. Comments included: *“we are encouraged by the progress you are making and would like to congratulate you on the great success seen with the rapid increase in testing in HMP Parc. I know that would have taken a lot of effort by a lot of people and everyone should be very proud of themselves”*. The oversight group noted our plan addressing the following key outcomes which are critical to achieving elimination:
 - Improved uptake of Hepatitis B Vaccine in children and at-risk adults.
 - More people identified through improved testing across a range of settings, with a focus on increasing testing in substance misuse services, community pharmacies, prison and probation services.
 - More people are successfully treated for hepatitis C and start treatment quickly.

Areas noted for further work are:

- Increasing the provision of needle and syringe programmes and testing in community pharmacies.

Specific Matters for Consideration:

- Other than the key risks outlined below there are no matters for further consideration by the Committee. The update provided is to provide an overview of progress made within two distinct areas of work within the Adulthood/Living Well's overall programme of work i.e 3Ps and Hepatitis Elimination.

Key Risks / Matters for Escalation:

- Funding for the 3Ps Programme from Welsh Government end of March 2026. There are currently ongoing considerations and discussions at Executive level to determine a future model for Keeping Well for CTM.
- To note: 3Ps policy leads in Welsh Government have made it clear that 3Ps Programme funding is not to fund a waiting list validation service, but is to be focused more on keeping well whilst waiting with access to a wide range of community based services and information. However, In October 2024 Welsh Government commissioned an external Ministerial Advisory Group (MAG) on Performance and Productivity in NHS Wales. The MAG report published April 2025 focuses on waiting list validation rather than Keeping Well. Hence, the ongoing discussions within CTM to consider a model of service which best works for the population of CTM.
- Another risk is the retention of staff within the Keeping in Touch Team, who are on fixed term contracts, towards the end of the funding period. There may be impacts on the activity levels i.e number of calls made should the team reduce in size.



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Recommendation

The Committee is requested to note and discuss the content of the report and slide deck presented by the Head of Strategic Planning and Clinical Director for the Adulthood/Living Well Strategy Group.

Next Steps

The Adulthood/Living Well Strategy Group will continue to implement and monitor outcomes of the programmes of work described and report to the Strategic Development Committee when required. We will continue to be patient centred, to report our work nationally as well as locally, to work closely with the Value Based Health Care Team and to embed VBHC principles and to continue to seek opportunities to share our best practice. Further detail on any of the programmes mentioned is available on request of the Committee.





Agenda Item

5.3

Strategic Development Committee

Strategic Clinical Services Plan

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Atif Ali, Programme Director
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Atif Ali, Programme Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Forum Individuals	Date	Outcome
EMB	28/07/2025	Approved
CTM Public Board Meeting	25/06/2025	For Noting

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
Strategic Clinical Services Plan	SCSP

1. Situation / Background

- 1.1 The Executive Management Board agreed to broaden the focus from an acute services plan to an organisation-wide Strategic Clinical Services Plan. This paper updates on the actions taken to frame delivery, anchored on the foundational components and a single Shared Vision document co-owned by stakeholders.
- 1.2 There are strategic service changes occurring across Wales with clear interdependencies. These will be managed and aligned through the Strategic Development Committee and regional forums.

2. Specific Matters for Consideration

- 2.1 The report updates on some of the work underway to ensure that the foundational 'products' required for CTM UHB to deliver the clinical services plan are in place (slides 4 & 5).
- 2.2 The report goes on to outline the process to be followed in order to deliver these strategic changes and a timeline (slides 6-8).
- 2.3 The report considers the engagement that has already been undertaken as one of the elements of this work (slide 9).
- 2.4 The report also highlights the engagement process with Llais for urgent and routine service changes based on their updated engagement protocol (Slide 10).
- 2.5 The report notes the range of service changes occurring across Wales, around which the Programme Director is specifically connecting with other Health Boards, and the common themes we are all experiencing (slides 11-12).
- 2.6 Next steps are outlined as consolidating or ensuring the corporate foundations are in place and developing the 'do nothing' case for change (slide 13).

3. Key Risks / Matters for Escalation

- 3.1 The report inherently recognises a number of risks already registered by the Committee about service sustainability.

4. Assessment

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: The strategic services plan will be subject to full impact assessments as it develops
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: The strategic services plan will be subject to full impact assessments as it develops

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	Yes (Include further detail below) The development and delivery of this strategic plan is very sensitive and therefore has both positive and negative potential reputational impacts
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) There is a resourcing impact for this programme to be worked through

5. Recommendation

The Committee is requested to:

- 5.1 **NOTE** the content of the developing SCSP.
- 5.2 **NOTE** the foundational elements required and work to deliver these as part of the 'hygiene factors' for more detailed reconfiguration proposals

6. Next Steps

- 6.1 A focus on phases 0 & 1 in terms of preparatory information will continue, we have collated the engagement activity to date and are scoping the activity to support 'do nothing' case for change. Further updates will be provided on this.



Agenda item: 5.3b

1 October 2025

Strategic Development Committee

Strategic Clinical Services Plan (SCSP)

Report Details:

FOI Status:	Open/ Public
If closed please indicate reason:	
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Atif Ali ACSP Programme Director
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Atif Ali ACSP Programme Director
Approving Executive Sponsor:	Claire Thompson Executive Director of Strategy
Report Purpose	For Noting
Engagement undertaken to date:	EMB 28 th July 2025 CTM Public Board Meeting 25 September 2025

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	Standardise pathways, improve access, reduce variation and improve overall quality of care
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes (include date) No (Explain why)
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Not at this stage
Link to Strategic Goals	Please Select: Improving Care

Clinical Services Plan SDC update

October 2025

ACUTE CLINICAL SERVICE PLAN

The Acute Clinical Services Plan (ACSP) provided the foundation for change



It focused on incremental improvements within hospital-based services to address immediate pressures



Helped to stabilise fragile services, test new approaches, and build early momentum.



ACSP created the platform – evidence, governance, and engagement – to support a broader transformation journey.



FROM ACSP TO SCSP - THE NEXT STEP

The scale of challenge (population health, inequalities, workforce, estates, and finances) is too great for acute services alone to solve.





Service Design Principles

Keeping service redesign consistent, inclusive, and future-focused.



Scoring System

- **Total Possible Score: 16**
- **Threshold to Proceed:** Recommend a minimum score of **10**, with **no zeroes** on Equity, Sustainability, or Clinical Base to proceed to full development.



Case for Change

Define scope, objectives, and driver for change, establish governance and leadership, analyse service performance, identify sustainability issues, align with policy priorities, identify CTM UHB liaison officer for Llais



Pre-Consultation Engagement & Options Development

Draft consultation project plan, agree evaluation criteria, develop and appraise service options, run workshops and scoring exercises, classify change as per Llais framework, classify listening events Llais to attend 2 sessions, draft consultation material



Strategic Outline Case/Assurance Gateways

Finalise SOC, update EHIA, submit for assurance and external scrutiny, determine 'substantial variation', ensure Llais input, obtain sign-off for consultation

Formal Public Consultation

Launch statutory consultation, publish materials in easy-read, translated and FAQ formats reviewed by Llais, hold public meetings, Llais chairs two stakeholder webinars, maintain real-time engagement logs & feedback tracker, prepare a consultation-analysis report (themes and findings)



Post-Consultation Analysis

Decision-Making Business Case (DMBC), consultation-outcome report, revised clinical/service model reflecting feedback, updated EHIA and mitigation plans, formalise decision records and minutes, Llais's updates and post-consultation review report



Implementation Planning & Delivery

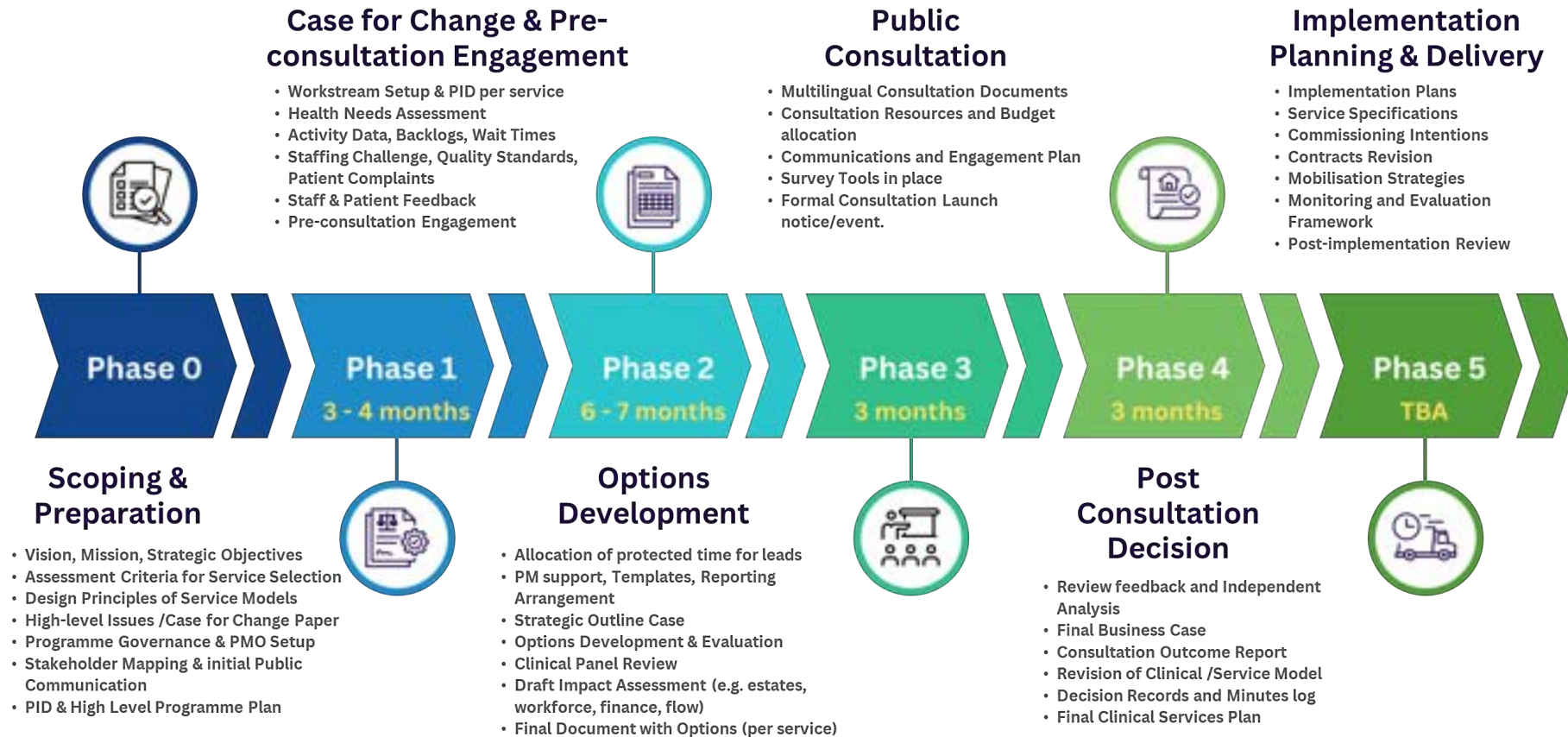
Detailed implementation plans (workforce, estates, digital, comms), programme delivery dashboards and trackers, ongoing communications & engagement updates, post-implementation review & lessons-learned report, regular Llais implementation meetings and status reports including post implementation lessons learned



KEY DOCUMENTATION REQUIRED FOR SERVICE RECONFIGURATION



SCSP Delivery Timeline (Indicative)



CTM UHB ENGAGEMENT OVERVIEW (2022–2025)



Timeline highlights:

- **2022:** RPB hackathons and analyses (CYP, LD, MH, Older People & Dementia, Unpaid Carers); CTM 2030 thematic report; Maesteg community engagement.
- **2023:** CTM Leaders Network; “Positively Engaging with Ageing” in-person health and wellbeing sessions.
- **2024:** ACSP engagement discussions.
- **2025:** Primary Care & Community Transformation Listening Exercise; Adulthood Strategy Group activities covering Alcohol Care, Hepatitis Elimination (incl. HMP Parc), 3Ps Waiting Well, Pain Programme.

In-flight 2025

- **Oct–Dec:** CYP Type 2 Diabetes Appreciative Enquiry to scope a dedicated service.
- **Oct half-term:** Pediatric diabetes co-production to improve point-of-diagnosis approach and SEREN delivery.
- **Ongoing:** Baby & Toddler Voice statements refinement; BU workplan in planning.

SERVICE CHANGE PROCESS EXAMPLE- LLAIS & CTM UHB

Immediate Telephone & Email Alert

Once risk is confirmed, CTM liaison officer calls and emails Llais with a summary of the incident and the planned move. 'Urgent Change' version of Proforma sent followed by full version with 24 hrs via protocol designated inbox

Llais Acknowledgement & Determination

Llais determine their level of engagement (most likely Extensive as the change is Major)

Internal & External Briefings

CTM UHB convene briefings, Llais confirms to join briefing calls and request written updates twice weekly

Implementation & Real-Time Monitoring

Stroke protocols are stood up at new location; dashboards tracking activity, and feedback shared with Llais in real time. CTM liaison officer hosts twice-weekly calls with Llais

Post-Transfer Review

Within four weeks of service move, CTM UHB publishes a brief Post-Implementation Report that is submitted to Llais, and meeting is held to discuss lessons learned under the "monitoring & evaluation" clause.

Protocol Debrief & Dispute Resolution

At six weeks, an operational debrief includes Llais to check whether their "due regard" concerns were addressed. Unresolved issues would escalate via the senior-manager

Urgent Relocation of Stroke Services



Planned Relocation of Stroke Services

Early Notification & IMTP Engagement

During IMTP drafting, CTM UHB forecasts the stroke move and sends Llais the forecast alongside other major changes. Quarterly updates re-flag this intention.

Classification & Llais Involvement / Determination

Classified as a Level 1 – Major change. CTM UHB submits Service Change Proforma and propose 12-week consultation. Llais reviews the proforma and independently decides on Extensive involvement

Pre-Consultation Engagement

CTM UHB holds "listening events". Llais attends two of these sessions to advise on additional engagement. Feedback shapes the draft Consultation Project Plan, which is shared with Llais

Strategic Outline Case & Assurance

SOC and EHIA are presented to Board and external scrutiny; the final documents go to Llais with a formal "due-regard" window. Llais provides written representations, which are addressed in the FBC

Statutory Consultation & Post-Consultation Decision

Consultation launches with leaflets, online surveys, easy-read and translated formats already reviewed by Llais. Llais chairs two stakeholder webinars, and submits mid-consultation feedback on improving reach. CTM compiles feedback in a Consultation Feedback Report, shares it with Llais, and incorporates their final representations into the Decision-Making Business Case

Implementation Planning & Annual Protocol Review

Delivery plans are drawn up; Llais sits on the Implementation Steering Group. Dashboards go to Llais monthly. 6 months post implementation Llais holds annual protocol review to capture lessons and agree any dispute-resolution steps

REGIONAL SERVICE CHANGES IN WALES

Major Change Programmes by Health Boards

▼ Aneurin Bevan UHB

Clinical Futures (next phase): public engagement on local hospitals and community models.

▼ Betsi Cadwaladr UHB

Clinical Services Plan: building a 10-year strategy; planned care hub at Llandudno.

▼ Cardiff & Vale UHB

Shaping Our Future Wellbeing: service redesign, including shifting mental health liaison to NHS 111



▼ Hywel Dda UHB

Clinical Services Plan consultation (May–Sept 2025) across nine fragile specialties; long-term hospital option under "Healthier Mid & West Wales.

▼ Powys Teaching Health Board

Better Together Spring 2025: "Case for Change" consultation asking for views on how to shape safe, quality future services over the next 10–25 years

▼ Swansea Bay UHB

Changing for the Future: stroke unit at Morriston, day surgery at Neath Port Talbot, single-site acute medicine model implemented

COMMON THEMES ACROSS THE HEALTH BOARDS

- Fragile and High-Risk Specialties**

Stroke, orthopaedics, mental health, critical care under review.

- Public Consultation**

Hywel Dda (Clinical Services Plan) and Powys (Better Together Case for Change) both conducting broad, structured engagement in 2025.

- Strategic Service Planning**

All boards are updating or pursuing multi-year clinical service strategies (3–25 years)



- Consolidation & Community Models**

Strong trend toward centralising specialist services while expanding local/community access.

- Sustainability & Quality Drivers**

Change driven by workforce constraints, financial pressures, clinical safety, and equity objectives

- Digital & Estates Enablers**

underpinning new models of care

1) Develop the Foundational Components

A) Corporate – level components

Vision and design principles, Corporate identity guidelines, Public pledges and commitments

B) Service – level components

Priority areas, case for change, future-state model for care

2) Shared Vision Document

Purpose: One product co-owned by stakeholders covering:

- **Foundational Components:** Corporate + Service level
- **Do-nothing trajectory:** finance, activity/backlog, workforce, quality & equity (quantified).
- **Case for change:** risks, opportunities, alignment with national policy.
- **Future Care Model “what good looks like”:** high-level model, care continuum etc.



Agenda Item

5.6

Strategic Development Committee

5-year Diabetes Strategic Plan

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elle McNeil, Head of Planning & Commissioning
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elle McNeil, Head of Planning & Commissioning / Victoria Oxley, Deputy Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

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

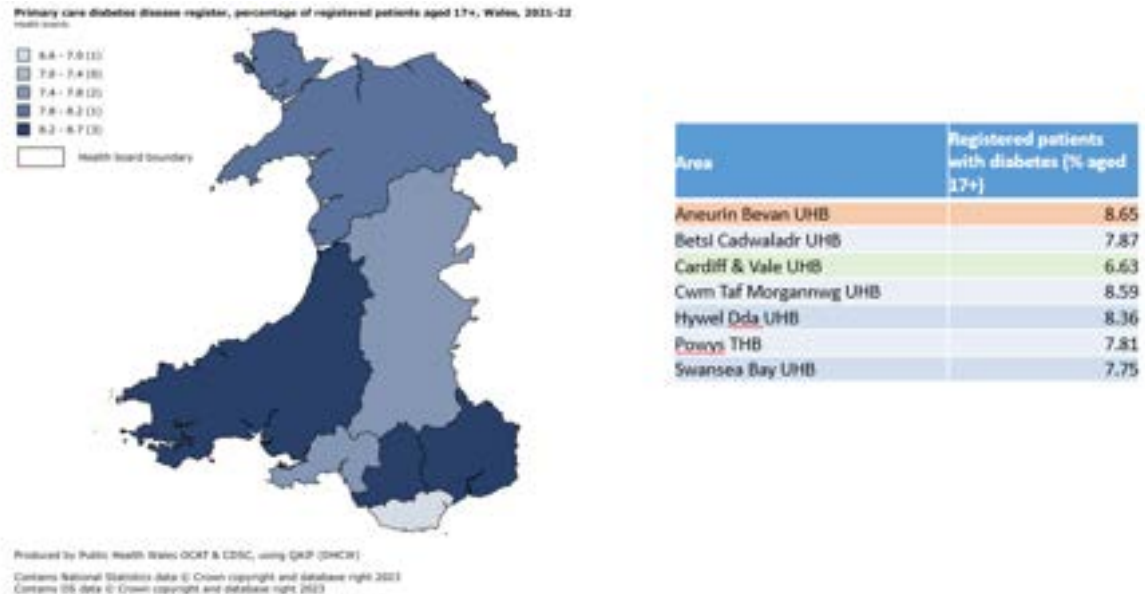
Committee / Group / Forum Individuals	Date	Outcome
Executive Management Board	26/08/2025	Supported with amendments
Diabetes Operational Board	14/05/2025	Supported
Diabetes Strategic Programme Board	05/06/2025	Supported aims/ priorities
Stakeholder Reference Group	16/07/2025	Suggestions and amendments
Cwmbach Diabetes Support Group	13/06/2025	Suggestions and amendments

Acronyms / Glossary of Terms

T1DM / T2DM	Type 1/ 2 Diabetes
CTM/ CTMUHB	Cwm Taf Morgannwg/ University Health Board

1. Situation /Background

- 1.1 Cwm Taf Morgannwg UHB (CTMUHB) has the 2nd highest percentage of registered patients with diabetes in Wales (8.59%):



- 1.2 Based on the modelled counts, in 2035/36 there will be between 31,000 and 75,000 registered diabetics across our region, 90% of which will be type 2 diabetics (T2DM), a largely preventable disease:



Source: Diabetes HB Outputs Cwm Taf Morgannwg, 07122023, Public Health Wales

- 1.3 The attached 5 year Diabetes Strategic Plan responds to our rapidly growing prevalence of type 2 diabetes (T2DM), linked to high levels of deprivation, poverty and obesity across the CTM footprint and the need to take a long-term whole-systems approach to preventing, identifying, optimizing and supporting people living with diabetes.
- 1.4 The Diabetes Strategic Programme Board established in February 2025 provides oversight across the range of CTMUHB services delivering diabetes care and the programme of work required to implement this strategic plan.

2. Specific Matters for Consideration

- 2.1 The attached strategic plan provides the national policy context, local diabetes service overview with gap analysis and the high-level and specific aims and priorities for diabetes services for the next 5 years. It was coproduced, led by CTM public health with service leads from across primary, community and secondary care and takes an evidence-based approach to the identified priorities and next steps.
- 2.2 Discussion with our local Cwmbach Diabetes Support group and Stakeholder Reference Group membership about the action plan and key priorities has informed iteration and amendments of the plan. Work is ongoing to develop a Stakeholder Engagement Group and our overarching coproduction, involvement and engagement approach with Cwmbach Diabetes Support group and staff who self-identified when responding to our 'living with diabetes' staff survey during Diabetes Week (9th-13th June 2025).
- 2.3 The three strategic objectives identified within the plan align with Public Health Wales [Tackling Diabetes Together](#):
- Prevent or delay the onset of T2DM in those with modifiable risk factors
 - Prevent poor outcomes through effective diabetes care
 - Ensure equitable provision of all aspects of the diabetes pathway in CTMUHB
- 2.2 The priorities for years 1-3 delivery have been identified as:
- Review all diabetes services across CTMUHB to ensure services are high quality, evidence-based, equitable and meet the Welsh Government Quality Statement for diabetes and NICE guidelines.
 - To deliver service innovation that improves patient outcomes and diabetes management through harnessing new and emerging technologies and modernising diabetes services.
 - To develop, deliver and evaluate diabetes prevention and remission services in CTMUHB, ensuring core funding is secured from 2026 onwards.
 - To strengthen co-production and engagement with people living with diabetes across our communities.
 - To develop a diabetes data dashboard that supports implementation planning and monitoring and meets Welsh Government reporting requirements.

3. Key Risks / Matters for Escalation

- 3.1 The escalating prevalence of T2DM within the CTMUHB population has associated short, medium and long-term cost implications to the health board. A whole-systems approach with appropriate governance and strategic leadership is required to manage the risks associated with the increasing prevalence. Failure to work effectively and efficiently across the

breadth of CTMUHB services supporting diabetes patients will result in poor maximisation of effort, resources, expertise and learning.

- 3.2 Current prevention focused activities and services are being delivered through temporary funding arrangements which will end from March 2026 onwards. Securing sustainable funding for delivery is required to help flatten or decrease our rapidly increasing T2DM prevalence protectory.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: The 5yr Diabetes Strategic plan also aligns with Creating Health and Sustaining our Future through taking a preventative, whole systems and prudent financial approach to the management of diabetes within our communities
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Growing Well
	If more than one applies please list below: Strategy & Transformation input to diabetes sits with the Starting Well and Growing Well portfolios, however good diabetes management goes across the whole life-course
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Taking a whole-systems approach to the strategic management of diabetes aligns with all areas of the Domains of Quality
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: NA
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: NA A Welsh version of the 5yr plan is imminent (not available at the time of this meeting)
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There 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	

5. Recommendation

- 5.1 The Strategic Development Committee are asked to **Endorse for Board Approval** the 5-year Diabetes Strategic plan to enable its progression to publication.

6. Next Steps

- 6.1 To publish the 5-year Diabetes Strategic plan.
- 6.2 To work with the Diabetes Strategic Programme Board and Diabetes Operational Management Board to establish effective implementation planning and monitoring.

7. Appendix 1: CTMUHB Draft 5yr Diabetes Strategic Action Plan



**CWM TAF
MORGANNWG
UNIVERSITY
HEALTH BOARD
5-YEAR DIABETES
STRATEGIC
ACTION PLAN**

2025 - 2030

EXECUTIVE SUMMARY

The Cwm Taf Morgannwg University Health Board (CTMUHB) 5-year Diabetes Strategic Action Plan aims to deliver a cohesive, evidence-based approach to diabetes prevention and management across all services and settings and across the life course. This plan addresses the current diabetes landscape in CTMUHB, highlighting service gaps and priorities to improve diabetes care and outcomes.

Diabetes is a significant health issue, affecting over 200,000 people in Wales. Diabetes is associated with severe complications such as sight loss, kidney failure, heart attacks and strokes, and up to 10 years reduced life expectancy. Diabetes is associated with considerable financial cost: in 2011 the management of diabetes was estimated to account for 10% of the annual NHS budget, with 80% of this attributable to the complications of diabetes. This cost has continued to increase since 2011, and is projected to rise to over 17% of the total NHS budget by 2035.

CTMUHB has one of the highest diabetes prevalence in Wales – 8.1% have type 2 diabetes and 0.6% have type 1 diabetes. The prevalence of type 2 diabetes is increasing, driven by obesity and other risk factors, and it is estimated that by 2035/36, 1 in 11 adults in Wales will be living with diabetes.

Diabetes prevention and diabetes care is delivered by a range of different specialties and healthcare professionals across primary, community and secondary care settings in CTMUHB. The new CTMUHB Strategic Diabetes Programme has been developed to facilitate the delivery of a co-ordinated, evidence-based and equitable diabetes service across the whole of CTMUHB.

CTMUHB VISION FOR DIABETES

The diabetes programme in CTMUHB has three strategic objectives:

1. Prevent or delay the onset of T2DM in those with modifiable risk factors
2. Prevent poor outcomes through effective diabetes care
3. Ensure equitable provision of all aspects of the diabetes pathway in CTMUHB

A Diabetes Strategic Programme Board has been established to provide strategic oversight, guidance and challenge. A Diabetes Operation Board will oversee and monitor delivery of this 5-year strategic plan via the co-ordination of 5 workstreams.

GAP ANALYSIS

A gap analysis comparing current provision in CTMUHB with National requirements and gold standard guidelines has been completed and has informed the development of key priorities for diabetes in CTMUHB.



PRIORITIES FOR DIABETES IN CTMUHB

The overarching priorities for years 1-3 are:

- 1.Review all diabetes services across CTMUHB to ensure services are high quality, evidence-based, equitable and meet the Welsh Government Quality Statement for diabetes and NICE guidelines.
- 2.To deliver service innovation that improves patient outcomes and diabetes management through harnessing new and emerging technologies and modernising diabetes services.
- 3.To develop, deliver and evaluate diabetes prevention and remission services in CTMUHB, ensuring core funding is secured from 2026 onwards.
- 4.To strengthen co-production and engagement with people living with diabetes across our communities.
- 5.To develop a diabetes data dashboard that supports implementation planning and monitoring and meets Welsh Government reporting requirements.



NEXT STEPS

Workstream leads will develop annual plans outlining key deliverables and metrics mapped against the key priorities. The Diabetes Operational Board will be responsible for collating the overarching plan and reviewing implementation via quarterly progress reports. Future publication of new or updated National guidance, policies or Welsh Government mandates relating to diabetes may require this strategic plan to be updated within the next 5 years. Any update to this strategic plan will need to be agreed by the CTMUHB Diabetes Operational Board and formally signed off by the CTMUHB Strategic Diabetes Programme Board. During Quarter 3 of year 2, all workstreams and boards will review the priorities and progress made towards achieving these in order to set priorities for year 3-5.

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1. INTRODUCTION

This strategic plan has been developed to ensure that Cwm Taf Morgannwg University Health Board (CTMUHB) delivers a high-quality cohesive, evidence-based approach to diabetes prevention and management across all services and settings, and across the life course.

It outlines the current diabetes picture in CTMUHB, summarises our service provision compared to gold-standard guidance and national recommendations, and highlights key challenges and areas for improvement. It lays out the steps required to tackle these challenges and improve all aspects of diabetes prevention and care at a local level, including how we will work with partners to take forward an all-Wales approach to prevention and optimal management of diabetes.

2. BACKGROUND

Diabetes is one of the leading health issues of our age, with those affected experiencing a host of complications, reduced quality of life and reduced life expectancy. It is a major draw on NHS resources and impacts the wider economy through ill-health and unemployment.

More than 200,000 people in Wales are living with diabetes. 9 out of 10 of them have type 2 diabetes (T2DM), and approximately half of these could have been prevented with lifestyle change to achieve a healthy weight, a better diet and increased physical activity.

People living with diabetes are at risk of sight loss, kidney failure, limb amputation, heart attacks and stroke alongside a number of other potentially serious acute and chronic complications.

Diabetes is associated with considerable financial cost: in 2011 the management of diabetes was estimated to account for 10% of the annual NHS budget¹, with 80% of this attributable to the complications of diabetes. This cost has continued to increase since 2011, and is projected to rise to over 17% of the total NHS budget by 2035.

In order to tackle the growing issue of diabetes, work to prevent diabetes and to ensure delivery of effective evidence-based care must both be prioritised.

Diabetes is a condition in which the body doesn't produce enough insulin to maintain stable blood glucose levels, or where the insulin produced is unable to work effectively². There are two main types of diabetes:

- **Type 1 diabetes (T1DM)** an autoimmune condition where the cells that produce insulin are destroyed. Lifelong insulin treatment is required to prevent death. Approximately 10% of people with diabetes have type 1 diabetes².
- **Type 2 diabetes (T2DM)** is when the body doesn't produce enough insulin for its needs or becomes resistant to the effects of the insulin produced. This condition may remain undetected for many years but is progressive and will require lifestyle changes (healthy diet and exercise). Over time most people will require oral medication +/- insulin².
-

In addition, gestational diabetes (GDM) occurs when the body cannot produce enough insulin to meet extra needs during pregnancy and can cause complications during pregnancy for mother and child. GDM usually resolves at the end of pregnancy, however one third of women who develop GDM will develop Type 2 diabetes within 5 years³.

'Non-diabetic hyperglycaemia', or 'pre-diabetes', is a condition characterised by higher-than-normal blood glucose levels, but below the current threshold for a diagnosis of diabetes. Individuals with pre-diabetes also develop complications related to raised blood glucose and they are at high risk of developing type 2 diabetes, with between 26% and 50% of people with pre-diabetes developing type 2 diabetes within 5 years⁴.

2.1 RISK FACTORS FOR DEVELOPMENT OF DIABETES

There are currently no lifestyle changes or modifiable risk factors known to prevent the development of T1DM, but there are a number of modifiable risk factors associated with development of diabetes-related complications². Whilst significant progress is being made in the prevention and delay of T1DM by immunotherapy treatment, to date there is no National screening programme for T1DM in the UK.

Key risk factors for development of pre-diabetes and T2DM include:

1. Living with overweight or obesity – the main modifiable risk factor
2. Increasing age
3. Certain ethnic groups (South Asian, Black African, African Caribbean)⁵
4. Low levels of physical activity
5. Family history of type 2 diabetes

Living with overweight or obesity (BMI 25+) is the main modifiable risk factor for T2DM² with the risk of T2DM increasing alongside increasing BMI. Research shows in individuals with low genetic risk of T2DM, those with obesity had over 6 times the risk of developing T2DM compared to people of a healthy weight⁶.

Children and adolescents living with obesity are around five times more likely to have obesity in adulthood than people with a healthy weight⁷. Around 55% of children with obesity continue to have obesity into adolescence; around 80% of adolescents with obesity continue to live with obesity into adulthood and around 70% will have obesity aged over 30 years.

T2DM in children is uncommon, but the causes are the same as in adults, with the main risk factor having overweight or obesity⁸.

Women with obesity are 3 to 4 times more likely to develop GDM than those of a normal weight⁹. GDM is also more common in those who've had GDM in a previous pregnancy, those who've previously given birth to a baby over 4.5kg, those with a family history of type 2 diabetes, and those of certain ethnic groups (South Asian, Black African, African Caribbean)¹⁰.

2.2 COMPLICATIONS OF DIABETES

Diabetes is associated with a number of potential complications outlined in Figure 1. The risk of such complications is higher in those with difficulty managing their diabetes, those with obesity and those in the most deprived quintiles². Those living with diabetes also have up to 10 years reduced life expectancy compared to those without diabetes¹¹.

Figure 1: Complications of diabetes^{2, 11}



2.3 CURRENT COST OF CARE OF DIABETES IN CTMUHB

Diabetes medication creates a substantial cost to health services. The NHS Executive’s [Diabetes Insight & Variation Atlas \(DIVA\)](#) shows that CTMUHB has the highest prescribing costs and number of items prescribed per 10k of the population in Wales, accounting for £5m out of the £33m all-Wales spend on diabetes medication¹². Further work is required to gain a more detailed understanding of our diabetes costs locally.

3. NATIONAL POLICY CONTEXT

3.1 WELSH GOVERNMENT QUALITY STATEMENT FOR DIABETES

In June 2023 Welsh Government (WG) published a [Quality Statement for Diabetes](#) which sets out key planning and expectations for diabetes services¹³. Quality of diabetes care will be monitored through the NHS Value-Based Healthcare diabetes dashboard, the Primary Care Information Portal (PCIP)¹⁴ and the National Diabetes and National Paediatric Diabetes Audits (NPDA)¹⁵.

The [Quality Statement for Diabetes](#) sets out 24 actions, 20 of which are the responsibility of health boards to implement. Appendix 1 outlines the 24 quality statements in detail but in summary they aim to ensure that diabetes care is:

- Equitable
- Safe
- Effective
- Efficient
- Person-centred
- Timely¹³

3.2 NATIONAL STRATEGIC OUTCOMES FOR DIABETES

Addressing the significant impact of diabetes has been recognised as a priority at both National and local level. The NHS Leadership Board in December 2023 agreed the following two strategic outcomes:

By December 2028 Wales would:

1. Have more people living well with diabetes (T1DM and T2DM) as measured through a reduction in amputations and other diabetes pathways.
2. Have stopped the prevalence of diabetes increasing, focusing principally on T2DM.

The National Value Based Healthcare Board is developing key all-Wales metrics (see appendix 2) to be reported against which map to their below 5-stage model optimising high impact interventions:



3.3 TACKLING DIABETES TOGETHER PROGRAMME

The ‘Tackling Diabetes Together Programme’ launched by Public Health Wales (PHW) in 2024 has 6 work streams that will help achieve the two National strategic outcomes¹⁶. A summary of the priorities of the Tackling Diabetes Together Programme workstreams are outlined in appendix 1.

3.4 NATIONAL STRATEGIC CLINICAL NETWORK FOR DIABETES

The National Strategic Clinical Network for Diabetes forms part of the NHS Wales Executive, and guides the implementation of the national diabetes delivery plan. Their five-year plan sets out 10 areas for action from 2024 to 2028 ranging from preventing T2DM and remission services, to adoption of technology to support people living with T1DM better manage their diabetes. The National Strategic Clinical Network for Diabetes is accountable for leading the Tackling Diabetes Together workstream related to effective diabetes care. A summary of their 5-year and 2025/26 action plans can be found in appendix 1.

3.5 NATIONAL CLINICAL PATHWAYS

NHS Wales Executive have published 7 national diabetes clinical pathways¹⁷ covering the following aspects of diabetes prevention and care that health boards are expected to implement and adhere to:

- T1DM pathway
- T2DM diabetes pathway in primary care
- Transitional and handover care for young adults under 25 years
- Foot care pathway
- Prevention programme pathway
- Diabetes psychology pathway
- Gestational diabetes guideline

3.6 NATIONAL AND INTERNATIONAL GUIDELINES

The National Institute for Health and Care Excellence (NICE) has published guidelines and quality standards regarding the management of T1DM^{18, 19}, T2DM^{20, 21}, diabetes in children and young people^{22, 23} diabetes in pregnancy^{24, 25}, and prevention of T2DM^{26, 27}. There are also key NICE guidelines relevant to reduction of complications^{28, 29}. There are a number of other national and international guidelines relevant to diabetes, a summary of these guidelines is outlined in appendix 3 and 4.

4. CURRENT SITUATION IN CTMUHB

4.1 POPULATION DATA: PREVALENCE OF DIABETES AND PRE-DIABETES

At 8.69%, CTMUHB has the second highest prevalence of diabetes of all health boards in Wales. 8.1% of the registered population in CTMUHB have a diagnosis of T2DM or other diabetes, and 0.6% have a diagnosis of T1DM.

Although the prevalence of both T1DM and T2DM is predicted to increase, it is the rise in diagnoses of T2DM that is predominately driving this upward trend. PHW forecast the number of individuals in CTMUHB with T2DM to increase from 31,163 in 2023/24 to 32,564 in 2026, with the estimated prevalence of T2DM increasing to 8.6% in 2026. If current trends continue, it is estimated that by 2035/36 approximately 1 in 11 adults in Wales will be living with diabetes³⁰.

Of major concern is the anticipated obesity driven rise in the prevalence of T2DM and the fact that T2DM is now being diagnosed at a younger age, even in children and young people. The number of children registered with T2DM and being treated in paediatric diabetes units in England and Wales increased by more than 50% between 2017 and 2022³¹. Early onset of T2DM is associated with more aggressive disease, faster disease progression, and more rapid onset of complications at a younger age, threatening long-term health and quality of life in adulthood³².

Between April 2023 and March 2024 5.5% of women who gave birth in CTMUHB were recorded as having gestational diabetes. This has increased from 4.1% in 2018/19.

In January 2025, 18,031 adults in CTM (3.95%) were coded as having a diagnosis of pre-diabetes in the Primary Care Information Portal (PCIP)¹⁴, with new cases of pre-diabetes being diagnosed each week. As pre-diabetes usually has no symptoms and detection is dependent on an individual having a HbA1c or blood glucose result in the pre-diabetes range, it is estimated that the true number of people with pre-diabetes in CTMUHB far exceeds this. The true forecast for increase in pre-diabetes prevalence is unknown and likely to be vastly underestimated³³.

4.2 POPULATION DATA: PREVALENCE OF RISK FACTORS FOR DIABETES/PRE-DIABETES

CTMUHB has the highest prevalence of overweight and obesity in Wales and the highest percentage of people with T2DM with a BMI 40+. Around 2 in 3 adults in CTMUHB are living with overweight or obesity, and around 1 in 3 are living with obesity³⁴. In December 2024, 53% of pregnant women newly booked with antenatal services in CTMUHB had a BMI 25+ and 29.8% had a BMI 30+.

A major concern is that one in eight 4-5-year-olds in CTMUHB start their school journey with obesity, and more than one in four are overweight³⁴. This is the highest rate of child obesity in Wales.

Rates of child obesity and overweight are particularly high in Rhondda Cynon Taf and Merthyr Tydfil County Borough Council areas.

Healthy weight is strongly linked to deprivation. Children in our poorest communities in CTMUHB are 50% more likely to be living with obesity than children in our most affluent areas. Therefore, significant work to support children in areas of deprivation will be needed if we are to address the inequalities that already exist.

Low levels of physical activity also contribute to obesity and increased risk of T2DM. The National Survey for Wales 2022/23 data indicates that only 53% of our adult population in CTMUHB meet physical activity level recommendations, which is below the Welsh average of 56%³⁵

4.3 POPULATION DATA: PREVALENCE OF DIABETES COMPLICATIONS

The Primary Care Information Portal (PCIP) All-Wales Diabetes Module provides an overview of the percentage of those age 17+ with diabetes with different diabetes-related complications as recorded in the GP records¹⁴. Table 1 summarises this data for key diabetes-related complications in CTMUHB compared with Wales.

Table 1: Percentage of those age 17+ with diabetes in CTMUHB and Wales that had a diagnosis of a diabetes-related complication recorded in their primary care record in January 2025 as recorded in the PCIP¹⁴

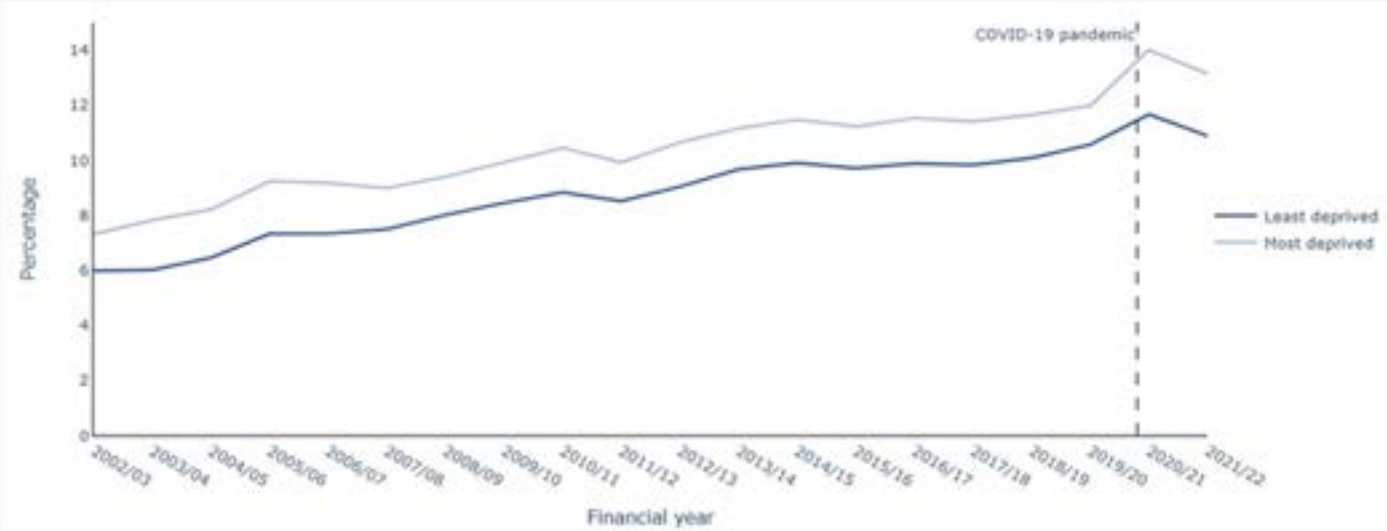
Diabetes-related complication	CTMUHB	Wales
Any cardiovascular disease (T2DM/other)	27.03%	26.97%
Coronary Heart Disease (T2DM/other)	16.73%	16.15%
MI/acute coronary syndrome (T2DM/other)	8.01%	8.30%
Chronic kidney disease (T2DM/other) Stage 3a	21.30%	22.49%
Heart failure (T2DM/other)	6.19%	7.07%
CVA (T2DM/other)	5.45%	5.38%
TIA (T2DM/other)	4.54%	3.96%
Peripheral arterial disease (T2DM/other)	3.01%	3.44%
Diabetes-related foot condition (T1DM & T2DM)	7.52%	6.48%
Diabetic retinopathy diagnosed in previous 15 months	4.94%	5.43%

The All-Wales Diabetes Insight and Variation Atlas (DIVA) provides further data regarding inpatient admissions for amputation in those with diabetes, for the whole of Wales and at an individual health board level. During 2023/24, 84 adults with diabetes in CTM were admitted to hospital on the amputation pathway, costing £13,000 on average per hospital stay or 'spell'. 58% of these individuals were admitted as an emergency and the average length of stay was 16 days. In 2023/24 15.5% of those admitted through the amputation pathway in CTMUHB died within one year of discharge, compared with 20% across Wales¹².

4.3.1 HOSPITAL ADMISSIONS

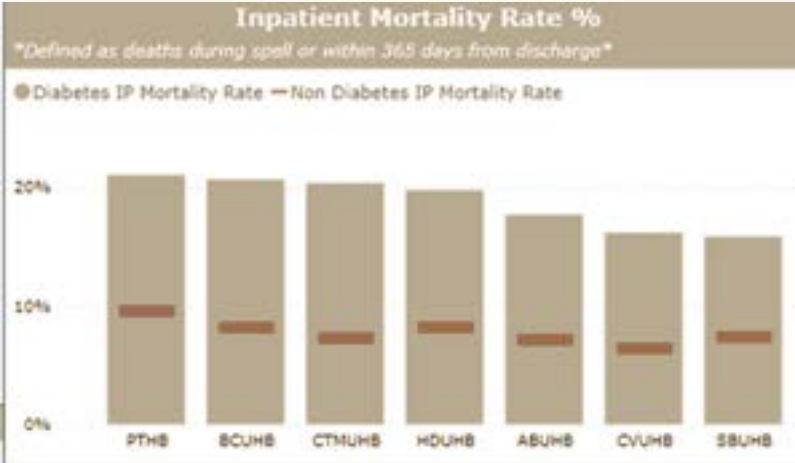
In 2021/22 over 20% of all hospital admissions for persons age 65-74 and 75+ in CTMUHB included diabetes as a primary or secondary diagnosis. There has also been a steady rise in hospital admissions including diabetes as a primary or secondary diagnosis for those age 45-64 years since 2002/03. Between 2002/03 and 2021/22 the percentage of all hospital admissions in CTMUHB that include a primary/secondary diabetes diagnosis increased in both the most and the least deprived fifths, but over the past few years the gap between these deprivation fifths has increased – see Figure 2³⁶.

Figure 2: Percentage of total inpatient admissions with any mention of diabetes by deprivation, persons all ages, Cwm Taf Morgannwg UHB, 2002/03 to 2021/22. Produced by PHW using PEDW (DHCW) & WIMD (Welsh Government)³⁶



According to 2023/2024 NPDA data, there were 25 CYP diagnosed with Type 1 diabetes across CTM, 26% of which presented with DKA. This rate of DKA at T1DM diagnosis has remained stable¹⁵. Local CTM data is being captured to understand the reason for these individuals presenting with DKA in order to inform the development of interventions with the aim of preventing late presentation of T1DM in children and young people.

4.3.2 MORTALITY

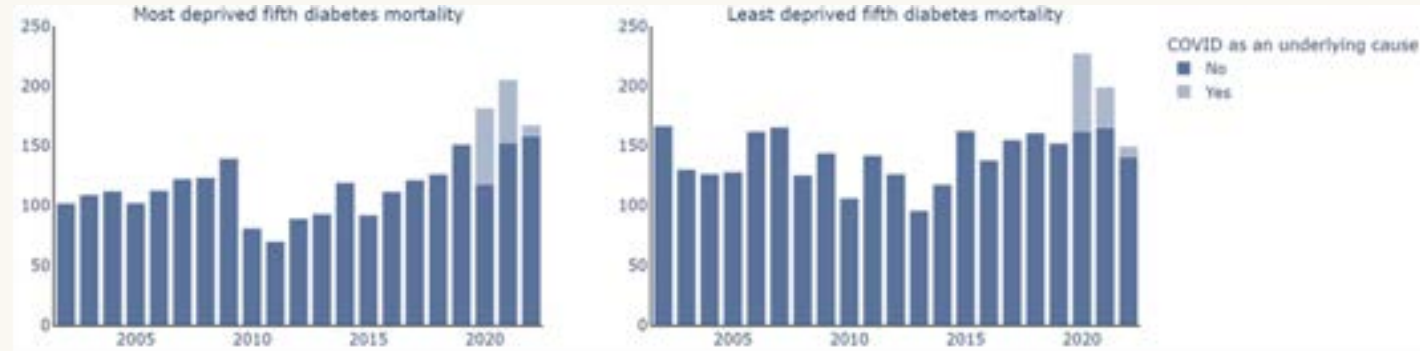


When comparing inpatient mortality for 2022/23 in those with diabetes to those without diabetes, deaths during the hospital spell or in the year following admission are significantly higher in those with diabetes – 20.32% compared to 7.26% of all inpatients – see figure 3¹².

Figure 3: Inpatient Mortality Rates - people with diabetes compared to people without diabetes 2022/23; DIVA¹²

There is little difference in mortality with any mention of diabetes between the most and least deprived deprivation fifths in CTMUHB. Mortality in both deprivation fifths has shown an overall increase since 2002 – see Figure 4³⁶.

Figure 4: Deaths with any mention of diabetes by deprivation, European Age Standardised Mortality Rate per 100,000, persons all ages, Cwm Taf Morgannwg UHB, 2002 to 2022. Produced by PHW using PEDW (DHCW) & WIMD (Welsh Government)³⁶



4.4 EQUITY AND ENGAGEMENT

Two important crosscutting elements of the diabetes programme in CTMUHB are equity and engagement which need to be considered at each step in the diabetes pathway, and within each clinical service and activity.

Welsh Government Diabetes Quality statements 4 and 20 outline the importance of ensuring service delivery is equitable and care is co-produced with people living with diabetes.

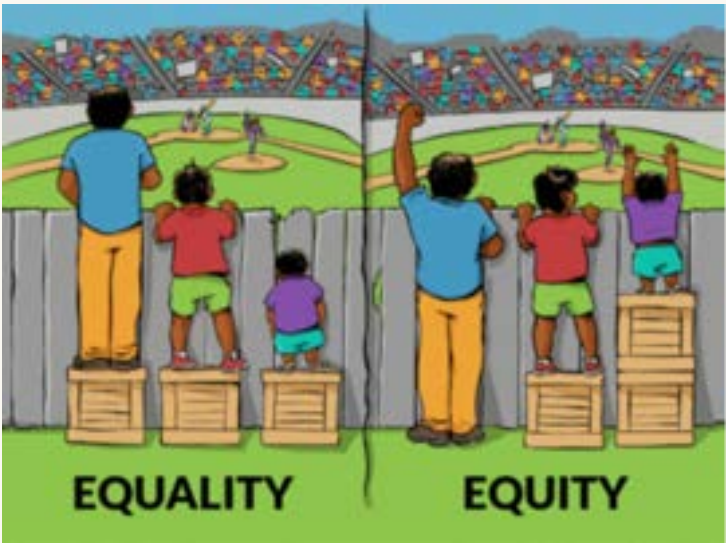
4.4.1 EQUITY

Health equities refer to those inequalities that are avoidable. When looking at T2DM through an equity perspective it is evident that there are differences across our population in terms of the prevalence of diabetes and the levels of deprivation, behavioural and clinical

risk factors that contribute to it. There are also many factors that influence how well individuals are motivated and able to manage their diabetes.

Promoting equity isn't just about ensuring everyone has equal service provision. It is recognising the challenges and needs of different groups and trying to accommodate them into service design and delivery.

There is currently no routinely available data to fully assess equity of diabetes prevention and management services, particularly data relating to groups that might be at higher risk of diabetes and its associated complications or those that find difficulty engaging with and/or accessing healthcare services.



4.4.2 ENGAGEMENT

Engagement is increasingly recognised as an integral part of health care and a critical component of patient centred care. There are potentially a number of different activities and aims that come under the engagement banner. Key examples include:

- 1.Increasing the knowledge and understanding in the wider population about the risks and potential complications associated with diabetes
- 2.Ensuring individuals with diabetes/pre diabetes and their families are fully informed about their condition and understand their care while promoting a culture of mutual decision making and accountability
- 3.Developing effective systems for patient feedback, incident reporting and staff reflection and put mechanisms in place to ensure findings influence ongoing service development
- 4.Develop mechanisms to allow those with diabetes and wider stakeholders the opportunity to contribute to the development and review of services and policies at a system level
- 5.To ensure all of the above actions take into account the requirements and representation from groups with additional/differing needs

Diabetes structured education programmes across CTMUHB provide individuals with diabetes and their parents/carers information about their diabetes diagnosis and care.

The National Diabetes PROMs for T1DM and T2DM will be digitally implemented across CTMUHB, as well as a locally developed PREM and specific PROM for Diabetes Podiatry. Triangulating these Value-Based Healthcare measures and activity will support triaging, determining urgency of care based on risk, supporting those waiting for review and treatment, and track patient health outcomes and experience for individuals and for the CTMUHB diabetes population cohort.

Diabetes support groups in the CTMUHB footprint regularly provide updates on the barriers that individuals living with diabetes face and potential solutions to improve diabetes care by engaging with their members and the wider community. However, the reach of these groups is limited and their feedback is unlikely to represent the breadth of views of the population of CTMUHB living with diabetes.

4.5 SUMMARY OF CURRENT SERVICE PROVISION IN CTM

- Diabetes prevention and diabetes care are currently delivered by a range of different specialties and healthcare professionals across primary, community and secondary care settings and at HMP Parc.

4.5.1 DIABETES PREVENTION AND CASE FINDING

T2DM prevention is primarily focused on:

- prevention of overweight and obesity
- supporting those with overweight or obesity to eat a healthy diet, increase physical activity, reduce abdominal obesity and to develop and maintain a healthy BMI
- identifying those at higher risk of developing diabetes and testing them for diabetes
- referring those with high risk of developing T2DM (pre-diabetes) to a lifestyle change programme to support them to reduce their risk
-

The All-Wales Adult Weight Management Pathway (2021) has recently been implemented in CTMUHB with the provision of a new level 2 and 3 service for adults³⁷. Current capacity of this new level 3 adult service is insufficient to meet the needs of the CTMUHB population and has limited prescribing capacity. There are currently no level 1-3 children and young people weight management services operating equitably across CTMUHB. This weight management pathway is not a diabetes specific pathway and its delivery lies outside the scope of the CTMUHB diabetes programme. However, sufficient capacity of an evidence-based weight management pathway is essential to prevent the development of T2DM and pre-diabetes in the general population, and as an additional intervention for those with overweight or obesity that have been diagnosed with pre-diabetes or diabetes.

Case finding for type 2 diabetes in CTMUHB is mostly undertaken in primary care during annual reviews of patients with established cardiovascular disease and within the CTMUHB health check programme. The health check programme follows the two-stage case finding strategy recommended by NICE, offering eligible individuals three yearly health checks²⁶. There is no routinely available data to review the completeness of case-finding in primary care annual reviews. Individuals at high risk of diabetes that fall outside these two main approaches are not routinely offered case finding in CTMUHB. Further work is needed to develop a cohesive evidence-based case finding approach for diabetes in CTMUHB.

The **All-Wales Diabetes Prevention Programme (AWDPP)** is implemented within two GP clusters in CTMUHB and between October 2022 and December 2024 had an uptake of 60% (Wales average 48%). This programme needs to be rolled out across CTMUHB and at HMP Parc and equity of uptake reviewed. There are plans to implement roll out across CTMUHB in 2025-26 but there is only fixed term funding secured until March 2026.

There is no core funded **T2DM remission service** available in CTMUHB as recommended in the Welsh Quality Statement for diabetes¹³. Value Based Healthcare funding has been secured for 2025-27 to establish and evaluate a remission service for adults with T2DM in CTMUHB.

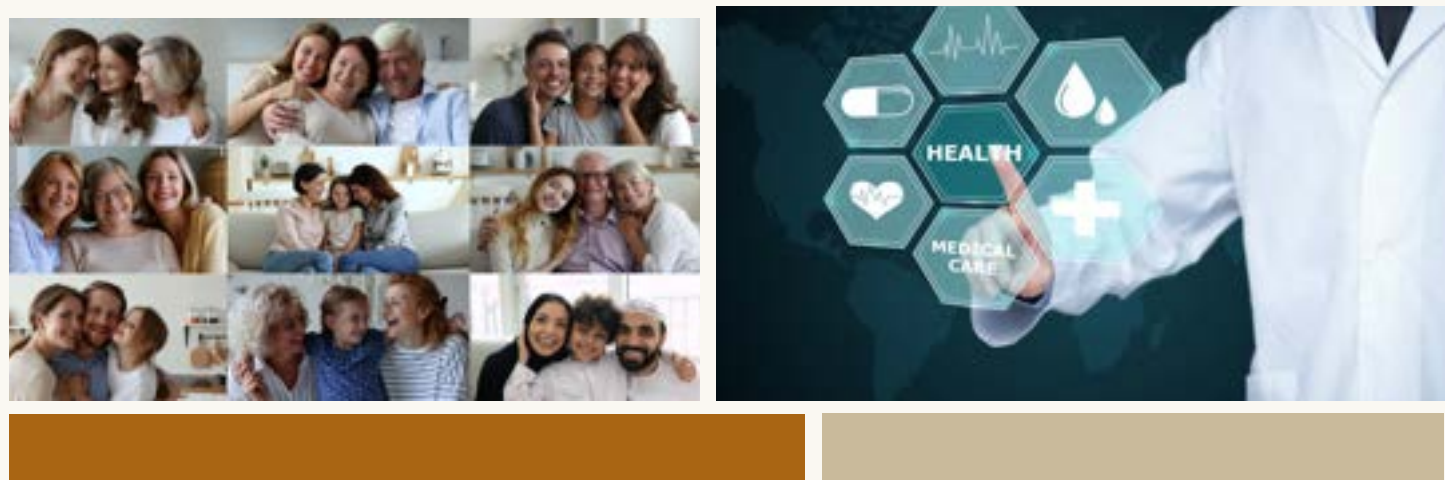
4.5.2 DIABETES EDUCATION AND SUPPORT

Provision of structured diabetes education for adults with type 1 and type 2 diabetes is variable across CTMUHB. Delivery of the SEREN at diagnosis structured diabetes education programme for children is implemented whilst an inpatient over a 5-day period for the majority of CYP newly diagnosed with diabetes in CTMUHB. This model is implemented to ensure that CYP and their families receive a substantial amount of education and opportunity to become familiar with the practical management of diabetes at diagnosis as an inpatient. Uptake of this programme across CTMUHB is higher than the uptake of adult programmes, but due to staff capacity there is no regular provision of SEREN Active+ or SEREN pumps courses at CTMUHB, and uptake of structured education programmes for young people (Moving to year 7 and SEREN Connect) are much lower than those delivered at diagnosis – see appendix 3 for more detail.

Adults with T1DM resident in Merthyr and RCT can access the 5-day structured education course DAFNE which is delivered at PCH and RGH. Due to a lack of dietetic capacity at POW, DAFNE is not available for Bridgend residents with T1DM who are as an alternative offered access to Carbohydrate Counting education group sessions. Adults with T2DM across CTMUHB can access a variety of education options, including the 6-week X-PERT diabetes structured education, X-PERT insulin, a single dietetic assistant led group session (Diabetes Awareness Session – DAS), and individual education.

Further work is needed to ensure the equitable provision of evidence-based structured diabetes education for children, young people and adults with T1 and T2DM in CTMUHB.

There are two patient and parent/guardian support groups for children and young people with diabetes and one support group for adults with diabetes in CTMUHB. These both provide support to individuals/families and engagement opportunities for the UHB to improve and develop diabetes services. Further work is required to engage with individuals living with diabetes in CTM to understand the need to develop additional diabetes support services/groups across CTMUHB.



4.5.3 DIABETES MONITORING AND TREATMENT SERVICES

Care of those with diabetes starts from pre-conception, continues to end of life, and involves a wide range of healthcare professionals across primary, community and secondary care. As a result, the provision of diabetes care can be fragmented and uncoordinated, with health professionals working in silos, patient information recorded on different clinical information systems, and individuals with diabetes trying to navigate through a complex healthcare system. The new CTMUHB Diabetes Programme has been developed to facilitate the delivery of a co-ordinated, equitable, high-quality, evidence-based and adequately resourced diabetes service across the whole of CTMUHB.

Diagnosis and routine monitoring of adults with T1DM and T2DM plus the management of adults with T2DM is primarily undertaken in Primary Care by General Practitioners and Practice Nurses, with support from the Community Diabetes Specialist Nursing Team.

Primary Care has recently identified the need for focused work to improve uptake and completeness of diabetes annual reviews, including monitoring of all 8 essential care processes. As of 1/2/25, 42.11% of adults with diabetes in CTMUHB had all 8 care processes recorded within the previous year. Adults with T1DM had 21.61% uptake compared to 43.69% in those with T2DM, although this uptake is based solely on data extracted from primary care clinical systems. Measurement of Urine ACR and foot surveillance had the lowest uptake¹². There is significant practice and cluster-level variation in uptake of all 8 care processes across CTMUHB – see appendix 3 for more detail.

There is currently no CTMUHB T2DM pathway – prevention through to glucose management – implemented across Primary Care and, whilst it is assumed, it is unknown whether NICE T2DM management guidelines^{20, 21} are being fully implemented at a practice level across the UHB. Further work is thus needed to develop an equitable and sustainable model of care for T2DM within Primary Care.

Management of adults with T1DM, young adults with T2DM, those with complex T2DM, prenatal counselling, management of diabetes in pregnancy, management of complex diabetic foot disease, and care for people with diabetes during their inpatient stay, as well as advice and support to non-specialist healthcare professionals at acute hospital sites and in the community, is delivered by Secondary Care services across CTMUHB. This care is primarily provided by three separate diabetes Multidisciplinary Teams (MDTs) within each local authority area, with care delivery centred around the three District General Hospitals (DGHs) Prince Charles Hospital (PCH), Princess of Wales (POW) and Royal Glamorgan Hospital (RGH). These three diabetes MDTs have different staffing ratios of consultant diabetologists, diabetes specialist nurses, healthcare support workers, podiatrists and specialist diabetes dietitians.

Prevention and management of diabetes complications is also delivered by consultant microbiologists, ophthalmologists, radiologists and trauma and orthopaedic surgeons across the three DGHs in CTMUHB, and by renal physicians and vascular surgeons based at University Hospital of Wales (UHW). It is expected that specialist services implement NICE guidelines in addition to other national/international guidelines as outlined in appendix 3, but there is a need to review current diabetes pathways and policies across the three DGHs to ensure that diabetes care is high quality and evidence-based, and is delivered equitably across CTMUHB.

The care of children and young people (CYP) with T1DM and T2DM across CTMUHB is provided by one multidisciplinary diabetes specialist team. This MDT implements evidence-based national and international guidelines as outlined in appendix 2. Uptake of care processes for children and young people is higher and shows much less variation across the health board than seen in adults – see appendix 3 for more details. Operating as one CYP diabetes MDT means that policies and procedures are implemented across the whole of CTMUHB resulting in less variation in care provision than that demonstrated in adult diabetes services.

However, there is insufficient administrative resource within the CYP diabetes service to meet procurement demands, MDT coordination requirements, support for collation and analysis of NPDA data, clinic management, and support for ongoing quality and service improvement across CTMUHB.

Further work needs to be undertaken to review staff resources and the current service delivery model for CYP diabetes services in CTMUHB.

4.6 SUMMARY OF IDENTIFIED GAPS

A gap analysis comparing current provision in CTMUHB with national requirements and gold standard guidelines has been completed and has identified the following key gaps in service provision.

4.6.1 DIABETES PREVENTION

- Inadequate provision of adult weight management services; no paediatric weight management service^a
- Lack of comprehensive diabetes case finding approach
- Diabetes prevention programme only implemented in 2 clusters in CTMUHB; funding only available until March 2026, no confirmed funding for AWDPP from April 2026. Pan health board role out 25-26 planned but again with fixed term funding until 26. Sustainable funding required.
- No diabetes remission service; Value-Based Health Care funding secured until March 27, sustainable funding required.

4.6.2 DIABETES EDUCATION

- Low uptake of adult structured education services in CTMUHB
- Low uptake of SEREN Connect; uncertain future funding of SEREN programmes
- Pre-conception advice not routinely covered in SEREN Connect
- No DAFNE structured education course provision for adults with T1DM at POW

4.6.3 DIABETES CARE

- Low uptake of all 8 essential care processes in adults
- Low coverage of diabetes eye screening
- No funding for a designated CTMUHB inpatient podiatry service post March 2027
- No CTMUHB inpatient diabetes pathway – currently in development
- No self-referral pathway to primary/secondary care podiatry services
- Staffing capacity is insufficient for current paediatric diabetes caseload; inequitable transition service due to insufficient adult staffing
- Diabetes speciality nursing and dietetic capacity insufficient across CTMUHB
- No adult diabetes psychology service; insufficient paediatric psychology service (no psychology for 18–25-year-olds)
- No CTMUHB implemented pathways for T1DM, T2DM or GDM
- Inequitable pre-conception service provision across CTMUHB
- National GDM pathway does not include the requirements for annual follow up

^aWeight management services are beyond the scope of this strategic plan. T2DM prevention includes weight management, however this sits within the Healthy Weight Road Map for CTMUHB.

4.6.4 EQUITY AND ENGAGEMENT

- No routine data to assess equity of diabetes prevention and management services
- No support groups for adults located in Bridgend or Merthyr
- No comprehensive approach to patient engagement re diabetes services in CTMUHB

A summary of the gap analysis is outlined in appendix 3 and 4.

5. WHAT WE WANT TO ACHIEVE IN CTM

Our organisational strategy CTM2030: Our Health, Our Future has four strategic goals:

- Creating Health
- Improving Care
- Inspiring People
- Sustaining our Future

The diabetes programme of work in CTMUHB cuts across all four strategic goals and this strategic plan seeks to embed the overarching CTM2030 vision and priorities within the diabetes programme.

5.1 CTMUHB VISION FOR DIABETES

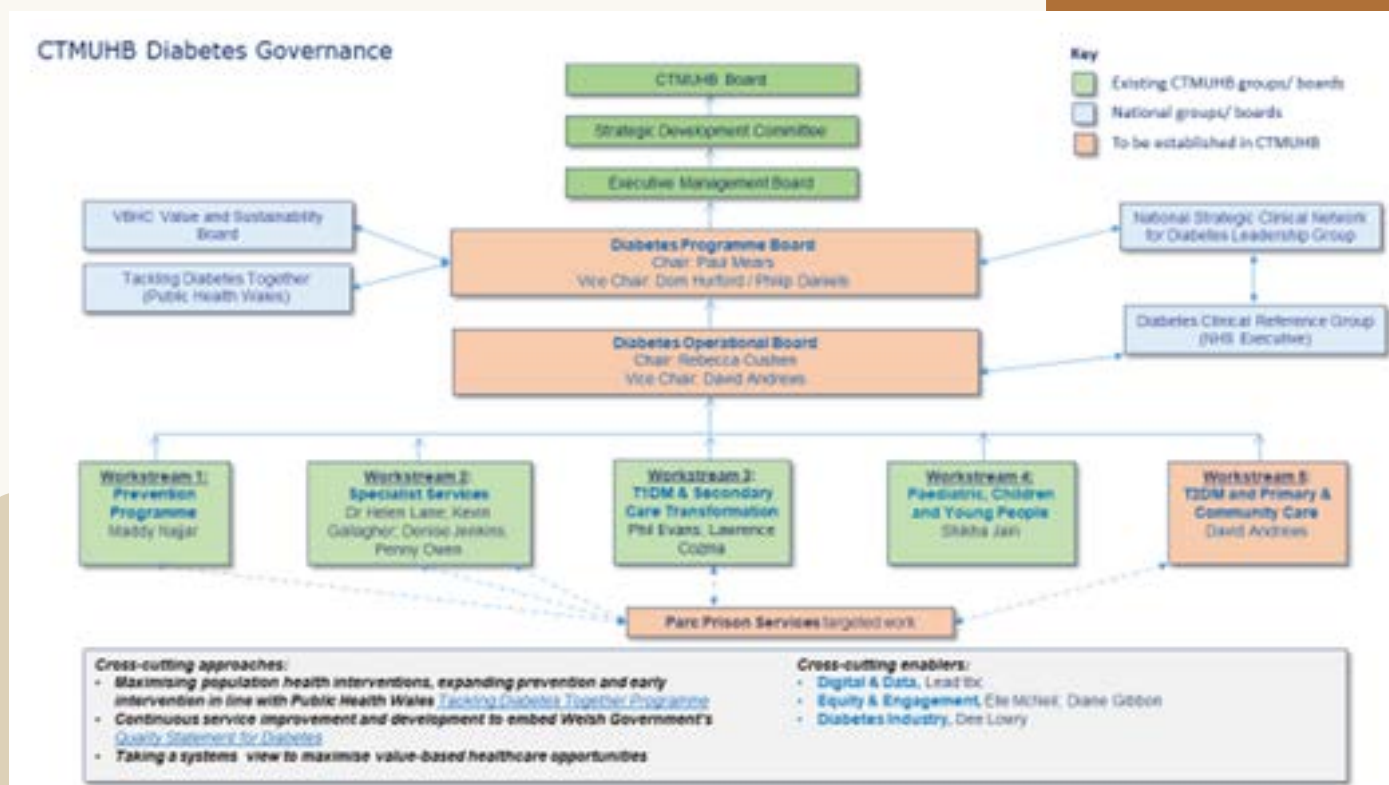
The diabetes programme in CTMUHB has three strategic objectives:

1. Prevent or delay the onset of T2DM in those with modifiable risk factors
2. Prevent poor outcomes through effective diabetes care
3. Ensure equitable provision of all aspects of the diabetes pathway in CTMUHB

5.2 DIABETES GOVERNANCE IN CTM UHB

A Strategic Diabetes Programme Board has been established to provide strategic oversight, guidance and challenge. It will ensure alignment of the workstreams responsible for delivery of this 5- year strategic plan with governance as outlined below:

Figure 5: CTMUHB Diabetes Programme Governance Structure



5.3 OUR DIABETES PRIORITIES

The overarching priorities for years 1-3 are:

1. Review all diabetes services across CTMUHB to ensure services are high quality, evidence-based, equitable and meet the Welsh Government Quality Statement for diabetes and NICE guidelines.
2. To deliver service innovation that improves patient outcomes and diabetes management through harnessing new and emerging technologies and modernising diabetes services.
3. To develop, deliver and evaluate diabetes prevention and remission services in CTMUHB, ensuring core funding is secured from 2026 onwards.
4. To strengthen co-production and engagement with people living with diabetes across our communities.
5. To develop a diabetes data dashboard that supports implementation planning and monitoring and meets Welsh Government reporting requirements.

These priorities and the individual workstream priorities will be supported, guided and monitored via the Operational and Strategic Programme Boards. During Quarter 3 of year 2, all workstreams and the boards will review progress made towards achieving these priorities in order to set priorities for year 3-5. This will enable the diabetes programme to move flexibly, responding to new priorities and developments, inclusive of technological advancements in the management of diabetes. Workstream priorities are outlined in appendix 5 and have been developed with workstream leads following the gap analysis.

6 NEXT STEPS

6.1 OPERATIONAL PLANS

Workstream leads will develop annual plans outlining key deliverables and metrics mapped against the strategic plan’s priorities. The Diabetes Operational Board will be responsible for collating the overarching plan and reviewing implementation via quarterly progress reports.



6.2 STRATEGIC PLAN UPDATES

Future publication of new or updated national guidance, policies or Welsh Government mandates relating to diabetes may require this strategic plan to be updated within the next 5 years. Any update to this strategic plan will need to be agreed by the CTMUHB Diabetes Operational Board and formally signed off by the CTMUHB Strategic Diabetes Programme Board. During Quarter 3 of year 2, all workstreams and the boards will review the priorities and progress made towards achieving these in order to set priorities for year 3-5.

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8 GLOSSARY OF TERMS AND ABBREVIATIONS

Abbreviation / Acronym	Descriptor/ Full name
ACR	Albumin Creatinine Ratio
AWDPP	All-Wales Diabetes Prevention Programme
CGM	Continuous Glucose Monitoring
CSI	Continuous Service Improvement
CTMUHB	Cwm Taf Morgannwg University Health Board
CV	Cardiovascular
CVA	Cerebrovascular Accident /'Stroke'
CYP	Children and Young People
DESW	Diabetic Eye Screening Wales
DIVA	Diabetes Insight & Variation Atlas
DKA	Diabetic Ketoacidosis
GDM	Gestational diabetes
HCL	Hybrid Closed loop
LoS	Length of Stay
MDT	Multidisciplinary Team
MI	Myocardial infarction/'Heart attack'
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NDISA	National Diabetes Inpatient Safety Audit
NICE	National Institute for Health and Care Excellence
NPDA	National Paediatric Diabetes Audit
NPID	National Pregnancy In Diabetes Audit
PCH	Prince Charles Hospital
PCIP	Primary Care Information Portal
PHW	Public Health Wales
POW	Princess of Wales
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcomes Measure
RGH	Royal Glamorgan Hospital
T1DM	Type 1 diabetes mellitus
T2DM	Type 2 diabetes mellitus
TDTP	Tackling Diabetes Together Programme
TIA	Transient Ischaemic Attack/'Mini stroke'
UHW	University Hospital of Wales
WG	Welsh Government
WHSCC	Welsh Health Specialised Committee
WISE	Wellness Improvement Service
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

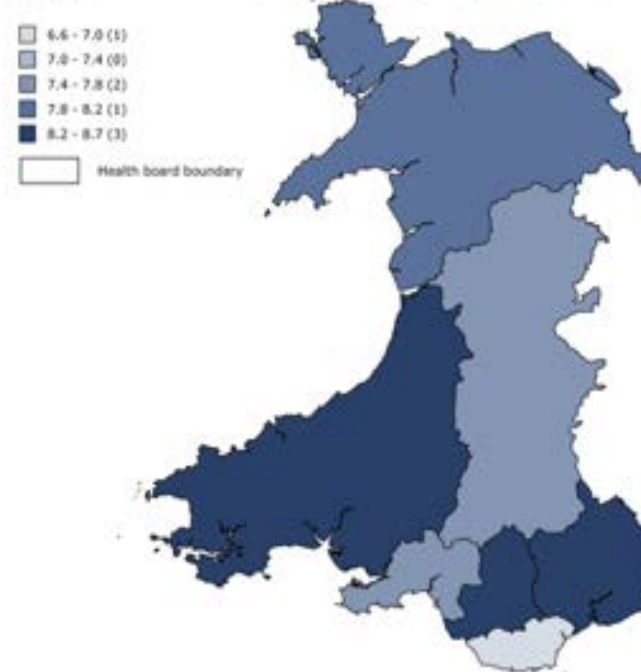


(Agenda Item) 5.6		(Date of Meeting) 1 October 2025	Strategic Development Committee	Diabetes 5yr Strategic Plan
FOI Status:	Please select: Open			
If closed please indicate reason:				
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Planning and Commissioning			
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Planning and Commissioning			
Approving Executive Sponsor:	Executive Director of Strategy and Transformation			
Report Purpose	Please Select: Endorse for Board Approval			
Engagement undertaken to date:	Diabetes Operational Board; Diabetes Strategic Programme Board; Stakeholder Reference Group; Cwmbach Diabetes Support Group			
			Impact Assessment:	
			Indicate the Quality / Safety / Patient Experience Implications:	Improved patient care and health outcomes
			Related Health and Care Standard	Leadership & Accountability
			Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes (include date) No (Explain why)
			Are there any Legal Implications /Impact.	No
			Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes or No If Yes please include brief detail.
			Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health

Diabetes in CTM

- ~10% NHS budget is spent on treating diabetes, with ~80% linked to managing the complications of diabetes. Prescribing costs have nearly doubled since 2014/15. In 2022/23 we spent ~£17 million on drugs to manage diabetes.
- Type 2 diabetes mellitus (T2DM) makes up 90% of cases and its onset and development of complications is largely preventable.
- The major risk factor for developing T2DM is unhealthy weight. CTM has the some of the highest levels of overweight and obesity in Wales, linked to our high levels of deprivation, poverty and our obesogenic environment.
- By 2035/36 PHW modelling suggests we will have between 31,000 – 75,000 registered diabetics.

Primary care diabetes disease register, percentage of registered patients aged 17+, Wales, 2021-22



Produced by Public Health Wales-OCAT & CDSC, using QAIIF (DHCW)

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Area	Registered patients with diabetes (% aged 17+)
Aneurin Bevan UHB	8.65
Betsi Cadwaladr UHB	7.87
Cardiff & Vale UHB	6.63
Cwm Taf Morgannwg UHB	8.59
Hywel Dda UHB	8.36
Powys THB	7.81
Swansea Bay UHB	7.75

- We have the 2nd highest percentage of registered patients with diabetes in Wales (8.59%).

Diabetes Care Pathway at CTMUHB



Measure
Number & % of people at high risk (HbA1c 42-77 mmol/mol) of developing type 2 diabetes who are invited to All Wales Diabetes Prevention Programme (AWDPP)
Change in prevalence of people diagnosed with T2D diagnosis over time (adults and paediatric)
Compliance with T1 pathway for first year after diagnosis (adults and paediatrics)
(%) Adherence to the bundle of 8 care processes plus DESW for paediatrics
% of established people achieving HBA1 treatment target (<58 mmol/mol) when appropriate
Is there a plan for roll out close loop monitoring technology? Y/N
LoS for emergency and elective admission vs non diabetes pts.
Do HB have plans to identify, monitor and mitigate inequalities of care in your HB? Y/N
Which of these groups/ characteristics have specific strategies in place? Care homes, ethnicity, poverty, learning disabilities diabetes pts, LAC diabetes pts, asylum seekers, homeless pts, prison pts, other - specify

- WISE service – CVD health checks for 40+ T2DM risk assessment
- AWDPP being rolled out across CTM
- Healthy weight management – *adults*
- Healthy lifestyle programme PIPYN – *children & families*
- Diabetes awareness comms approach

- 8 care processes – targeted work
- GDM screening for at risk patients
- Diabetes Community service

- Inpatient care
- Structured education – XPERT & DAFNE
- Remission service (VBHC)
- Pre/ pregnancy/ post-natal diabetes support (T1DM/ T2DM)
- Diabetic eye screening
- HCL 5yr plan delivery
- Trialling CloudCare agnostic HCL monitoring & triage

- Management of known complications
- Transition planning/ SEREN for CYP to adult service
- Urgent admissions for diabetes
- 'Think Glucose'
- Specialist diabetes podiatry inpatient & community service
- Developing Diabetes stakeholder group
- Developing long-term condition approach within PCC
- Primary & secondary care clinics for complex patients

High-level Objectives

1. Prevent or delay the onset of type 2 diabetes in those with modifiable risk factors
2. Preventing poor outcomes through effective diabetes care
3. Ensure equitable provision of all aspects of the diabetes pathway in CTM

Overarching priorities: Years 1-3

1. Review CTMUHB diabetes services – ensure high quality, evidence-based, equitable and meet WG quality standards and NICE guidelines
2. Deliver service innovation that improves patient outcomes – new technologies, modernising services
3. Develop, deliver and evaluate diabetes prevention and remission services in CTMUHB to enable ongoing delivery
4. Strengthen co-production and engagement with people living with diabetes across our communities
5. Develop a diabetes data dashboard that supports implementation planning and monitoring and meets WG reporting requirements

Strategic Management & Delivery

Diabetes Strategic Programme Board:

- Provide strategic oversight, guidance and challenge to diabetic services across CTMUHB
- Ensure delivery of CTMUHB Strategic Diabetes 5yr plan and implementation of HCL 5yr plan

Diabetes Operational Board:

- Enable critical examination of workstreams progress and identify cross-cutting areas of work, issues or concerns
- Share learning from National Groups, external events and across workstreams
- Agree reporting of progress, risks and matters for escalation

Developing Coproduction approach:

- Working with children, young people and parents-carers of T1DM/ T2DM in partnership with paediatric diabetes services and local diabetes support groups
- Developing a Diabetes Stakeholder Engagement Group
- Staff as patients – exploring their lived experience via staff survey *Diabetes Week*
- Working with local Diabetes Support group to develop and deliver Diabetes Week events

Partnership Working

- PHW Tackling Diabetes Programme developed behavioural systems map around the 8 care processes
- Participated in Tackling Diabetes Inequalities Diabetes Roadshow
- Supported PHW stakeholder Hackathon
- Represented Wales Health Boards in the development of the National Diabetes PROM – National Diabetes Implementation Group
- Jointly delivered diabetes week engagement stands with Diabetes patient groups, Health Board staff and Diabetes UK
- Industry projects with Medtronic and Cloudcare, and AstraZeneca
- Evidence review of patient activation to support in T2DM
 - Developed training intervention to support annual training sessions on diabetes for Practice Nurses and Health Care Support Workers to improve activation using behavioural science
 - Piloting behavioural science informed letters to improve urine ACR uptake and completion within 8 care processes – *to be evaluated to consider equity of uptake*

Specific Matters for Consideration:

The Committee are asked to:

- Review and **Endorse for Board Approval** the Diabetes 5yr Strategic Plan.

Key Risks / Matters for Escalation:

The Committee are asked to:

- Review and note the identified key gaps within the document.
- Note that there is no secure funding identified to continue the current level of diabetes prevention and remission services currently delivered in CTMUHB – these are funded via PHW, SPCC and VBHC until 2026/2027. Rebalancing our existing budgets and service delivery will be required to enable investment in prevention based services to mitigate the rise in our population of T2DM diagnosis and the ongoing poor health outcomes and costs associated with this.

Strategic Development Committee

Digital & Data Transformation Progress Update

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Stuart Morris Director of Digital & Data
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Suzanne Rodgers Assistant Director of Digital Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris Director of Digital & Data

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
AI	Artificial Intelligence
CDR	Clinical Data Repository
CTM	Cwm Taf Morgannwg University Health Board

DHCW	Digital Health and Care Wales
Acronyms / Glossary of Terms Contd.	
ED	Emergency Department
ePMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
IMTP	Integrated Medium Term Plan
IP	Inpatients
LA	Local Authority
L&D	Learning & Development
LIMS	Laboratory Information Management System
OP	Outpatients
PIT	Productivity, Improvement and Transformation
RISP	Radiology Information System Programme
WG	Welsh Government
WPAS	Welsh Patient Administration System

Introduction

The purpose of this report is to provide the Strategic Development Committee with an update on the progress of Digital & Data Transformation with the support of our Strategic Partner to deliver the Health Board's Strategy, Building Healthier Communities Together.

Key Success Factors

Delivering change through technology is complex, however if executed in the right way, the benefits can be significant in terms of patient safety, staff productivity, patient and staff experience and patient outcomes.

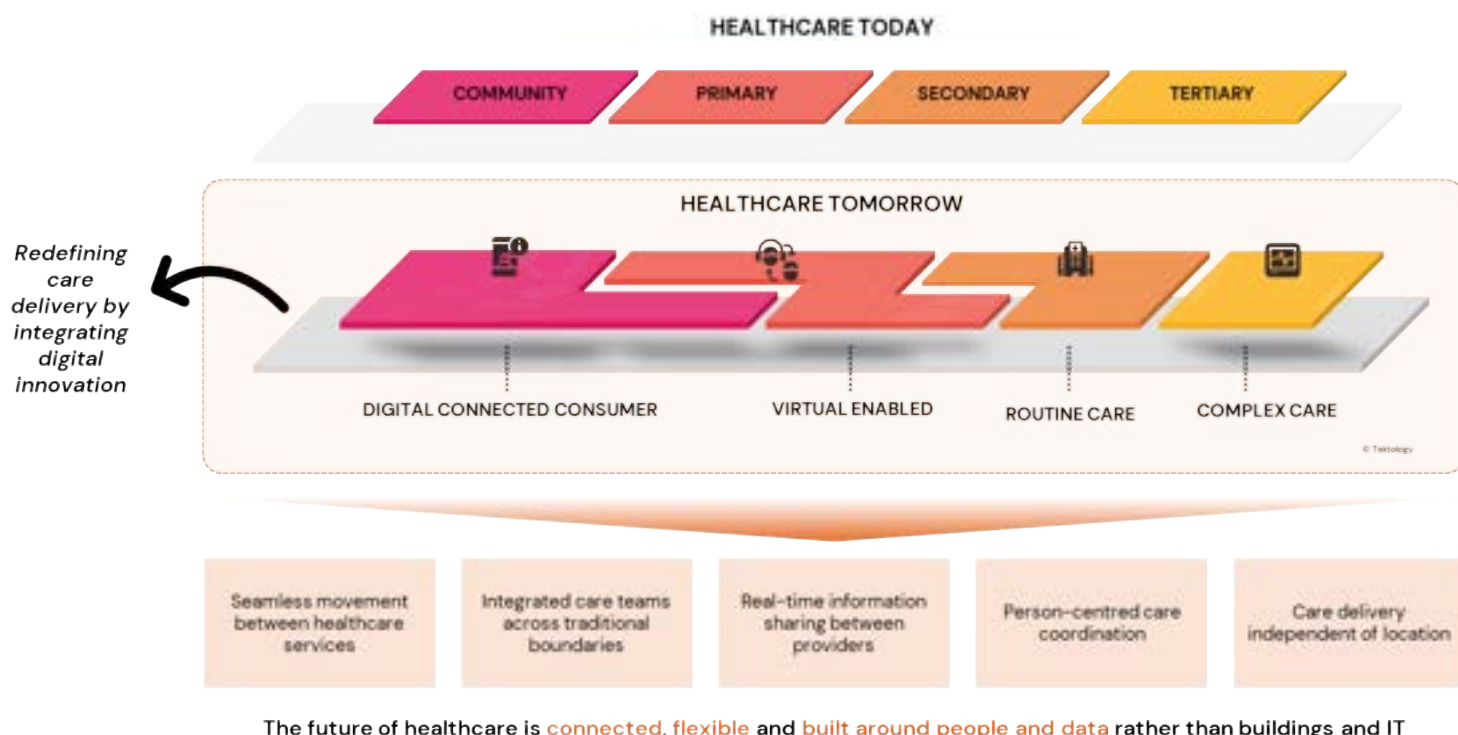
Key to success will be: -

- Strong Clinical and Operational leadership
- Securing Funding
- Recruiting the Skilled Workforce
- Procuring the Right Solutions
- Robust Governance & Assurance

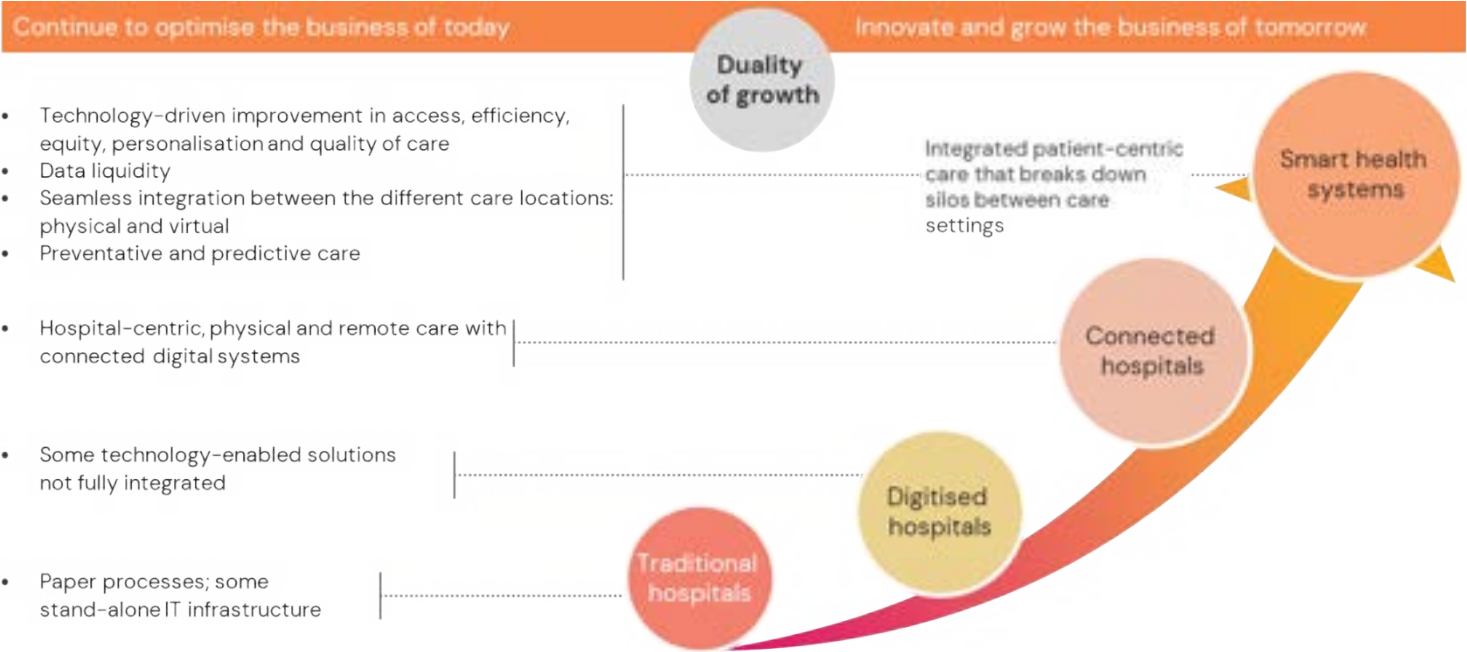
CTM 2030 clearly articulates that digital & data transformation is a key enabler of Improving Care. The Digital & Data Directorate shares this ambition and is committed to working with our leaders and teams from across CTM to drive forward and deliver the change for the betterment of our staff and communities that we serve.

1. Situation / Background

1.1 In July 2025, the Strategic Development Committee received a presentation that outlined the following regarding a shift in the way in which health and care services are being delivered.



1.2 The challenge for the Health Board, and wider NHS in Wales will be to determine how we deliver this model to provide our services of tomorrow.



1.3 Technology is opening pathways for Health & Care transformation.

IoT and wearables	Connected using 5G	Edge computing	Cloud
IoT has been driving the evolution of wearables devices in the healthcare industry, where medical devices and applications share data with IT systems	5G enables hyperconnectivity through sensors, wearables and other devices and facilitates connected ecosystem and remote surgeries	Edge computing is helping bring data storage and computation closer to data sources helping improve data security and deliver real-time	Cloud computing is improving scalability of health IT infrastructure, allowing for effective data storage, and enhancing data security and interoperability
Use Cases			
Enable care planning through data-collection, reminders and monitoring Enable home care Population health management	Expanding access to treatment Engaging with multidisciplinary teams from diverse geographies AI-assisted robotic surgeries	Personalised care plans Improving resource efficiency in hospitals Detection of abnormal patient parameters in real-time	Data repository from disparate sources Improves data accessibility across networks Enhances data security and privacy

2. Specific Matters for Consideration

2.1 There is only one Health Board Strategy. The key will be how Digital & Data programmes run through our transformation work.



Interoperability Standards, Data Management

2.2 Delivering Digital & Data Technologies is not just about Systems or Applications. Some foundational capabilities will also need to be implemented at the outset.



- 2.3 The Health Board can utilise existing challenges and programmes as a catalyst for change.



3. Key Risks / Matters for Escalation

With any programme of work there are key risks regarding structure, appetite for change and appropriate allocation of resources that could prevent the successful delivery of the Digital and Data Plan.

The Plan has a core principle which aims to keep the organisation safe, secure and resilient, enabling our clinicians and colleagues to be at their most productive, modernize the way we deliver care and ultimately **improve care**.

When considering risks for delivery of the Roadmap:

- 3.1 Adoption and embedding long term sustainable change enabled by technology
- 3.2 Closing the gap on Digital Exclusion for our Staff, Patients and wider Communities

3.3 Dependency on third parties to deliver the requirements of each project and programme within the set delivery milestones

3.4 Ability to recruit the right skillsets & capabilities to meet the evolving technology needs.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below: All
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below: All
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below: All
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

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

Impact Assessment		
Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Equality:	If no, please include rationale below:
	POSITIVE	
	Outcome for Welsh Language:	Individual Project level
Cyfreithiol / Legal	NEUTRAL	
	Yes (Include further detail below)	
Enw da / Reputational	Procurement / Partnerships	
	Yes (Include further detail below)	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Delivery / Approach / Safety	
	Yes (Include further detail below)	
	Recurrent funding identified in the IMTP for 2025/2026	

5. Recommendation

- 5.1 The Committee are requested to **NOTE** the contents of the report and how this will form the cornerstone of our Strategic Plan for Digital & Data.

6. Next Steps

- 6.1 Board Development Session planned for 23 October 2025
- 6.2 Delivery of key milestones in 2025/2026, namely ePrescribing (ePMA), Laboratory Information Management System (LIMS) Upgrade and Maternity.
- 6.3 Delivery of procurement activities to support our Patient Centre Contact Transformation.
- 6.4 Development of a roadmap for financial years aligned to our three-year IMTP.



Agenda Item

5.8.1

Strategic Development Committee

Director of Public Health Annual Report 2024/25

Starting Well, Living Well: Working together to support the
Early Years of Life

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Rob Green, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Not applicable.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 The Director of Public Health's Annual report is an opportunity to reflect on a key issue to the health of our population here in Cwm Taf Morgannwg.
- 1.2 This year's report focuses on the early years of life, a critical period for laying the foundations of lifelong health.
- 1.3 The report highlights key issues and examples of work being done across Cwm Taf Morgannwg (CTM) to improve outcomes for children and families.
- 1.4 Despite many positives, persistent inequalities remain, with a majority of families living in the 40% most deprived areas of Wales. Among other metrics, in CTM we have:
 - Higher rates of maternal smoking and obesity
 - Higher rates of low birth weight
 - Reduced breastfeeding rates
 - Increased levels of childhood obesity
 - Increased rates tooth decay
- 1.5 Our poorer outcomes in the early years feed through to reduced healthy life-expectancy.
- 1.6 With the national withdrawal of the Early Years Transformation programme in 2023 there has been a gap in regional collaboration and co-ordination to improve health outcomes in the early years.
- 1.7 The Regional Partnership Board's upcoming Babies, Children and Young People Strategy presents an opportunity for renewed focus in this space.
- 1.8 Prioritisation of action on the early years by partners across our regional system is essential if we are to turn the tide on patterns of increasing of ill health in our region and reduce health inequalities.

2. Specific Matters for Consideration

- 2.1 The report emphasises the importance of prioritising the health of the youngest members of society.
- 2.2 Action to improve health and wellbeing of children and families in the early years is essential for reducing health inequalities and improving long term health outcomes in the
- 2.3 The report covers key opportunities for improving health and wellbeing in the early years, including:
 - Preconception and the first 1000 days, including maternal health, family bonding, and breastfeeding

- Health improvement and protection, including vaccination, healthy weight, and oral health
- The foundations of health, including child poverty and collaborating between health and education.

2.4 Overall, we highlight the need for a coordinated, system wide approach to address these issues and reduce health inequalities.

3. Key Risks / Matters for Escalation

- 3.1 There is currently a lack of prioritisation of action to improve outcomes in the early years across CTM.
- 3.2 There is currently a lack of regional co-ordination to improve outcomes in the early years across CTM.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring or people, improving care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: Cuts across all domains
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: All
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:

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

Impact Assessment

Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not relevant
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not relevant (Translated version will be published simultaneously)
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Working with partners to strengthen our approach in the Early Years will have a positive reputational impact	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	No direct impact, however the report is an opportunity to reflect how we resource and support work on the Early Years as a health board.	

5. Recommendation

- 5.1 The Committee is asked to **endorse this report for submission to Board**, following which the report will be launched in collaboration with communications colleagues.
- 5.2 The Public Health Annual Report makes a set of key recommendations, though these are not an exhaustive set of recommendations they provide an indication of opportunities for improvement across the system.
- 5.3 Recommendations include:
- 5.3.1 Cross Cutting Recommendations
- Reinvigorate and prioritise system-wide work across the early years, focusing on co-production, collaboration, and integration.
 - Match collaborative action with joint commissioning and sustainable models of funding.
 - Advocate for national action, where levers lie beyond CTM.

- Maximise long-term benefits by considering early years in wider programmes (e.g., smoking cessation in pregnancy).
- Explore better sharing and utilisation of existing data across the early years, linking data to system priorities.

5.3.2 Pre-conception and the first 1000 days:

- Develop a Public Health & Maternity plan to take a systematic approach to prevention and equity.
- Review provision of long-acting reversible contraception across CTM to improve access, focusing on priority groups.
- Learn from the preventative approaches developed by the CHOICE and Local Authority pre-birth programmes to build sustainable models of preventative care in the first 1000 days.
- Deliver the CTM infant feeding strategy, and ensure that breastfeeding rates are monitored at a strategic level.

5.3.3 Health Improvement and Protection in the Early Years:

- Take a whole system approach to healthy weight, working alongside the PIPYN programme to understand the lives of young families.
- Work to expand access to healthy, affordable food for children and families.
- Continue to work for high levels of vaccination for mother and child in CTM, with a focus on reducing inequalities.
- Learn from Designed to Smile access to dentistry pilots, sharing progress with educational colleagues.

5.3.4 Foundations of Health – Child Poverty and Education:

- Prioritise action on child poverty as part of regional collaborative working on the early years.
- Consider how system-wide efforts to benefits maximization can work with families with young children.
- Strengthen partnership working between health and education, and consider how data can be better used to understand challenges such as school readiness.
- Continue to lobby for clear national and UK level commitments to action on child poverty, including the lifting of the two-child benefit limit.

6. Next Steps

- 6.1 The report will be socialised across relevant stakeholder forums as part of our work advocating for action across the Early Years.

CTMUHB Director of Public Health Report 2024 - 2025

Starting Well, Living Well: Working together to support the Early Years of Life

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Acknowledgements

Thank you to the following teams and organisations for their support in bringing together this report, and for all the work that they are undertaking to improve outcomes for children and families in Cwm Taf Morgannwg:

CTMUHB, including Public Health, Primary Care, Strategy and Planning, Dietetics, Health Visiting and Maternity colleagues

Bridgend County Borough Council

Merthyr Tydfil County Borough Council

Rhondda Cynon Taf County Borough Council

Our Community and Voluntary Sector partners across CTM

Cwm Taf Morgannwg Regional Partnership

Public Health Wales

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Foreword

I'm pleased to present this year's annual report as Executive Director of Public Health for Cwm Taf Morgannwg University Health Board. This year we focus on the early years of life, a critical window where the foundations for lifelong health are laid.

In this report we give an overview of some of the key issues relating to the early years, and just a few examples of some of the excellent work taking place throughout Cwm Taf Morgannwg (CTM) to give children a better start in life.

The early years are complex, but full of opportunity. Across our health board, three local authorities of Rhondda Cynon Taf, Bridgend and Merthyr Tydfil, and numerous voluntary and community organisations, there is a wealth of positive work underway to improve outcomes for children and families in CTM.

While there are many positives, it's difficult to get away from the persistent inequalities in our region. A majority of our families live in the 40% most deprived areas of Wales. As a result, we see higher rates of maternal smoking, low birth weight, reduced breastfeeding, and increased tooth decay. Disparities such as these mean a child born in our most challenged communities can expect 11 fewer years of good health than one born in the most affluent areas.

In our report we look at key areas for giving children a better start and reducing health inequalities. We begin with preconception and

the first 1000 days, including maternal health, family bonding and breastfeeding. We then focus on vaccination and core aspects of health improvement in the early years, including healthy weight and oral health. Underpinning the long-term health of our children are the foundations of health – here we examine the impact of child poverty, and opportunities for working together between health and education.

By highlighting some of the brilliant work going on in CTM, we show some of the many opportunities for building on success and sharing learning across the region. It may be a cliché, but children are the future of our society. Investing in their health and wellbeing now is essential if we want a healthy and prosperous future.

Introduction

Purpose of this report

This report aims to give an overview of key issues relating to public health and the early years, alongside some examples of the excellent work being undertaken across the region to give children a better start in life.

This report is not an exhaustive account of the early years; capturing the breadth of work being undertaken in CTM, across a wide range of issues is beyond the scope. We aim to show the vital importance of prioritising the health of our very youngest members of society, and some of the ways in which we already do this.

The recommendations from the report do not constitute an Early Years strategy but are a series of pointers for us to consider as a system. More important than specific recommendations is the system wide prioritisation of work on the early years for the long-term gains of improving health and wellbeing and reducing inequalities.

Taking a life-course approach, we start at the point of preconception, highlighting the importance of good parental health, and support to plan pregnancies to give babies the best start. We then look at the importance of establishing our babies within the family unit, from infant feeding, maternal mental health and the parent infant relationship.

Following on, we look at key public health topics through an early years lens, including healthy weight, immunisations and oral health. Finally, we consider those wider building blocks of health, focusing on education, from pre-school to school readiness and taking a look at the wider impact of poverty on children growing up in CTM.

What's missing?

We are mindful that there are many areas that we could have covered in more detail. A range of professionals and programmes play a vital role in giving children a better start. Community midwives, health visitors, speech and language therapists and other health professionals play an essential part in the early years, as do local authority commissioners, social workers and family support workers and more.

There are established national programmes, such as Healthy Child Wales, and the Flying Start programme which are delivered locally, and form important parts of our early years system. This report touches on these, but is not a detailed review. We also do not look in depth at significant agendas, such as the Adverse Childhood Experiences (ACEs) agenda.

Early Years Definitions

In this report we are looking at the early years as the period from birth to the start of full-time schooling, between the ages of 4 and 5. We also include the concept of the first 1000 days – from conception to 2 years old, recognising the importance of a healthy pregnancy (and the impact of our health before conception).

Welsh Government defines the early years as the period of life from pre-birth to the end of Foundation Phase, or 0 to 7 years of age.

To give a flavour of key areas in the early years we structure our report around three themes:

- Preconception and the first 1000 days
- Improving and protecting health
- Working on the wider determinants

Data and our children in CTM

This report gives an overview of some of the key data relating to the early years in CTM (see pages 10-11). This shows that:

- We have a higher birth rate than many areas of Wales.
- Our children are born into higher-than-average levels of deprivation.
- Parents are affected by higher rates of risk factors for ill health, such as obesity and smoking.
- As a result, more children are born at a low birth rate (indicating a higher risk of a range of outcomes)
- By the age of 5 we can already see health inequalities, with higher rates of tooth decay and childhood obesity.

Beyond these highlighted figures routinely available data on the early years is limited, often with significant time lags. However, there is a wealth of data collected around the system, presenting an opportunity to improve our understanding of issues across the early years.

Spotlights on work in the Early Years

Throughout the report we highlight some of the great work underway around CTM, looking at the vital roles played by partners from our local authorities, voluntary sector and across the health board. Each one of these case studies has a lesson for our system.

St David's Baby Bank, in Merthyr Tydfil show the value of hyper-local community action in mitigating the impact of the poverty too many of our children grow up in. Our CHOICE service shows the value in tailoring services to the needs of underserved groups as we work to reduce health inequalities. The work undertaken through the Sarn Flying Start Scheme shows how we can bring local partners together to take a holistic view of family needs and work with families whatever their challenges are. These examples show the importance of coming together collectively.

Investing in the Early Years¹

Investing in early years and family support programmes is one of the most effective ways to improve population health, reduce inequalities, and generate long-term savings across public services. The Heckman Curve (figure 1) shows the potential value of investing in the early years. A recent Public Health Wales review on investing for health, found:

Key areas for investment

- Support for pregnant women, new mothers, and young families, including social and health protection.

- Breastfeeding and nutrition programmes that improve health outcomes and reduce demand on services.
- Affordable, high-quality childcare, education, and health services, with a focus on universal access.
- The first 1000 days as a critical window for intervention.

What the evidence tells us

- All UK vaccination programmes are highly cost-effective
- Consistent delivery of early years programmes, such as the Healthy Child Wales Programme, is essential.
- Parenting programmes can return £15.80 for every £1 invested
- Enhanced mental health screening by midwives has delivered £490 million in net benefits over ten years.
- Breastfeeding promotion could save the NHS around £50 million annually.
- Early years education, especially for low-income families, returns £1.31 for every £1 spent.
- School and community programmes that support physical activity, nutrition, oral health, and mental wellbeing are cost-saving
- Reducing exposure to unhealthy food advertising and non-educational screen time can help reduce obesity risk.
- Integrated programmes involving schools, communities, and parents show promise in preventing early alcohol use.²

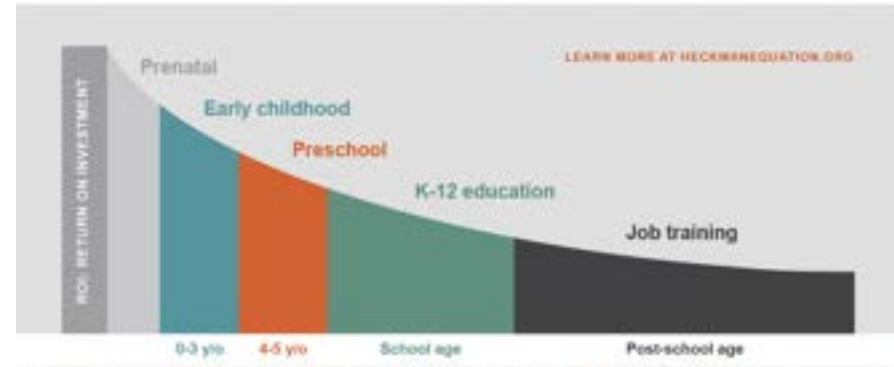


Figure 1: The Heckman curve shows the potential value of investing in the early years³

Strategic Links

There is no current national strategy specifically covering the Early Years. However, a range of policies and strategies stress the importance of a co-ordinated approach to take preventative action in the early years for lifelong health and wellbeing benefits.

Key Policies & Strategies and Frameworks include:

- Well-being of Future Generations Act (WBFG) (Welsh Government 2015)
- The United Nations Convention on the Rights of the Child (UNCRC, 1990)
- Child Poverty Strategy (Welsh Government, 2024)
- Collaborative Healthcare in Wales (RCPCH Report, 2025)

A number of national programmes operate to improve child health and reduce health inequalities. These include:

- **The Healthy Child Wales Programme (HCWP):** a core universal health visiting programme.



Figure 2: The 7 Goals of the Wellbeing of Future Generations Act

- **Childcare and Early Years Capital Programme (2025–2028):** funding to local authorities to improve childcare facilities.
- **Flying Start & Families First:** a national early years programme for families in our most disadvantaged areas.

The Best Start in Life: A Framework for Action

Public Health Wales’s framework sets out a vision for improving outcomes for babies, young children, and families in Wales by strengthening the early years system.

Developed collaboratively with professionals, parents, and carers, the framework defines what “the best start in life” means: a society where babies are safe, loved, and able to play and explore, supported by nurturing relationships and inclusive environments.

The framework identifies three foundational components:

1. **A society that values and listens to babies, children, and families**
2. **Shared vision, strategy, and leadership**
3. **Enabling structures and ways of working**

It also outlines seven thematic building blocks essential for reducing inequalities:

- Family-friendly, safe, and sustainable environments
- Safe and suitable homes
- Supportive communities and networks
- High-quality play, learning, and care
- Maximised family income and fair work
- Family-focused services
- High-quality universal and enhanced health services

Each component includes benchmarks for local, regional, and national action, offering a structured guide for identifying gaps and prioritising improvements.

Implementation is flexible, allowing different sectors to use the framework according to their context. It encourages collaborative leadership and cross-sector accountability. The framework also

calls for an updated outcomes framework to measure progress and ensure alignment with shared goals.

A call to reinvigorate local action

In 2023 the national Early Years Integration and Transformation Programme closed, leaving a gap in national direction and regional co-ordination of work across the early years. In related work to look at ambitions to support Starting Well the following draft set of system ambitions was produced:

Ambition 1: Infants and children reach their full health and wellbeing potential

Ambition 2: Families are resilient and are able to access the advice and support they need in the right place at the right time

Ambition 3: A regional multi-agency vision for Early Years provision is in place that is focused on positive outcomes for children

Ambition 4: Children are ready for entry into Nursery at age 3 and have confidence in their own abilities

The new Children and Young People's strategy for CTM, produced by the CTM Children's Board offers an opportunity to reinvigorate collaborative working on the early years, with an existing set of local ambitions as a starting framework.

Inclusive Language

The language we use in this report reflect that most pregnant and post-natal people identify as women. In practice this means that most commonly we use the terms "woman" or "women" to refer to

these service users in the information we produce. However, we also recognise diverse gender identities, and the importance of inclusivity and inclusive language and will use gender neutral language as well.

Recommendations

Recommendations here give a sense of work and approaches that could be taken forward, or existing actions that could be amplified to maximise impact to give children a better start.

Cross Cutting

Reinvigorate and prioritise system-wide work across the early years, focusing on co-production, collaboration and integration.

Match collaborative action with joint commissioning and sustainable models of funding.

Advocate for national action, where levers lie beyond CTM.

Maximise long term benefits by considering early years in wider programmes (e.g. smoking cessation in pregnancy).

Explore better sharing and utilisation of existing data across the early years, linking data to system priorities.

Pre-conception and the first 1000 days

Develop a Public Health & Maternity plan to take a systematic approach to prevention and equity.

Review provision of long-acting reversible contraception across CTM to improve access, focusing on priority groups.

Learn from the preventative approaches developed by the CHOICE and Local Authority pre-birth programmes to build sustainable models of preventative care in the first 1000 days.

Deliver the CTM infant feeding strategy, and ensure that breastfeeding rates are monitored at a strategic level.

Health Improvement and Protection in the Early Years

Take a whole system approach to healthy weight, working alongside the PIPYN programme to understand the lives of young families.

Work to expand access to healthy, affordable food for children and families.

Continue to work for high levels of vaccination for mother and child in CTM, with a focus on reducing inequalities.

Learn from Designed to Smile access to dentistry pilots, sharing progress with educational colleagues.

Foundations of Health – Child Poverty and Education

Prioritise action on child poverty as part of regional collaborative working on the early years.

Consider how system wide efforts to benefits maximisation can work with families with young children.

Strengthen partnership working between health and education, and consider how data can be better used to understand challenges such as school readiness.

Continue to lobby for clear national and UK level commitments to action on child poverty, including the lifting of the two-child benefit limit.

Early Years in CTM: Rapid Data Overview

Our rapid data overview gives some context to the health of our communities in CTM, where our babies will grow up. We are working as a team to publish more in-depth health profiles.

Age

There are 449,346 people living in CTM – 26,400 are aged between 0-5 years.

CTM has a similar proportion of 0–5-year-olds (5.9%) to the Welsh average (5.7%).

CTM has a slightly higher birth-rate, with more than 4,000 babies born in CTM every year, making up 14.6% of all births in Wales.

Life expectancy

Healthy life expectancy is lower in CTM than the Welsh average.

Life expectancy is lowest in our most deprived areas (7 years less for men, 5 years less for women).

Healthy life expectancy is lower in our more deprived areas (10 years less for men, 12 years less for women).

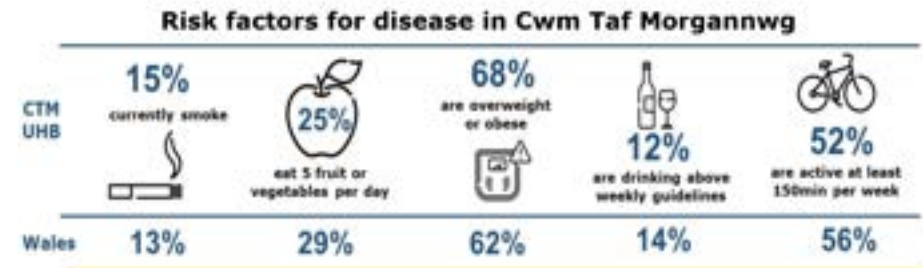
Deprivation

Cwm Taf Morgannwg University Health Board serves some of the most deprived populations in Wales.

56.5% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019).

Risk factors and healthy behaviours

In CTM there are significantly higher proportions of people who smoke, live with overweight or obesity or struggle to meet activity recommendations.



Health in the Early years

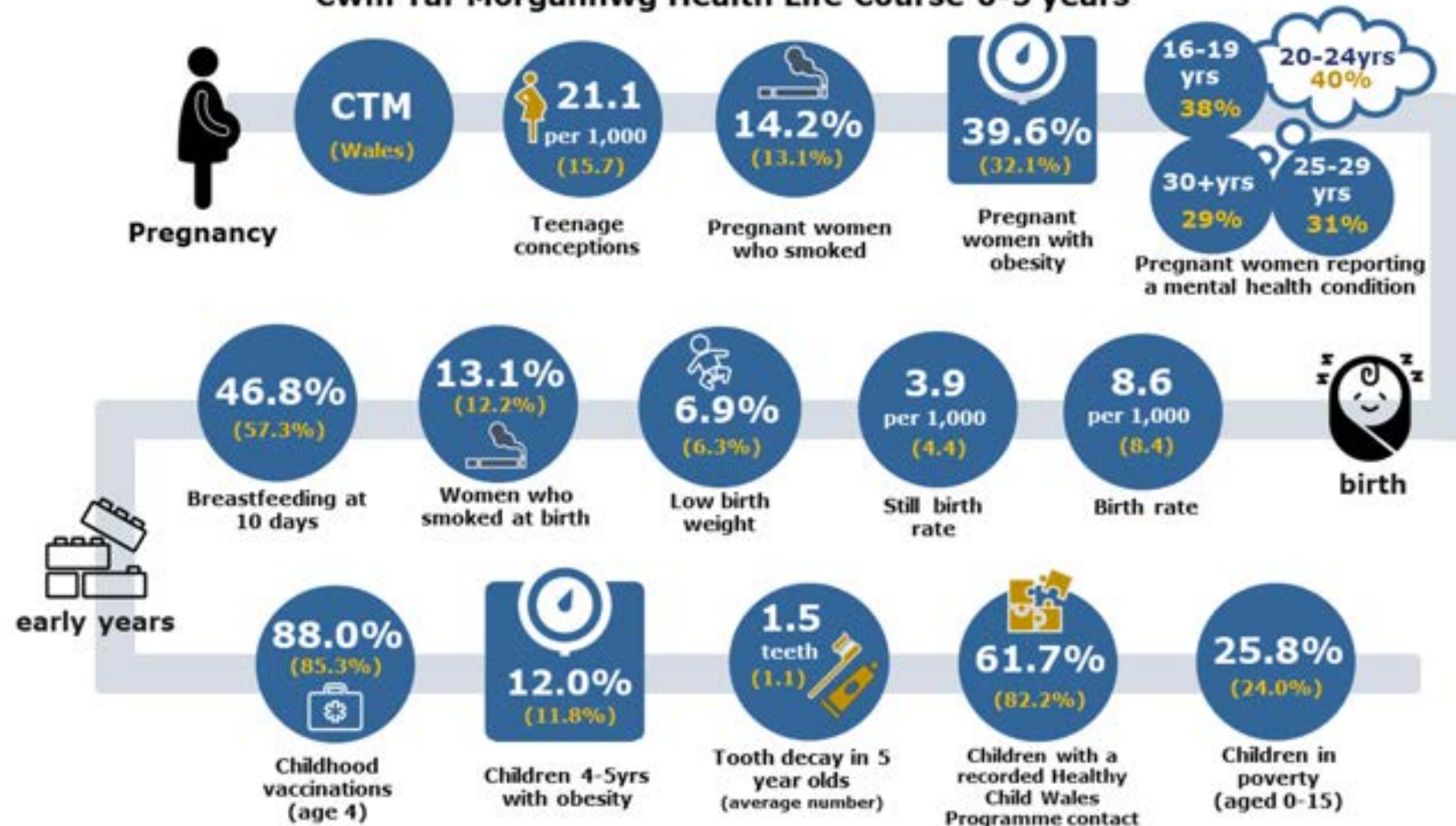
CTM has poorer outcomes on a number of measures of a healthy pregnancy such as high numbers of teenage conceptions, high numbers of pregnant people who smoke, or living with obesity.

CTM also has higher than the Welsh average numbers of babies born with low birth weight, and some of the lowest levels of breastfeeding in Wales.

CTM encounters many challenges around the health and wellbeing of under five-year-olds with high rates of childhood obesity, poor oral health and those living in poverty.

Our infographic overleaf shows some of the key data for babies being born in CTM.

Cwm Taf Morgannwg Health Life Course 0-5 years



Preconception and the First 1000 Days

Good maternal health and wellbeing before conception, support around pregnancy planning, and health in pregnancy are all important staging posts in giving a child the best start.

This chapter covers the period before conception, and the first 1000 days of a child's life. These are critical windows for improving long-term health outcomes.

This includes looking at:

- Preconception health
- Planning for pregnancy, and ensuring access to contraception
- Case studies to show how we can support vulnerable families
- The importance of parent infant relationships, and giving babies a voice
- Infant feeding

There are many opportunities to improve individualised support. A whole system approach; better prioritising and integrating work across the system to improve the foundations of health with pre-conception and perinatal health, will be the most effective.

Preconception health

Preconception refers to the period before pregnancy begins. Health in this phase strongly influences pregnancy outcomes and has lasting effects across generations.

Preconception health is impacted by a range of factors such as maternal weight, smoking, alcohol and substance use, folic acid intake, immunisation status, long-term conditions, previous

pregnancy complications, age, and exposure to domestic violence. In CTM UHB, these factors are more prevalent due to higher levels of deprivation.

Even among those planning a pregnancy, few make health-related changes beforehand. Improving preconception health means identifying and supporting those considering pregnancy, while also addressing wider population health, especially among people of childbearing age.

Improving maternal health offers a wider opportunity for population health gains, with long-term benefits for families and economic returns. For example, reducing smoking in pregnancy (currently 14%) and supporting healthy weight (40% of pregnant women live with obesity) could yield significant impact.

Planning for Pregnancy and contraception

A planned pregnancy is likely to be a healthier one, as unplanned pregnancies represent a missed opportunity to optimise pre-pregnancy health. Data on unplanned pregnancies and teenage conceptions is limited in Wales, but research from England found that 45% of pregnancies and one third of births are unplanned. While many unplanned pregnancies lead to positive outcomes, some can have lasting health impacts for mothers and babies.^{[\[i\]](#)}

National data shows a 39% rise in terminations between 2016 and 2022, with around half of under-18's pregnancies ending in termination. CTM UHB has the highest rate of terminations in this age group across Wales, indicating a high level of unplanned pregnancies.^{[\[ii\]](#)}

At school level, nearly a quarter of 15/16-year-olds in CTM report having had sex – the highest rate in Wales. Over half did not use a condom during their last intercourse, and 12.5% used emergency contraception.^[iii]

Currently 15 of our 43 General Practices are unable to provide a full range of long-acting reversible contraception (LARC) – the most effective forms of contraception.

Early intervention is vital to prevent unintended pregnancies. Support around reproductive health, access to contraception, and preconception care should be prioritised. Helping individuals prepare emotionally and physically for pregnancy is key to giving children the best start in life.

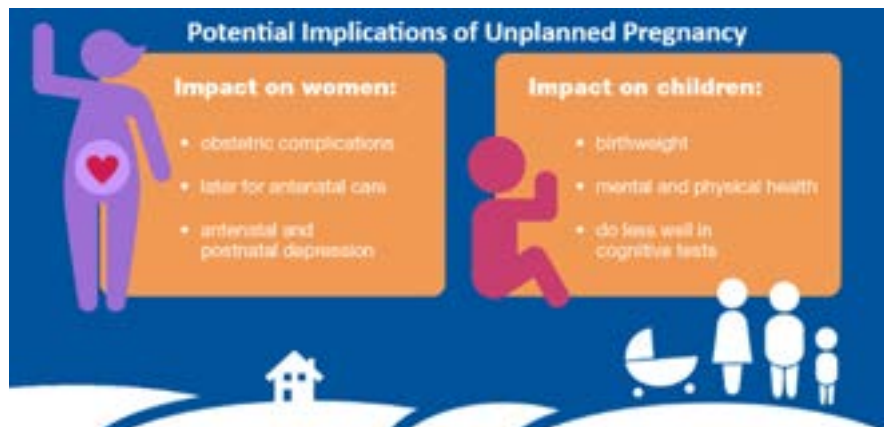


Figure 3: Potential Implications of Unplanned Pregnancy, PHE⁴

The CHOICE service shows the importance of helping people plan their pregnancies, helping to reduce the number of children taken in to care and giving people control over their lives.

Maternal Health in Cwm Taf Morgannwg

A healthy pregnancy is one in which both the mother and baby experience good physical and mental health & wellbeing.

Supporting maternal health improves outcomes through pregnancy and delivery, ensuring babies have the best possible start in life.

However, in Cwm Taf Morgannwg, the impact of deprivation and inequality on family circumstances is reflected in poorer maternal and infant health outcomes. These challenges are evident across a range of indicators.

There is a range of work across CTM to support women's health and wellbeing during their pregnancy, starting with our universal community midwifery programme.

The Flying Start programme provides an enhanced community midwifery service to families in greatest need, with different models in operation across our three local authorities.

Our Help Me Quit for Baby service helped 354 pregnant people to make a quit attempt in 2024/25, while the Bump Start programme provides additional support to women with a BMI of 40+.

Primary care work hard to ensure our women receive key vaccinations in pregnancy, however system challenges to vaccinate at every opportunity remain. Reducing rates of whooping cough vaccination across the UK have seen incidents of child death in recent years.

However, as shown in our infographic on page 13 we have significant challenges, associated with higher levels of deprivation.

- Women living with obesity make up the largest group of expectant mothers in CTM - 2 in 5 mothers have a BMI over 30.
- Women with obesity are 3 to 4 times more likely to develop Gestational Diabetes (GDM) than those of a normal weight.
- 37% of pregnant women in CTM reported a mental health condition at booking (approx. 1,800 out of 5,000), compared to 32% across Wales.
- 14.2% of women smoked at initial booking assessment (13.1% in Wales).
- CTM has a high rate of teenage pregnancy (21.1 per 1,000 women <18 years in 2022).
- Many women do not receive key vaccinations in pregnancy, with 58.1% being vaccinated against whooping cough, and 46.5% against RSV.

Poorer maternal health leads to increased risk of poor birth outcomes, and longer-term poorer health for mothers and children. Low birth weight is a key indicator of a healthy pregnancy. Since 2011, CTM has consistently reported the highest percentage of babies born with low birth weight across Wales.

System wide work to support maternal health will be essential to giving children a better start.

Case Study: CHOICE: Supporting Vulnerable Women to Plan their Pregnancies and Protect their Health

The CHOICE service was established in 2020 to deliver a 'clinic in a box' approach to sexual health care for women and their partners in priority groups across CTM. The service aims to help vulnerable women who find it difficult to access mainstream services plan their pregnancies and control their reproductive and sexual health.

CHOICE is a collaboration with CTMUHB Integrated Sexual Health and Public Health, focusing on education, support and access to preventative interventions by working with community partners and building trusted relationships.

'Being local and helping you with a time that is best for you. Seeing the same person and being comfortable within your appointment.'

Impact

Prior to its introduction, there was no dedicated pathway to meet the often-complex sexual health needs of underserved populations, exacerbating existing health and social care inequalities.

'Lots of our clients would not have been able to access routine clinics or treatment and having a direct route through CHOICE has made the difference to so many clients' (CHOICE Nurse)

In 2024/25 key activity included:

- Receiving referrals for 548 clients
- Providing 845 contraceptive items
- 58 episodes of cervical screening
- 164 STI screens completed.

Case Study: The Magu Project

The Magu Project was developed by Rhondda Cynon Taf County Borough Council in support of the Welsh Government's strategy to keep families together and reduce the number of Looked After Children in Wales. The name "Magu" (Welsh for "to nurture, raise") reflects the long-term support needed to improve outcomes for children and families.

Magu provides an integrated care pathway for pregnant women and families, focusing on early intervention and edge-of-care services. It aims to build skills and resilience, reduce risk, and prevent children from entering care at birth. Support begins from 12 weeks of pregnancy and continues until the child turns one, even if the child is removed from parental care. The service aims to:

- Reduce the number of babies under one becoming looked after.
- Minimise parent-child separations and their duration.
- Increase rehabilitations of separated babies back to parental care.
- Reduce repeat care proceedings and care-experienced parents having children removed.
- Enhance father involvement and parental resilience.

Early outcomes from the first year (as of June 2024) show promising results:

- 22% reduction in under-1s entering care.
- 10% reduction in reliance on parent-child placements.

- Only 1 of 9 placements ended in separation (previously 30–40%).
- 41/ 46 babies supported remained or returned to parental care.
- High father involvement (53 of 78 families).
- 100% reported improved wellbeing and resilience.
- 90% of cases resulted in children remaining with parents.

One parent commented,

"Magu has been an incredible support for me during a challenging period in my life. I truly feel that my thoughts and feelings have been acknowledged."

Supporting Parent Infant Relationships

The first 1000 days of life, from conception to age two, is a time of unique opportunity and vulnerability for babies and toddlers. They are growing rapidly, and this is a time when the foundations for their later health, well-being, relationships, behaviour and development are established.

During this time babies' brains are shaped by their environment, experiences, relationships and interactions they have with the trusted grown-ups who care and look after them. When early experiences are optimised, children are able to acquire a secure early skill base and are better enabled to go forward in life, gaining further skills and becoming more successful at managing and undertaking the core activities of daily life.

Around one in five babies born in the Cwm Taf Morgannwg region are likely to experience a parent-infant relationship difficulty sufficient to risk their later mental and physical health, social relationships, progress at school and in work. The scale of need is high due to local communities experiencing high levels of trauma and adversity which contribute to increased pressure on the parent-infant relationship.

In recognition of these challenges, a **regional Parent-Infant Relationship (PIR) service** across the CTM region has been developed addressing a significant gap in support for families with children under two experiencing serious PIR difficulties. The service is designed to:

- **Promote good emotional health and wellbeing** in babies, infants, and their caregivers.
- **Deliver preventative interventions** to reduce the need for late-stage services like CAMHS and children's social care.
- **Support families to stay together safely**, particularly those at the edge of care.
- **Direct support:** Specialist casework for families with serious parent-infant relationship difficulties.
- **Upskilling staff:** Training and consultation for early years professionals to embed knowledge across health, social care, and education.
- **Integrated working:** Multi-agency collaboration with a 'no wrong door' approach, ensuring families can access support wherever they present.
- **Regional consistency:** Common service offer across CTM's three local authorities

The development of the CTM Parent-Infant Relationship service is an important example of how we can work across regional partners to maximise resources across a shared challenge.

Case Study: Baby and Toddler Voice

Regional partners working across health, the three local authorities, third sector, parents and parents-to-be have worked together to co-produce the CTM Baby and Toddler Voice statements to bring into focus the needs of the infant across the first 1000 days.

The [CTM Baby and Toddler Voice statements](#) aim to promote the United Nation Convention on the Rights of the Child (UNCRC), an international agreement that protects the human rights of children up to the age of 18.

Some examples of these statements include:

- I need you to understand that my experiences now will impact my future.
- I need my trusted grown up to look after my, and their health before, during and after my arrival and to reach out for help if things are not right.
- We need important people to understand how vital my early years are for me to reach my full potential and reflect this in all documents related to me and all little ones.

There are 15 statements in total, covering a range of needs for young children as they grow¹. They provide a useful guide for thinking about how we centre services around the needs of babies and toddlers, and have been key to developing the Parent Infant Relationship service.

¹ The full set of statements can be found on the CTM website.



Figure 4: Staff and families from around CTM working to capture the voice of babies and toddlers

Infant Feeding in CTMUHB: Why It Matters

Infant feeding is a cornerstone of early childhood health and development. Breastfeeding offers an important opportunity to strengthen mother-baby bonding. It also offers lifelong health benefits for both infants and mothers, helping to reduce health inequalities and prevent conditions such as obesity, diabetes, and infections.

Breastfeeding rates in CTMUHB remain among the lowest in the UK. The 2024 data shows 56% of women in CTMUHB are breastfeeding exclusively at birth, which is lower than the average in Wales of 61.9%.

Breastfeeding rates are no longer part of the NHS performance framework, reducing the visibility of this key public health indicator.

Spend on specialist infant formula in primary care in CTM has increased from £487,000 in 19/20 to £742,000 in 24/25, suggesting parents are not getting the support they need to maintain chosen feeding methods.

An overview of the CTMUHB breastfeeding data is outlined below in table 1.⁵ As can be seen, rates of breastfeeding are consistently

below the Welsh average at every stage, with only 1 in 6 women breastfeeding for the recommended 6 months.

Table 1: Breastfeeding data for CTM and Wales, Stats Wales 2024.

	At birth (exclusive)	10 days (exclusive)	6 weeks (exclusive)	6 months (exclusive)
Wales	61.9	38.7	30.7	23.2
CTM	56.0	29.6	23.0	16.7

While breastfeeding has many important benefits, there are lots of reasons why a person may not be able to breast feed their baby or may choose not to.

Regardless of feeding method, it is important that people get the support they need to make an informed choice and develop a healthy feeding relationship with their baby.

Infant Feeding Strategy

The [CTMUHB infant feeding strategy](#) aims to create a culture where breastfeeding is normalised, visible, and supported across all communities. Through a whole-system approach, we are working to ensure every family receives consistent, compassionate, and informed support—regardless of how they choose to feed their baby.

Key objectives include increasing breastfeeding rates, enhancing parent-infant relationships, reducing childhood obesity, and supporting safe and responsive formula feeding.

Key initiatives involve enhancing antenatal resources and parent education, incorporating user feedback to provide individualised care, improving digital resources, and offering targeted support for feeding difficulties.

Through these efforts, the strategy aims to create a supportive environment that prioritises the health and wellbeing of infants and their families, leading to improved nutritional outcomes and stronger community health.

Case Study: Breastfeeding Network



Insights on women's experiences and support needs relating to breastfeeding were needed to develop a meaningful infant feeding strategy for CTM.

Through appreciative enquiry, mums shared their experiences in safe, familiar spaces online or in local coffee shops. These stories revealed:

- The critical importance of early support and quality information in the first hours and days after birth.
- A strong desire for peer support, especially networks that had collapsed during the pandemic.

- The need for accessible, culturally relevant resources, including Welsh language support and better awareness of the National Breastfeeding Helpline.

This work has led to the development of the breastfeeding network which looked to rebuild the peer supporter networks. In 2024-2025 peer supporters were active in their local communities, creating local, empathetic connections that bridge mums with support systems they need to breastfeed.

The emphasis of the peer support network is focusing on changing the culture around infant feeding, making breastfeeding support visible, normalised, and community driven. It's about creating environments where mums feel heard, supported, and empowered to breastfeed their baby.

Health Improvement and Health Protection in the Early Years: Vaccination and Supporting Mental Health and Wellbeing

Many of our children grow up in families with low incomes, facing significant barriers to living healthy lives. We start to see the impact of deprivation before children reach primary school, with inequalities in vaccination rates, levels of obesity and tooth decay.

Working to reduce these inequalities is at the heart of our approach to health improvement and protection in the early years. Here we look at three key areas:

- Healthy Weight
- Oral Health
- Vaccination and Immunisation

Our healthy weight work focuses on understanding the barriers families face, listening to them and taking an upstream, equity focused approach to reduce levels of obesity. Our vaccination programmes focus on maintaining high population levels of vaccination, while working hard to reduce inequalities. Oral health initiatives, such as *Designed to Smile*, contribute to long-term wellbeing and reduce inequalities.

While these programmes often focus directly on the early years, it's important to recognise the potential impact we can have with wider programmes. Tailoring smoking cessation support, or work to reduce substance use to the needs of young families is essential to giving these children a healthier start.

Supporting Healthy Weight from the Earliest Years: A Whole System Approach in CTM

Breastfeeding has an important preventative role in working as a system to reduce rates of obesity. As a health board we spend between £98.5 million and £205.2 million on treating the consequences of obesity each year.

- 1 in 8 children aged 4-5 in CTM are living with obesity
- 1 in 4 children aged 4-5 are overweight

The Healthy Weight: Healthy Wales strategy is a national framework for tackling obesity, working as a system to build healthier environments, healthier settings and provide support to individuals and families at risk of, or living with obesity. In CTM, we're aligning this with local priorities and exploring how we can place the early years at the heart of our approach to healthy weight.

Early childhood is a critical time when lifelong habits around food, movement, sleep, and emotional wellbeing are formed. Children are highly influenced by their surroundings, whether it's the food offered in childcare, opportunities for active play, or the messaging from caregivers.

Focusing on the early years also helps address health inequalities before they become entrenched. Listening to families, we have learned that children are growing up with limited access to good quality food and safe outdoor spaces.

Our learning has shown the importance of taking a whole system approach to healthy weight. The causes of obesity are complex, and potential levers are held by many disparate individuals and organisations. Figure 4 shows us some of what our families have told us.

Unless we work as a system with shared beliefs and goals around the causes and solutions to obesity, we will not be successful in giving our children the best chance for a healthy weight.

This work reflects the whole system approach, recognising that no single intervention is enough. Using tools like appreciative enquiry and human learning systems to understand what works and why, and to support communities in designing their own solutions based

What our families tell us:

Lack of transport can make it almost impossible to get to supermarkets where fresh 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.

Transitioning to solids can be daunting, and there isn't always the support that's needed.

Antisocial behaviour means people don't feel safe playing with their
Figure 5: Family voices in CTM from our appreciative enquiry work

Constant promotion of unhealthy options, or takeaway leaflets through the door puts pressure on families to eat unhealthily.

on lived experience.

Ultimately, this is about more than preventing obesity. By working to create healthier environments in the early years, we're improving outcomes for children today and shaping healthier futures for generations to come.

Case Study: PIPYN – Working With Families for Healthier Lives

The PIPYN programme is a key part of our work to improve healthy weight in the early years, supporting families with children aged 3-7. Since the launch in February 2023, over 470 families, with over 750 children have engaged, to share their challenges around food, activity and wider supporting behaviours such as sleep and screen time.

What makes PIPYN unique is the combination of family focused, tailored interactive sessions and work on the wider factors that



make it hard for them to access good quality food or stay active. PIPYN empowers families to build healthy habits around food, play, and wellbeing and works within our wider whole system approach to start to create a better environment for children to grow up in. The project's emphasis on upstream change ensures that children grow up in environments where healthy choices are easy, equitable, and sustainable,

laying the foundations for lifelong wellbeing.

Immunisations

Childhood immunisation provides essential protection against serious illness, disability, and death from vaccine-preventable diseases⁶. Ensuring children are fully immunised before starting school protects individual health, supports early educational engagement and reduces health inequalities.

In 2024/25, immunisation uptake by four years-old in Cwm Taf Morgannwg (CTM) remained relatively high but varied across the three local authority areas (table 2):

Table 2: Resident children aged 4 with full immunisation history, 2024/25

Area	Number of Children	Coverage (%)
Bridgend	1,255	90.8%
Rhondda Cynon Taf	2,095	87.3%
Merthyr Tydfil	528	84.5%
CTM UHB Total	3,878	88.0%
Wales Average	25,674	85.3%

While these figures reflect strong efforts across the region, they remain below the national target of 95%. Achieving this target is critical to prevent outbreaks of vaccine-preventable diseases and protecting our most vulnerable.

Despite overall high immunisation uptake among young children in Wales, children in the most deprived areas consistently have lower uptake than those in the least deprived areas. Since the COVID-19 pandemic, a gradual decline in uptake has been seen across all groups, likely influenced by post-pandemic challenges. Addressing these disparities is vital to ensure that all children are equally protected, regardless of where they live.

Improving Immunisation Uptake Among Children and Young People

CTM aims to **ensure fair and equal access to vaccines for all children** and to improve immunisation uptake rates using a combination of approaches. Key developments include:

- **Targeted School Support:** School Health has adopted a universal, enhanced, and intensive model to provide tailored input to schools. This approach ensures that support is proportionate to need.
- **Universal Offer Through HCWP 2:** The Healthy Child Wales Programme 2 continues to provide school-aged immunisations to all children and young people. This ensures equitable access and consistent delivery across the population.
- **Engagement with Electively Home Educated Families:** Work is underway to map children and young people who are electively home educated and develop engagement strategies to ensure this equitable immunisation access for this group.
- **Supporting GP practices:** We continue to support GP practices by facilitating one-off mop-up clinics, offering Making Every

Contact Count training and providing Bank staff to cover workforce absences.

Looking Ahead

- **Digital and Communications Investment:** School Nursing has invested in digital infrastructure and communications support to deliver vaccine-literate, targeted information to parents and carers.
- **Expansion of e-Consent:** Phase 2 of the e-consent pilot will be launched in Merthyr and Bridgend schools to support the school nasal flu programme. The initial pilot demonstrated improved uptake through increased return of positive e-consents compared to paper forms. The aim is to transition to a fully paperless system by January 2026.

From July 2025 and January 2026, the childhood vaccine schedule will be simplified to provide earlier protection for children and greater convenience for families. Pilot areas trialling the revised schedule have reported an increase in uptake of the second dose.⁷

Increasing uptake of Live Attenuated Influenza Vaccination (LAIV) in two-year-olds: A pilot intervention in CTM UHB

The Live Attenuated Influenza Vaccine (LAIV) protects two-year-old children against influenza and serious illness. Uptake across Wales is below Welsh Government targets. We piloted providing set appointment times to parents when they were notified their child was due for the vaccine to investigate impact on uptake of LAIV.

Parents/guardians of two-year-olds in pilot practices were sent a personalised letter, a scheduled vaccination appointment and an evidence-based Frequently Asked Questions (FAQ) sheet. For comparison, children in non-pilot practices received only a general letter and FAQ sheet, without a scheduled appointment.

Compared to the previous year, pilot practices saw a median increase in LAIV uptake amongst two-year-olds of 30.4%, while non-pilot practices saw a median decrease of 4.7%. Uptake increased for 100% of the pilot practices, but for only 35% of non-pilot practices, compared to the previous year. Qualitative feedback noted advantages including saved administration time and improved planning but also disadvantages including wasted clinical time from appointments that were not attended.

The findings indicate that issuing appointment dates and times should be considered as part of a range of measures to improve LAIV uptake in two-year-olds in GP practices with low uptake. However, the pragmatic, unblinded nature of the study design and the within practice annual comparisons are limitations, and mean results should be interpreted with caution. Further evaluation, including assessment of lost time due to appointment non-attendance and feasibility of scaling up this approach is required.

Designed to Smile: Improving oral health for children in CTM

Tooth decay (dental caries) is the most common oral disease in childhood and is strongly associated with deprivation. It is a key predictor of poor adult dental health and a leading cause of hospital admissions among children, often requiring extractions under general anaesthetic (GA).

Although largely preventable, tooth decay begins early. Teeth start forming during pregnancy, making maternal nutrition a critical factor. In early childhood, barriers to good oral health include limited access to dental services, low parental awareness, and insufficient resources to support healthy habits.

CTM has the highest rates of childhood dental caries in Wales. The average number of decayed, missing, and filled teeth (dmft) among children in CTM is 1.5, compared to the Welsh average of 1.1.

As of Sep 2025, there are 494 children waiting for GA assessment. With current waiting times it is estimated that 75% of these children (371) will go on to require GA for dental treatment. However, if children can be assessed and treated sooner, we can reduce the number of children needing these costly, invasive procedures. A return to pre-covid levels of 47% of children assessed needing dental treatment under GA would prevent around 120 procedures.

To reduce dental decay in CTM we need to continue to work on:

- Promoting breastfeeding and healthy infant feeding
- Reducing consumption of sugary foods and drinks
- Increasing parental education and engagement
- Ensuring regular access to dental care and daily tooth brushing

Case Study: Designed to Smile (D2S) Programme

Designed to Smile is a national oral health improvement programme targeting children aged 0–7. Delivered by our Community Dental Services, it operates in partnership with education and early years professionals to reduce tooth decay.

The core components of Designed to Smile include :

- Distribution of toothbrushes and fluoride toothpaste
- Encouragement of dental visits before age one
- Daily supervised tooth brushing in schools and nurseries
- Twice-yearly fluoride varnish application

In CTM, 70% of eligible primary schools and 91% of nurseries participate in daily brushing, while 99% of schools take part in fluoride varnish application.

The D2S team also engages with families through breastfeeding groups, Language and Play sessions, and baby massage groups, working alongside Health Visitors. Partnerships continue to expand, involving community-focused schools, family liaison officers, ALN specialists, primary care teams, and the PIPYN team.

In 2024, 2,136 decay cards were issued during fluoride varnish visits. In response to our high need, and listening to feedback from parents and schools, a new care pathway will be piloted in autumn 2025. This pathway prioritises children with decay cards for allocation of an NHS Dentist, tackling one of the barriers to good oral health experienced by families.



Child poverty and the building blocks of health

The health of children is affected by how and where they live, including family relationships, income, housing type and quality, neighbourhoods, environment, education and care.

In this report we focus on the poverty and education as two of the fundamental building blocks of health, giving children the best chance of happy, healthy lives. Beyond these, systems work is being undertaken with registered social landlords to build healthier communities, improve neighbourhoods and better listen to the priorities of residents. While this work doesn't focus directly on the early years, if successful the impact will be felt by future generations.

Child Poverty

Child poverty can mean going hungry, not sleeping on a bed, missing out on fun, play and activities. Poverty can affect children before they are born, throughout childhood and beyond.⁸ Children born into and living in poverty are:

- More likely to have a low birth weight and less likely to survive the first year of life
- More likely to suffer from diseases in childhood like asthma, and poor health later in life
- More likely to have poor mental health
- Less likely to do well in education and have poorer future job opportunities¹

The percentage of children aged under 16 living in relative low-income families (2023/24) varies by local authority within CTM.⁹

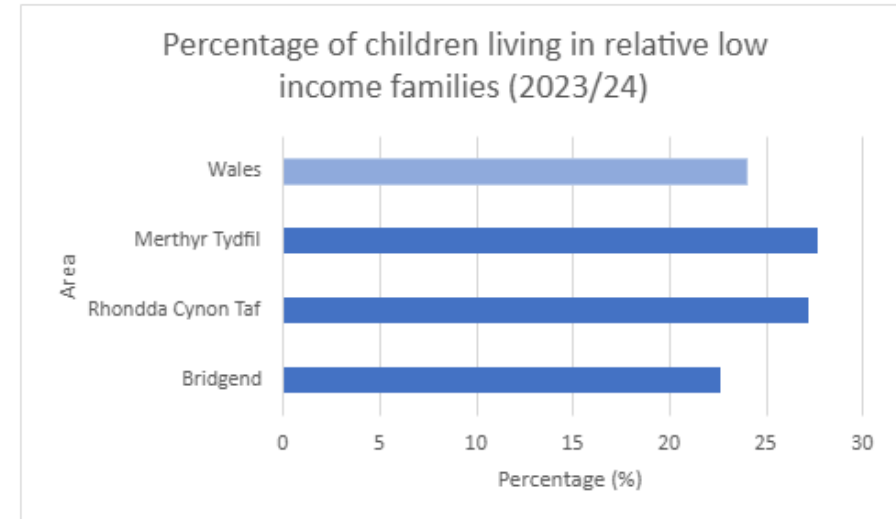


Figure 6: Child poverty rates in CTM

It has been estimated that the total cost of raising a child to the age of 18 is £259,000 for a couple, and £290,000 for a lone parent. Different family types including those out of work and those working full-time can struggle to meet the minimum cost of living.¹⁰ Seven in ten children who are living in poverty have at least one parent who is in paid work.¹¹

Child poverty is affected by the two-child limit to means-tested benefits, with End Child Poverty, Child Poverty Action Group and others calling for this limit to be scrapped.¹²

Services in CTM

There are many different services available to families with young children across CTM, aiming to improve access to necessities including food and clothing, and to help with the cost of living.¹³ The supported childcare scheme in Bridgend is an excellent example of linking health and social support with wider support such as employment. St David’s Baby Bank in Merthyr shows the power of voluntary action to help families in need.

Case study: Bridgend’s supported childcare scheme

Bridgend’s Supported Childcare Scheme, managed by the local Early Years and Childcare Team and funded through Families First, is an example of impactful targeted support. The scheme enables low-income households with children under three to access free, high-quality childcare.

The success of the scheme lies in its joined-up working with professionals across services, including Basic Skills for speech and language, Employability Bridgend, Early Help, and Perinatal Mental Health. In 2024–2025, the scheme supported nearly 90 families, with 100% of parents reporting satisfaction with the service. The scheme continues to expand across Bridgend with an emphasis on early, tailored support enabling children and their families to flourish.

Case Study: St David’s Baby Bank

Started in 2021, St David’s Baby Bank supplies clothes for children in Merthyr Tydfil from newborn up to three years of age. Run by a group of volunteers, donated, preloved baby clothes and other necessary items and equipment are sorted into packages for

families. Packages are arranged to cater to the needs of local families referred to the service from local providers.

St David’s Baby Bank serves about 100 families every year and has provided more than 425 packages since its inception.

Healthy start scheme

The Healthy Start scheme involves payments to eligible pregnant women and parents of children under 4, to help buy milk, fruit, vegetables, pulses, formula milk and vitamins.¹⁴

Not all who are eligible receive these payments, meaning that there are families missing out. The estimated value of unclaimed payments is shown below, with CTM totalling an estimated £422,419.40.¹⁵

Table 3: Healthy Start Voucher Uptake by local authority 2024

<i>Local authority</i>	<i>Average uptake of Healthy Start</i>	<i>Estimated value of unclaimed payments¹⁴</i>
Bridgend	64%	£134,180.28
Rhondda Cynon Taf	68%	£223,633.80
Merthyr Tydfil	70%	£64,605.32

Recent work to increase uptake of pension credits shows how the CTM system can work together to maximise the incomes of our residents.

Responding to child poverty in Wales and CTM

In the past few years there have been a variety of thinking and frameworks for action to reduce and mitigate child poverty in Wales. From a Welsh Government perspective there is the 2024 national 'Child Poverty Strategy for Wales', and the intention for Wales to become a Marmot nation, alongside the Well-being of All of these highlight the significant impact of child poverty on our society, and on children and families themselves.

There is a broad consensus on the required actions to reduce and mitigate child poverty:

- reducing costs and maximising incomes of families,
- creating pathways out of poverty,
- supporting child and family wellbeing,
- challenging the stigma of poverty and ensuring children and families are treated with dignity and respect

The Children's Commissioner for Wales has called for a clear action plan, targets and measurable outcomes.¹⁷¹⁷

Tackling child poverty is essential but will require action and changes from all organisations working in partnership.

Future Generations Act. Public Health Wales have similarly undertaken an analysis of child poverty in Wales. ^{16, 17, 18, 19}

Education in the early years: Learning as we grow and getting ready for school

Early years education is key to a child's development and lifelong learning. Quality early years education is an important part of getting ready for school. School readiness reflects a child's ability to thrive in formal education and is linked to long-term health and wellbeing. It includes physical, emotional, social, cognitive, and language development, as well as curiosity and attitudes toward learning.

There is currently no national data collected on school readiness, but school leaders report widespread concerns with children entering primary school with an increasing range of challenges hindering their learning.²⁰

This concern is echoed nationally. A UK-wide survey found that many children are entering school already behind, struggling with basic skills such as sitting still, following instructions, communicating, interacting with peers, and being toilet trained.²¹

Research in Wales has identified several factors that negatively impact school readiness, including poverty and deprivation, unemployment, low birth weight, poor child health, maternal smoking and alcohol use, poor parental physical and mental health, inadequate housing, and limited access to childcare.²²

Although there is currently no system-wide approach to understanding and improving school readiness, there is a range of

good practice around the system that could provide a foundation such an approach.

Colleagues in Health Visiting are due to work with a selection of schools and families to understand what they can do to better support children getting ready for school, while the Early Years Language Project in RCT focuses on strengthening support for speech, language and communication needs. Work to embed outdoor learning in Bridgend is improving physical fitness, gross motor skills and emotional wellbeing

Pre-school settings offer an important opportunity to help children get ready to learn, and our Healthy and Sustainable Pre-School Scheme help settings to improve health and wellbeing across a range of domains. The work done with Flying Start Sarn is a particularly strong example of working together as a local system to improve outcomes for children and families in the early years.

Case Study: Tackling Health Inequalities Through Outdoor Play in Bridgend

The Bridgend Early Years and Childcare Quality and Impact Team has actively supported early years settings to embed outdoor learning as a strategy to improve physical fitness and emotional wellbeing.

Bridgend includes 19 non-maintained early education settings and 48 maintained nursery classes. A 2024 baseline assessment revealed:

- Low levels of physical activity, with some children reluctant to play outdoors
- Overreliance on fixed equipment, limiting challenge and creativity
- Disproportionate impact on children from more deprived areas

To address these inequalities, the team allocated Early Education funding to improve outdoor spaces. Through a scored application process, 19 schools/settings received targeted investment to create inclusive, movement-rich environments.

“Our children are more active and more settled. Outdoor play has become our most powerful tool for supporting their health.”

Evaluation in July 2025 showed:

- Increased vigorous activity (running, climbing, building)
- Improved balance, coordination, stamina, and motor confidence
- Better emotional regulation and calmer transitions
- Greater practitioner enthusiasm for outdoor learning

Outdoor play promotes movement, wellbeing, and readiness to learn. Investing in outdoor spaces helps reduce inequality, ensuring all children benefit from active, exploratory play.

Case Study: The Early Years Language Project (Rhondda Cynon Taf)

The Early Years Language Project (EYLP) helps schools and settings to identify speech, language and communication needs through universal Wellcomm screening, and support and train staff to deliver high quality Speech, Language and Communication Needs (SLCN) interventions.

The pilot project saw the participation of 9 schools and 8 early years settings. Phase 2 of the EYLP consisted of 52 schools and early years settings. Sixty-four schools and early years settings participated in the final phase rollout of the project, from September 2024.

The Early Years Language Project has continued to grow in strength as it is rolled out across RCT, showing clear evidence of improvement in early language provision. Practitioners now feel more confident in identifying SLCN and better supported in addressing needs within their settings. Parents have been engaged in the programme through the Talk With Me/Siarad Gyda Fi initiative, reinforcing the home to school connection and improving effectiveness of interventions.

The combination of universal screening, staff training, collaborative support, and community involvement has led to measurable improvements in practice. Continued investment in this approach will be essential to sustaining its impact.

The Healthy and Sustainable Pre School Scheme in CTM

The Healthy and Sustainable Pre School Scheme (HSPSS) is a national initiative designed to put health and wellbeing at the core

of early years settings. In CTM we focus on settings that offer Flying Start places to best reach families on lower incomes.²

The scheme emphasises early intervention and prevention, aiming to instil lifelong healthy habits that positively influence health outcomes. It provides a quality assurance framework to guide settings in implementing health-promoting activities across topic areas such as:

- Nutrition and Oral Health
- Physical Activity and Active Play
- Mental and Emotional Wellbeing

Current Delivery

In CTM, HSPSS supports 108 pre-school settings, primarily in areas of deprivation. These include Flying Start childcare, nurseries, Cylchoedd Meithrin, childminders, and playgroups.

Settings by Local Authority

- Merthyr: 22 settings signed up to the scheme (9 accredited)
- RCT: 56 settings signed up to the scheme (23 accredited)
- Bridgend: 30 settings signed up to the scheme (7 accredited)

The local scheme priorities link to our wider public health ambitions, maintaining and promoting a healthy weight, increasing physical activity, and promoting emotional and mental wellbeing.

² The national Flying start scheme helps families in disadvantaged areas with free places at pre-school settings.

The team support early years settings through tailored self-assessment, accreditation and peer learning. Additional support includes newsletters, annual training plans, menu advice, and collaboration with local authority leads.

Future plans focus on supporting all 108 settings toward accreditation, reducing attrition, piloting virtual training, embedding strengths-based approaches, and sharing best practice regionally to ensure consistent, high-quality health promotion across the sector.

The HSPSS is a key tool in maximising the long-lasting health and wellbeing benefits of early years childcare and giving children the best chance for a successful transition to primary school.

Case Study: Flying Start Sarn: A Targeted, Integrated Approach to Reducing Health Inequalities

In Bridgend, Flying Start Sarn has become a vital support hub for local families, offering an innovative integrated approach to early childhood health and wellbeing.

The Sarn setting exemplifies collaborative working—bringing together health visitors, midwives, speech and language therapists, dietitians, psychologists, and social services to provide coordinated support from pregnancy through to school transition.

The HSPSS lead has helped Sarn embed health promotion in daily practice, including healthy snacks, physical activity, and supervised toothbrushing, alongside promotion of breastfeeding, immunisation and emotional wellbeing.

Recent reaccreditation by HSPSS highlighted Sarn as an example of excellence, recognising innovation, including participation in the 'Do Be Mindful' pilot. Staff wellbeing is also prioritised through work towards the Small Workplace Health Award.

What makes Flying Start Sarn exceptional is its commitment to tackling the wider determinants of health through a whole-setting approach, demonstrating how a place-based, collaborative approach can address the wider determinants of health, improving outcomes for children and families in areas of greatest need.

Conclusions

This report has highlighted the importance of the early years as a foundation for lifelong health and wellbeing. From preconception through to school readiness, we have explored the challenges faced by families in Cwm Taf Morgannwg and the opportunities for system-wide action to improve outcomes.

The evidence is clear: investing in the early years delivers long-term benefits, not only for individual children and families, but for our communities and public services. The persistent inequalities in our region demand a coordinated, compassionate response. We must continue to work together across sectors, including health, education, local government, and the voluntary sector to give more children a better start.

Throughout this report, we have seen examples of innovation, collaboration, and impact, from targeted support services like CHOICE and Magu, to community-led initiatives such as St David's Baby Bank. These case studies show what is possible when we listen to our residents, work across boundaries, and focus on what matters most.

As we look ahead, our challenge is to build on this momentum. We must embed early years as a strategic priority, strengthen our partnerships, and ensure that the voices of babies, toddlers, and their families are central to service design and delivery.

Reference List

- ¹ [Investing in a Healthier Wales: prioritising prevention - World Health Organization Collaborating Centre On Investment for Health and Well-being](#)
- ² [Investing in a Healthier Wales: prioritising prevention - World Health Organization Collaborating Centre On Investment for Health and Well-being](#)
- ³ [The Heckman Curve - The Heckman Equation](#)
- ⁴ [Health matters: reproductive health and pregnancy planning - GOV.UK](#)
- ⁵ Breastfeeding by age of baby, type of breastfeeding and health board. Stats Wales. 2024
- ⁶ [Why vaccination is important and the safest way to protect yourself - NHS](#)
- ⁷ [Impact of an accelerated measles-mumps-rubella \(MMR\) vaccine schedule on vaccine coverage: An ecological study among London children, 2012–2018 – ScienceDirect](#)
- ⁸ [Effects of poverty | CPAG](#)
- ⁹ [Children in low income families: local area statistics 2014 to 2024 - GOV.UK](#)
- ¹⁰ [Cost of a Child 2024.pdf](#)
- ¹¹ [Poverty: facts and figures | CPAG](#)
- ¹² [Child Poverty Statistics 2024 - End Child Poverty Ending child poverty | CPAG](#)
- ¹³ [Food Pantries, Food Banks and Help with Cost of Living - Cwm Taf Morgannwg University Health Board](#)
- ¹⁴ [Get help to buy food and milk \(Healthy Start\)](#)
- ¹⁵ <https://www.sustainweb.org/foodpoverty/healthy-start-uptake-shortfall-map-2024/>
- ¹⁶ [Child Poverty Strategy for Wales 2024 | GOV.WALES](#)
- ¹⁷ [Child Poverty - Children's Commissioner for Wales](#)
- ¹⁸ [Marmot places](#)
- ¹⁹ [Children and the cost of living crisis in Wales: How children's health and](#)

[well-being are impacted and areas for action - World Health Organization Collaborating Centre On Investment for Health and Well-being](#)

²⁰ [Factors associated with low school readiness, a linked health and education data study in Wales, UK | PLOS One](#)

²¹ [School Readiness Survey | Kindred²](#)

²² Bandyopadhyay, A., Marchant, E., Jones, H., Parker, M., Evans, J. and Brophy, S. (2023) *Factors associated with low school readiness: a linked health and education data study in Wales, UK*

Agenda Item

5.8.2

Strategic Development Committee

Health Protection Strategic Update Quarter 2 2025

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Emmeline Watkins, 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
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Health Protection Board	11/09/2025	Approved

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. Situation /Background

- 1.1 This report provides an update on the delivery of the CTM Health Protection Strategic Plan

2. Specific Matters for Consideration

- 2.1 Key successes in Q1/Q2 2025 across the health protection system include:
- **Winter:** Completion of a Health Protection System winter debrief, and identification and implementation of lessons learned. This included the review of inequalities in winter vaccination uptake in 24/25 and a resultant additional focus on the engagement and offer for these groups in winter 25/26, with targets for improved uptake (Appendix 1 below)
 - **Community Leaders Network:** CTMUHB have taken a different approach this winter and are working with community partners to support vulnerable people across Cwm Taf Morgannwg this winter through a targeted vaccination and health protection plan. Using a behavioural science approach and community insights, the [working group](#) is co-designing our public facing 25/26 winter vaccination and health protection campaign for rolling out across our communities this autumn including training for vaccine champions and an engagement toolkit to enable communities to have conversations and promote winter vaccinations. One off funding has been secured for community Health Protection seed funding to support third sector organisations undertake innovative work around health protection initiatives in their communities.
 - **Pandemic planning:** The four nations exercise is planned for this autumn. Based on the lessons learned for CTM, which highlighted the strengths of the CTM multi-agency oversight and tactical groups and recommended these be in place for future pandemic response, the exercise group providing tactical CTM responses will be multiagency. Following the exercise, a multi-agency CTM pandemic working group will develop CTM level plans for relevant areas not already covered by national and Local Resilience Forum plans.
 - **Health Protection system and coordination:** the Health Protection Coordination Group has reduced the silos across the Health Protection system and is identifying areas for improved working together and efficiencies especially around the disease elimination workstreams of HIV and Hepatitis B/C. Based on a recent audit, actions have been taken to improve system assurance around all vaccination uptake with the creation of an overarching vaccination uptake summary reviewed by the Health Protection Board quarterly, in addition to existing care group and Vaccine Programme Wales monitoring. This will enable vaccine uptake issues across different programs be identified and addressed.

3. Key Risks / Matters for Escalation

- 3.1 Recruitment challenges for health protection operational, infection prevention control, communications and emergency planning posts has slowed the speed of implementation of existing and newly funded workstreams, providing operational challenges for winter as well as impacting the ability to demonstrate the effectiveness of these workstreams. The resultant underspend has been reallocated across the whole health protection system with a focus on flu, hepatitis, antimicrobial resistance and housing.
- 3.2 The lack of parity of funding for health protection compared to other health boards remains, and impacts the resilience of delivery in CTMUHB and across other partners including out of hours response, microbiology, capacity for elimination programmes including inequalities in outreach and treatment times and sustainability of approaches with wider system partners including local authority and the voluntary sector. Identification of continued gaps is underway and a request for additional funding will be submitted to Welsh Government in November 2025.
- 3.3 The Health Protection Board has a multiagency risk log identifying risks across the health protection system, linking to organisational risk logs where necessary.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:

Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Update for noting
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Update for noting
Cyfreithiol / Legal	Yes (Include further detail below)	
	Health Protection Legislation (Wales) 2010 Health Act 2006 Wales	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk of reputational damage to the Health Board of lowering vaccination rates and failing to meet Welsh Government health protection requirements	
Effaith Adnoddau (<i>Pobl / Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	Yes (Include further detail below)	
	Current recurrent funding has increased but remains below other health boards in Wales according to population.	

5. Recommendation

- 5.1 The Committee are asked to **NOTE** the contents of this paper, in particular the risks and escalations.

6. Next Steps

- 6.1 A request for additional funding will be made to Welsh Government in advance of the CTM bi-annual review on 19th December 2025.

Appendix 1

Group	Vaccines (additional offer)	Barriers	Approaches	Vaccine uptake improvement target
Pregnant women	Flu (Pertussis) (RSV)	Lack of professional signposting Misinformation regarding vaccines	Support from Midwifery for midwife training Mid-wifery vaccination champions. Starter packs on vaccines for pregnant women	5% for all vaccines
2-3 year olds	Flu (MMR)	Lack of GP awareness of poor uptake Mixed delivery model across LA's Parental awareness of child's eligibility	GP communication around uptake rates Population communications about eligibility, Myth busting Access through nursery settings Provision of mop up sessions from Dec 1st	Merthyr 20% flu Bridgend/RCT 10% flu MMR opportunistically
Clinical risk 16-64	Flu (Covid)	Awareness of eligibility Access to vaccination sessions Misinformation re vaccines	Communications to cohort to advise of eligibility Access improved via evening clinics, pharmacy offer. Outreach provision Engagement via Community Leaders Network Winter Vaccine project Work with Consultant leads for outpatients respiratory, rheumatology and cardiology	5%
School aged: Inequalities by school uptake	Flu (MMR in mop ups)	School engagement with programme Consent process via paper Access if vaccine session missed	E-consent for parent and deliver efficiency Mop up in Dec/ Jan (with opportunistic MMR) Communications to schools regarding uptake Potential for a school incentives programme	Up to 10%
Occupational health Health board	(Flu)	Access, Misinformation / vaccine fatigue	OH Working Group formed Targeted behavioural science led communications campaign. Peer vaccinator Incentive scheme	10-20%

Agenda Item 5.8.3	01.10.25	Strategic development Committee	Health Care Inequalities

Report Details:		Impact Assessment:	
FOI Status:	Please select: Open	Indicate the Quality / Safety / Patient Experience Implications:	Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Therefore, this impacts on patient outcome and experience
If closed please indicate reason:		Related Health and Care Standard	Equitable Leadership
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sammer Tang, Consultant in Public Health	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	N/A
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels Executive Director of Public Health	Are there any Legal Implications /Impact.	N/A
Approving Executive Sponsor:	Philip Daniels Executive Director of Public Health	Are there any resource (capital/Revenue/Workforce Implications / Impact?	N/A
Report Purpose	Please Select: For Discussion	Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health
Engagement undertaken to date:			

What Are Health Inequalities?

"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people"



Why Health Inequalities Matter



Moral



Clinical



Strategic



Financial

Why Health Inequalities Matter



Moral



Clinical



Strategic



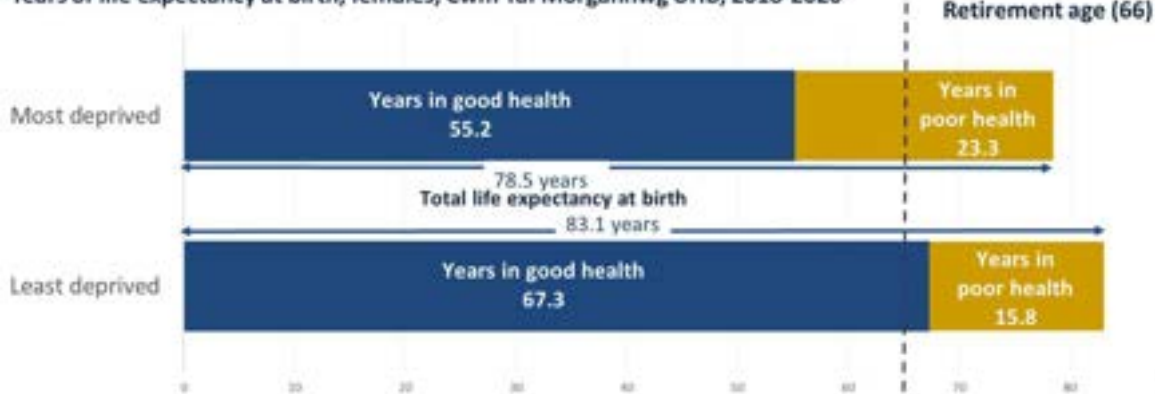
Financial

In CTM, those living in the least deprived areas live longer, and have around a decade more time in good health

Years of life expectancy at birth, males, Cwm Taf Morgannwg UHB, 2018-2020



Years of life expectancy at birth, females, Cwm Taf Morgannwg UHB, 2018-2020



Produced by CTM LPHT using PHOF (PHW) data

Life expectancy and healthy life expectancy in Cwm Taf Morgannwg UHB, 2018-2020

In CTM, men living in the least deprived areas live around 7 years longer, and have around 10 years more time in good health.

In CTM, women living in the least deprived areas live around 5 years longer, and have around 12 years more time in good health.



Compared to the least deprived areas of the UK, among people living in the most deprived areas:



Mental health

the depression rate
is **2 x** higher

2 x as many people are
in contact with mental
health services

3 x as many people are
in hospital - and **5 x** as
many stay longer than
60 days
nearly **4 x** as many
people are detained
under the Mental
Health Act



Bowel cancer

diagnosis of bowel
cancer is **36% lower**

fewer people take part
in screening (64% vs
75%)

fewer people are
diagnosed early
(42% vs 55%)
the mortality rate
is **25% higher**



Covid-19

cases of Covid-19
were **1.5 x** higher

there was **lower**
vaccine uptake
(79% vs 93%)

hospital admission
rates due to Covid-19
were **3 x** higher
the number of people
dying with Covid-19
was **2.5 x** higher

Source: The King's Fund



Why Health Inequalities Matter



Moral



Clinical



Strategic

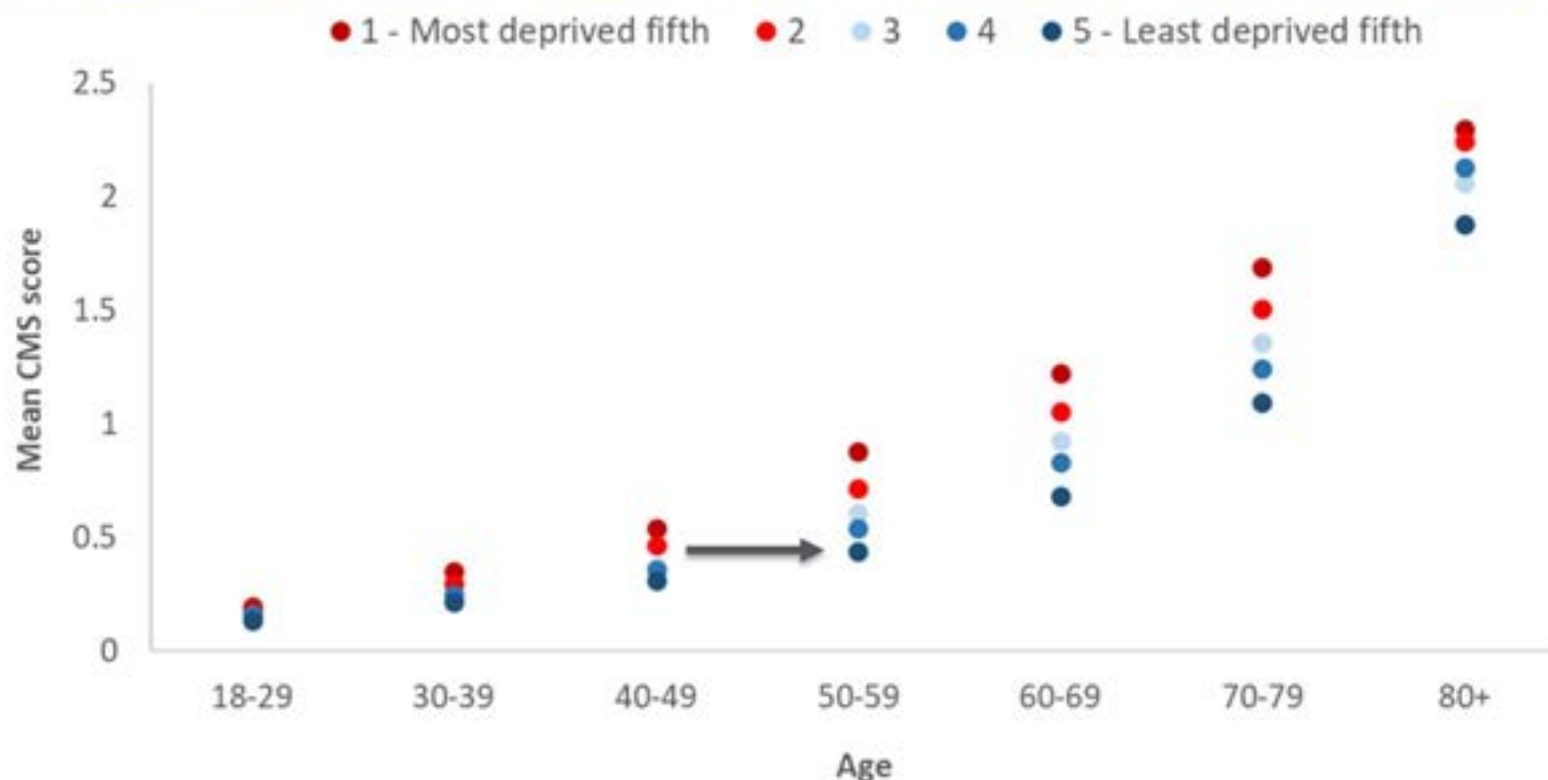


Financial

Multimorbidity in Cwm Taf Morgannwg UHB

More deprived have chronic conditions around 10 years earlier

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



- In CTM, inequalities are widening substantially from age 50 onwards.
- Patients in their 40s living in the two most deprived fifths have higher mean scores than patients in their 50s in the least deprived fifth.

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

Why Health Inequalities Matter



Moral



Clinical



Strategic



Financial

Leveraging legislation & policy



The Well-being of Future
Generations (Wales) Act 2015



The Health and Social Care (Quality and
Engagement) (Wales) Act 2020



A More Equal Wales: The Socio-
economic Duty 2021



NHS Wales Technical Planning Guidance
2025/28



Health Impact Assessment
(Wales) Regulations



CTM 2030: Our Health, Our Future

Why Health Inequalities Matter



Moral



Clinical

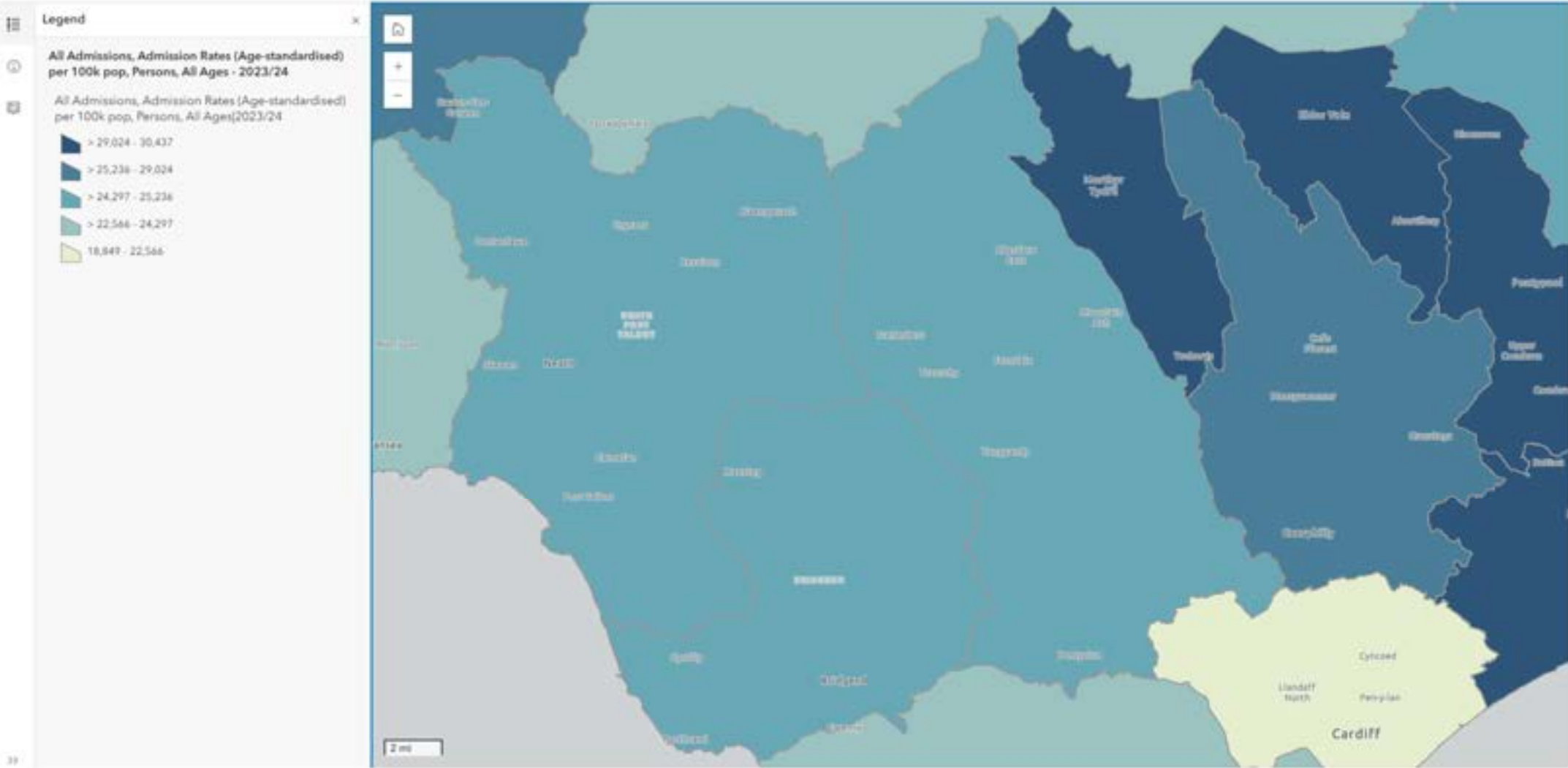


Strategic



Financial

All Admissions, Admission Rates (Age-standardised) per 100k pop, Persons, All Ages - 2023/24



What Are Health Inequalities?

*"Health inequalities are avoidable, unfair and **systematic differences** in health between different groups of people"*



Healthcare inequalities

- Accesses
- Experiences
- Outcomes

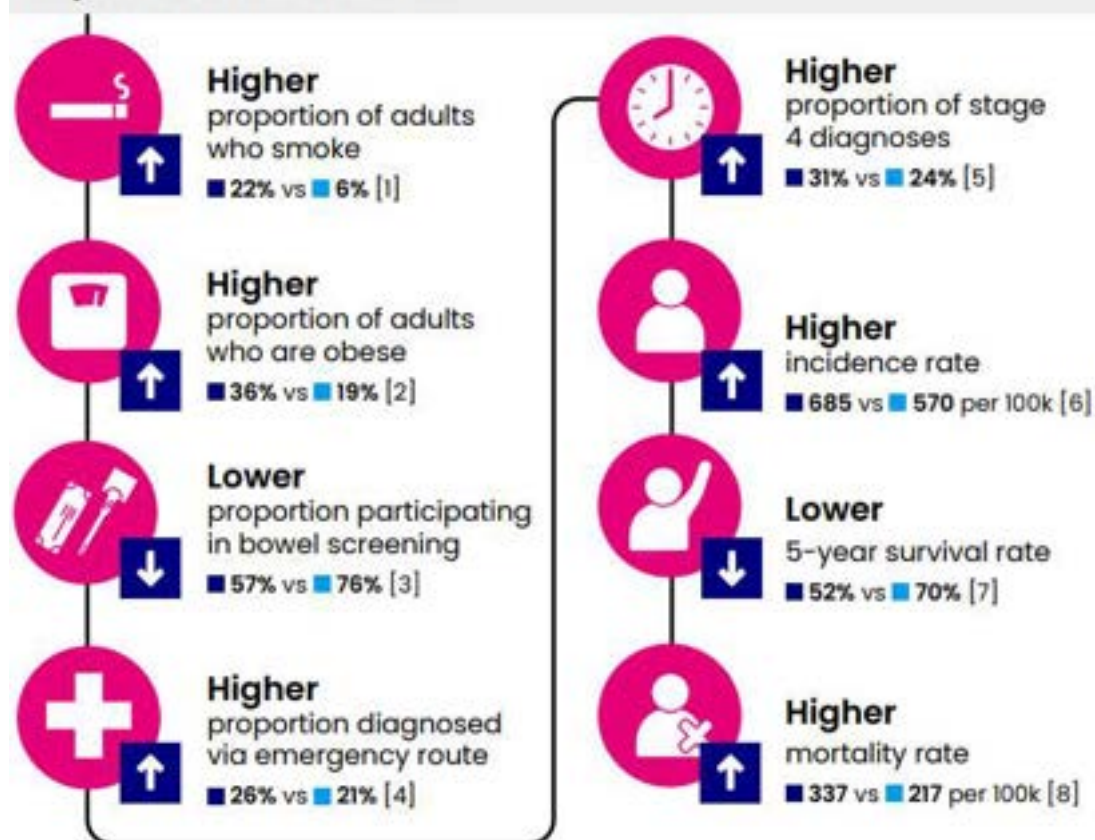


Cancer as an example for healthcare inequalities

Deprivation inequalities across the cancer pathway

■ Most deprived* ■ Least deprived*

Compared to least deprived areas, people living in the **most deprived** areas have a...



Do we routinely look at all our health board data with an inequalities lens?

What Are Health Inequalities?

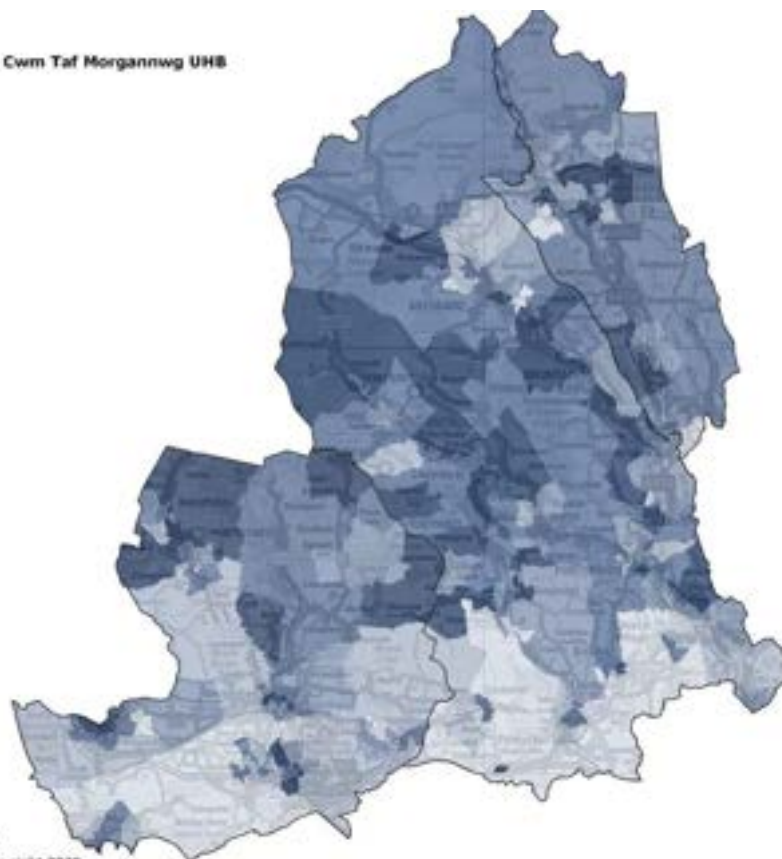
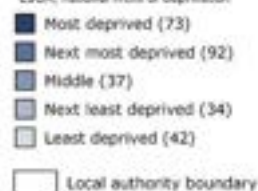
*"Health inequalities are avoidable, unfair and systematic differences in health between **different groups of people**"*



Deprivation in CTM

Large inequalities exist within the Health Board area

Welsh Index of Multiple Deprivation (WIMD) 2019, Cwm Taf Morgannwg UHB



Produced by Public Health Wales Observatory, using WIMD 2019
 Contains National Statistics data © Crown copyright and database right 2020
 Contains OS data © Crown copyright and database right 2020

56.5% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019).

The highest levels of deprivation lie mainly in the valleys to the north of the Health Board area;
 Merthyr Tydfil has the highest percentage of LSOAs in the 'most deprived' and 'next most deprived' fifths, followed by RCT.

Area	% of LSOAs in two most deprived fifths
Bridgend	44.1%
Merthyr Tydfil	66.9%
Rhondda Cynon Taf	61.5%
CTM UHB	56.5%

Source: Welsh Index of Multiple Deprivation (WIMD), 2019

Inclusion health groups

“A term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma; experience stigma and discrimination; and are not consistently accounted for in electronic records (such as healthcare databases)”

Inclusion health groups



Homelessness and rough sleeping



Vulnerable migrants



Gypsy and Roma Travellers



Prisons and those in contact with
criminal justice system



Sex Workers



People with drug and alcohol
dependence

What are the other inclusion health groups within our region?



Four key paradigm shifts

Shift from	Move to
Health inequalities on the 'too difficult' pile; believing change is someone else's responsibility	Focusing on the things we can do within our spheres of influence Identifying practical steps we can all take in our work
Tick box, late-stage consideration of inequalities issues	Ongoing, proactive consideration of inequalities throughout programmes of work, particularly when faced with choices or decisions
Only describing the problem	Creating solutions through innovation and quality improvement
General statements of ambition	Explicit strategies, action plans and deliverables; demonstrable impact



Specific Matters for Consideration:

Consider the impact of inequalities across CTM

Consider how we can embed equity into routine practice, proactively identifying solutions, and ensuring health inequalities are addressed across all programmes of work.

Key Risks / Matters for Escalation:

None

Recommendation

The Committee are asked to:

- Consider and discuss the information in the presentation and the implications for CTM

Next Steps

The Committee are asked to:

- Consider the suggestions on slide 23 and how these can be enacted across CTM



Agenda Item

6.1

Strategic Development Committee

Regional Partnership (RP) Update September 2025

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Mills, Head of Regional Commissioning Unit
Cyflwynydd yr Adroddiad / Report Presenter	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

RP	Regional Partnership
CTMUHB	Cwm Taf University Health Board
ECC	Enhanced Community Care
SPoA	Single Point of Access
SDEC	Same Day Emergency Care
ICCS	Integrated Community Care Services
CAC	Community Action Committee
UEC	Urgent and Emergency Care (6 goals)

1. Situation /Background

- 1.1 Across Wales Regional Partnership Boards were established under Part 9 of the Social Services and Wellbeing Act (2014) requiring local authorities and health boards to secure a strategic planning partnership to support the integration of services for a range of priorities groups.
- 1.2 The board brings together partners from health, social care, education, housing, third sector and the private sector as well as carers and citizen representatives.
- 1.3 These partners work together strategically to develop approaches that will create better health, social care and wellbeing services with a clear focus on co-production and engagement to influence strategic plans and population assessment of need.
- 1.4 The information noted below provides a summary of a key piece of work progressed under the Regional Partnership during 2025 the CTM Comprehensive Performance (delivery) Framework.

2. Specific Matters for Consideration

- 2.1 The CTM Comprehensive Performance (delivery) Framework was endorsed by the Regional Partnership on the 4th of September Board meeting. The Framework presents a structured, integrated approach to delivering health and social care services across the region, aiming to achieve optimal wellbeing and quality of life for all residents and establishes an integrated strategy for service delivery, outcome measurement and continuous improvement.
- 2.2 The framework is centred around one overarching outcome and four subsequent strategic outcomes statements:
 - Experience good wellbeing: Individuals will access proactive, timely and holistic health and social care services that support their physical, mental and emotional health.
 - Live safely and stay connected: Communities will benefit from integrated services promoting safety, inclusion and meaningful social connections.
 - Maintain healthy lifestyles: Residents will be empowered with information, education and community programmes encouraging sustained healthy choices.
 - Live independently with support: People needing additional care will have tailored services designed to maximise their independence and dignity within their homes and communities.
- 2.3 To translate these ambitions into measurable impacts, the framework outlines a clearly defined, multi-tiered measurement approach, consisting

of strategic outcome metrics, key performance indicators (KPIs), detailed performance measures and standardised operational input and output measures. This comprehensive model enables robust accountability, transparent evaluation and evidence informed decision making at every level.

- 2.4 Key service delivery elements, including Enhanced Community Care (ECC Level 3/4), Single Point of Access (SPOA), Acute Front Door Frailty Services and Optimal Hospital Flow and Same Day Emergency Care (SDEC), form consistent regional components designed to improve service effectiveness, responsiveness and patient outcomes, with the potential to be scaled for wider regional or national use.
- 2.5 Underpinned by principles of integrated collaboration, preventative care, person-centred services, sustainability, quality and safety, continuous learning and transparency, the CTM Framework introduces a structured quarterly monitoring schedule, complemented by six-monthly qualitative narrative reports. Standardised reporting templates will further facilitate consistent, comparable and meaningful analysis across commissioned services.
- 2.6 The 5-Tiered Framework is outlined below. Note further work is being undertaken to refine the KPIs.

Single overarching outcome for CTM: People living in Cwm Taf Morgannwg can achieve optimal wellbeing and quality of life.			
Outcome statements:			
<u>Experience good wellbeing:</u> Individuals will have access to proactive, preventative and timely health and social care services that support their physical, mental, and emotional wellbeing.	<u>Live safely and stay connected:</u> Communities within CTM will be supported by robust, integrated services ensuring safety, social inclusion, and meaningful connections.	<u>Maintain healthy lifestyles:</u> Individuals across CTM will be empowered through accessible information, education and community-based programmes to adopt and maintain healthy lifestyle choices.	<u>Live independently with support:</u> People requiring additional care will have access to tailored support services designed to promote independence.
Population level outcomes			
- Reduction in hospital admissions and Length of Stay (LoS) - Improved ambulance handover times and reduced ED waiting times - Increased use of community-	- Improved ambulance handover times and reduced ED waiting times - Increased use of community-based alternatives	Increased use of community-based alternatives	- Reduced Pathways of Care Delays (PoCD) - Reduction in hospital admissions and Length of Stay (LoS) - Reduction in children known to Childrens Services

based alternative interventions			Increased use of community-based alternatives
Key Performance Indicators			
- Improved Emergency Department (ED) turnaround times - Same Day Emergency Care (SDEC) utilisation and improved patient flow efficiency - Ambulance handover delays reduction - Navigation Hub usage and service effectiveness - Total ED attendances - Total ED admissions - Average ED admission rate (%) 4-hour ED performance % - Lost hours per ambulance arrival	- Ambulance handover delays reduction - Improved Emergency Department (ED) turnaround times - Navigation Hub usage and service effectiveness - Reduction in conveyance rates and emergency admissions for frail and older populations - Total number of 999 calls from care home - Percentage conveyance rate of care home calls to 999 - Lost hours per ambulance arrival	- Navigation Hub usage and service effectiveness (promoting proactive community support and preventative care access) - Same Day Emergency Care (SDEC) utilisation (preventing unnecessary hospital admissions) - Total ED attendances (reflecting preventative care effectiveness) % conveyance rate of care home calls to 999 (reflecting community-based response effectiveness)	- Effectiveness of Discharge to Recover and Assess (D2RA) pathways - Increased daily acute discharges (from 120.7 to 132.8 per day within 12 months) - Reduction of acute hospital Length of Stay (LoS) from 8.2 to 7.7 days - Reduction of Pathways of Care Delays (PoCD) by 25% within 6 months - Reduction in conveyance rates and emergency admissions for frail and older populations - CPR and CLA numbers - Total number of acute discharges - Total number of community discharges - Total number of delays (PoCD) - Total number of days delayed (PoCD)
Performance Measures			
- Number of people reporting improved mental health and emotional wellbeing (via validated tools or self-assessment). - Number of people reporting	- Number of people reporting feeling safer at home due to service support (including adaptations, telecare). - Number of people reporting reduced isolation and increased social	Number of people supported to adopt healthier lifestyles, (including increased physical activity, improved diet, or reduced harmful behaviours).	- Number of people successfully supported to live independently through tailored community-based support packages, telecare or aids and adaptations. - Number of avoided hospital

improved overall wellbeing following service interventions. Number of people actively involved in "what matters" discussions regarding their care.	connections (through community activities, groups, and volunteering opportunities). Number of families/individuals demonstrating increased resilience and reduced reliance on statutory services.	- Number of people successfully accessing community-based healthy lifestyle initiatives through social prescribing or referrals. - Number of individuals reporting increased knowledge and awareness of available local support services.	conveyances and effective use of step-up/step-down services. - Number of children and adults successfully maintained in stable, local placements or reunified with their families/carers. - Number of people reporting meaningful involvement and influence over decisions affecting their service delivery. - Number of people supported to move back home following a stay in hospital. - No. of people supported to live independently.

- 2.7 The introduction of this comprehensive approach will enable CTM to deliver measurable improvements in community wellbeing, effective use of resources and sustainable, high-quality health and social care services over the longer term.
- 2.8 The Integrated service delivery approach within the CTM Framework represents a coordinated and integrated model of care, strategically designed to meet the evolving health and social care needs of individuals and communities across the region. This approach aligns closely with the overarching strategic outcomes, embedding consistency and clarity across service delivery by coordinating diverse programmes such as the Integrated Community Care Services (ICCS), Community Action Committee (CAC), Regional Integration Fund (RIF), and Welsh Government's Six Goals for Urgent and Emergency Care (UEC).
- 2.9 This unified approach ensures a seamless continuum of care, bridging gaps between acute, primary, community and social services, enabling individuals to access the right care at the right place and time. By integrating care pathways, enhancing multidisciplinary collaboration and fostering co-produced solutions, the model prioritises preventative interventions, early identification of needs, effective crisis responses and personalised support plans.

2.10 In adopting this approach, health and social care systems in CTM will be better positioned to anticipate, respond to and manage service demand effectively. Clear, measurable priorities have been developed to address core areas such as independent living, community connectivity, safe and secure housing, informed decision-making, mental health and healthy lifestyles. This promotes a balanced response, focused on reducing hospital admissions, facilitating timely discharges, supporting community resilience and enhancing quality of life outcomes.

2.11 Through this structured and consistent service delivery model, the CTM Framework not only meets immediate community health and social care needs but also establishes a foundation for sustainable, long-term improvement in regional health outcomes and community wellbeing.

2.12 The table below maps the existing frameworks, national strategic areas and regional priorities against the structure of this framework.

Strategic priority	Alignment with ICCS, RIF, CAC & Other Frameworks	UEC goal alignment
Independent living and safe accommodation	- Effective discharge practices (D2RA) & accommodation-based support. - Robust integrated community infrastructure for intermediate and reablement care. - Enhanced Community Care Level 4 (ECC) delivery. - Reduction of hospital LoS, PoCD and readmissions - Increased Home First pathways. - Transition accommodation models (children and LD complex care)	Goal 5 Goal 6
Safe and secure homes	- Community-based complex care closer to home (RIF). - Telecare, aids and home adaptations. - Reduction in emergency admissions and falls risk management.	Goal 3 Goal 6
Community access and prevention	- Early intervention and prevention (RIF Core Measures). - Increased referrals to community services. - Reduction in emergency admissions through enhanced community response (ECC level 4).	Goal 1 Goal 2 Goal 3
Integration and community engagement	Strengthening community resilience and resourcefulness (CAC).	Goal 1 Goal 2

	- Investment in third sector and community assets (Community Hubs). - Pan cluster planning and virtual ward models for integrated service delivery.	
Enhanced information and signposting	- Development and improvement of the NHS 111 Digital Offer and Clinical Support Hubs. - Implementation of Single Point of Access (SPoA) across UEC. - Accessible, comprehensive Directory of Services supporting accurate signposting and referrals.	Goal 2
Decision-making and participation	- Promotion of co-produced care and advanced care planning (ICCS and RIF alignment). - Increased patient and community involvement in decisions regarding personal care plans.	Goal 1 Goal 2
Mental health and emotional wellbeing	- Crisis cafés and sanctuary services expansion, rapid triage and responsive community mental health services (UEC). - Enhanced community pathways and interventions for emotional wellbeing and mental health care (RIF).	Goal 2 Goal 3 Goal 4
Optimal hospital flow and effective discharge	- SAFER principles, Red2Green, and D2RA frameworks for optimal discharge practice. - Reduction of ambulance handover delays, reduced LoS and improved discharge planning. - Implementation of Acute Front Door Frailty Service and integrated frailty assessment units.	Goal 5 Goal 6
Rapid crisis response	- Implementation of ECC Level 4 community services. - Urgent treatment centres and clinical alternatives to ambulance conveyance. - Improved front-door turnaround, rapid triage systems, and timely clinical interventions (ECC Level 4).	Goal 4 Goal 5 Goal 6

Integration and community engagement	- Strengthening third sector relationships, co-production with communities and third-sector brokerage models. - Enhanced social prescribing and community co-production models aligning with CAC and RIF. - Enhanced community resilience through community development hubs and isolation/loneliness interventions.	Goal 1 Goal 2
Workforce development and sustainability	- Training for multidisciplinary teams, Optimise Champions, embedding SAFER, Red2Green, and D2RA principles. - Continuous professional development (TTT packages, ESR modules) to ensure long-term sustainability and workforce resilience.	Goal 5 Goal 6
Performance monitoring and accountability	- Robust integrated data systems, ICCS, checkpoint exemplars, and 50-day challenge metrics informing continuous improvement and accountability. - Qualitative and quantitative measures (stories of change, user feedback, PROMs/PREMS, NICE Guidelines, consistent local level performance measures) to continually enhance quality, safety, and effectiveness.	All Goals

2.13 Underpinning principles for successful implementation: The effectiveness and sustainability of the CTM Framework are guided by clearly defined underpinning principles. These principles form the foundation for integrated service delivery, operational consistency and ongoing alignment to local and national standards.

2.14 Integrated collaboration

At the core of the framework is integrated collaboration, strengthening cohesive partnerships across health services, social care providers, third-sector organisations and local communities. By overcoming traditional service boundaries and promoting multidisciplinary teams, the framework

promotes joined up, seamless care, reducing fragmentation and enhancing outcomes for people.

2.15 Proactive and preventative care

The framework emphasises proactive and preventative care interventions, aiming to reduce long-term dependency on acute or long-term care. Early identification and timely intervention within community settings are prioritised to manage health risks effectively, maintain independence and promote long-term wellbeing, consequently preventing unnecessary escalation of care needs.

2.16 Person centred services

Central to the CTM framework is a commitment to person centred care, ensuring services are tailored specifically to the needs, preferences and circumstances of individuals. This principle promotes empowerment, personal choice, dignity and autonomy, creating a care environment that respects individual voices and enables meaningful involvement in decision making processes.

2.17 Sustainability and scalability

Ensuring sustainability and scalability is essential for the long-term success of integrated care. The framework supports clinically effective, financially viable models that can adapt and expand in response to evolving population needs. This principle ensures resources are efficiently utilised, maximising value and allowing innovations to be scaled across the region.

2.18 Quality and safety

The quality and safety of care underpin all service delivery within the framework. Services align closely with NICE guidelines, national discharge standards and other nationally recognised quality indicators. Continuous monitoring and adherence to these standards ensure consistent safe, effective and high-quality care experiences for all.

2.19 Continuous learning and adaptation

The framework incorporates continuous learning and adaptation, embedding ongoing evaluation into its processes. Regular assessment of data, service-user feedback and performance outcomes ensures that services remain responsive and continuously improve. This adaptive approach supports agile responses to changing needs and conditions, leading to improved service effectiveness.

2.20 Transparency and accountability

Transparency and accountability are essential to maintain trust, drive performance and embed continuous improvement within the framework.

Regular performance reporting, open communication of outcomes and performance and clear governance mechanisms ensure accountability at all levels. Transparent evaluation supports shared learning, informed decision-making and collective ownership of improvements.

3. Key Risks / Matters for Escalation

- 3.1 The CTM Framework represents a bold, unified approach to improving the health, wellbeing and independence of people across the region. Through a clear strategic vision, shared outcomes, standardised performance measures and consistent elements of service delivery, the framework provides a strong foundation for delivering integrated, person-centred care that is preventative, responsive and outcomes focused.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Person Centred
	If more than one applies please list below:
	Yes - Refine

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

If more than one applies please list below:

Impact Assessment

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

Yes: ☐

No: ☒

Outcome:

If no, please include rationale below:
No changes to programme delivered.

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

Yes: ☐

No: ☒

Outcome for Equality (delete as appropriate):

POSITIVE/NEUTRAL
NEGATIVE

Outcome for Welsh Language (delete as appropriate):
POSITIVE/NEUTRAL
NEGATIVE

If no, please include rationale below:

No changes to programme delivered.

Cyfreithiol / Legal

There are no specific legal implications related to the activity outlined in this report.

Enw da / Reputational

There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.

Effaith Adnoddau (Pobl /Ariannol) / **Resource Impact** (People / Financial)

There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

- 5.1 That the Committee **note** the work under the RPB in developing CTM Comprehensive Performance (delivery) Framework.

6. Next Steps

- 6.1 Further refinement of the Key Performance Indicators and develop a plan for role out across CTM.



Agenda Item

6.2

Strategic Development Committee

Public Service Board Update

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Helen Hamond (CTM PSB)
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTM PSB	Cwm Taf Morgannwg Public Services Board
RCTBC	Rhondda Cynon Taf County Borough Council

1. Situation /Background

- 1.1 The Cwm Taf Morgannwg Public Services Board (CTM PSB) brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas. Our purpose is to improve the economic, social, environmental and cultural well-being in our area by strengthening joint working. The published assessment of well-being in 2022 is available along with a series of summary reports and published the Well-being Plan for 2023-2028

2. Specific Matters for Consideration

- 2.1 The new Chair Paul Mee, Chief Executive of RCTCBC, is working with members on governance, leadership and accountability for the CTM PSB feeding back to the next meeting on 16th October 2025.
- 2.2 The final data dashboard has been completed and will be uploaded to the CTM PSB website shortly.
- 2.3 The highlight report for October 2025 (Appendix 1) details current activities against its wellbeing plan.

3. Key Risks / Matters for Escalation

- 3.1 None identified.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below: The work of the PSB relates to all strategic areas
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below: The work of the PSB relates to all goals of the WBFGA
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:



Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

5. Recommendation

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

6. Next Steps

6.1 Continued engagement with the CTM PSB.



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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Appendix 1



PSB Update Date: September 2025

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

The annual report sets out progress across all streams in 2024-25. <https://www.ctmpublicservicesboard.wales/annual-report> the meeting on October 16th will receive the results of the climate risk reflection, updates on progress from the new task and finish groups, a focus on the children and young people's network, update from the safeguarding board and the new data dashboard and website and proposals on leadership, governance and accountability.

OVERALL RAG



STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Update	RAG
Climate Change Risk Assessment	The PSB has set up three senior manager Task and finish groups on three of the priorities – Climate Resilient Communities, Infrastructure Pinch points and Post Industrial Landscape lead by PSB members who will feedback on progress to each PSB. Each organisation is nominating appropriate senior managers to each of these groups. A self reflection exercise for each organisation on the PSB is bring together current and planning work on climate risk. The existing task group is being refocused to external and inter- and cross-organisation communication. The risk assessment is available via https://www.ctmpublicservicesboard.wales/climate-change-risk-assessment/	Green
Workforce Well-being Sub-board	A google space to connect staff with volunteering opportunities in green spaces has been completed and shared. The Neurodivergence task group have prepared an advice sheet for managers and are working with the regional partnership on an event on Neurodivergence and work.	Green
Active Travel Charter	The charter was signed launched at the PSB in July. Sustrans is helping organisations complete a review of current work to feedback into the network.	Green
Young Voices Project	The children and young people's engagement network met for the 3 rd time in September. Through an open agenda identified 3 topics for discussion and action - out of area placements for children who are looked after and the impact of new leg and potential shortfall of foster carers, understanding democracy for young people alongside social media and other influences, current forums mapping for children and young people. Work continues on reverse mentoring programme and the website as a portal for sharing engagement plans and results.	Green
PSB Development	The new chair, Paul Mee, is working with PSB members on governance, leadership and accountability for the PSB feeding back to the next PSB on 16 th October	Green
Data Dashboard and Website	The final dashboard has been completed and will be uploaded onto PSB website shortly. The data task group met with colleagues in Swansea and NPT PSBs to see the new dashboard in August and the new website and data dashboard will be shared with the PSB at the next meeting.	Green
Food Resilience sub board	The new sub board established by the PSB is meeting shortly to plan the forward work programme	Green

KEY METRICS:

A range of metrics will be aligned to each individual work programme building on the data dashboard work.

Risks/Issues	Description & Mitigation	RAG
Having the right officers on the task and finish groups to progress	PSB members asked to nominate the right people and task groups will feed back on progress.	Green
Having the right focus and leadership	The chair's work will feedback to the PSB and define the forward work programme	Green
Make better use of links through PSB members to other partnerships and network	Continue to promote the work of the PSB through organisations' sharing links to the annual report https://www.ctmpublicservicesboard.wales/annual-report and updates through partnerships and organisations.	Green

DECISIONS/ ESCALATIONS TO BOARD:

To increase awareness of the PSB and delivery in the workstreams in their organisations.



Agenda Item

7.1a

Strategic Development Committee

2023/24 Programme Budget Report

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Andrew Jones – Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sally May – Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
WG	Welsh Government
CTM	Cwm Taf Morgannwg
NHSWJCC	NHS Wales Joint Commissioning Committee

1. Situation / Background

The Programme Budget Return is an annual exercise which aims to apportion costs incurred during the financial year to a national list of disease groups and conditions. This exercise is a commissioner-based report which identifies how our residents access healthcare regardless of the provider organisation, and includes costs incurred by the NHS Wales Joint Commissioning Committee and Public Health Wales along with other Health Boards and NHS Trust providers plus providers from outside of NHS Wales.

By comparing annual expenditure by these national groups, it is possible to determine which clinical areas are experiencing growth and which are not, and whether planned investments are materialising. Programme Budgets can also be used to compare variation between Health Boards on the distribution of resources by conditions and the level of resource incurred per head of population.

The annual programme budget reports are published on the Stats Wales website following approval by Welsh Government and are accessible to the general public.

It should be noted that identification of patients activity to disease groups/conditions is determined by pre-defined national set of conditions using clinical coding or other national indicators and may not reflect local service definitions.

Due to the Pandemic the programme budget returns for 2020/21 and 2021/22 were significantly impacted by the temporary changes in service provision to support the pandemic and although these provide insights and indications of the change in services during that period, they are specific to the circumstance at the time and are not suitable for benchmarking changes over time. As such this report uses 2019/20 as a benchmark of pre pandemic healthcare provision. Data prior to 2019/20 reflects organisational structures prior to the transfer of Bridgend Services between the former Abertawe Bro Morgannwg UHB and Cwm Taf UHB.

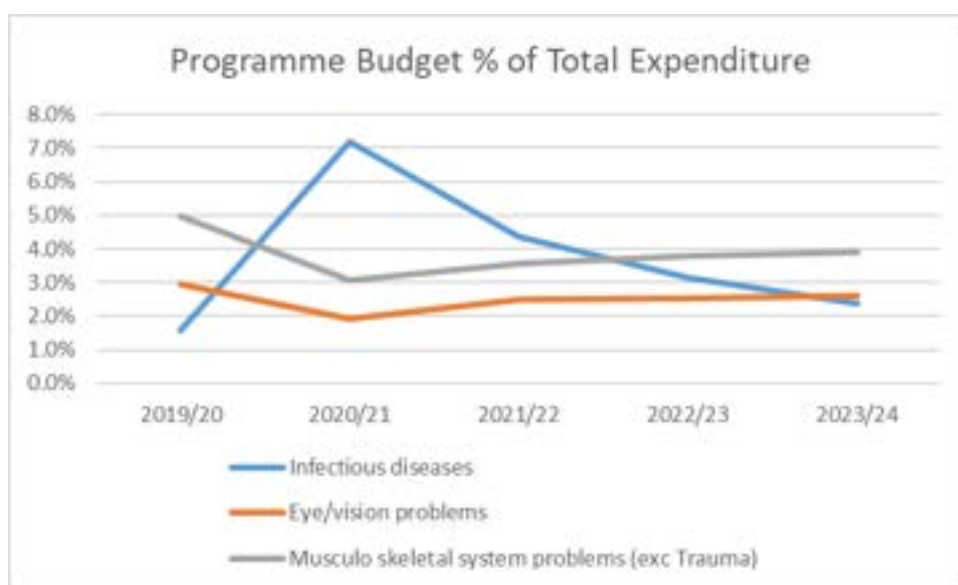
At the time of this report being produced, the 2023/24 Programme Budget Returns had not been published by Welsh Government and therefore the data in this report remains Draft for 2023/24 and could be subject to change.

2. Specific Matters for Consideration

2.1 CTM Resource utilisation 2019/20 to 2023/24

The Programme Budget Returns for Cwm Taf Morgannwg UHB residents from 2019/20 to 2023/24 has been summarised in Annex A.

The Programme budget returns clearly show the impact of the pandemic upon healthcare resource allocation, with infectious diseases increasing from 1.6% of total costs in 2019/20 to 7.1% of total costs in 2020/21 an increase of £70m. Likewise, you can see a reduction in resource allocation to elective services such as Eye/Vision problems reducing from 2.9% to 1.9% a fall of £10m and Musculo skeletal problems reducing from 5.0% to 3.1% a fall of £16.5m. Overall the resource utilisation of 2020/21 compared to 2019/20 was an increase of £136.8m (12.6%) for Cwm Taf Morgannwg residents.



The Programme budget return also shows the difficulty in the Health Board recovery from the pandemic, with the 2023/24 infectious disease remaining well above 2019/20 levels as COVID remains routine cause of admission whilst electives remain below 2019/20 levels with Eyes/Vision 0.3% below 2019/20 shares and Musculo Skeletal 1.1% below 2019/20. Although these elective services are showing year on year increases.

As noted above that identification of patients access to disease groups/conditions is determined by pre-defined national set of conditions using clinical coding. If clinical coding is not recorded timely, it can have an impact upon the Programme Budget returns. As can be recognised within Annex A, the level of Invalid/Uncoded data (Category 23D) has improved

since 2019/20 reducing from 4.6% to 1.1%, this needs to be considered when comparing annual changes as it may due to more accurate and timely coding rather than a change in service access/provision.

The increase in resource allocation between 2019/20 and 2023/24 is £351.1m (32.3%). This increase recognises the increase in Inflation, Pay Settlements, demand/Growth and investments and compares to an increase during the same period of 22.5% in the consumer price index or 30.9% in the retail price index.

Excluding the Other Category, the most significant areas of resource allocation are:

- Mental Health (12.2% 2023/24)
- Trauma & Injury (8.4% 2023/24)
- Circulation Problems (7.4% 2023/24)
- Gastro intestinal problems (7.0% 2023/24)
- Cancers & Tumours (6.7% 2023/24)
- Respiratory Problems (6.7% 2023/24)

These categories account for over 48% of the total expenditure

Mental Health

Mental Health includes Adult Mental Health Services, Older Persons Psychiatry, Child & Adolescent Mental Health and Substance Misuse Services. Overall Mental Health Expenditure has increased by £46.6m (36.2%) compared to 2019/20. This has mainly been experienced with Adult Mental Health Services.

The majority of the mental health expenditure is delivered by CTM secondary care services, with expenditure of £101.9m in 2023/24 this is an increase of £29.7m (41%) compared with 2019/20.

Continuing Healthcare is the next most significant area of expenditure which has increased from £33.8m to £46.8m an increase of £13m (38%).

Specialist Commissioning (NHSWJCC) has increased from £6.0m to £12.3m an increase of £6.3m (105%).

Primary Care Prescribing has slightly increased from £5.5m to £5.7m, with increased volume being offset by significant reduction in prices.

Trauma & Injury

Trauma & Injury includes Accident & Emergency services and Trauma but excludes Burns or Skin conditions. Overall Trauma & Injury Expenditure has increased by £35.1m (41.2%) compared to 2019/20.

The majority of the Trauma & Injury expenditure is delivered by CTM secondary care services, with expenditure of £89.6m in 2023/24 this is an increase of £31.3m (53.6%) compared with 2019/20.

Services provided by other Health Boards had increased from £5.0m to £7.7m, an increase of £2.7m (54%).

Specialist Commissioning (NHSWJCC) has only slightly increased from £19.4m to £20.8m an increase of £1.4m (7.3%).

Circulation Problems

Circulation Problems includes Coronary Heart Disease, Cerebrovascular Disease, Problems with Rhythm and other circulatory issues. Overall Circulation Problems Expenditure has increased by £25.6m (31.8%) compared to 2019/20.

The majority of the circulation problems expenditure is delivered by CTM secondary care services, with expenditure of £57.4m in 2023/24 this is an increase of £17.1m (42.4%) compared with 2019/20.

Primary Care Prescribing has increased from £12.5m to £15.9m, an increase of £3.4m (27.2%), with increased volume being offset by significant reduction in prices.

Services provided by other Health Boards had increased from £4.2m to £7.2m, an increase of £3.0m (71.4%).

Specialist Commissioning (NHSWJCC) has only slightly increased from £16.3m to £17.6m an increase of £1.3m (8.0%).

Gastro Intestinal

Overall Gastro Intestinal Problems Expenditure has increased by £37.5m (58.9%) compared to 2019/20.

The majority of the circulation problems expenditure is delivered by CTM secondary care services, with expenditure of £71.6m in 2023/24 this is an increase of £30.4m (73.8%) compared with 2019/20.

Primary Care Prescribing has increased from £9.2m to £12.3m, an increase of £3.1m (33.7%).

Services provided by other Health Boards had increased from £1.4m to £4.1m, an increase of £2.7m (193%).

Specialist Commissioning (NHSWJCC) has only slightly increased from £6.7m to £7.1m an increase of £0.4m (6.0%).

Cancer & Tumours

Overall Cancer & Tumour Expenditure has increased by £26.2m (37.4%) compared to 2019/20.

Most of the Cancer & Tumour expenditure is delivered by CTM secondary care services, with expenditure of £41.7m in 2023/24 this is an increase of £14.4m (52.7%) compared with 2019/20.

Velindre NHS Trust is the next most significant with expenditure of £22.7m and increase of £6.7m (41.9%) compared with 2019/20.

Specialist Commissioning (NHSWJCC) has increased from £13.5m to £17.3m an increase of £3.8m (28.0%).

Services provided by other Health Boards had slightly increased from £9.3m to £10.3m, an increase of £1.0m (10.8%).

Respiratory Problems

Respiratory Problems includes Obstructive Airway Disorders, Asthma, and other respiratory issues. Overall Circulation Problems Expenditure has increased by £21.5m (28.8%) compared to 2019/20.

The majority of the respiratory problems expenditure is delivered by CTM secondary care services, with expenditure of £65.9m in 2023/24 this is an increase of £20.0m (43.6%) compared with 2019/20.

Primary Care Prescribing has slightly increased from £14.8m to £16.1m, an increase of £1.3m (8.8%).

Specialist Commissioning (NHSWJCC) has only slightly increased from £4.2m to £4.5m an increase of £0.3m (7.0%).

2.2 2023/24 CTM comparison with All Wales

The Programme Budget Returns for 2023/24 for Cwm Taf Morgannwg UHB and the All Wales consolidated position has been summarised in Annex B.

There are a number of areas where the allocation of resources within CTM differs to that of the All Wales average. This could highlight where CTM residents have a differential need to that of the All Wales average or where CTM provides services in a different way to others.

Areas where CTM expenditure is proportionally greater than the Welsh Average:

- Respiratory problems – CTM is reporting 6.7% of resources are attributed to Respiratory problems compared to a Welsh Average of 5.6%. This differential is the equivalent of £15.8m of additional expenditure. This is consistent with prevalence data suggesting the industrial heritage of our population has greater incidence of COPD and Asthma than the national average.
- Mental Health – CTM is reporting 12.2% of resources are attributed to Mental Health compared to a Welsh Average of 11.4%. This differential is the equivalent of £11.5m of additional expenditure. This is consistent with Mental Health Needs based data suggesting our population has greater needs than the national average. It could also reflect that differentiating activity and CHC packages between Mental Health and Learning disabilities could be improved.
- Endocrine – CTM is reporting 4.8% compared to a Welsh Average of 4.2%. This differential is the equivalent of £8.6m of additional expenditure. The main differential is within Primary care costs including prescribing.

Areas where CTM expenditure is proportionally lower than the Welsh Average:

- Learning Disabilities – CTM is reporting 1.1% of resources are attributed to Learning Disabilities compared to a Welsh Average of 2.4%. This differential is the equivalent of £19.6m of lower expenditure. As noted in the Mental Health section above, the identification of Learning Disabilities activity from Mental Health could be improved and would result in a transfer of resource between Mental Health and Learning Disabilities.
- Cancer & Tumours – CTM is reporting 6.7% of resources are attributed to Cancer & Tumours compared to a Welsh average of 8.0%. This is predominantly relating to secondary care expenditure

and reflects the impact of lower access to services which may be influenced by the distance to travel for our communities to Cancer Centres and specialist tertiary centres or delays in diagnosis resulting in less interventional treatments.

- Musculo Skeletal system problems – CTM is reporting 3.9% compared to a Welsh average of 4.7%. This differential is the equivalent of £11.8m of lower expenditure. This is partly due to difficulties in recovering orthopaedic activity back to pre-pandemic levels due to demands within unscheduled care.

2.3 CTM Cost per Head Comparison with All Wales

The cost per head of population (mid-year population estimates 2023) has been provided at Annex C.

	Cost per Head	Ratio to Welsh Average
HB 1	2,930	97
HB 2	3,100	103
HB 3	2,684	89
Cwm Taf Morgannwg	3,061	102
HB 4	3,198	106
HB 5	3,073	102
HB 6	3,169	105
Wales	3,014	100

The average cost per head of population across Wales is £3,014 per person. The Cwm Taf Morgannwg cost per person is slightly above this average at £3,061, being 2% higher than average.

It is important to note that this represents a raw population count and does not reflect the needs of the population.

Further comparisons of key areas of expenditure are shown below:

Cancer & Tumour	Cost per Head	Ratio to Welsh Average
HB 1	220	92
HB 2	264	110
HB 3	207	86
Cwm Taf Morgannwg	205	85
HB 4	273	114
HB 5	223	93

HB 6	287	120
Wales	240	100

The average cost of Cancer & Tumours per head of population across Wales is £240 per person. The Cwm Taf Morgannwg cost per person is below this average at £205, being 15% lower than average. The data indicates there are clear regional differences with South East Wales reporting lower costs than South West Wales and North Wales.

Maternity	Cost per Head	Ratio to Welsh Average
HB 1	108	113
HB 2	94	98
HB 3	86	90
Cwm Taf Morgannwg	100	104
HB 4	90	94
HB 5	77	80
HB 6	100	105
Wales	96	100

The average cost of Maternity Care per head of population across Wales is £96 per person. The Cwm Taf Morgannwg cost per person is above this average at £100, being 4% higher than average.

Neonatal	Cost per Head	Ratio to Welsh Average
HB 1	23	97
HB 2	31	128
HB 3	18	76
Cwm Taf Morgannwg	29	120
HB 4	19	80
HB 5	10	43
HB 6	25	103
Wales	24	100

The average cost of Neonatal Care per head of population across Wales is £24 per person. The Cwm Taf Morgannwg cost per person is above this average at £29, being 20% higher than average.

Respiratory	Cost per Head	Ratio to Welsh Average

HB 1	160	95
HB 2	174	103
HB 3	140	83
Cwm Taf Morgannwg	204	121
HB 4	173	103
HB 5	172	102
HB 6	163	96
Wales	169	100

The average cost of Respiratory care per head of population across Wales is £169 per person. The Cwm Taf Morgannwg cost per person is above this average at £204, being 21% higher than average.

Circulatory	Cost per Head	Ratio to Welsh Average
HB 1	200	89
HB 2	260	116
HB 3	162	72
Cwm Taf Morgannwg	226	100
HB 4	261	116
HB 5	252	112
HB 6	238	106
Wales	225	100

The average cost of Circulation Problems per head of population across Wales is £225 per person. The Cwm Taf Morgannwg cost per person is slightly above this average at £226.

2.4 CTM Weighted Cost per Head Comparison with All Wales

The cost per head of population (mid-year population estimates 2023) weighted to recognise the Welsh Government needs based formula for resource allocations has been provided at Annex D.

	Cost per Weighted Population	Ratio to Welsh Average
HB 1	2,920	97
HB 2	3,027	100
HB 3	3,179	105
Cwm Taf Morgannwg	2,892	96
HB 4	3,059	101

HB 5	3,164	105
HB 6	3,005	100
Wales	3,014	100

The average cost per head of population across Wales is £3,014 per person. The Cwm Taf Morgannwg cost per weighted population is below this average at £2,892, being 4% lower than average, and is the lowest cost per weighted population compared to the other Health Boards.

The table below illustrates the difference between actual expenditure and the Welsh average using weighted populations. A positive figure illustrates that the Welsh average cost is greater than the actual costs incurred whereas a negative figure illustrates that actual costs are above Welsh average costs.

	Welsh Average Cost £'000	Actual Cost £'000	Difference £'000
HB 1	1,894,026	1,835,473	58,553
HB 2	2,199,926	2,209,378	-9,453
HB 3	1,359,815	1,434,819	-75,005
Cwm Taf Morgannwg	1,500,368	1,439,693	60,675
HB 4	1,259,106	1,278,505	-19,399
HB 5	415,539	435,047	-19,508
HB 6	1,269,105	1,264,969	4,136
Wales	9,897,884	9,897,884	0

It should be recognised that this is a simplistic approach to assessing expenditure levels. Each Health Board provides and commissions services through Long Term Agreements (LTA), those long term agreements have been in place for many years and may not reflect fair contributions for the activity being delivered which could be a contributory factor for the scale of difference.

3. Key Risks / Matters for Escalation

It is key to understand that these reports use historical data to compare how resource utilisation is changing and will not reflect the current financial year.

As this data is related to 2023/24 and prior periods, it does not reflect the changes following the POW roof critical incident and the reinstatement of services following the return to POW.

This data remains Draft until Welsh Government approve the publication of the reports.

4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) Reflects how resources are distributed across care sectors, localities and conditions.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 To **Note** the report and its contents

6. Next Steps

6.1 Provide future reports to the Strategic Development Committee on an annual basis.

TOTAL LHB & PHW EXPENDITURE 2019/20		2019/20	2020/21	2021/22	2022/23	2023/24	2019/20	2020/21	2021/22	2022/23	2023/24
		£000	£000	£000	£000	£000	%	%	%	%	%
1	Total	17,230	87,900	56,698	42,223	34,018	1.6%	7.2%	4.4%	3.1%	2.4%
1	01A HIV and Aids	443	487	446	321	274	0.0%	0.0%	0.0%	0.0%	0.0%
1	01X Other Infectious Diseases	16,788	87,413	56,252	41,903	33,744	1.5%	7.1%	4.3%	3.1%	2.3%
2	Total	70,182	79,730	89,850	91,623	96,398	6.4%	6.5%	6.9%	6.8%	6.7%
2	02A Cancer, Head and Neck	4,480	6,447	9,394	5,402	5,228	0.4%	0.5%	0.7%	0.4%	0.4%
2	02B Cancer, Upper GI	3,784	4,230	5,002	5,329	5,590	0.3%	0.3%	0.4%	0.4%	0.4%
2	02C Cancer, Lower GI	5,765	8,121	8,645	8,397	8,841	0.5%	0.7%	0.7%	0.6%	0.6%
2	02D Cancer, Lung	6,250	6,245	7,141	7,076	9,725	0.6%	0.5%	0.6%	0.5%	0.7%
2	02E Cancer, Skin	4,380	5,100	4,292	4,708	6,448	0.4%	0.4%	0.3%	0.3%	0.4%
2	02F Cancer, Breast	6,655	5,533	7,341	8,018	8,273	0.6%	0.5%	0.6%	0.6%	0.6%
2	02G Cancer, Gynaecological	3,219	4,419	4,791	3,977	3,939	0.3%	0.4%	0.4%	0.3%	0.3%
2	02H Cancer, Urological	9,349	9,694	10,021	10,637	11,905	0.9%	0.8%	0.8%	0.8%	0.8%
2	02I Cancer, Haematological	7,110	6,872	6,912	8,962	7,323	0.7%	0.6%	0.5%	0.7%	0.5%
2	02X Other Cancers and Tumours	19,190	23,068	26,311	29,116	29,126	1.8%	1.9%	2.0%	2.2%	2.0%
3	03X Blood disorders	16,109	15,353	14,229	15,513	13,565	1.5%	1.3%	1.1%	1.2%	0.9%
4	Total	50,635	56,698	61,079	66,117	69,565	4.7%	4.6%	4.7%	4.9%	4.8%
4	04A Diabetes	24,728	24,645	26,351	27,797	28,721	2.3%	2.0%	2.0%	2.1%	2.0%
4	04B Endocrine	5,102	5,651	5,531	6,497	7,019	0.5%	0.5%	0.4%	0.5%	0.5%
4	04X Other endocrine, nutritional and metabolic problems	20,805	26,402	29,197	31,823	33,825	1.9%	2.2%	2.3%	2.4%	2.3%
5	Total	128,870	150,139	149,635	163,749	175,472	11.8%	12.3%	11.6%	12.1%	12.2%
5	05A General mental illness	71,342	82,781	88,056	91,709	101,608	6.6%	6.8%	6.8%	6.8%	7.1%
5	05B Elderly mental illness	31,001	33,801	33,468	40,101	40,853	2.8%	2.8%	2.6%	3.0%	2.8%
5	05D Child & adolescent mental health services	10,148	12,372	11,298	12,956	13,580	0.9%	1.0%	0.9%	1.0%	0.9%
5	05X Other mental health problems	16,380	21,184	16,813	18,984	19,431	1.5%	1.7%	1.3%	1.4%	1.3%
6	06X Learning disability problems	11,343	12,748	13,012	13,560	15,228	1.0%	1.0%	1.0%	1.0%	1.1%
7	Total	45,279	48,936	48,993	57,926	62,099	4.2%	4.0%	3.8%	4.3%	4.3%
7	07A Chronic Pain	14,361	13,035	13,496	17,350	19,382	1.3%	1.1%	1.0%	1.3%	1.3%
7	07X Other neurological problems	30,918	35,902	35,497	40,575	42,717	2.8%	2.9%	2.7%	3.0%	3.0%
8	08X Eye/vision problems	32,022	23,773	32,062	34,374	37,740	2.9%	1.9%	2.5%	2.5%	2.6%
9	09X Hearing problems	7,704	5,859	6,693	7,905	9,308	0.7%	0.5%	0.5%	0.6%	0.6%
10	Total	80,502	84,586	96,925	99,021	106,077	7.4%	6.9%	7.5%	7.3%	7.4%
10	10A Coronary Heart Disease	15,788	16,762	19,328	18,849	19,990	1.5%	1.4%	1.5%	1.4%	1.4%
10	10B Cerebrovascular disease	13,127	17,120	18,596	16,610	19,208	1.2%	1.4%	1.4%	1.2%	1.3%
10	10C Problems of Rhythm	8,238	7,037	8,471	9,793	10,044	0.8%	0.6%	0.7%	0.7%	0.7%
10	10X Other problems of circulation	43,349	43,668	50,531	53,769	56,835	4.0%	3.6%	3.9%	4.0%	3.9%
11	Total	74,547	63,555	73,921	88,249	96,053	6.8%	5.2%	5.7%	6.5%	6.7%
11	11A Obstructive Airways Disease	11,661	9,749	10,166	11,210	10,953	1.1%	0.8%	0.8%	0.8%	0.8%
11	11B Asthma	14,838	16,134	17,012	16,875	17,959	1.4%	1.3%	1.3%	1.3%	1.2%
11	11X Other problems of the respiratory system	48,049	37,672	46,743	60,165	67,141	4.4%	3.1%	3.6%	4.5%	4.7%
12	12X Dental problems	33,630	34,011	35,685	36,279	41,211	3.1%	2.8%	2.8%	2.7%	2.9%
13	Total	63,707	78,115	80,546	94,323	101,205	5.9%	6.4%	6.2%	7.0%	7.0%
13	13A Upper GI	11,223	13,050	13,442	14,398	16,525	1.0%	1.1%	1.0%	1.1%	1.1%
13	13B Lower GI	14,693	22,499	20,956	22,527	23,015	1.3%	1.8%	1.6%	1.7%	1.6%
13	13C HepatoBiliary	10,285	15,106	14,474	16,064	19,074	0.9%	1.2%	1.1%	1.2%	1.3%
13	13X Other problems of the gastro intestinal system	27,505	27,460	31,674	41,334	42,592	2.5%	2.2%	2.4%	3.1%	3.0%
14	Total	21,032	25,146	24,240	29,692	38,734	1.9%	2.1%	1.9%	2.2%	2.7%
14	14A Burns	34	86	162	962	1,305	0.0%	0.0%	0.0%	0.1%	0.1%
14	14X Other problems of the skin	20,998	25,060	24,078	28,731	37,429	1.9%	2.0%	1.9%	2.1%	2.6%
15	15X Musculo skeletal system problems (exc Trauma)	54,305	37,807	46,120	51,379	56,131	5.0%	3.1%	3.6%	3.8%	3.9%
16	16X Trauma & injuries (inc burns)	85,208	105,895	110,891	110,024	120,305	7.8%	8.6%	8.6%	8.2%	8.4%
17	Total	42,352	46,051	49,392	58,361	65,371	3.9%	3.8%	3.8%	4.3%	4.5%
17	17A Genital tract problems	11,978	8,660	12,724	14,984	15,318	1.1%	0.7%	1.0%	1.1%	1.1%
17	17B Renal problems	11,843	18,336	17,846	21,898	25,205	1.1%	1.5%	1.4%	1.6%	1.8%
17	17C Sexually transmitted infections	60	138	70	284	368	0.0%	0.0%	0.0%	0.0%	0.0%
17	17X Other problems of the genito urinary system	18,471	18,916	18,751	21,196	24,480	1.7%	1.5%	1.4%	1.6%	1.7%
18	18X Maternity & reproductive health	38,635	39,180	37,141	40,737	46,991	3.5%	3.2%	2.9%	3.0%	3.3%
19	19X Neonates	10,645	12,798	13,535	10,851	13,587	1.0%	1.0%	1.0%	0.8%	0.9%
20	Total	10,194	12,615	10,697	13,715	13,120	0.9%	1.0%	0.8%	1.0%	0.9%
20	20A Unintended consequences of treatment	8,781	9,270	8,928	10,214	10,252	0.8%	0.8%	0.7%	0.8%	0.7%
20	20B Poisoning	1,187	3,009	1,710	2,207	1,763	0.1%	0.2%	0.1%	0.2%	0.1%
20	20C Violence	67	43	55	54	97	0.0%	0.0%	0.0%	0.0%	0.0%
20	20X Other adverse effects and poisoning	160	293	4	1,241	1,008	0.0%	0.0%	0.0%	0.1%	0.1%
21	21X Healthy individuals (includes screening)	20,557	38,202	46,319	45,213	43,991	1.9%	3.1%	3.6%	3.4%	3.1%
22	22X Social care needs	14,875	13,227	14,931	16,243	19,152	1.4%	1.1%	1.2%	1.2%	1.3%
23	Total	159,000	153,056	181,156	161,330	164,371	14.6%	12.5%	14.0%	12.0%	11.4%
23	23A General medical services	53,421	62,404	67,513	64,480	69,391	4.9%	5.1%	5.2%	4.8%	4.8%
23	23B Open access	14,961	21,962	27,999	27,910	21,523	1.4%	1.8%	2.2%	2.1%	1.5%
23	23C Continuing care	18,280	13,776	14,852	19,216	15,825	1.7%	1.1%	1.1%	1.4%	1.1%
23	23E Other PHW functions	11,915	10,537	15,323	18,497	19,668	1.1%	0.9%	1.2%	1.4%	1.4%
23	23D Invalid/uncoded data	50,280	29,955	39,448	14,533	15,510	4.6%	2.4%	3.0%	1.1%	1.1%
23	23X Valid 'other' data	10,144	14,422	16,022	16,681	22,453	0.9%	1.2%	1.2%	1.2%	1.6%
23	23Z No relevant APC data for commissioner	-	-	-	14	0	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	1,088,562	1,225,380	1,293,751	1,348,407	1,439,693	100.0%	100.0%	100.0%	100.0%	100.0%

TOTAL LHB & PHW EXPENDITURE				2023/24		
1	Total			All Wales	CTM	Difference
				2.26%	2.36%	0.11%
1	01A	HIV and Aids		0.07%	0.02%	-0.05%
1	01X	Other Infectious Diseases		2.19%	2.34%	0.16%
2	Total	Cancers & tumours		7.96%	6.70%	-1.27%
2	02A	Cancer, Head and Neck		0.34%	0.36%	0.02%
2	02B	Cancer, Upper GI		0.40%	0.39%	-0.01%
2	02C	Cancer, Lower GI		0.61%	0.61%	0.00%
2	02D	Cancer, Lung		0.54%	0.68%	0.14%
2	02E	Cancer, Skin		0.40%	0.45%	0.05%
2	02F	Cancer, Breast		0.71%	0.57%	-0.14%
2	02G	Cancer, Gynaecological		0.28%	0.27%	-0.01%
2	02H	Cancer, Urological		0.79%	0.83%	0.03%
2	02I	Cancer, Haematological		0.87%	0.51%	-0.36%
2	02X	Other Cancers and Tumours		3.01%	2.02%	-0.99%
3	03X	Blood disorders		0.99%	0.94%	-0.05%
4	Total	Endocrine, nutritional & metabolic problems		4.25%	4.83%	0.59%
4	04A	Diabetes		1.80%	1.99%	0.19%
4	04B	Endocrine		0.44%	0.49%	0.04%
4	04X	Other endocrine, nutritional and metabolic problems		2.00%	2.35%	0.35%
5	Total	Mental health problems		11.36%	12.19%	0.83%
5	05A	General mental illness		5.51%	7.06%	1.55%
5	05B	Elderly mental illness		3.03%	2.84%	-0.19%
5	05D	Child & adolescent mental health services		1.18%	0.94%	-0.24%
5	05X	Other mental health problems		1.63%	1.35%	-0.28%
6	06X	Learning disability problems		2.42%	1.06%	-1.36%
7	Total	Neurological system problems		4.17%	4.31%	0.15%
7	07A	Chronic Pain		1.00%	1.35%	0.35%
7	07X	Other neurological problems		3.17%	2.97%	-0.20%
8	08X	Eye/vision problems		2.39%	2.62%	0.23%
9	09X	Hearing problems		0.50%	0.65%	0.14%
10	Total	Circulation problems		7.46%	7.37%	-0.09%
10	10A	Coronary Heart Disease		1.31%	1.39%	0.08%
10	10B	Cerebrovascular disease		1.30%	1.33%	0.03%
10	10C	Problems of Rhythm		0.54%	0.70%	0.16%
10	10X	Other problems of circulation		4.31%	3.95%	-0.36%
11	Total	Respiratory problems		5.59%	6.67%	1.08%
11	11A	Obstructive Airways Disease		0.62%	0.76%	0.15%
11	11B	Asthma		0.97%	1.25%	0.27%
11	11X	Other problems of the respiratory system		4.01%	4.66%	0.66%
12	12X	Dental problems		2.41%	2.86%	0.46%
13	Total	Gastro intestinal problems		6.47%	7.03%	0.56%
13	13A	Upper GI		1.07%	1.15%	0.07%
13	13B	Lower GI		1.41%	1.60%	0.19%
13	13C	HepatoBiliary		0.95%	1.32%	0.38%
13	13X	Other problems of the gastro intestinal system		3.04%	2.96%	-0.08%
14	Total	Skin problems		2.17%	2.69%	0.52%
14	14A	Burns		0.07%	0.09%	0.02%
14	14X	Other problems of the skin		2.10%	2.60%	0.50%
15	15X	Musculo skeletal system problems (exc Trauma)		4.72%	3.90%	-0.82%
16	16X	Trauma & injuries (excl. Burns)		7.94%	8.36%	0.41%
17	Total	Genito Urinary system disorders (exc infertility)		4.33%	4.54%	0.22%
17	17A	Genital tract problems		0.89%	1.06%	0.18%
17	17B	Renal problems		1.50%	1.75%	0.25%
17	17C	Sexually transmitted infections		0.08%	0.03%	-0.06%
17	17X	Other problems of the genito urinary system		1.86%	1.70%	-0.16%
18	18X	Maternity & reproductive health		3.18%	3.26%	0.08%
19	19X	Neonates		0.80%	0.94%	0.14%
20	Total	Poisoning		0.91%	0.91%	0.00%
20	20A	Unintended consequences of treatment		0.68%	0.71%	0.03%
20	20B	Poisoning		0.11%	0.12%	0.01%
20	20C	Violence		0.00%	0.01%	0.01%
20	20X	Other adverse effects and poisoning		0.12%	0.07%	-0.05%
21	21X	Healthy individuals		2.61%	3.06%	0.45%
22	22X	Social care needs		0.94%	1.33%	0.39%
23	Total	Other		14.17%	11.42%	-2.75%
23	23A	General medical services		5.80%	4.82%	-0.98%
23	23B	Open access		1.15%	1.49%	0.34%
23	23C	Continuing care		1.64%	1.10%	-0.54%
23	23E	Other PHW Functions		1.40%	1.37%	-0.03%
23	23D	Invalid/uncoded data		2.61%	1.08%	-1.54%
23	23X	Valid 'other' data		1.56%	1.56%	0.00%
23	23Z	No relevant APC data for commissioner		0.00%	0.00%	0.00%
		Total		100.00%	100.00%	0.00%

Cost per Head (2023 MYE Population)				626,394	712,680	534,495	470,325	399,735	141,561	399,107	3,284,297
TOTAL LHB & PHW EXPENDITURE				AB	BC	C&V	CTM	HD	P	SB	Total
				£ per head	£ per head	£ per head	£ per head	£ per head	£ per head	£ per head	£ per head
1	Total	Infectious diseases		63.87	74.38	55.02	72.33	79.76	73.89	61.20	67.96
1	01A	HIV and Aids		0.51	1.42	5.39	0.58	1.98	0.32	3.81	2.08
1	01X	Other Infectious Diseases		63.36	72.96	49.63	71.75	77.78	73.57	57.39	65.88
2	Total	Cancers & tumours		220.04	263.63	207.43	204.96	273.06	223.32	286.98	240.02
2	02A	Cancer, Head and Neck		9.94	10.01	8.91	11.12	11.17	6.64	12.45	10.27
2	02B	Cancer, Upper GI		9.87	12.28	8.84	11.89	14.98	12.34	17.17	12.13
2	02C	Cancer, Lower GI		15.39	19.43	11.89	18.80	28.52	15.62	20.56	18.42
2	02D	Cancer, Lung		12.78	16.76	10.99	20.68	19.51	9.82	21.74	16.26
2	02E	Cancer, Skin		14.30	8.94	14.13	13.71	12.21	8.55	10.24	12.03
2	02F	Cancer, Breast		21.11	22.77	23.37	17.59	29.69	13.90	16.73	21.53
2	02G	Cancer, Gynaecological		7.39	9.18	6.92	8.37	9.24	7.46	10.61	8.46
2	02H	Cancer, Urological		24.70	27.47	17.03	25.31	27.22	24.44	20.55	23.93
2	02I	Cancer, Haematological		26.58	28.69	24.14	15.57	32.62	20.71	31.83	26.18
2	02X	Other Cancers and Tumours		77.99	108.09	81.20	61.93	87.91	103.83	125.11	90.79
3	03X	Blood disorders		26.47	24.55	31.46	28.84	35.84	22.38	40.63	29.89
4	Total	Endocrine, nutritional & metabolic problems		122.18	111.89	121.67	147.91	147.02	122.27	133.56	127.96
4	04A	Diabetes		50.62	48.43	46.55	61.07	69.66	54.00	58.42	54.39
4	04B	Endocrine		11.91	15.61	12.07	14.92	12.97	14.87	11.74	13.41
4	04X	Other endocrine, nutritional and metabolic problems		59.64	47.85	63.04	71.92	64.38	53.39	63.41	60.16
5	Total	Mental health problems		315.99	346.08	323.23	373.09	312.64	466.10	351.68	342.27
5	05A	General mental illness		152.06	156.70	168.28	216.04	153.65	162.55	157.12	166.13
5	05B	Elderly mental illness		92.34	100.17	72.09	86.86	85.29	92.86	110.97	91.39
5	05D	Child & adolescent mental health services		35.01	49.18	26.46	28.87	37.52	51.02	24.68	35.56
5	05X	Other mental health problems		36.58	40.03	56.39	41.31	36.19	159.67	58.91	49.20
6	06X	Learning disability problems		72.27	69.66	89.17	32.38	80.27	81.83	94.49	72.83
7	Total	Neurological system problems		108.31	153.76	91.52	132.03	144.20	114.77	125.20	125.54
7	07A	Chronic Pain		31.34	26.29	17.42	41.21	42.33	25.98	27.80	30.07
7	07X	Other neurological problems		76.97	127.48	74.09	90.82	101.86	88.79	97.39	95.47
8	08X	Eye/vision problems		73.55	75.49	60.16	80.24	74.35	69.31	69.11	72.13
9	09X	Hearing problems		10.14	16.93	14.14	19.79	14.10	16.18	16.70	15.19
10	Total	Circulation problems		200.36	260.40	161.58	225.54	261.38	251.56	237.91	224.88
10	10A	Coronary Heart Disease		31.24	46.24	31.35	42.50	45.07	39.47	41.04	39.35
10	10B	Cerebrovascular disease		29.36	51.74	18.60	40.84	51.11	57.41	40.58	39.33
10	10C	Problems of Rhythm		9.55	18.08	8.82	21.36	23.10	16.66	20.74	16.29
10	10X	Other problems of circulation		130.20	144.34	102.82	120.84	142.10	138.02	135.55	129.91
11	Total	Respiratory problems		160.33	174.05	139.71	204.23	173.34	171.98	162.53	168.59
11	11A	Obstructive Airways Disease		15.86	22.14	13.70	23.29	17.90	18.01	18.01	18.54
11	11B	Asthma		28.47	30.12	24.48	38.18	28.99	31.11	25.16	29.35
11	11X	Other problems of the respiratory system		116.00	121.78	101.54	142.75	126.46	122.86	119.35	120.71
12	12X	Dental problems		66.72	63.35	87.86	87.62	52.97	69.74	80.16	72.51
13	Total	Gastro intestinal problems		197.41	196.21	148.89	215.18	221.77	186.66	203.64	195.06
13	13A	Upper GI		30.84	36.69	20.26	35.13	38.18	39.49	31.44	32.34
13	13B	Lower GI		45.52	37.71	31.14	48.93	53.94	46.70	41.64	42.58
13	13C	HepatoBiliary		26.21	28.46	16.54	40.55	31.53	29.22	31.53	28.60
13	13X	Other problems of the gastro intestinal system		94.84	93.35	80.96	90.56	98.12	71.24	99.03	91.54
14	Total	Skin problems		60.61	69.37	47.10	82.36	78.63	53.00	62.43	65.51
14	14A	Burns		1.72	1.16	1.15	2.78	2.71	5.49	3.35	2.14
14	14X	Other problems of the skin		58.89	68.21	45.95	79.58	75.92	47.50	59.08	63.38
15	15X	Musculo skeletal system problems (exc Trauma)		149.91	156.81	104.50	119.35	153.28	169.93	161.09	142.27
16	16X	Trauma & injuries (excl. Burns)		219.01	245.52	170.11	255.79	303.94	267.81	259.31	239.41
17	Total	Genito Urinary system disorders (exc infertility)		120.80	135.79	112.81	138.99	154.97	114.16	129.99	130.35
17	17A	Genital tract problems		25.74	21.08	18.49	32.57	35.39	24.12	34.73	26.73
17	17B	Renal problems		42.01	50.76	33.13	53.59	53.66	33.89	42.32	45.23
17	17C	Sexually transmitted infections		0.13	0.13	5.84	0.78	0.16	0.05	11.02	2.48
17	17X	Other problems of the genito urinary system		52.92	63.81	55.35	52.05	65.76	56.10	41.93	55.92
18	18X	Maternity & reproductive health		108.20	93.84	86.36	99.91	90.46	76.81	100.21	95.86
19	19X	Neonates		23.36	30.84	18.22	28.89	19.38	10.45	24.83	24.08
20	Total	Poisoning		28.36	30.13	19.55	27.89	28.54	28.76	29.65	27.44
20	20A	Unintended consequences of treatment		20.77	23.07	12.61	21.80	21.47	25.79	22.79	20.64
20	20B	Poisoning		2.98	3.75	2.66	3.75	4.56	1.63	2.66	3.30
20	20C	Violence		0.00	0.00	0.00	0.21	0.00	0.00	0.00	0.03
20	20X	Other adverse effects and poisoning		4.61	3.31	4.27	2.14	2.52	1.34	4.20	3.47
21	21X	Healthy individuals (includes screening)		66.59	60.37	123.93	93.53	65.41	55.02	72.79	78.54
22	22X	Social care needs		23.09	37.27	20.16	40.72	30.18	7.54	23.59	28.47
23	Total	Other		492.66	409.76	449.87	349.48	402.88	419.74	441.80	426.95
23	23A	General medical services		143.48	205.52	176.03	147.54	204.11	153.15	177.11	174.70
23	23B	Open access		34.34	29.37	24.87	45.76	51.45	2.20	39.48	34.68
23	23C	Continuing care		75.73	16.06	59.89	33.65	27.89	69.83	87.50	49.53
23	23E	Other PHW Functions		41.78	42.89	40.95	41.82	42.57	41.97	42.33	42.06
23	23D	Invalid/uncoded data		146.32	69.49	130.32	32.98	30.76	19.07	43.69	78.79
23	23X	Valid 'other' data		51.01	46.44	17.81	47.74	46.11	129.93	51.69	47.03
23	23Z	No relevant APC data for commissioner		0.00	0.00	0.00	-0.00	0.00	0.00	0.00	0.00
		Total		2,930.22	3,100.10	2,684.44	3,061.06	3,198.38	3,073.22	3,169.50	3,013.70

HCBS Weighted Population				629,928	729,442	443,709	499,213	420,062	136,926	423,017	3,284,297
MH Weighted Population				619,356	733,310	498,178	489,311	403,600	131,359	409,182	3,284,297
TOTAL LHB & PHW EXPENDITURE				AB	BC	C&V	CTM	HD	P	SB	Total
				per w pop	per w pop	per w pop	per w pop	per w pop	per w pop	per w pop	per w pop
TOTAL LHB & PHW EXPENDITURE 2023/24	1	Total	Infectious d	64	73	66	68	76	75	58	68
	1	01A	HIV and Aids	1	1	6	1	2	0	4	2
	1	01X	Other Infect	63	71	60	68	74	75	54	66
	2	Total	Cancers & t	219	258	250	193	260	228	271	240
	2	02A	Cancer, Hea	10	10	11	10	11	7	12	10
	2	02B	Cancer, Upp	10	12	11	11	14	13	16	12
	2	02C	Cancer, Low	15	19	14	18	27	16	19	18
	2	02D	Cancer, Lun	13	16	13	19	19	10	21	16
	2	02E	Cancer, Skin	14	9	17	13	12	9	10	12
	2	02F	Cancer, Bres	21	22	28	17	28	14	16	22
	2	02G	Cancer, Gyn	7	9	8	8	9	8	10	8
	2	02H	Cancer, Uro	25	27	21	24	26	25	19	24
	2	02I	Cancer, Hae	26	28	29	15	31	21	30	26
	2	02X	Other Cance	78	106	98	58	84	106	118	91
	3	03X	Blood disor	26	24	38	27	34	23	38	30
	4	Total	Endocrine, r	121	109	147	139	140	125	126	128
	4	04A	Diabetes	50	47	56	58	66	55	55	54
	4	04B	Endocrine	12	15	15	14	12	15	11	13
	4	04X	Other endoc	59	47	76	68	61	54	60	60
	5	Total	Mental heal	320	336	347	359	310	502	343	342
	5	05A	General mer	154	152	181	208	152	175	153	166
	5	05B	Elderly ment	93	97	77	83	84	100	108	91
	5	05D	Child & adol	35	48	28	28	37	55	24	36
	5	05X	Other menta	37	39	60	40	36	172	57	49
	6	06X	Learning dis	73	68	96	31	80	88	92	73
	7	Total	Neurologica	108	150	110	124	137	117	118	126
	7	07A	Chronic Pain	31	26	21	39	40	26	26	30
	7	07X	Other neuro	77	125	89	86	97	90	92	95
	8	08X	Eye/vision p	73	74	72	76	71	71	65	72
	9	09X	Hearing pro	10	17	17	19	13	16	16	15
	10	Total	Circulation	199	254	195	212	249	256	224	225
	10	10A	Coronary He	31	45	38	40	43	40	39	39
	10	10B	Cerebrovasc	29	51	22	38	49	58	38	39
	10	10C	Problems of	10	18	11	20	22	17	20	16
	10	10X	Other proble	129	141	124	114	135	141	128	130
	11	Total	Respiratory	159	170	168	192	165	175	153	169
	11	11A	Obstructive	16	22	17	22	17	18	17	19
	11	11B	Asthma	28	29	29	36	28	32	24	29
	11	11X	Other proble	115	119	122	134	120	125	113	121
	12	12X	Dental prob	66	62	106	83	50	71	76	73
	13	Total	Gastro intes	196	192	179	203	211	190	192	195
	13	13A	Upper GI	31	36	24	33	36	40	30	32
	13	13B	Lower GI	45	37	38	46	51	48	39	43
	13	13C	HepatoBiliar	26	28	20	38	30	30	30	29
	13	13X	Other proble	94	91	98	85	93	73	93	92
	14	Total	Skin proble	60	68	57	78	75	54	59	66
	14	14A	Burns	2	1	1	3	3	6	3	2
	14	14X	Other proble	59	67	55	75	72	48	56	63
	15	15X	Musculo ske	149	153	126	112	146	173	152	142
	16	16X	Trauma & in	218	240	205	241	289	273	245	239
	17	Total	Genito Urin	120	133	136	131	147	116	123	130
	17	17A	Genital tract	26	21	22	31	34	25	33	27
	17	17B	Renal proble	42	50	40	50	51	35	40	45
	17	17C	Sexually tran	0	0	7	1	0	0	10	2
	17	17X	Other proble	53	62	67	49	63	57	40	56
	18	18X	Maternity &	108	92	104	94	86	78	95	96
	19	19X	Neonates	23	30	22	27	18	11	23	24
	20	Total	Poisoning	28	29	24	26	27	29	28	27
	20	20A	Unintended	21	23	15	21	20	26	21	21
	20	20B	Poisoning	3	4	3	4	4	2	3	3
	20	20C	Violence	-	-	-	0	-	-	-	0
	20	20X	Other advers	5	3	5	2	2	1	4	3
	21	21X	Healthy Indi	66	59	149	88	62	56	69	79
	22	22X	Social care	23	36	24	38	29	8	22	28
	23	Total	Other	490	400	542	329	383	428	417	427
	23	23A	General med	143	201	212	139	194	156	167	175
	23	23B	Open access	34	29	30	43	49	2	37	35
	23	23C	Continuing c	75	16	72	32	27	71	83	50
	23	23E	Other PHW f	42	42	49	39	41	43	40	42
	23	23D	Invalid/unco	145	68	157	31	29	19	41	79
	23	23X	Valid 'other'	51	45	21	45	44	132	49	47
	23	23Z	No relevant	-	-	-	0	-	-	0	0
		Total		2,920	3,027	3,179	2,892	3,059	3,164	3,005	3,014



Agenda Item

7.2

Strategic Development Committee

**People Plan 2025-2030
Progress update - October 2025**

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Hayleigh Jones, Deputy Director People
Cyflwynydd yr Adroddiad / Report Presenter	Hayleigh Jones, Deputy Director People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Executive Leadership Group	24 Feb 2025	Approved comms and engagement plan
Strategic Development Committee	3 April 2025	Approved comms and engagement plan
Staff consultation/ site visits	1 March to 1 May 2025	
Trade Union engagement, including discussion at LNC and LPF	March- April	Feedback received from Unison 30/4/25 Feedback received from BMA 5/5/25
Updates at Care Group SLTs	Throughout April	

Executive Leadership Group	19 May 2025	Endorsed People Plan for Board approval
Board	29 May 2025	Approved People Plan
Formal launch of People Plan	23 June 2025	
Leadership forum	25 June 2025	
All Staff Q&A	9 July 2025	
People Plan briefing sessions	July - August 2025	All Line Managers invited

Acronyms / Glossary of Terms

SDC	Strategic Development Committee
LNC	Local Negotiating Committee
LPF	Local Partnership Forum
ELG	Executive Leadership Group
PCH	Prince Charles Hospital

1. Background

- 1.1 Our [People Plan for 2025 - 2030](#) was endorsed by Board on 29 May 2025 and launched across CTM on 23 June 2025. Our People Plan has been created in partnership with our workforce and Trade Union colleagues. It describes our hopes, ambitions, and the steps we need to take to continue to build a CTM that we are proud of and where everyone can thrive, to support the achievement of CTM2030. The People Plan spans four core themes:
- Getting the Basics Right
 - Great Management and Leadership
 - A Healthy and Inclusive Environment
 - Modern Workforce with Skills for the Future.
- 1.2 The underlying principle behind the creation of our People Plan has been **co-development**. We are using the People Plan as one of our key response mechanisms to our staff survey feedback. We need our People Plan to resonate, and for our people to see their own feedback and experiences accurately reflected within it, and for them to believe that change will happen as a result.

2. Communications and Engagement Strategy

- 2.1 Holding true to our principle of co-development, we have been keen to ensure that we have communicated the People Plan via multiple channels, with ample opportunity for discussion and input. The launch of the People Plan has included an all-staff email, staff Facebook posts, SharePoint updates, a video blog from CEO, leadership forum discussion on 25 June staff and all-staff Q&A discussion on 9 July 2025.
- 2.2 To supplement this, a microsite has been developed on our CTM SharePoint site, which includes all resources on our People Plan and Staff Survey and will remain a live resource.
- 2.3 A full suite of People Plan graphics has also been developed, including an email footer, teams background and poster, which have been displayed around our sites. See Appendix 1.
- 2.4 In addition, for the first time, we issued direct calendar invites to every staff member with line management responsibility to a **face-to-face People Plan Briefing Session**. These took place between 28 July and 15 August. The briefing sessions were co-delivered by a member of Exec, Care Group Leadership, People Directorate and Trade Union colleagues. Sessions were well attended, with a good level of engagement and a request for a follow-up Teams session for those unable to attend. The sessions provided the opportunity to learn more about the People Plan and to share any initial

questions or feedback, in addition to a deep - dive into 'Great Management and Leadership' and our offer and ask of Managers here.

- 2.5 Our 'Great Management and Leadership' people promise sets out our commitment to ensuring our managers have the knowledge, skills, support and confidence to be great at their roles, through the design of a new Line Manager induction and development programme and ongoing opportunities to learn with and from each other.
- 2.6 In keeping with our principle of co-development, we have established a new **Line Manager Reference group**; a group of managers across CTM to help design and develop resources and learning that really work. We have received over 60 volunteers to participate in this reference group, representing a wide range of grades and professions.

3. Staff Survey

- 3.1 As highlighted above, our People Plan was developed in response to our Staff Survey 2024 feedback. It will be revised and iterated in response to our 2025 Staff Survey feedback, as part of an ongoing conversation and continuous improvement.
- 3.2 As part of our communications and engagement strategy, we have launched monthly '**You Said, Together We...**' updates. These updates go back to February 2025 when the Staff Survey results were published, and are published every month, highlighting examples of actions we are taking across CTM to improve staff experience, wellbeing, and patient care. Each action is badged against one of our four People Promises, to help provide the golden thread between the Staff Survey and the People Plan. Local teams are also encouraged to use our 'You Said, Together We...' template to document their own actions against local staff survey feedback. See Appendix 2.
- 3.3 We are also incorporating the relevant People Promise graphic directly onto SharePoint articles. As with the 'You said, Together We' updates, this is to help staff make the connection between work happening across CTM and progress against our People Plan. This also helps to familiarise staff with the suite of People Plan branding that has been developed.
- 3.4 We will continue to dovetail conversations around our People Plan within the roadshows for the 2025 Staff Survey. Furthermore, we have recently agreed a target response rate of at least 40% for 2025 Staff Survey, highlighting our desire to hear as many voices as possible.

4. Deliverables

- 4.1 Much of the effort over the last two months has focussed on launching the People Plan, recognising that upfront communications and engagement are vital in ensuring our staff are aware of the People Plan and feel able to

continue to contribute to its success. This awareness is vital to provide reassurance that we have listened to the Staff Survey feedback, and are serious about making changes.

4.2 Alongside our focus on initial communication and engagement efforts, considerable progress has already been made towards our year 1 People Plan ambitions. This is demonstrated visually to our staff via our new 'You Said, Together We...' updates.

4.3 Highlights thus far include:

Getting the Basics Right

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

Great Management and Leadership

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

Inclusive and Healthy Environment

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

Modern workforce – Skills for the Future

- Implementation of Establishment Reporting for Medical and Dental (this merges data from multiple sources to provide detailed staffing data in one report). In recognition of CTM's work in this area, we have secured HEIW funded resource for a Pacesetter project to commence in November. The aim of the pacesetter is to establish reusable technology for ESR Dashboards and Establishment reporting, with pan-Wales scalability;
- The first iteration of a new People Metrics dashboard, aligned to our People Promises, has been developed to provide 'at a glance' visuals of our key people metrics;
- Enhanced employer visibility through the creation of the CTM Facebook Jobs page (1,900 followers), and consistent social media engagement across all CTM platforms (combined following of 125,000) and the development of a suite of recruitment brochures to promote CTM as an employer of choice
- Targeted social media campaigns for high-need areas (e.g. Nursing at PCH), plus alternative recruitment methods implemented in high-volume areas (e.g. Facilities at PCH), resulting in increased applications and reduced agency reliance.
- Initial improvements made to enhance the efficiency of our Lateral Moves Scheme. 75% of applications are processed within the 6-month benchmark with the average time to hire via the scheme being 71 days. Phase 2 of the scheme will launch in the Autumn and aims to expand access to other whilst further improving time to hire.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Culture and Valuing People Leadership



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required at this stage
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: No requirement for an EIA for the overarching People Plan, albeit individual processes/ policies within the plan will need to be impact assessed at the appropriate point in time. A Welsh version of the people plan and all associated graphics have been produced.
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	Yes (Include further detail below)	

(Pobl /Ariannol) /
Resource Impact
(People / Financial)

Most of the actions will be owned within People Directorate and we will allocate resource appropriately. To note that People Directorate are managing several long - term absences within the senior team at the present time, and that workload and priorities will need to be re-allocated.

Other actions will be owned by colleagues in other Directorates- specifically there is a reliance on Comms, Estates, Facilities, Digital – all of whom have been engaged in the development of the proposed plan.

6. Recommendation

- 6.1 It is recommended that the SDC **notes** the activity progressed over the past two months to launch the People Plan, and **notes** the initial progress against the year 1 actions within the Plan.

7. Next Steps

- 7.1 Regular progress reviews (October and April) will be held via SDC, with regular check-point discussions on key actions at LNC and LPF. We intend to re-engage with our workforce directly on an annual basis, on the back of our Staff Survey results, and update our People Plan actions accordingly to ensure it remains a living document.

APPENDIX 1 - People Plan graphics

EMAIL FOOTER



TEAMS BACKGROUND



OUR PEOPLE PLAN 2025-2030

Informed by our Staff Survey 2024 results plus dedicated engagement sessions.

Shaped by you, for you. Reflects the voices of over 4,000 frontline staff, leaders and trade union partners.

Sets out 4 priority areas, with clear actions to continue to build a CTM2030 where everyone can thrive.

Our People Promises

GETTING THE BASICS RIGHT

- We will strive to provide you with modern, reliable IT systems and well-maintained facilities, making your working day easier and more efficient.
- We will have simple policies in one place, and provide you with access to meaningful information and effective communications.
- We will simplify bureaucracy, allowing you to dedicate more time to what truly matters.

GREAT MANAGEMENT & LEADERSHIP

- Everyone in CTM has a great line manager, ensuring you feel supported and inspired to perform at your best.
- Our line managers have the tools, time and development to create an empowering environment for their teams, by knowing them as individuals, setting clear expectations and having regular and effective conversations about the things that matter.

AN INCLUSIVE & HEALTHY ENVIRONMENT

- An environment where you can belong, where every voice is heard, every contribution is valued, and where you feel accepted for the difference you make.
- We look after each other, but we also hold each other to account for our actions and behaviours, learning and rebuilding from mistakes.
- Together, we make CTM a workplace to be proud of.

MODERN WORKFORCE - SKILLS FOR THE FUTURE

Our services are appropriately resourced to meet the needs of our population and we offer modern, flexible and fulfilling career paths and adequate rest and recovery measures.

- Everyone is supported to learn, grow, and get ready for what is next - so the whole of CTM is prepared for the future.



ACCESS THE FULL PEOPLE PLAN HERE



2/3

362/468

FOUR PEOPLE PROMISE GRAPHICS



CAEL YR HANFODION YN
GYWIR

GETTING THE BASICS RIGHT



RHEOLAETH A
ARWEINYDDIAETH WYCH

GREAT MANAGEMENT
& LEADERSHIP



AMGYLCHEDD
CYNHWYSOL AC IACH

AN INCLUSIVE & HEALTHY
ENVIRONMENT



GWEITHLU MODERN |
SGILIAU AR GYFER Y
DYFODOL

MODERN WORKFORCE |
SKILLS FOR THE FUTURE

APPENDIX 2- Example of monthly 'You said, Together we' update.

YOUR VOICE IN ACTION

JULY

2025

Your Staff Survey 2024 feedback shaped our 2025 - 2030 People Plan and People Promises. Here are some of the ways your feedback was progressed across CTM this month.

YOU SAID...

TOGETHER WE...

AMGYLCHEDD CYNNWYSOL AC IACH AN INCLUSIVE & HEALTHY ENVIRONMENT	GWEITHLU MODERN I SGELLAU AR GYPER Y DYFODOL MODERN WORKFORCE SKILLS FOR THE FUTURE	RHEOLAETH A ARWEINYDDIAETH NYCH SHIFT MANAGEMENT & LEADERSHIP	AMGYLCHEDD CYNNWYSOL AC IACH AN INCLUSIVE & HEALTHY ENVIRONMENT
A FAMILY-FRIENDLY WORKING ENVIRONMENT You want a more inclusive, family-friendly environment for all staff.	FAIR & CONSISTENT SHIFT SCHEDULING You want fairness, adequate rest, and consistency in shift scheduling.	SUPPORT TO GROW & PROGRESS You want more guidance and support to help you grow and progress in your career.	NEW BREASTFEEDING PROCEDURE We launched a new <u>workplace procedure</u> offering paid breaks, private spaces, flexible working and ongoing support for staff who are breastfeeding.
SUPPORT TO TRAVEL SUSTAINABLY You want more support to travel actively and sustainably to and from work.	GUIDANCE & SUPPORT TO LEAD CHANGE You need clear guidance and support so that managers can lead change and bring the People Plan to life.	RELEVANT LEADERSHIP RESOURCES You need clearer, more relevant resources and support to help leaders lead effectively.	SHIFT PATTERN CONSULTATION We launched a consultation for nurses, midwives and HCSWs, hosting <u>staff briefings</u> and <u>listening to feedback</u>.
			PASTORAL SUPPORT FOR NURSES We introduced dedicated <u>pastoral support sessions</u> to offer advice, signposting and development opportunities for nurses across CTM.
			DESIGN GROUP FOR LEADERS & MANAGERS We invited <u>managers and leaders</u> from across CTM to co-design learning and development tools that reflect real needs and work in practice.
			PEOPLE PLAN BRIEFING SESSIONS FOR MANAGERS We held dedicated <u>briefing sessions</u> to equip managers with the tools, insights and confidence to champion the People Plan with their teams.
			LAUNCHED CTM'S HEALTHY TRAVEL CHARTER We signed the <u>Healthy Travel Charter</u> alongside regional partners, committing to 14 actions that promote walking, cycling and public transport across CTM sites.

OUR PEOPLE PROMISES

If you would like to share how your area is responding to staff survey feedback, email CTM.Employee-Experience@wales.nhs.uk



Agenda Item

7.3

Strategic Development Committee

Integrated Medium Term Plan 2026 -2029
Development Process

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

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

1. Situation /Background

- 1.1 Developing an integrated medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
- 1.2 Health board plans must ensure delivery of the requirements of the Quality and Engagement Act 2020, including delivery of the duty of quality and duty of candour.
- 1.3 The IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.4 During the planning cycle for 2025-2026, undertaken during the last financial year, the health board worked to develop a balanced financial plan.
- 1.5 The health board's plan for 2025-2028 was approved by Welsh Government during summer 2025. Approval was subject to the delivery of accountability conditions, which are built into the review of the plan delivery. Delivery is monitored by quarterly reports to the Operational Delivery Committee and Board. Welsh Government has confirmed that it will implement a quarterly review process for health boards. Constituent parts of the plan are reviewed by existing programme and/or performance structures.
- 1.6 Welsh Government officials provided feedback on key features of plans that they considered to represent good practice and areas for improvement in 26/27 plans. Two specific positive areas identified for Cwm Taf Morgannwg University Health Board were:
 - The use of plans on a page to clearly set out plans for year one, forward plans for years two and three and key enablers/ interfaces.
 - The specificity of the Creating Health Strategic Plan objectives for 2025-26.

Further detail of areas requiring improvement are reflected in appendix 1 to this report.
- 1.7 The financial context for the 2026-2029 IMTP planning cycle remains extremely challenging and will be likely to impact on the financial planning for the forthcoming cycle.
- 1.8 The annual NHS Wales planning framework in support of the IMTP process for the 2026-2029 planning cycle is yet to be received but is anticipated to be received during November 2026. In the meantime, we are anticipating a refresh and roll over of the last framework, updated to reflect the priorities in the Cabinet Secretary's letter of 3 July and the performance outcomes and the recommendations of the Ministerial Advisory Group (MAG). The

strategic priorities are anticipated to be broadly similar but with refreshed delivery metrics and enablers.

- 1.9 Health organisations will be required to complete a minimum data set (MDS) comprising service, financial and workforce information. This quantitative information is used to provide assurance on the robustness of plans. The MDS template for this planning cycle has not yet been received.

2. Specific Matters for Consideration

- 2.1 The 2026-2029 IMTP will be set in the context of CTM 2030 'Building Healthier Communities Together' and informed by work on strategy deployment. The IMTP is a combined top-down and bottom-up approach and is designed based on strategic intentions and the requirements of policy and legislation and built from service plans for each care group and corporate portfolios and with relation to partnership planning mechanisms.
- 2.2 The IMTP is founded on the principle of seeking to balance service performance and improvement, quality and safety and financial improvement. It is essential that health board teams take as their starting point the ambition to transform services to meet the required expectations within budget.
- 2.3 The health board's intention remains to seek to deliver a balanced financial plan during the period of the IMTP, however, as noted, the financial position remains challenging and the full impact of in-year pressures, including challenges to full delivery of the health board's savings plans, is yet to be fully determined.
- 2.4 Ministerial expectations for the IMTP will include a requirement for the health board to deliver on the following:
 - 2.4.1 Ministerial priorities and measures
 - 2.4.2 NHS Performance Framework
 - 2.4.3 Outcomes Framework
 - 2.4.4 The four national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (Planned Care Recovery)
- 2.5 A steering group oversees the development of the plan and support allocated to each care group. The membership of this group has been reviewed and this group will report to the Executive Management Board and to committee and board.
- 2.6 This steering group will review and revise the commissioning intentions developed for the 2025-2026 planning cycle for internally delivered services which provide the strategic direction for the plans which the care groups and corporate teams will develop.

- 2.7 Commissioning intentions for services provided by other NHS bodies are being developed and managed through the annual LTA review process. It will also be necessary for the health board to ensure alignment with and contribution to the development of the IMTP for the Joint Commissioning Committee.
- 2.8 The previous health board three-year plans provide a structure for the development of the new plan. Plans on a page developed for the 2025-2028 plan will be reviewed and refreshed taking into account emerging requirements, and with a focus on delivery of the strategic commissioning intentions.
- 2.9 Key milestones for delivery of the plan are set out below.

Month	Key activities/ deliverables
September 2025	Issuing of internal IMTP planning framework
October 2025	Internal service and corporate plans to be commenced
November 2025	- NHS Wales Planning Framework expected to be issued. - First cut of internal service plans to be completed - Work undertaken to complete a first draft of the minimum dataset
December 2025	Financial allocation for 2026-2027 expected to be issued
January 2026	First draft plans
March 2026	Completed plan to be considered by the board for submission to Welsh Government by 31st March 2026. (Final submission date TBC in NHS Wales Planning Framework)

- 2.10 A further key enabler for completion of the Health Board's three-year plan is confirmation from Welsh Government of the financial allocation for 2026-2027. This will be fundamental to the assurance of deliverable plans within the Health Board's financial allocation. Welsh Government officials have not yet confirmed a date for notification of the Health Board's 2026- 2027 financial allocation, but this is anticipated to be during December.
- 2.11 The plan is required to be submitted to Welsh Government by the end of March 2026 and should the Health Board be unable to submit a balanced plan, an accountable officer letter is required to be sent to Welsh Government prior to submission of the plan.

3. Key Risks / Matters for Escalation

- 3.1 This report is presented to provide the Committee/Board with the process for developing the Health Board's IMTP for the period from 2026-2029.
- 3.2 Given the tight timescales for delivery of the plan to Welsh Government, planning must commence in advance of receipt of the key planning documents and templates for the submission and in advance of confirmation of financial allocation for the forthcoming financial year.
- 3.3 This will require service plans and the draft IMTP document to go through several iterations to ensure that they are aligned with the requirements and expectations of Welsh Government.
- 3.4 To minimise the risk of requiring major changes, regular meetings are held between the Health Board's Planning Team and Welsh Government's officers.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: The IMTP is drafted with consideration of all strategic goals
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: As the three-year plan comprises the whole of the health board's scope of delivery all strategic areas apply
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: All domains of quality apply.
	Choose an item.



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

If more than one applies please list below:
The health board's sustainability impacts are considered in this plan.

Impact Assessment

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

Yes: ☐

No: ☒

Outcome:

If no, please include rationale below:
rationale below:
Requisite assessments will be completed.

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

Yes: ☐

No: ☒

Outcome for Equality (delete as appropriate):
POSITIVE/NEUTRAL
NEGATIVE
Outcome for Welsh Language (delete as appropriate):
POSITIVE/NEUTRAL
NEGATIVE

If no, please include rationale below:
rationale below:
Requisite assessments will be completed.

Cyfreithiol / Legal

There are no specific legal implications related to the activity outlined in this report.

Enw da / Reputational

There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.

Effaith Adnoddau *(Pobl /Ariannol) / Resource Impact* *(People / Financial)*

Yes (Include further detail below)

The IMTP will require completion of a financial plan and the plan sets out the health board's priority development areas.

5. Recommendation

- 5.1 The Committee is requested to note the contents of this report with particular consideration of the risks to delivery of a balanced financial plan alongside delivery of the Health Board's objectives.

6. Next Steps

- 6.1 Further updates on the development of the plan and the delivery of priorities will be provided to the Committee and Board.

7. Appendix 1 – IMTP Feedback Cwm Taf Morgannwg University Health Board.



Llywodraeth Cymru
Welsh Government

IMTP Feedback Cwm Taf Morgannwg University Health Board

Planning Buddy: Jamie Kaijaks

General All-Wales Feedback

- IMTPs/Annual Plans showed a challenging position across Wales
- Variation in financial position meant organisations had to make difficult decisions, which were reflected in the plans
- Producing clinical services plans will support the development of future IMTPs/ Annual Plans
- All plans had a strong emphasis on narrative, but not all plans clearly identified risks and mitigations, clear milestones for delivery, or triangulated and quantified data and drivers such as quality statements.
- Majority of plans had a strong focus on clinical delivery, but development of clinical service plans are critical to strengthening the evidence base
- All plans needed stronger inclusion of Welsh language requirements and R&D undertakings to strengthen evidence base
- Plans needed to demonstrate greater alignment/ partnership with NWJCC to ensure clarity over what is being/not being commissioned

General Feedback

Your plan:

- is Board approved and financially balanced
- demonstrated a good understanding of quality requirements and focus on population health
- carries a number of risks that need to be actively managed and mitigated e.g. increased CHC spend projected
- lacked assurance on triangulation, with late submission of the MDS and incomplete Ministerial templates
- lacked the expected delivery milestones, which would strengthen assurance of the plan.

General Feedback

Continued

- Reference to Welsh language priorities were weak, despite good work happening within the organisation
- lacked sufficient assurance around urgent and emergency care
- lacked priorities and milestones relating to research and development, making the plan unclear on delivery
- no mention of strategic equality plans and lacked detail on how racial inequalities would be addressed
- narrative about workforce productivity lacked detail
- decarbonisation in respect of procurement should be prioritised as one of the highest emission problems.

Timely Access to Care

- Need to have a fully developed **Six Goals for Urgent and Emergency Care programme plan**
- Need to undertake **robust winter planning** preparations with partners, to align key actions set by the Cabinet Secretary and clearly identify risks and mitigating actions ahead of winter 25/26

Population Health & Prevention

- Need to support Wales's ambition to become a **Marmot nation**, **by embedding the principles of equity and social justice into** actions and values.
- Need to ensure your **vaccination plan** meets the national target and trajectories to increase uptake and reduce inequalities.

Building Community Capacity

- Need to ensure actions are commissioned with GMS Practices on improving **attainment of the 8 diabetes care processes** to meet national target.
- Greater reference to community-based falls programme, to help support Urgent and Emergency care provision
- Plan gives no sense of how HB intends to use GPs to build community capacity, success is reliant on full delivery of GMS contracts. MDS indicates a reduction in adult population receiving care contrary to the ask in the planning framework
- Changes to the CHC funding from 26-27 will bring challenges for the NHS, needs more planning to implement in a timely manner

Mental Health Access

- Good approach to using third sector and locums to immediately address workforce vacancies.
- However, longer term workforce risks should be addressed and mitigations to achieve desired delivery.

Women's Health

- Hubs will build on existing delivery plans for women's services, which have been recognised e.g. A one-stop clinic for breast surgery to streamline the pathway and improve experience and outcome for women accessing the service
- While funding available on an All-Wales basis have the risks at HB level been identified and mitigated sufficiently



Agenda Item

7.5

Strategic Development Committee

Climate Action and Carbon Emission Reporting

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Calum Shaw – Sustainability Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson – Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

CTM/CTMUHB	Cwm Taf Morgannwg University Health Board

1. Situation / Background

- 1.1 Welsh Government declared a [Climate Emergency](#) in 2019 and set the ambition for the public sector to be net zero by 2030.
- 1.2 A plan was established for Health Boards and Trusts, the NHS Wales Decarbonisation Strategic Delivery Plan (SDP) which set out the actions and targets to reduce the environmental impacts of our practices. The plan sets out targets to reduce emissions by 16% by 2025 and 34% by 2030.
- 1.3 Reporting has been undertaken regularly to understand progress against the actions (Decarbonisation Co-ordinated reporting programme) and targets (annual emission reporting).
- 1.4 The [CTMUHB Decarbonisation Plan](#) has been approved by the CTMUHB Board. A revised version of this plan is required by April 2026.
- 1.5 CTMUHB are also required to report its carbon emissions annually to track compliance with the reduction targets. The organisation has reported emission of 172,356 tCO₂e for the 2024/25 financial year, this is compared to a 2018/19 baseline of 87,467 tCO₂e.

2. Specific Matters for Consideration

- 2.1 Over the course of the past year there has been significant action across the decarbonisation programme, which has included:-
 - Implementing a number of innovation projects, working with industry partners and universities, to reduce waste and carbon emissions.
 - Energy efficiency projects, such as the Coed Ely scheme, to reduce grid energy requirements and emissions generated by the organisation.
 - Establishing a new Sustainability Green Group, to showcase local actions and improve knowledge sharing.
 - Work has been undertaken with the Value Based Healthcare team to incorporate sustainability into their decision making and delivering sustainable projects through the programme.
 - Holding board development sessions on decarbonisation and climate adaptation to increase awareness and understanding of the climate programme.
- 2.2 Through this work there has been a conscious effort to provide information and engage staff, seeking their views on how we can implement sustainability projects throughout the organisation.
- 2.3 The Health Board was nominated for 5 awards at the [NHS Wales Sustainability awards](#), winning 3. Through one of the innovation projects the awards for the evening were made out of plastic, remanufactured using clinical waste from CTMUHB.
- 2.4 The Decarbonisation programme was audited by NWSSP earlier this year with report finalised in July (**Annex 2**).

- 2.5 An annual carbon emission report which has gathered information from leads across the organisation shows emissions are now 172,356 tCO₂e - a rise of c20%.
- 2.6 Our carbon emission template has been submitted to Welsh Government in line with their reporting guidance.
- 2.7 A summary of the emissions are below:-

Emission category	2023/24	2024/25	Annual change previous year
	Emissions tCO ₂ e		
Buildings	23,810	27,750	3,940
Supply chain	108,915	133,130	24,215
Medical/ F-Gases	1,263	1,523	260
Waste	1,126	1,001	-125
Fleet, equipment & other assets	407	265	-142
Business travel and commuting & homeworking	8,397	8,685	288
Grand total	143,918	172,356	28,438

- 2.8 As the emission reporting continues to be refined we have seen emissions across the board increase, particularly for the supply chain.
- 2.9 CTMUHB are not currently on course to meet the 2025 (16%) nor the 2030 (34%) emission reduction targets. It is understood that there is no Welsh Health Board or Trust who are currently expecting to meet these emission targets.

3. Key Risks / Matters for Escalation

- 3.1 The NHS Wales Strategic Delivery Plan (SDP) is under development and will set out the national actions required for the NHS Wales. This document will be presented at the All Wales NHS Leadership group in October for approval. A current draft copy of the SDP (**Annex 3**) is contained within the supporting documents folder in Admin Control (7.5c)
- 3.2 Although much work has been delivered within the organisation, annual carbon emissions have continued to increase. Organisational emissions are now 172,356 tCO₂e, a rise of c20% from 2023/24 and over 100% compared to the baseline year. This means that CTMUHB is not currently on track to meet the 2025 (16%) nor the 2030 (34%) emission reduction targets.

- 3.3 The development of the next local action plan will be key in setting out the delivery of the actions both to meet the requirements of the SDP and the emission reduction targets.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Globally Responsible Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient
	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: Refine Reuse Repurpose Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) There may be a negative reputational impact on the HB if the HB is unable to meet the Net Zero Targets.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee is asked to **NOTE** the update on Climate action and the Carbon Emission Report for 2024/25 (annex 1).

6. Next Steps

- 6.1 As the Carbon Emission Report has been returned to Welsh Government, to meet the deadline of the 1st September, there are no further actions.
- 6.2 An all NHS Wales emission report will be shared with the Committee once it has been published by Welsh Government.

- The following updates have been applied to this version of the template:
- Emission factors have been updated where appropriate
 - Building level data, including building category, building type and floor area, can be submitted
 - Number of vehicles can be submitted for fleet data
 - Renewable tables have been split out and availability can be collected.

Please send the completed form to netzero@reporting@energy.service.wales by **11 September 2025**.

Organisational information

Organisational information	Organisation type	NHS Wales
Organisational information	Organisation name	Cwm Taf Morgannwg University Health Board
Organisational information	Financial year period for reporting	Financial year 2024/25
Organisational information	Date of report submission	26/08/2025
Organisational information	Person responsible for this report	Calum Shaw
Organisational information	Email address of person responsible for this report	Calum.shaw@wales.nhs.uk
Organisational information	Total financial budget (pennid) turnover £	£ 1,642,553,000
Organisational information	Number of Full Time Equivalent employees	11,390
Organisational information	Building internal floor area equivalent to the energy data reported (sq.m)	285,000
Organisational information	Region of Wales	South East Wales

Cell colour codes

	Information call or question
	Information entry. Some cells have drop down lists
	Activity data. Numeric data entry
	Calculated data
	Summary data
	Not used

Boundary information

Buildings in scope	Do you own buildings that you occupy?	Y
Buildings in scope	Do you lease buildings that you occupy?	Y
Buildings in scope	Do you lease out buildings that you own to organisations to deliver public services on your behalf?	N
Buildings in scope	Do you lease out buildings that you own to other public bodies?	Y
Buildings in scope	Do you lease out buildings that you own to private organisations for their own purposes?	N
Buildings in scope	Do you own and operate streetlighting or signage	N
Fleet and equipment in scope	Do you own or lease fleet and equipment?	Y
Refrigerants in scope	Do you have farms with livestock (not housed out)?	N
F-gases in scope	Do you have air conditioning or refrigeration systems that require refrigerant gas top-ups, or do you use synthetic gases?	Y
Business travel in scope	Do staff travel for work using their own cars or other transport modes (not fleet vehicles)	Y
Commuting in scope	Do staff commute to office or other sites?	Y
Homeworking in scope	Do any staff work from home?	Y
Supply chain in scope	Do you purchase goods and services?	Y
Land use in scope	Do you own and manage land for providing public services, with a total of more than 10 hectares?	Y
Waste in scope	Does your organisation produce waste from operations that is collected from your premises by a third party organisation?	Y
	Does your organisation produce waste from operations and also operate the collection service of this waste?	N
	Do you run waste collection services that collect and dispose of municipal waste?	N
	Do you contract out a waste collection service that collect and dispose of municipal waste?	N

Please complete the table in the 'Site information' tab and, as applicable, tables in the 'Buildings - Grid Electricity', 'Buildings - Heat & Fuel' and 'Buildings - Water' tabs. See section 7.2 of the guidance for further information.

Please complete the table in the 'Site information' tab and, as applicable, tables in the 'Buildings - Grid Electricity', 'Buildings - Heat & Fuel' and 'Buildings - Water' tabs. See section 7.2 of the guidance for further information.

If that public body is also reporting, these emissions are out of scope for your organisation. See section 7.2 of the guidance

Please complete the 'Fleet and stationary assets' tab. See section 7.4 of the guidance for further help

Please complete the 'Other gases' table in the 'Buildings - Grid Electricity' tab. See section 7.5 of the guidance for further help

Please complete the 'Business travel' table in 'Business travel, commute, home' tab. See section 8.2 of the guidance for further help

Please complete the 'Commuting' table in 'Business travel, commute, home' tab. See section 8.3 of the guidance for further help

Please complete the 'Homeworking' table in the 'Business travel, commute, home' tab. See section 8.4 of the guidance for further help

Please complete the 'Supply chain' tab. See section 10 of the guidance for further help

Please complete a 'Land-based emission' table in the 'Land use & agriculture' tab. See section 12 of the guidance for further information.

Please complete the 'Operational Waste' table in the 'Waste' tab. See section 9.2 of the guidance for further information.

Reporting comments

Reporting comments	Please provide comments on scope and completeness of your report and any significant changes in methods compared to last year. This comment will be included in your individual organisation report output once data have been reviewed and compared across all organisations. If you wish for some of the comment to be excluded from that report please make that clear.

There has been no change in reporting methodology for the data CTMUHB manages. There has been a variation in emissions on supply chain which has been noted by the NWSF procurement team. I undertake a detailed overview of this change will be shared with Welsh Government.

Peer review (optional)

Peer organisation that has reviewed the data and calculations	
Date of last review	
Name of reviewer	
Brief comments of the review outcomes	

Summary of results

This section provides a summary of the reported emissions for Cwm Taf Morgannwg University Health Board for Financial year 2024/25

You do not need to input any information into this sheet. Please note, 'Outside of scopes' emissions are not included in 'Total' emissions or 'High' and 'Low' estimates.

Total emissions	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Total emissions	17,947,851	6,654,546	147,754,203	172,356,600	187,207,750	119,403,111	3,692,722

Buildings & stationary assets

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Buildings - Grid Electricity	-	6,850,154	2,062,013	8,912,168	8,929,972	8,494,363	3,695,862
Buildings - Heat & Fuels	16,217,143	-	2,683,233	18,900,376	-	-	-
Buildings - Water	-	-	138,025	138,025	-	-	-
Streetlighting	-	-	-	-	-	-	-
F gases	-	-	-	-	-	-	-
Medical gases	1,523,533	-	-	1,523,533	1,675,886	1,371,179	-
Buildings & stationary assets total	17,240,675	6,650,154	4,883,272	29,274,101	10,605,858	9,865,543	3,695,862

Transport

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Fleet and equipment	207,376	4,392	53,635	265,206	278,467	251,946	9,629
Business travel	-	-	1,378,518	1,378,518	1,481,906	1,275,129	-
Commuting	-	-	6,486,411	6,486,411	7,309,662	5,663,159	-
Homeworking	-	-	820,194	820,194	884,233	656,156	-
Transport total	207,176	4,392	8,738,761	8,950,329	10,054,269	7,846,389	9,629

Waste

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Organisational waste	-	-	1,001,869	1,001,869	1,091,962	951,775	-
Municipal waste	-	-	-	-	-	-	-
Project waste	-	-	-	-	-	-	-
Waste	-	-	1,001,869	1,001,869	1,051,962	951,775	-

Supply chain - Tier 1 and Tier 2 combined

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Agriculture, forestry and fishing	-	-	5,340.45	5,340.45	6,675.56	4,005.34	-
Mining and quarrying	-	-	-	-	-	-	-
Manufacturing	-	-	18,730,738.15	18,730,738.15	23,196,927.94	14,264,548.36	-
Electricity, gas, steam and air conditioning supply	-	-	668,486.12	668,486.12	804,761.85	532,210.38	-
Water supply, sewerage, waste management and remediation activities	-	-	408,201.66	408,201.66	510,246.82	306,156.45	-
Construction	-	-	8,789,234.97	8,789,234.97	10,927,087.11	6,651,582.83	-
Wholesale and retail trade; repair of motor vehicles and motorcycles	-	-	24,857,948.31	24,857,948.31	30,946,838.59	18,769,058.03	-
Transportation and storage	-	-	1,383,201.14	1,383,201.14	1,690,700.77	1,075,701.50	-
Accommodation and food service activities	-	-	253,930.42	253,930.42	317,413.03	190,447.82	-
Information and communication	-	-	1,262,736.62	1,262,736.62	1,542,899.92	982,579.31	-
Financial and insurance activities	-	-	271,430.60	271,430.60	335,713.10	207,148.10	-
Real estate activities	-	-	1,317,232.72	1,317,232.72	1,613,586.35	1,020,879.09	-
Professional, scientific and technical activities	-	-	2,301,211.63	2,301,211.63	2,832,671.54	1,769,751.72	-
Administrative and support service activities	-	-	4,382,451.58	4,382,451.58	5,455,389.02	3,309,514.13	-
Public administration and defence; compulsory social security	-	-	13,903,768.12	13,903,768.12	17,378,953.75	10,428,582.49	-
Education	-	-	273,813.83	273,813.83	337,087.99	210,537.68	-
Human health and social work activities	-	-	53,334,916.95	53,334,916.95	66,388,980.18	40,280,853.71	-
Arts, entertainment and recreation	-	-	226,416.36	226,416.36	283,020.45	169,812.27	-
Other service activities	-	-	759,142.66	759,142.66	942,674.58	575,610.75	-
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	-	-	-	-	-	-	-
Supply chain - Tier 1 and Tier 2 combined	-	-	133,130,301	133,130,301	165,511,623	100,748,980	-

Land based and agriculture

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Land based emissions	-	-	-	-	273,658	104,195	138,927
Land based removals	-	-	-	-	-189,619	-113,773	-151,695
Agriculture	-	-	-	-	-	-	-
Total land based and agriculture	-	-	-	-	15,961	9,576	12,768

Renewables

Categories	Units of kWh	
	Total generated	Total exported
	Scope 1	Scope 2
Onsite renewables - electricity	505,808	-
Offsite renewables - electricity	-	-
Onsite renewables - heat	1,150,893	-
Offsite renewables - heat	-	-
Onsite renewables - CHP	-	-
Offsite renewables - CHP	-	-
Purchased renewables - heat	-	-
Purchased renewables - electricity	-	-
Renewables	1,150,893	-

Building Information

Guidance for users

This sheet contains one table - Site Information (buildings and standalone renewable energy assets).
Please see **Section 7** of the Welsh Net Zero Public Sector Reporting Guide for further guidance.

Instructions for users

- Input information into the orange and blue cells.
- For a building, please fill in all five columns.
- For a standalone renewable energy asset, please fill in the **first two columns only** (site name and site type).
- Activity data entered in the 'Floor area (m2)' column should only be in m2. If your data is not in m2, you must convert it before entering it into this sheet.
- When completing a row, fill in the columns from left to right. The drop down lists in later columns will change to provide valid combinations based on your previous selections.
- You can copy and paste between rows but please avoid copying data from one column to another, as this is likely to break the drop down lists.

Site Information (buildings and standalone renewable energy assets)

Site name	Site type	Building Category	Building type	Occupied floor area (m2)
Aberdare Health Centre	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	834
Aberfan Health Centre	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	117
ARC Day Services	Buildings we lease out to deliver service	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	692
Brncethin Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	209
Bryntirion Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	101
Carnegie Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	967
Cefn Yr Afon Rehab Unit	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	918
Central Processing Unit 20, 21 & 22	Buildings we lease in from other organisations	Industrial buildings	Pre-1995; =5000 m2	1041
Cwm Gwyrdd Medical Centre	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Primary health care buildings	1873
Dewi Sant Health Park	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	8972
East Glamorgan Laundry & Offices	Buildings we lease out to deliver service	Other	Other	4212
Ferndale Medical Centre	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Primary health care buildings	726
Glanrhyd Hospital	Buildings we own and occupy	Hospitals	Long stay	9356
Glanrhyd Hospital Leased to SBUHB	Buildings we lease out to another public	Hospitals	Long stay	11037
Hirwaun Medical Centre	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	1385
Keir Hardie Health Park	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	9239
Keir Hardie Health Park GP's	Buildings we lease out to another public	Primary health care (GP Practice/Dentist)		1011
Keir Hardie Health Park Pharmacy	Buildings we lease out to another public	Retail	Primary health care buildings	75
Maerdy Surgery	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	137
Maesteg Hospital	Buildings we own and occupy	Hospitals	Cottage	2245
Maesteg Hospital Leased to Bron Y Garn	Buildings we lease out to another public	Primary health care (GP Practice/Dentist)	Primary health care buildings	457
Maritime Mental Health Unit	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	General Acute Hospital	517
NIAW Pencoe	Buildings we own and occupy	Education (further and higher)	Lecture room, science	1878
North Cornelly Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	235
North Road Stores	Buildings we lease in from other organisations	Industrial buildings	Library, naturally ventilated	393
Ogmore Vale Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	328
Old Trust HQ 71 Quarella Road	Buildings we own and occupy	Offices	Pre-1995; =5000 m2	2594
Pencoe Primary Care Centre	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	1154
Pinewood House	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	1088
Pontypridd & District Hospital	Buildings we own and occupy	Hospitals	Cottage	2487
Pontypridd Health Centre	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	1441
Porth Dental Teaching Unit	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	843
Porthcawl Primary Care Centre	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Primary health care buildings	2036
Porthcawl Primary Care Centre Pharmacy	Buildings we lease out to deliver service	Retail	Primary health care buildings	273
Prince Charles Hospital	Buildings we own and occupy	Hospitals	General Acute Hospital	55926
Prince Charles Hospital Creche	Buildings we lease out to deliver service	Hospitals	General Acute Hospital	405
Princess of Wales Hospital	Buildings we own and occupy	Hospitals	General Acute Hospital	50841
Princess of Wales Hospital Costa	Buildings we lease out to deliver service	Retail	General Acute Hospital	131
Princess of Wales Hospital Creche	Buildings we lease out to deliver service	Other	General Acute Hospital	250
Princess of Wales Hospital SMTL	Buildings we lease out to another public	Other	General Acute Hospital	545
Central Stores (POW)	Buildings we lease out to another public	Industrial buildings	General Acute Hospital	2482
Quarella Road Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	242
Royal Glamorgan Hospital	Buildings we own and occupy	Hospitals	General Acute Hospital	53966
Talbot Green Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	338
Tonteg Centre	Buildings we own and occupy	Hospitals	Cottage	1026
Tonypandy Health Centre	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	713
Trealaw Mental Health Unit	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	646
Treharris Primary Care Centre	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Primary health care buildings	1715
Ty Calon Lan	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Primary health care buildings	1391
Tylorstown Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	198
Unit 1 Charnwood Court (JCC)	Buildings we lease in from other organisations	Offices	Naturally ventilated, open plan	531
Unit 1 Viaduct House	Buildings we lease in from other organisations	Industrial buildings	Pre-1995; =5000 m2	318
The Hub, Unit 2 Gwaun Elai	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	687
The Hummingbird, Unit 3 Gwaun Elai	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	686
Snowdrop Breast Centre, Unit 4 Gwaun Elai	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	854
Unit G1 Main Avenue (JCC)	Buildings we lease in from other organisations	Offices	Naturally ventilated, open plan	1067
Williamstown	Buildings we own and occupy	Industrial buildings	Pre-1995; =5000 m2	4519
Ynyshtir Medical Centre	Buildings we lease in from other organisations	Primary health care (GP Practice/Dentist)	Primary health care buildings	521
Ynysmeurig House	Buildings we own and occupy	Offices	Naturally ventilated, open plan	1291
Ynyswen Clinic	Buildings we own and occupy	Primary health care (GP Practice/Dentist)	Health Centres and Clinics	244
Ysbyty Cwm Cynon	Buildings we own and occupy	Hospitals	Cottage	17943
Ysbyty Cwm Rhondda	Buildings we own and occupy	Hospitals	Cottage	14039
Ysbyty George Thomas	Buildings we own and occupy	Hospitals	Cottage	4676

Buildings - Grid Electricity

Guidance for users
This sheet contains two tables - Buildings - Grid Electricity and Smartwiring.
Please see Section 7 of the Welsh Net Zero Public Sector Reporting Guide for further guidance.

Instructions for users

- Use the (+) symbols to the left of column A to show/hide the data table for entry.
- Input information into the orange and blue cells. Grey cells should not be edited.
- Activity data entered in the 'Meter' column should only be in units specified in the 'unit' column drop down list. If your data is in units that are not included in this drop down list, you will need to convert it before entering it into this sheet.
- When completing a row, fill in the columns from left to right. The drop down lists in later columns will change to provide valid combinations based on your previous selections.
- You can copy and paste between rows but please avoid copying data from one column to another, as this is likely to break the drop down lists.
- Fill in the notes column with a description of the method and data source used for each row.
- Please note that the 'Outside of scope' emissions are not included in the 'Total emissions'.

Cell colour codes: Information cell or question: Information entry, Some cells hidden: Activity data, Numeric data only: Activity data

Buildings - Grid Electricity										Emission data breakdown (kg CO ₂ e)										
Site name	Unique Reference Number (e.g. MRN)	Fuel/Emission source	Category 1	Methodology	RCD	No errors in this table				Total EIP (kgCO ₂ e/unit)	Total emissions (kgCO ₂ e)	Notes	Date of breakdown	Direct emissions	Indirect emissions	Indirect 100%	Indirect 100% Wt%	High	Low	Outside of scope
						Data	Units	Converted data	Standard units											
Abertawe Health Centre	219999631105	Grid electricity	Consumption	Tier 1	2.5%	12,834	kWh	12,834	kWh	0.1869	8,896.23	Data complete	-	6,769.28	-	680.60	1,539.68	9,128.48	8,482.97	1,778.18
Abertawe Health Centre	219999631105	Grid electricity	Consumption	Tier 1	2.5%	5,519	kWh	5,519	kWh	0.1869	3,089.62	Data complete	-	2,468.72	-	99.70	2,949.02	2,549.02	2,249.87	389.14
AKC Day Services	2100040894142	Grid electricity	Consumption	Tier 1	2.5%	31,619	kWh	31,619	kWh	0.1869	6,500.99	Data complete	-	5,590.00	-	576.00	1,953.00	6,366.67	5,846.20	546.20
Banwyllyn Clinic	210009312426	Grid electricity	Consumption	Tier 1	2.5%	254	kWh	254	kWh	0.1869	53.34	Data complete	-	42.84	-	3.70	1.34	50.50	46.80	23.60
Banwyllyn Clinic	210009312426	Grid electricity	Consumption	Tier 1	2.5%	12,113	kWh	12,113	kWh	0.1869	2,284.22	Data complete	-	1,948.20	-	218.90	514.10	2,169.20	1,999.30	179.90
Carmarthen Clinic	219999577744, 219999437751, 219999437752	Grid electricity	Consumption	Tier 1	2.5%	31,899	kWh	31,899	kWh	0.1869	6,544.47	Data complete	-	6,196.48	-	181.20	1,462.79	8,601.18	8,418.35	2,657.14
Caerdydd Allon Rehab Unit	210004086230	Grid electricity	Consumption	Tier 1	2.5%	40,345	kWh	40,345	kWh	0.1869	10,943.58	Data complete	-	8,838.43	-	738.31	1,841.88	11,212.77	10,688.96	4,642.47
Cardiff Processing Unit 20, 21 & 22	219999471509	Grid electricity	Consumption	Tier 1	2.5%	708,859	kWh	708,859	kWh	0.1869	192,278.00	Data complete	-	161,785.26	-	12,973.12	32,126.65	237,084.05	187,471.05	81,567.87
Cardiff Gwynedd Medical Centre	210004073563	Grid electricity	Consumption	Tier 1	2.5%	52,107	kWh	52,107	kWh	0.1869	14,114.02	Data complete	-	10,788.71	-	953.56	2,361.71	14,687.27	13,780.67	5,955.91
David Sant Health Park	219999627612	Grid electricity	Consumption	Tier 1	2.5%	366,046	kWh	366,046	kWh	0.1869	99,289.80	Data complete	-	75,789.82	-	6,698.64	16,804.93	102,772.28	96,887.78	42,426.64
East Glamorgan Laundry & Offices	219999616566	Grid electricity	Consumption	Tier 1	2.5%	681,794	kWh	681,794	kWh	0.1869	184,936.62	Data complete	-	161,181.45	-	12,476.83	31,294.24	205,103.09	189,318.23	78,413.52
Garthafel Medical Centre	2100040710105	Grid electricity	Consumption	Tier 1	2.5%	32,123	kWh	32,123	kWh	0.1869	6,012.97	Data complete	-	5,098.98	-	474.60	1,212.20	6,495.78	6,020.97	2,609.29
Glanrhyd Hospital	2100040799793, 2100040110052	Grid electricity	Consumption	Tier 1	2.5%	899,158	kWh	899,158	kWh	0.1869	233,046.07	Data complete	-	197,639.25	-	16,753.05	39,451.30	268,832.28	257,083.65	98,462.63
Glanrhyd Hospital Leased to Salford	2100040799793, 2100040110052	Grid electricity	Consumption	Tier 1	2.5%	653,411	kWh	653,411	kWh	0.1869	177,237.73	Data complete	-	151,248.73	-	11,957.62	29,991.56	181,656.68	172,688.79	75,187.51
Heolwrdd Medical Centre	210004047491	Grid electricity	Consumption	Tier 1	2.5%	54,051	kWh	54,051	kWh	0.1869	14,855.91	Data complete	-	11,917.67	-	988.97	2,488.02	16,402.67	15,408.62	6,237.67
Heolwrdd Health Park	2100040070120, 210004130068	Grid electricity	Consumption	Tier 1	2.5%	832,386	kWh	832,386	kWh	0.1869	215,507.88	Data complete	-	182,654.87	-	15,539.60	39,010.92	229,769.27	187,216.98	72,564.67
Heolwrdd Health Park GPs	2100040070120	Grid electricity	Consumption	Tier 1	2.5%	12,094	kWh	12,094	kWh	0.1869	2,266.94	Data complete	-	2,493.71	-	220.41	55.81	2,348.63	2,181.26	1,189.89
Heolwrdd Health Park Pharmacy	2100040070120	Grid electricity	Consumption	Tier 1	2.5%	82	kWh	82	kWh	0.1869	15.82	Data complete	-	12.81	-	1.11	0.27	17.24	16.47	7.12
Maerdy Surgery	219999427732	Grid electricity	Consumption	Tier 1	2.5%	5,944	kWh	5,944	kWh	0.1869	1,123.71	Data complete	-	1,083.78	-	273.08	77.83	1,313.62	1,192.00	488.89
Maerdy Hospital	219999407318	Grid electricity	Consumption	Tier 1	2.5%	148,165	kWh	148,165	kWh	0.1869	40,344.03	Data complete	-	31,718.97	-	2,713.08	6,809.66	41,202.11	39,137.60	17,072.20
Maerdy Hospital Leased to Broom's Barn	219999407318	Grid electricity	Consumption	Tier 1	2.5%	5,562	kWh	5,562	kWh	0.1869	866.14	Data complete	-	777.15	-	65.98	16.15	899.12	842.54	409.88
Marlborough Mental Health Unit	210004033119	Grid electricity	Consumption	Tier 1	2.5%	38,970	kWh	38,970	kWh	0.1869	9,837.84	Data complete	-	8,295.27	-	936.40	2,359.16	10,168.27	9,589.67	3,125.63
NAMF Penicuik	210004033083	Grid electricity	Consumption	Tier 1	2.5%	220,474	kWh	220,474	kWh	0.1869	59,857.82	Data complete	-	45,896.55	-	4,058.80	10,108.90	64,264.27	58,891.28	21,869.98
North Cardiff Clinic	210004015885	Grid electricity	Consumption	Tier 1	2.5%	4,350	kWh	4,350	kWh	0.1869	2,294.35	Data complete	-	1,827.88	-	162.88	40.37	2,457.63	2,302.81	1,219.67
North Road House	210004014241	Grid electricity	Consumption	Tier 1	2.5%	3,414	kWh	3,414	kWh	0.1869	1,764.65	Data complete	-	1,408.80	-	118.10	29.68	1,901.20	1,803.86	978.60
Ogmore Vale Clinic	210004008444	Grid electricity	Consumption	Tier 1	2.5%	4,746	kWh	4,746	kWh	0.1869	1,287.85	Data complete	-	1,082.26	-	66.80	17.04	1,254.64	1,205.17	546.27
Old Trossack 171 Quarella Road	219999611616	Grid electricity	Consumption	Tier 1	2.5%	46,453	kWh	46,453	kWh	0.1869	12,400.98	Data complete	-	9,416.00	-	612.00	1,512.00	12,327.00	11,745.97	4,441.03
Penned Primary Care Centre	210004100042	Grid electricity	Consumption	Tier 1	2.5%	62,617	kWh	62,617	kWh	0.1869	16,364.85	Data complete	-	12,984.81	-	1,145.81	2,874.12	17,408.48	16,182.24	7,281.26
Penned House	219999401424	Grid electricity	Consumption	Tier 1	2.5%	80,795	kWh	80,795	kWh	0.1869	21,952.27	Data complete	-	16,754.66	-	1,459.18	3,601.97	22,617.87	21,362.66	8,194.20
Penned & District Hospital	219999461210	Grid electricity	Consumption	Tier 1	2.5%	74,542	kWh	74,542	kWh	0.1869	20,235.82	Data complete	-	15,416.82	-	1,364.13	3,401.87	20,723.81	19,361.69	8,179.66
Penned Health Centre	219999410315	Grid electricity	Consumption	Tier 1	2.5%	14,621	kWh	14,621	kWh	0.1869	3,461.20	Data complete	-	2,841.38	-	249.38	62.68	3,750.26	3,489.22	1,418.88
Penrhyn Dental Practice Unit	219999413177	Grid electricity	Consumption	Tier 1	2.5%	178,046	kWh	178,046	kWh	0.1869	21,375.58	Data complete	-	16,939.37	-	1,448.81	3,613.59	23,889.60	22,441.20	9,867.67
Penrhyn Primary Care Centre	210004121645	Grid electricity	Consumption	Tier 1	2.5%	77,000	kWh	77,000	kWh	0.1869	21,051.48	Data complete	-	16,426.24	-	1,425.62	3,577.03	20,121.00	19,145.03	8,441.03
Penrhyn Primary Care Centre Pharmacy	210004121645	Grid electricity	Consumption	Tier 1	2.5%	20,595	kWh	20,595	kWh	0.1869	5,084.03	Data complete	-	4,138.71	-	381.48	961.81	5,201.14	5,141.94	2,411.28
Prince Charles Hospital	2100040775862, 219999462616	Grid electricity	Consumption	Tier 1	2.5%	6,098,391	kWh	6,098,391	kWh	0.1869	1,818,938.56	Data complete	-	1,422,580.56	-	107,658.56	2,702,367.02	12,779,515.00	12,779,515.00	770,778.79
Prince Charles Hospital Canteen	2100040775862, 219999462616	Grid electricity	Consumption	Tier 1	2.5%	34,740	kWh	34,740	kWh	0.1869	9,451.00	Data complete	-	7,586.18	-	838.18	1,998.18	10,449.18	9,799.71	3,866.80
Princess of Wales Hospital	219999617794	Grid electricity	Consumption	Tier 1	2.5%	4,811,046	kWh	4,811,046	kWh	0.1869	1,486,161.58	Data complete	-	1,177,541.80	-	83,654.92	1,912,128.28	15,893,148.88	15,893,148.88	769,106.14
Princess of Wales Hospital Canteen	219999617794	Grid electricity	Consumption	Tier 1	2.5%	87,747	kWh	87,747	kWh	0.1869	21,851.24	Data complete	-	16,187.91	-	1,605.78	4,027.56	24,286.27	23,761.21	10,066.92
Princess of Wales Hospital Canteen	219999617794	Grid electricity	Consumption	Tier 1	2.5%	72,098	kWh	72,098	kWh	0.1869	6,156.83	Data complete	-	4,899.62	-	415.37	1,051.88	6,102.71	6,002.21	2,611.84
Princess of Wales Hospital SMTL	219999617794	Grid electricity	Consumption	Tier 1	2.5%	62,188	kWh	62,188	kWh	0.1869	16,868.50	Data complete	-	12,976.08	-	1,139.08	2,864.40	17,298.24	16,496.78	7,166.78
Princess of Wales SMTL	210004017794	Grid electricity	Consumption	Tier 1	2.5%	542,518	kWh	542,518	kWh	0.1869	148,094.13	Data complete	-	113,077.84	-	2,984.81	7,461.40	151,266.41	143,801.78	18,505.64
Quarella Road Clinic	210004014427	Grid electricity	Consumption	Tier 1	2.5%	161,100	kWh	161,100	kWh	0.1869	7,765.00	Data complete	-	7,349.20	-	169.20	464.10	7,933.40	7,469.10	3,166.60
Royal Glamorgan Hospital	2100040583184	Grid electricity	Consumption	Tier 1	2.5%	8,817,972	kWh	8,817,972	kWh	0.1869	2,632,874.81	Data complete	-	2,048,888.81	-	168,988.81	2,484,872.81	20,822,878.81	20,822,878.81	10,047,878.81
Talbot Green Clinic	219999412164	Grid electricity	Consumption	Tier 1	2.5%	115,551	kWh	115,551	kWh	0.1869	3,125.34	Data complete	-	2,585.45	-	215.85	528.80	3,259.05	3,047.75	1,125.85
Tonnes Centre	219999462249	Grid electricity	Consumption	Tier 1	2.5%	55,814	kWh	55,814	kWh	0.1869	15,139.53	Data complete	-	11,962.28	-	1,022.40	2,561.80	16,723.68	16,162.28	6,422.47
Tonnes Health Centre	219999405014	Grid electricity	Consumption	Tier 1	2.5%	72,480	kWh	72,480	kWh	0.1869	19,389.85	Data complete	-	14,769.86	-	1,264.86	3,077.87	19,494.87	18,725.21	8,251.21
Tonnes Mental Health Unit	210004058774	Grid electricity	Consumption	Tier 1	2.5%	25,596	kWh	25,596	kWh	0.1869	5,706.54	Data complete	-	4,576.05	-	476.05	1,211.00	6,223.60	5,946.64	2,466.64
Tonnes Primary Care Centre	210004058774	Grid electricity	Consumption	Tier 1	2.5%	66,826	kWh	66,826	kWh	0.1869	23,545.86	Data complete	-	17,977.88	-	1,568.51	3,964.00	24,114.36	23,047.21	9,849.30
Ty Celyn Llan	210004058114	Grid electricity	Consumption	Tier 1	2.5%	15,440	kWh	15,440	kWh	0.1869	3,518.00	Data complete	-	3,117.80	-	1,019.10	2,544.00	3,114.60	3,044.60	1,179.60
Ty Celyn Llan	219999426170	Grid electricity	Consumption	Tier 1	2.5%	6,342	kWh	6,342	kWh	0.1869	1,717.58	Data complete	-	1,348.18	-	145.88	298.68	1,796.68	1,698.62	798.62
Unit 1 Charnwood Court (CC)	210004002016	Grid electricity	Consumption	Tier 1	2.5%	20,560	kWh	20,560	kWh	0.1869	5,525.97	Data complete	-	4,242.92	-	355.60	894.10	6,059.62	5,704.92	2,345.92
Unit 1 Vindict House	219999164249	Grid electricity	Consumption	Tier 1	2.5%	1,211	kWh	1,211	kWh	0.1869	225.18	Data complete	-	22.22	-	2.22	0.56	247.40	245.18	89.96
The Hub Unit 2 Gwynedd Hill	210004024008	Grid electricity	Consumption	Tier 1	2.5%	31,921	kWh	31,921	kWh	0.1869	8,054.57	Data complete	-	6,508.48	-	589.10	1,465.17	8,973.68	8,442.41	3,091.53
The Neurosurgical Unit 1 Gwynedd Hill	210004173790	Grid electricity	Consumption	Tier 1	2.5%	44,239	kWh	44,239	kWh	0.1869	11,099.83	Data complete	-	8,519.86	-	804.57	2,035.17	12,299.82	11,699.83	5,091.53
Stonewall Bridge Health Unit	210004173790																			

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Buildings - Water

Guidance for users

This sheet contains one table - Buildings - Water.

Please see Section 2 of the Welsh Net Zero Public Sector Reporting Guide for further guidance.

Instructions for users

- Use the [x] symbols to the left of column A to show/hide the data tables for entry.
- Input information into the orange and blue cells. Grey cells should not be edited.
- Activity data entered in the 'Data' column should only be in units specified in the 'units' column drop down list. If your data is in units that are not included in this drop down list, you will need to convert it before entering it into this sheet.
- When completing a row, fill in the data from left to right. The drop down lists in the 'units' column will change to provide valid combinations based on your previous selections.
- You can copy and paste between rows but please avoid copying data from one column to another, as this is likely to break the drop down lists.
- Fill in the notes column with a description of the method and data source used for each row.
- Please note that the 'Status of scope emissions' are not included in the 'Total emissions'.

Cell colour codes:

Information cell or question

Information entry, some cells have

Calculated data

Buildings - Water

Site name	Unique Reference Number	Ownership structure	Realisation/Status	Category	Materiality	RIO	Date	Units	Converted data	Standard units	Total tCO ₂ e/ty (kg/ty/tonne)	Total emissions (kg/ty/tonne)	Notes	State of collection	Period	Indirect generation	Indirect services	Value tax	Indirect VAT	kg	ton	Outside of scope
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
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Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3	5.0%	199	3	0.049	300	0.049	36.94		Data complete						199	0.22	
Abendham Health Centre	044024040	Buildings we own and in Water	Water	Main treatment	Tier 3																	

Medical gases (NHS only)

Guidance for users

This sheet contains one table - medical gases.

Please see Section 2 of the Waste Not Zero Public Sector Reporting Guide for further guidance.

Instructions for users

- Input information into the orange and blue cells. Grey cells should not be edited.
- Activity data entered in the 'Rate' column should only be in units specified in the 'units' column drop down list. If your data is in units that are not included in this drop down list, you will need to convert it before entering it into this sheet.
- When completing a row, fill in the columns from left to right. The drop down lists in later columns will change to provide valid combinations based on your previous selections.
- You can copy and paste between rows but please avoid copying data from one column to another, as this is likely to break the drop down lists.
- Fill in the notes column with a description of the method and data source used for each row.
- Please note that the 'Outside of scope' emissions are not included in the 'Total emissions'.

Medical gases

See entries in this table										Emission data breakdown (kg CO ₂ e)										
Type	Gas	Not used	Methodology	RSD	Rate	Units	Converted data	Standard units	Total EF (kgCO ₂ e/unit)	Total emissions (tCO ₂ e)	Notes	Source of collection	Direct	Indirect generation	Indirect service	Indirect T&E	Indirect M&T	High	Low	Outside of scope
Medical gas	Entonox			35%	2,360,212.180	litres	2,360,212	litres	0.278	656,158.54			656,158.54					656,158.54	551,872.08	
Medical gas	isoflurane			25%	4.56	litres	4	litres	762.860	3,451.32			3,451.32					3,451.32	3,451.32	
Medical gas	sevoflurane			25%	3.43	litres	3	litres	6.420	1.93			1.93					1.93	1.93	
Medical gas	Nitrous oxide			25%	1,134,200.00	litres	1,134,200	litres	0.158	179,283.60			179,283.60					179,283.60	179,283.60	
Medical gas	Sevoflurane			25%	465.00	litres	465	litres	107.860	50,054.70			50,054.70					50,054.70	50,054.70	
Medical gas								litres												

Guidance for users
This sheet contains two tables - fleet and equipment (fuel) and fleet (distance).
Please see Section 7 of the Welsh Net Zero Public Sector Reporting Guide for further guidance

Input information into the orange and blue cells. Grey cells will not be edited.

- Activity data entered in the 'Data' column should only be in units specified in the 'units' column drop down list. If your data is in units that are not included in this drop down list, you will need to convert it before entering it into this sheet (see conversion sheet).
- When completing a row, fill in the columns from left to right. The drop down lists in later columns will change to provide valid combinations based on your previous selections.
- You can copy and paste between rows but please avoid copying data from one column to another, as this is likely to break the drop down lists.
- Fill in the columns with a description of the method and data source used for each row.
- Please note that the 'Outside of scope' emissions are not included in the 'Total emissions'.
- Update: You can now enter how many fleet vehicles make up your organisation's fleet usage and fleet distance. Gathering data on fleet vehicle numbers will help the wider WGSF with fleet decarbonisation projects.

information entry. Some cells have

Type

[illegible]

Table 2.

Type	Fuel	Size	Number of vehicles	Methodology	RSD	Test used	Data	Units	Converted data	Standard units	Total 12' kgCO ₂ /kmL	Total 12' kmCO ₂ /L	Notes	Ease of collection	Direct	Indirect generation	Indirect source	Indirect TRL	Indirect WTT	High	Low	Outside of scope
Petrol	Petrol	Average	21	Tier 3	5%		45,556	Vehicle miles	66,866	Vehicle km	0.1235	14,074.92			10,999.53	-	-	-	0.975.10	34,749.04	12,170.08	-
Petrol	Petrol	Average	5	Tier 3	5%		63,838	Vehicle miles	97,870	Vehicle km	0.1813	26,749.87			21,474.87	-	-	-	-	-	-	-
HDV	Diesel	Average HDV	2	Tier 3	5%		47,900	Vehicle miles	1,048	Vehicle km	0.0068	53,957.56			41,822.52	-	-	-	10,134.04	43,359.52	43,359.52	-
Van	Battery Electric vehicle	Average	5	Tier 3	5%		37,550	Vehicle miles	60,338	Vehicle km	0.0968	5,841.88			4,391.97	-	-	388.57	1,981.34	6,122.97	5,949.78	-

Organisational, municipal and project waste

Guidance for users

This tab has three tables for entering waste data - every effort has been made to include relevant waste types. If the waste type is not available, choose the closest match and write in the notes what waste type it is. The first table is for organisational waste - this is waste produced by your organisation in day to day operations. You can choose from a range of waste types and disposal routes (some disposal routes are not applicable for certain waste types and therefore these options combinations are not available in the drop down lists). The second table is for municipal waste collections and is only relevant to Local Authorities who provide this service. There is a question at the start of this table about operation of waste vehicles and recording of fuel used. This question has to be answered. Your answer will determine whether the emission factors applied in this table include the waste transport emissions (they may be already included elsewhere). The third table is for construction project waste, where this is collected separately. You do not need to complete this table if it is not relevant to your organisation. Please note: if your organisation has reported organisational waste based on tonnage, you should remove expenditure on waste collection services in your supply chain data to avoid double counting. Please see Section 9 of the Welsh Net Zero Public Sector Reporting Guide for further guidance.

Instructions for users

- Input information into the orange and blue cells. Grey cells should not be edited.
- Activity data entered in the 'data' column should only be in units specified in the 'units' column drop down list. If your data is in units that are not included in this drop down list, you will need to convert it before entering it into this sheet (see conversion sheet).
- When completing a row, fill in the columns from left to right. The drop down lists in later columns will change to provide valid combinations based on your previous selections.
- You can copy and paste between rows but please avoid copying data from one column to another, as this is likely to break the drop down lists.
- Fill in the notes column with a description of the method and data source used.
- Please note that 'Outside of scopes' emissions are not included in the 'Total emissions'.

Organisational waste

Organisational waste										Emission data breakdown (kg CO2e)										
Waste type	Disposal	Not used	Methodology used	RSD	Data	Units	Converted data	Standard units	Total EF (kgCO2e/unit)	Total emissions	Notes	Scope 1 collection	Direct	Indirect generation	Indirect service	Indirect T&D	Indirect WTT	High	Low	Outside of scopes
Anatomical waste	High temperature incineration		Tier 3	5%	6	tonnes	5.69	tonnes	1074.00	6,113.31					6,113.31			6,418.87	5,807.55	
Medicinal waste	High temperature incineration		Tier 3	5%	9	tonnes	8.84	tonnes	1074.00	9,496.61					9,496.61			9,973.58	9,023.53	
Medical contaminated sharps waste	High temperature incineration		Tier 3	5%	143	tonnes	142.79	tonnes	1074.00	153,356.66					153,356.66			161,024.38	145,688.64	
Non infectious offensive waste	Combustion		Tier 3	5%	343	tonnes	343.21	tonnes	82.00	28,143.32					28,143.32			28,550.38	26,736.06	
Infectious waste	Autoclave treatment and combustion		Tier 3	5%	796	tonnes	795.73	tonnes	402.40	319,846.36					319,846.36			335,976.46	303,696.05	
Clinical waste	High temperature incineration		Tier 3	5%	2	tonnes	1.73	tonnes	1074.00	1,855.87					1,855.87			1,948.67	1,763.08	
Organic food and drink	Anaerobic digestion		Tier 3	5%	348	tonnes	347.73	tonnes	8.88	3,089.34					3,089.34			3,243.60	2,934.68	
Mixed plastics	Recycling		Tier 3	5%	414	tonnes	413.96	tonnes	6.41	2,651.17					2,651.17			2,783.73	2,518.61	
Mixed paper	Recycling		Tier 3	5%	513	tonnes	513.51	tonnes	6.41	3,285.50					3,285.50			3,441.76	3,131.23	
Mixed recycling	Recycling		Tier 3	5%	124	tonnes	123.55	tonnes	6.41	792.03					792.03			831.63	752.43	
Batteries	Recycling		Tier 3	5%	4	tonnes	4.26	tonnes	6.41	27.31					27.31			28.67	25.94	
Mixed WEEE	Recycling		Tier 3	5%	29	tonnes	29.37	tonnes	6.41	188.38					188.38			197.09	179.67	
Commercial and industrial waste	Landfill		Tier 3	5%	909	tonnes	909.00	tonnes	320.33	272,983.79					272,983.79			496,632.88	449,334.60	

emissions, include error notes about your method for calculating the emissions, or a reference to further information.
DO NOT subtract this spread from the data reported in the Tier 1 table (i.e. any emissions reported in the table below should also be included in the total spend for that category in the table above. Duplicated emissions will be reconciled when compiling the data. The 'Supply chain group' and 'SIC code' columns will automatically fill once a category has been selected in the 'Product category' column.

Supply chain - Tier 2 methodology

Supply chain - tier 2 methodology										No errors in this table									
Supply chain group	SIC code (SIC 2007)	Product category	Methodology	RSD	Spend for which Tier 2 method accounts	Unit	Total EF (kgCO2e/unit)	Calculated emissions (kgCO2e for this spend)	Notes on data source and method	Rate of collection	Direct	Indirect generation	Indirect service	Indirect T&D	Indirect WTT	High	Low	Outside of scope	
Manufacturing	14A	Other food products	Tier 2	20%	563,517	£	0.536	29902.00		0.0	0.0	29902.0	0.0	0.0	29902.00	23922.00	0.0	0.0	
Manufacturing	14	Wine	Tier 2	20%	27,893	£	0.476	1328.00		0.0	0.0	1328.0	0.0	0.0	1328.00	1067.20	0.0	0.0	
Manufacturing	15	Leather and related products	Tier 2	20%	443,226	£	0.934	86160.00		0.0	0.0	86160.0	0.0	0.0	86160.00	68928.00	0.0	0.0	
Manufacturing	17	Paper and paper products	Tier 2	20%	434,447	£	0.536	56046.00		0.0	0.0	56046.0	0.0	0.0	56046.00	44927.20	0.0	0.0	
Manufacturing	18	Printing and recording services	Tier 2	20%	66,165	£	0.044	2697.00		0.0	0.0	2697.0	0.0	0.0	2697.00	2144.00	0.0	0.0	
Manufacturing	20	Paints, varnishes and similar coatings, printing ink and mastics	Tier 2	20%	73	£	0.572	42.00		0.0	0.0	42.0	0.0	0.0	42.00	33.60	0.0	0.0	
Manufacturing	21	Other chemical products	Tier 2	20%	457,894	£	1.546	707238.00		0.0	0.0	707238.0	0.0	0.0	707238.00	565796.80	0.0	0.0	
Manufacturing	25A	Industrial gases, inorganic and fertilisers (all inorganic chemicals) - 20.17.15.15	Tier 2	20%	748,024	£	0.208	223075.00		0.0	0.0	223075.0	0.0	0.0	223075.00	178460.00	0.0	0.0	
Manufacturing	26	Basic pharmaceutical products and pharmaceutical preparations	Tier 2	20%	11,007,286	£	0.125	1371628.00		0.0	0.0	1371628.0	0.0	0.0	1371628.00	1097302.40	0.0	0.0	
Manufacturing	27	Rubber and plastic products	Tier 2	20%	106,873	£	0.000	27.00		0.0	0.0	27.0	0.0	0.0	27.00	21.60	0.0	0.0	
Manufacturing	25OTHER	Fabricated metal products, exc. machinery and equipment & weapons & ammunition - 25.1-25.15-9	Tier 2	20%	52,008	£	0.380	19777.00		0.0	0.0	19777.0	0.0	0.0	19777.00	15821.60	0.0	0.0	
Manufacturing	36	Computer, electronic and optical products	Tier 2	20%	445,578	£	0.030	4539.00		0.0	0.0	4539.0	0.0	0.0	4539.00	3631.20	0.0	0.0	
Manufacturing	28	Machinery and equipment n.e.c.	Tier 2	20%	441,841	£	0.534	236129.00		0.0	0.0	236129.0	0.0	0.0	236129.00	188063.20	0.0	0.0	
Manufacturing	29	Motor vehicles, trailers and semi-trailers	Tier 2	20%	4,543	£	0.096	28.00		0.0	0.0	28.0	0.0	0.0	28.00	22.40	0.0	0.0	
Manufacturing	31	Furniture	Tier 2	20%	405,840	£	0.440	47322.00		0.0	0.0	47322.0	0.0	0.0	47322.00	37873.60	0.0	0.0	
Manufacturing	32	Other manufactured goods	Tier 2	20%	8,763,920	£	0.379	1530186.00		0.0	0.0	1530186.0	0.0	0.0	1530186.00	1224148.80	0.0	0.0	
Manufacturing	33OTHER	Rest of repair, installation - 33.11-34.07/19/20	Tier 2	20%	79,486	£	0.007	1284.00		0.0	0.0	1284.0	0.0	0.0	1284.00	1027.20	0.0	0.0	
Electricity, gas, steam and air conditi	35	Electricity, transmission and distribution	Tier 2	20%	683,507	£	0.002	639516.00		0.0	0.0	639516.0	0.0	0.0	639516.00	493232.80	0.0	0.0	
Water supply, sewerage, waste mana	36	Natural water, water treatment and supply services	Tier 2	20%	1,042	£	0.101	105.00		0.0	0.0	105.0	0.0	0.0	105.00	84.00	0.0	0.0	
Construction	41	Buildings and building construction works	Tier 2	20%	30,158,366	£	0.099	1170265.00		0.0	0.0	1170265.0	0.0	0.0	1170265.00	936212.00	0.0	0.0	
Construction	42.1-2	Construction and construction works for civil engineering	Tier 2	20%	508,729	£	0.026	13179.00		0.0	0.0	13179.0	0.0	0.0	13179.00	10543.20	0.0	0.0	
Construction	43	Specialised construction works	Tier 2	20%	893,661	£	0.020	8188.00		0.0	0.0	8188.0	0.0	0.0	8188.00	6545.60	0.0	0.0	
Wholesale and retail trade; repair of	45	Wholesale and retail trade and repair services of motor vehicles and motorcycles	Tier 2	20%	154,840	£	0.172	26669.00		0.0	0.0	26669.0	0.0	0.0	26669.00	21336.00	0.0	0.0	
Wholesale and retail trade; repair of	46	Wholesale trade services, except of motor vehicles and motorcycles	Tier 2	20%	22,769,499	£	0.044	1002937.00		0.0	0.0	1002937.0	0.0	0.0	1002937.00	802344.00	0.0	0.0	
Wholesale and retail trade; repair of	47	Retail trade services, except of motor vehicles and motorcycles	Tier 2	20%	15,424,738	£	0.096	1482330.00		0.0	0.0	1482330.0	0.0	0.0	1482330.00	1183864.00	0.0	0.0	
Transportation and storage	40.1-5	Land transport services and transport services via wheeled, rail or transport	Tier 2	20%	1,606,504	£	0.380	609883.00		0.0	0.0	609883.0	0.0	0.0	609883.00	487906.40	0.0	0.0	
Transportation and storage	52	Warehousing and support services for transportation	Tier 2	20%	70	£	0.014	1.00		0.0	0.0	1.0	0.0	0.0	1.00	0.80	0.0	0.0	
Transportation and storage	53	Postal and courier services	Tier 2	20%	1,010,100	£	0.153	156128.00		0.0	0.0	156128.0	0.0	0.0	156128.00	124803.20	0.0	0.0	
Information and communication	58	Publishing services	Tier 2	20%	35,751	£	0.020	3900.00		0.0	0.0	3900.0	0.0	0.0	3900.00	3120.00	0.0	0.0	
Information and communication	55	Telecommunications services	Tier 2	20%	1,841,414	£	0.124	229091.00		0.0	0.0	229091.0	0.0	0.0	229091.00	183272.80	0.0	0.0	
Information and communication	62	Computer programming, consultancy and related services	Tier 2	20%	7,490,396	£	0.062	474605.00		0.0	0.0	474605.0	0.0	0.0	474605.00	379696.00	0.0	0.0	
Information and communication	63	Information services	Tier 2	20%	149,125	£	0.006	941.00		0.0	0.0	941.0	0.0	0.0	941.00	752.80	0.0	0.0	
Financial and insurance activities	64	Financial services, except insurance and pension funds	Tier 2	20%	2,435,378	£	0.029	70481.00		0.0	0.0	70481.0	0.0	0.0	70481.00	56344.80	0.0	0.0	
Financial and insurance activities	66	Services auxiliary to financial services and insurance services	Tier 2	20%	137,870	£	0.006	822.00		0.0	0.0	822.0	0.0	0.0	822.00	657.60	0.0	0.0	
Real estate activities	68.20A0	Owner-Occupiers' Housing Services	Tier 2	20%	568,999	£	1.158	690901.00		0.0	0.0	690901.0	0.0	0.0	690901.00	552727.20	0.0	0.0	
Professional, scientific and technical	69	Legal services	Tier 2	20%	267,599	£	0.022	5865.00		0.0	0.0	5865.0	0.0	0.0	5865.00	4722.00	0.0	0.0	
Professional, scientific and technical	70	Services of head offices; management consulting services	Tier 2	20%	1,297,510	£	0.108	140657.00		0.0	0.0	140657.0	0.0	0.0	140657.00	112526.40	0.0	0.0	
Professional, scientific and technical	71	Architectural and engineering services; technical testing and analysis services	Tier 2	20%	1,130,610	£	0.040	45071.00		0.0	0.0	45071.0	0.0	0.0	45071.00	36056.80	0.0	0.0	
Professional, scientific and technical	72	Scientific research and development services	Tier 2	20%	2,464,542	£	0.102	250781.00		0.0	0.0	250781.0	0.0	0.0	250781.00	200624.80	0.0	0.0	
Professional, scientific and technical	73	Advertising and market research services	Tier 2	20%	8,291	£	0.028	144.00		0.0	0.0	144.0	0.0	0.0	144.00	115.20	0.0	0.0	
Professional, scientific and technical	74	Other professional, scientific and technical services	Tier 2	20%	6,037,585	£	0.022	434242.00		0.0	0.0	434242.0	0.0	0.0	434242.00	347393.60	0.0	0.0	
Administrative and support services	77	Rental and leasing services	Tier 2	20%	237,524	£	0.351	83517.00		0.0	0.0	83517.0	0.0	0.0	83517.00	66813.60	0.0	0.0	
Administrative and support services	78	Employment services	Tier 2	20%	13,431,252	£	0.006	89855.00		0.0	0.0	89855.0	0.0	0.0	89855.00	71884.00	0.0	0.0	
Administrative and support services	81	Services to buildings and landscape	Tier 2	20%	467,258	£	0.087	40666.00		0.0	0.0	40666.0	0.0	0.0	40666.00	32532.80	0.0	0.0	
Administrative and support services	82	Office administrative, office support and other business support services	Tier 2	20%	2,102,275	£	0.118	248461.00		0.0	0.0	248461.0	0.0	0.0	248461.00	198728.80	0.0	0.0	
Public administration and defense; o	84	Public administration and defense services; compulsory social security services	Tier 2	20%	984,930	£	0.015	15128.00		0.0	0.0	15128.0	0.0	0.0	15128.00	12102.40	0.0	0.0	
Education	85	Education services	Tier 2	20%	430,920	£	0.246	107561.00		0.0	0.0	107561.0	0.0	0.0	107561.00	85848.80	0.0	0.0	
Human health and social work activ	86	Human health services	Tier 2	20%	25,602,620	£	0.238	5990980.00		0.0	0.0	5990980.0	0.0	0.0	5990980.00	4752064.00	0.0	0.0	
Human health and social work activ	91	Residential care services	Tier 2	20%	118,380	£	0.027	5340.00		0.0	0.0	5340.0	0.0	0.0	5340.00	4272.00	0.0	0.0	
Other service activities	96	Other personal services	Tier 2	20%	2,148,331	£	0.068	125075.00		0.0	0.0	125075.0	0.0	0.0	125075.00	100060.00	0.0	0.0	
			Tier 2			£				0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	

Guidance for users

This sheet contains three tables - Land emissions (Tier 1), land emissions (Tier 2) and agriculture

The organisational boundary should be defined as assets and operations under your organisation's operational control. This equates to emissions and sequestration in the vegetation and soils of land managed by your organisation for the delivery of public services, whether owned or leased.

Please see Sections 7 & 10 of the Welsh Net Zero Public Sector Reporting Guide for further guidance.

Instructions for users:

- Input information into the orange and blue cells. Grey cells should not be edited. Please fill in the notes column with a description of the method and data source used.
- Find out the extent of land holdings that are under the operational control of your organisation.
- Complete the scoping table below to determine whether Tier 1 methodology is required.

If so,

- Complete the Tier 1 table below with available information and notes about sources of data

OR

If you want to use a Tier 2 method to report your emissions, complete the Tier 2 table below, providing notes about data sources and methods used.

Land-based scoping questions

Land area	Land area in hectares (ha)
Land owned and managed by your organisation	
Land owned by your organisation and leased to a private organisation or individual but still used for delivering public services	
Land owned by your organisation and leased to another public sector body, where your organisation is responsible for management of the asset	
Land leased by your organisation from a private organisation or individual and used for delivering public services.	
Land leased from another public sector body, where your organisation is responsible for management of the asset	
Total	

Scoping result

Tier 1 methodology for land-based emissions

No errors in this table

Current land use type	Soil type	Previous land use type (select the same type as current if <20 years (order same as))	Methodology	ESD estimate (t/ha)	Land area in hectares (ha)	Unit	Commented data	Standard units	Emission factor (CO ₂ e/ha/year)	Total kg CO ₂ e	Source of data (e.g. estates team, digital maps or estimates)	Ease of collection	Direct	Indirect generation	Indirect service	Indirect F&D	Indirect WTT	High	Low	Outside of scope
Forest land	Mineral	Forest land	Tier 1	25%	24	ha	24	ha	-5.42	130.080	Measurements from CP	Data complete and #	-	-	-	-	-	182.666	97.964	130.080
Grassland	Mineral	Grassland	Tier 1	25%	15	ha	15	ha	-5.46	71.850	Measurements from CP	Data complete and #	-	-	-	-	-	27.918	16.398	71.850
Settlements	Mineral	Settlements	Tier 1	25%	66	ha	66	ha	2.18	136.927	Measurements from CP	Data complete and #	-	-	-	-	-	271.038	104.395	136.927

Project Overview		Key Milestones		Resource Allocation		Risk Assessment		Communication & Reporting		Financial Management		Compliance & Legal		Stakeholder Engagement		Performance Metrics		Change Management		Documentation & Archiving		Overall Status	
Project Name	Project Manager	Start Date	End Date	Team Lead	Team Members	High Risk	Medium Risk	Low Risk	Frequency	Method	Budget	Actual Cost	Legal Review	Compliance Check	Stakeholder Meeting	Key Deliverables	Progress %	Issues Log	Change Request	Version Control	Archive Status	Overall Status	
Project A	John Doe	2023-01-01	2023-12-31	Jane Smith	Alice, Bob, Charlie	High	Medium	Low	Weekly	Video Conference	\$100,000	\$95,000	Yes	Yes	Monthly	Phase 1 Complete	85%	2 Open	1 Pending	1 Approved	1 Archived	On Track	
Project B	Jane Smith	2023-02-01	2024-01-31	John Doe	Bob, Charlie, David	Medium	High	Low	Bi-weekly	Video Conference	\$150,000	\$160,000	No	No	Quarterly	Phase 2 In Progress	45%	5 Open	3 Pending	0 Approved	0 Archived	Over Budget	
Project C	John Doe	2023-03-01	2023-09-30	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$50,000	\$48,000	Yes	Yes	Weekly	Phase 1 Complete	95%	1 Open	0 Pending	2 Approved	1 Archived	On Track	
Project D	Jane Smith	2023-04-01	2024-03-31	John Doe	Bob, Charlie, David, Eve	High	Medium	Low	Weekly	Video Conference	\$200,000	\$210,000	No	No	Monthly	Phase 3 In Progress	30%	8 Open	4 Pending	1 Approved	0 Archived	Over Budget	
Project E	John Doe	2023-05-01	2023-11-30	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$75,000	\$72,000	Yes	Yes	Weekly	Phase 1 Complete	90%	2 Open	0 Pending	1 Approved	1 Archived	On Track	
Project F	Jane Smith	2023-06-01	2024-06-30	John Doe	Bob, Charlie, David, Eve, Frank	Medium	High	Low	Bi-weekly	Video Conference	\$180,000	\$190,000	No	No	Quarterly	Phase 2 In Progress	55%	6 Open	3 Pending	0 Approved	0 Archived	Over Budget	
Project G	John Doe	2023-07-01	2023-12-31	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$60,000	\$58,000	Yes	Yes	Weekly	Phase 1 Complete	92%	1 Open	0 Pending	1 Approved	1 Archived	On Track	
Project H	Jane Smith	2023-08-01	2024-07-31	John Doe	Bob, Charlie, David, Eve, Frank, Grace	High	Medium	Low	Weekly	Video Conference	\$220,000	\$230,000	No	No	Monthly	Phase 3 In Progress	25%	9 Open	5 Pending	1 Approved	0 Archived	Over Budget	
Project I	John Doe	2023-09-01	2023-10-31	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$40,000	\$38,000	Yes	Yes	Weekly	Phase 1 Complete	98%	0 Open	0 Pending	2 Approved	1 Archived	On Track	
Project J	Jane Smith	2023-10-01	2024-09-30	John Doe	Bob, Charlie, David, Eve, Frank, Grace, Henry	Medium	High	Low	Bi-weekly	Video Conference	\$190,000	\$200,000	No	No	Quarterly	Phase 2 In Progress	60%	7 Open	4 Pending	0 Approved	0 Archived	Over Budget	
Project K	John Doe	2023-11-01	2023-11-30	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$30,000	\$28,000	Yes	Yes	Weekly	Phase 1 Complete	100%	0 Open	0 Pending	2 Approved	1 Archived	On Track	
Project L	Jane Smith	2023-12-01	2024-11-30	John Doe	Bob, Charlie, David, Eve, Frank, Grace, Henry, Ivy	High	Medium	Low	Weekly	Video Conference	\$240,000	\$250,000	No	No	Monthly	Phase 3 In Progress	20%	10 Open	6 Pending	1 Approved	0 Archived	Over Budget	
Project M	John Doe	2024-01-01	2024-01-31	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$20,000	\$18,000	Yes	Yes	Weekly	Phase 1 Complete	100%	0 Open	0 Pending	2 Approved	1 Archived	On Track	
Project N	Jane Smith	2024-02-01	2025-01-31	John Doe	Bob, Charlie, David, Eve, Frank, Grace, Henry, Ivy, Jack	Medium	High	Low	Bi-weekly	Video Conference	\$260,000	\$270,000	No	No	Quarterly	Phase 2 In Progress	15%	11 Open	7 Pending	1 Approved	0 Archived	Over Budget	
Project O	John Doe	2024-03-01	2024-03-31	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$15,000	\$14,000	Yes	Yes	Weekly	Phase 1 Complete	100%	0 Open	0 Pending	2 Approved	1 Archived	On Track	
Project P	Jane Smith	2024-04-01	2025-03-31	John Doe	Bob, Charlie, David, Eve, Frank, Grace, Henry, Ivy, Jack, Lily	High	Medium	Low	Weekly	Video Conference	\$280,000	\$290,000	No	No	Monthly	Phase 3 In Progress	10%	12 Open	8 Pending	1 Approved	0 Archived	Over Budget	
Project Q	John Doe	2024-05-01	2024-05-31	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$10,000	\$9,000	Yes	Yes	Weekly	Phase 1 Complete	100%	0 Open	0 Pending	2 Approved	1 Archived	On Track	
Project R	Jane Smith	2024-06-01	2025-05-31	John Doe	Bob, Charlie, David, Eve, Frank, Grace, Henry, Ivy, Jack, Lily, Mike	Medium	High	Low	Bi-weekly	Video Conference	\$300,000	\$310,000	No	No	Quarterly	Phase 2 In Progress	5%	13 Open	9 Pending	1 Approved	0 Archived	Over Budget	
Project S	John Doe	2024-07-01	2024-07-31	Jane Smith	Alice, Bob	Low	Medium	High	Daily	Video Conference	\$5,000	\$4,500	Yes	Yes	Weekly	Phase 1 Complete	100%	0 Open	0 Pending	2 Approved	1 Archived	On Track	
Project T	Jane Smith	2024-08-01	2025-07-31	John Doe	Bob, Charlie, David, Eve, Frank, Grace, Henry, Ivy, Jack, Lily, Mike, Nora	High	Medium	Low	Weekly	Video Conference	\$320,000	\$330,000	No	No	Monthly	Phase 3 In Progress	0%	14 Open	10 Pending	1 Approved	0 Archived	Over Budget	

Land use emission factors (kgCO₂e/ha)

	Current land use	Soil type	Previous landuse		Previous landuse		Previous landuse		Previous landuse	
			Forest land	Cropland	Grassland	Wetlands	Settlements	Other land		
Y	Forest land	Mineral	-5.42	-0.95	-0.62	No emission factor available	-0.65	No emission factor available		
Y	Forest land	Organic	-7.27	0.32	0.82	No emission factor available	0.71	No emission factor available		
Y	Cropland	Mineral	11.04	1.08	4.52	No emission factor available	-3.85	No emission factor available		
Y	Cropland	Organic	No emission factor available	18.34	-0.25	No emission factor available	-0.27	No emission factor available		
Y	Grassland	Mineral	11.91	-1.89	-1.44	No emission factor available	-6.72	No emission factor available		
Y	Grassland	Organic	6.96	0.28	0.02	No emission factor available	-0.15	No emission factor available		
Y	Wetlands	Mineral	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available		
Y	Wetlands	Organic	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available		
Y	Settlements	Mineral	39.40	7.48	13.50	No emission factor available	2.10	No emission factor available		
Y	Settlements	Organic	15.94	0.43	0.12	No emission factor available	No emission factor available	No emission factor available		
Y	Other land	Mineral	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available		
Y	Other land	Organic	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available		

Benchmarking data

This sheet contains the following tables:

Energy use in building benchmarks

Water use and waste benchmarks

Commuting benchmarks

Public transport €/passenger km

Energy use in building benchmarks

The source of building energy benchmarks is the Chartered Institution of Building Services (CIBSE) Energy Benchmarking tool. Organisations are free to use alternative sources of benchmark energy data but any data sources should be carefully documented, along with rationale for selection. Benchmarks for other building types are available through the tool, which can be accessed via the link below:

<https://www.cibse.org/knowledge/Benchmarking>

Note: Values are correct as of 20/05/2022

Name	Description	Heating thermal typical benchmark [kW/m ²]	Electricity typical benchmark [kWh/m ²]
Local authority buildings	Town hall	132	8
Local authority buildings	Community Centres	139	4
Local authority buildings	Residential care homes	219	8
Local authority buildings	Depots	311	
Local authority buildings	Sheltered housing	432	6
Public buildings	Library	117	7
Public buildings	Museum	121	5
Public buildings	Fire station	233	6
Public buildings	Police station	190	13
Offices	Local Government office	108	8
Offices	Air conditioned, standard	178	23
Schools	Primary	122	4
Schools	Secondary	113	5
Schools	Special	157	5
Schools	Secondary, with swimming pool	187	3
Hospital	General Acute	303	11
Hospital	Teaching/Specialist	267	13
Hospital	Cottage hospital	492	7
Education (higher)	Catering / Bar	218	20
Education (higher)	Lecture rooms/conference facility	150	9
Education (higher)	Library or learning centre	112	10
Sports and recreation	Swimming pool	648	19
Sports and recreation	Combined centre	598	13
Sports and recreation	Dry sports centre (local)	343	

Waste density table

Where your organisation has information on the estimated volume of waste collected rather than the weight, the following density factors can be used to estimate the weight.

These density conversion factors were developed by the Environment Agency for the 1998/99 commercial and industrial waste survey in England and have since been used across the UK by all of the Agencies including SEPA. The factors were derived from a number of different sources including published research, advice from the waste management industry and some original research at the time (source: <http://www.sepa.org.uk/media/163323/uk-conversion-factors-for-waste.xlsx>). ☐

Activity factors for waste			
Waste type	EC code	Waste Description	Inventory conversion factor (kg per tonne)
Aggregates	17 01 07	remnants of concrete, bricks, tiles and ceramics other than those mentioned in 17 01 05	0.6
Anatomical waste	18 01 02	Body parts and organs including blood bags and blood gravures (except 18 01 03)	0.287
Asbestos	17 06 01*	insulation materials containing asbestos	0.3
Asphalt	17 03 02	bituminous materials other than those mentioned in 17 03 03	0
Average construction	17 09 04	wreck construction and demolition wastes other than those mentioned in 17 09 03, 17 09 02 and 17 09 03	0.3
Batteries	20 03 33*	batteries and accumulators including lead, nickel, cadmium and zinc	1.3
Bricks	17 01 02	bricks	0.6
Clinical waste	18 01 01*	wastes where collection and disposal is subject to special requirements in order to prevent infection	0.22
Clothing	20 01 20	clothes	0
Commercial and industrial waste	20 02 01	other municipal waste	0.2
Concrete	17 01 03	concrete	0.2
Domestic residual waste	20 03 01	residual municipal waste	0.2
Infectious waste	18 01 03*	wastes where collection and disposal is subject to special requirements in order to prevent infection	0.22
Insulation	17 06 04	insulation materials other than those mentioned in 17 06 03 and 17 06 05	0
Metall contaminated sharps waste	18 01 01	sharps (except 18 01 03)	0.2
Medicinal waste	20 03 02	other medicinal waste than those mentioned in 20 03 31	0
Metals	20 01 27	metal metals	0.2
Mixed oil	15 01 01*	other building and heat transmission oils	0.2
Mixed glass	20 01 02	glass	0.939
Mixed metal cars	20 01 40	metals	0.2
Mixed paper	20 01 30	paper and cardboard	0.210
Mixed plastics	20 01 39	plastics	0.3
Mixed recycling	20 03 01	residual municipal waste	0.2
Mixed WEEE	20 03 36	discarded electrical and electronic equipment other than those mentioned in 20 03 21, 20 03 23 and 20 03 35	0.213
Non infectious offensive waste	18 01 04	wastes where collection and disposal is not subject to special requirements, or in order to prevent collection/ sample removal, other than cars, and carcasses, clothing, diseases	0.2
Organic food and drink	20 01 08	food	0.2
Organic garden	20 01 01	biodegradable waste	0.3
Organic mixed	20 01 02	biodegradable waste	0.3
Plasterboard	18 12 07	wood other than that mentioned in 19 12 06	0.2
Waste Sails	20 02 02	sails and stoves	0.460
Tires	20 01 03	tires	0.2
Wood	20 03 38	wood other than that mentioned in 20 03 39	0.2

Water use and waste benchmarks

The source of building water benchmarks is a publication by the Better Buildings Partnership (2017 Real Estate Environmental Benchmarks: January 2018). Organisations are free to use alternative sources of benchmark water data but any data sources should be carefully documented, along with rationale for selection.

Name	Good practice benchmark (litre/person/working day)	Typical practice benchmark (litre/person/working day)
Offices		24

Waste benchmarks have been taken from WRAP (Waste & Resources Action Programme) Green Office: A Guide to Running a More Cost-effective and Environmentally Sustainable Office.

Name	Good practice benchmark (quantity per person per year)
Offices	less than 200kg

Public transport E/passenger km benchmarks

Where only data on total cost by travel mode is available, and in the absence of any more accurate local estimates, the following estimates of £/passenger km can be used to estimate kilometres travelled from spend.

Travel mode	£/passenger km	Source
Rail	0.182	Table 13.10 Revenue per passenger kilometre and revenue per passenger journey, Office of Rail and Road, UK Government
Bus	0.154/0.178	http://www.gov.uk/government/uploads/data-sets/docs/statistics/104761/Bus_routes_in_2014-15.pdf
Taxi	£1.69	http://www.transportfor.co.uk/sites/default/files/2014-05/2014-15%20Taxis%20in%20London%20-%20a%20summary%20of%20the%20data%20for%20the%20taxi%20industry%20in%20London%20-%202014-15.pdf
Air	-	Calculate distance travelled for each of the journey tasks. Option to choose top ten frequent trips and work out an average £/passenger km to apply to remainder.

Commuting benchmarks

The average commuting distance in Wales average is 9.5 miles/ 15.3 km and the modal split is shown in the table below. Data source: 'The Car and the Commute: The journey to work in England and Wales' report by the RAC Foundation

Travel mode	% split	Source
Car	6.4%	
Car passenger	6.02%	
Taxi/mini cab	0.42%	
Walking	9.32%	
Moped/ Motorbike	0.64%	https://www.rc-foundation.org/assets/Files/Footprint/Content/Downloadables/Car-and-the-CompanyWeb-Version.pdf
Bus	4.32%	
Rail	1.94%	
Cycling	2.42%	
Work from home	10.42%	
Other	0.32%	

Organisation Name	Table	Note	Error?
Cwm Taf Morgannwg Univer	Buildings - Grid Electricity	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Streetlighting	No data entered	No Error
Cwm Taf Morgannwg Univer	Buildings - Heat & Fuels	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Other gases	No data entered	No Error
Cwm Taf Morgannwg Univer	Buildings - Water	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Fleet and equipment - fuel	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Fleet - distance	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Business travel	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Commuting	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Homeworking	No error	No Error
Cwm Taf Morgannwg Univer	Homeworking	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Medical gases	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Supply chain - tier 1 methodology	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Supply chain - tier 2 methodology	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Organisational waste	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Municipal waste	No data entered	No Error
Cwm Taf Morgannwg Univer	Project waste	No data entered	No Error
Cwm Taf Morgannwg Univer	Land tier 1	No errors in this table	No Error
Cwm Taf Morgannwg Univer	Land tier 2	No data entered	No Error
Cwm Taf Morgannwg Univer	Agriculture	No data entered	No Error
Cwm Taf Morgannwg Univer	Totals	Data	No Error
Cwm Taf Morgannwg Univer	Totals	Converted data	No Error
Cwm Taf Morgannwg Univer	Totals	EFs	No Error
Cwm Taf Morgannwg Univer	Totals	Emissions	No Error
Cwm Taf Morgannwg Univer	Totals	Missing EFs	Error
Cwm Taf Morgannwg Univer	Totals	Missing Emissions	Error
Cwm Taf Morgannwg Univer	Totals	Scope 1	Error
Cwm Taf Morgannwg Univer	Totals	Scope 2	Error
Cwm Taf Morgannwg Univer	Totals	Scope 3	Error
Cwm Taf Morgannwg Univer	Totals	Total	No Error

Decarbonisation (follow up)

Internal Audit Report

2025/26

Cwm Taf Morgannwg University Health Board

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Review Reference

CTM-2526-30

Fieldwork

July 2025

Executive Sign Off

August 2025

Audit Committee

August 2025

Executive Lead

Claire Thompson – Executive Director of Strategy and Transformation

Audit Team

Paul Dalton, Head of Internal Audit
Emma Samways, Deputy Head of Internal Audit



Executive Summary

Purpose

We completed a follow-up review of the implementation of the agreed management actions from our decarbonisation audit that was issued in May 2024. This follow up review was completed in line with the 2025/26 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').

In our original report we issued a 'limited' assurance¹ opinion and identified five high or medium priority matters arising. Management agreed eight actions to address the matters arising and the associated recommendations. The Audit, Risk and Assurance Committee has monitored the progress being made in implementing the management actions, via the internal audit tracker.

Overview

We identified five overarching high and medium priority matters arising, three of these matters had a number of parts, meaning that there were eight agreed actions to follow up. Our review has identified the following:

Original Priority Rating	Number of Recommendations/ agreed actions	Implemented/ obsolete (Closed no further action required)	Action Ongoing (Further action required)	Not Implemented/ Not due (Further action required)
High	5	4	1	-
Medium	3	-	1	2
Total	8	4	2	2

Full details of agreed actions requiring further work are provided in the table below. Where work is ongoing, we have re-assessed the priority rating for the recommendation and revised these where appropriate.

For the recommendations that have been closed or partially closed, management have taken action to address the matters arising in our original report. This includes:

- Updating the terms of reference for the Environmental Sustainability Group (ESG) to reflect current membership requirements to ensure representation from each work stream.
- More comprehensive ESG minutes capturing the department or workstream that members are representing.
- A Sustainability Manager commencing in post in June 2024 with responsibility for developing and implementing the decarbonisation strategy and action plan.
- Update reports from each of the workstreams are now received at ESG meetings, allowing more meaningful updates on progress in implementing the Decarbonisation Action Plan (DAP).

¹ Limited Assurance definition 'More significant matters require management attention. There will be moderate impact on residual risk exposure until resolved'.

Progress of Agreed Recommendations Not Fully Implemented

Ref	Previous Recommendation and Action	Original Responsibility, Timescale	Priority Rating	Status, Updated Action, Responsibility and Timescale	Revised Priority Rating
4.1	Costed plan and funding strategy <u>Recommendation:</u> To aid the Health Board in identifying the commitment required to meet the WG 2030 Decarbonisation target, an assessment of those initiatives that can be quantified should take place and a costed plan developed and approved in line with organisational governance. Initiatives that cannot be quantified should be recorded as unquantifiable, but with a brief assessment to identify if the investment could be significant or not. <u>Agreed Action:</u> Action will be undertaken to cost appropriate elements of the plan as resources and available information allows. However budgetary constraints are such that it is unlikely that all elements will be affordable and as for 4.2 we will stay in close dialogue with Welsh Government regarding priorities.	Vicki Oxley – Deputy Director of Strategy and Partnerships March 2025	High Priority	Status: Partially Implemented Since the Sustainability Manager commenced post, some work has taken place to populate investment requirements against the initiatives listed in the Decarbonisation Action Plan. We understand the difficulty in developing a fully costed plan, hence our previous recommendation to only cost those initiatives that can be quantified and to note those that are unquantifiable. We also acknowledged that whilst the costs associated with delivery of an initiative may be identified, this does not mean the funding is then available to support delivery of the initiative. Agreed Action: Work will continue to identify the potential costs of undertaking the initiatives set out in the Decarbonisation Action Plan, with a view to being able to develop a longer-term model for funding. Those initiatives that cannot be quantified will be recorded as unquantifiable, but with a brief assessment to identify if the investment could be significant or not. Given the changes to the SDP this will be reviewed following its publication in 'Autumn' to avoid duplication of work. Officer: Calum Shaw – Sustainability Manager Target Implementation Date: March 2026	High Priority
4.2	<u>Recommendation:</u> For those initiatives that can be quantified, a long-term model for the funding required to support the	Claire Thompson – Executive Director of Strategy and Transformation	High Priority	Status: Not due We note that this action is not due for implementation until March 2026. Though we understand information has started to be gathered as part of the longer-term investment requirements.	High Priority

Ref	Previous Recommendation and Action	Original Responsibility, Timescale	Priority Rating	Status, Updated Action, Responsibility and Timescale	Revised Priority Rating
	decarbonisation programme should be developed. <u>Agreed Action:</u> This recommendation needs to be undertaken in partnership with Welsh Government (through Directors of Planning/Directors of Finance channels) as the UHB works within its revenue and capital resource limits. For example, a key component of the UHB's capital planning is maximising access to funds available from Estates Funding Advisory Board for decarbonisation (which provided £0.9m in 23/24).	March 2026		Agreed Action: <i>Where initiatives to aid the achievement of the WG Decarbonisation target can be quantified, a long-term model for the funding required to support the decarbonisation programme should be developed.</i> Officer: Calum Shaw– Sustainability Manager Target Implementation Date: March 2026	
5	Carbon consideration in decision making <u>Recommendation:</u> Carbon impact assessments should form part of the decisions made and actions taken by the Health Board, especially in larger scale transformational projects. <u>Agreed Action:</u> This recommendation is accepted by the Health Board. Work on this recommendation will commence following the recruitment of the Sustainability Manager as this will create additional capacity needed to better understand how this can be enacted systematically across the health board.	Vicki Oxley – Deputy Director of Strategy and Partnerships March 2025	Medium Priority	Status: Partially Implemented Reports taken to the Board and its committees require the environmental sustainability impact to have been considered and captured in the cover report. Reference to this revised process is mentioned in the 2025/28 IMTP and we understand there have been Board briefing sessions to raise awareness further. However, we did not see evidence that in larger scale transformational projects due consideration has been given to environmental sustainability and the carbon impact. We note that the May 2025 updated audit tracker - acknowledges that 'more work is required to ensure decarbonisation and climate adaptation forms part of decision making'. Suggested Agreed Action: Where larger scale projects take place, mechanisms will be put in place to ensure the carbon impact / environmental sustainability impact is assessed and captured as part of the decision-making processes.	Medium Priority

Ref	Previous Recommendation and Action	Original Responsibility, Timescale	Priority Rating	Status, Updated Action, Responsibility and Timescale	Revised Priority Rating
				Officer: Calum Shaw– Sustainability Manager Target Implementation Date: December 2025	
6.2	Monitoring and reporting <u>Recommendation:</u> The reporting format (to Board / Committee) should be supplemented to include a narrative report that allows readers to gain a clear understanding of the current position of the Health Board in achieving the initiatives in place for each workstream and the overall position against the Welsh Government targets. Reporting on progress in implementation of the DAP to the Population Health and Partnership Committee should take place at regular intervals, as set out in the ESG terms of reference. <u>Agreed Action:</u> The Health Board accepts this recommendation and the reporting arrangements for the Environmental Sustainability Group will be reviewed.	Vicki Oxley – Deputy Director of Strategy and Partnerships September 2024	High Priority	Status: Not implemented The updated terms of reference for the ESG set out that it now reports to the Strategic Development Committee (SDC). The requirement for bi-annual reporting remains unchanged. Whilst a report was produced for November 2024 committee, it was not presented at the committee and the subsequent agenda item for the April meeting was deferred until October 2025. Suggested Agreed Action: In line with the terms of reference for the ESG, bi-annual update reports will be provided to the Strategic Development Committee. Reports will be in a format that allows readers to gain a clear understanding of the current position of the Health Board in achieving the initiatives in place for each workstream and the overall position against the Welsh Government targets. Officer: Calum Shaw – Sustainability Manager Target Implementation Date: October 2025	High Priority

Disclaimer

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Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



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Unapproved Minutes of the Strategic Development Committee

Date and Time of Meeting	3 rd July 2025 9:30am-12:30pm
Venue	Virtual via Microsoft Teams

Members Present	Kath Palmer	Vice Chair of CTMUHB (Committee Chair)
	Carolyn Donoghue	Independent Member (In-Part)
	Neil Mesher	Independent Member
	Dilys Jouvenat	Independent Member (In-Part)
	Rachel Rowlands	Independent Member (In-Part)
In Attendance	Claire Thompson	Executive Director of Strategy and Transformation
	Lauren Edwards	Executive Director of AHPs and Health Science
	Philip Daniels	Executive Director for Public Health
	Stuart Morris	Director of Digital
	Hywel Daniel	Executive Director for People
	Hayleigh Jones	Deputy Director for People
	Clare Williams	Service Director for Mental Health and Learning Disabilities (In-Part for item 5.1)
	Atif Ali	Programme Director for Acute Clinical Services
	Vicki Oxley	Deputy Director of Strategy & Partnerships
	Dale Stolzenberg	Assistant Director of Transformation (In-Part for item 5.5)
	Sarah Mills	Head of Regional Commissioning (In-Part for item 6.1)
	Julia Wilkinson	Clinical Service Group Manager (In-Part for item 5.2)
	Cally Hamblyn	Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance
	Tyler Lewis	Corporate Governance Officer & Committee Secretariat
Observing	Carly Hallam	Planning Assistant
	Hannah Jones	Audit Wales

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	K. Palmer welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee 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 were received from: • Matt Jenkins, Integrated Services Director CTM Regional Partnership Board • Gethin Hughes, Chief Operating Officer • Sarah Bradley, Service Director for Primary Care & Community
1.3	Declarations of Interest
	N. Mesher declared for the record, that a note existed in the minutes of the Extra Ordinary meeting held in March 2025 that focused on digital pathology. N. Mesher confirmed that he had acted as an advisor to one of the suppliers in that sector.
2.	CONSENT AGENDA BUSINESS
2.1	K. Palmer reminded Members that the agenda had been reformatted to include Consent Agenda items at the end of the agenda and asked if there were any items from the Consent Agenda (Item 8) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.
3.	PART 3 - COMMITTEE GOVERNANCE ARRANGEMENTS
3.1	Action Log
	K. Palmer noted that the Committee had been asked to review the action log and confirm that they had received sufficient assurance to approve the closure of the actions proposed for completion.
Resolution	Members were happy to accept and close the actions on the action log
3.2	Matters Arising Not Captured on the Action Log
	There were none.
4.	PART 4 - STRATEGIC RISK MANAGEMENT
4.1	Board Assurance Framework
	C Hamblyn presented the report and drew Member's attention to the recent Board Development Session held in May 2025 where a detailed review of the Strategic Risks escalated to the Board Assurance Framework (BAF) was undertaken. C. Hamblyn advised the Committee that the revised BAF capturing the changes agreed at the Session would be received by the Board in July 2025 as appropriate as it was currently still in development. However, she advised that Appendix 1 attached to the report articulated the Strategic Risks agreed by the Board.

Resolution:	The Committee NOTED the report.
Action	No action identified.
PART 5 - OUR MODELS OF CARE	
5.1	Mental Health Transformation Programme
	C. Williams presented the Mental Health Transformation Programme, highlighting the extensive improvement works in the Mental Health services within CTMUHB and alignment with the CTM2030 Strategy, the Cabinet Secretary Strategic Priorities and the Strategic Programme for Mental Health in NHS Wales. Members noted the overall strategic aim to provide a seamless Mental Health Service, which is patient centred, needs led and guided to the right support first time without delay. The Committee were also assured of the leadership within the Care Group and the "One CTM" approach. K. Palmer expressed her support for the Mental Health Transformation Programme and the "One CTM" approach and invited C. Williams to return to the Committee in six months to provide a further update on the transformation programme. P. Daniels highlighted the importance of parity between mental and physical health and the ongoing public health mental health needs assessment. L. Edwards praised the leadership team's understanding of the challenges and their direction of travel. N. Mesher enquired about the funding for the programme, and C. Williams confirmed the tight financial constraints and the need for careful prioritisation. S. May provided additional context on the financial position and the challenges of securing capital funding. C. Thompson welcomed the ongoing work and enquired which elements of the programme were most critical and likely to have the highest impact. In response, C. Williams indicated that the Community Mental Health Teams (CMHT) were anticipated to have a significant effect, particularly regarding timely access, pathway development and shared understanding. Additionally, C. Williams noted the importance of building the case for a single patient model, outlining what this should look like as opportunities arose, and emphasised that the foundation and planning for this model had been set for the coming year.
Resolution:	The Committee NOTED the report.
Action:	Provide a comprehensive update on the Mental Health Transformation Programme at a future Committee meeting - to be added to the Forward Work Plan.
5.2	Enhanced Community Care Service Update
	J. Wilkinson provided an update on the Hospital at Home Service, detailing the integration of community health teams, the phases of delivery, and the progress made in reducing discharge delays and recruiting staff. It was noted



	that Hospital@Home will enhance pathways of multi-disciplinary community care in line with national standards and guidance. C. Donoghue sought to understand the risks associated with the programme, and J. Wilkinson identified the discharge model as a critical factor. C. Donoghue also emphasised the importance of evaluation and research; in response, J. Wilkinson agreed that undertaking a research project would be valuable and that she would link in with the Health Board's Research & Development function S. May queried the number of staff deployed, J. Wilkinson confirmed that 25 out of 47 recruited Health Care Assistants were currently deployed in teams. S. Morris addressed the potential advantages of telehealth and the Doccla system. J. Wilkinson indicated an interest in expanding the current model, noting that, at that time, the work stream was a relatively small pilot primarily focused on acute care. She further explained that as plans to develop hospital-at-home services progressed, there would be greater alignment with the clinical navigation hub, and there was a clear intention to integrate a telehealth model.
Resolution:	The Report was NOTED .
Action:	ECC to be added to the forward plan to have a 2-3-year vision update and how it correlates with the CTM2030 strategy.
5.3	Strategic Clinical Services Programme – Case for Change A. Ali presented the report that provided the Committee with detail on the expansion of the Acute Clinical Services Programme to include both acute and non-acute services, aiming to create a sustainable, future-ready model of care across primary, community, and acute services. C. Donoghue raised questions regarding the equality impact assessment and governance framework, to which A. Ali confirmed that these matters would be addressed in the updated plan. Additionally, C. Donoghue noted an error within the document on page 1 under update 'Summary' – For Committee Members; A. Ali acknowledged this and agreed to update and resend the revised copy to members. D. Jouvenat recommended referencing service changes and clarifying how good practices will continue to be included in the plan. She emphasised the importance of retaining effective current practices within the plan, and A. Ali confirmed that existing successful models would be incorporated. C. Thompson highlighted the importance of the Care Groups as the key delivery mechanism for the plan, and that the mechanism for <i>deployment</i> of the CTM strategy through the organisation was one of her key considerations. A. Ali indicated that there was an intention to build upon existing structures and ensure that those responsible for implementation were appropriately engaged. K. Palmer welcomed the expansion of the plan and sought clarification regarding whether the plan's name would be changed from Acute Clinical Service Plan to Strategic Clinical Service Plan, and A. Ali confirmed this was



	correct. V. Oxley confirmed in the comments that an update on the ongoing work would be brought to the Executive Management Board at the end of July, with a subsequent presentation to the full Board later in the year for approval.
Resolution:	The Committee NOTED the report.
Action:	- Rectify the error identified and resend the revised Acute Clinical Services Programme document to the Committee. - Provide an update on progress to the Executive Management Board at the end of July 2025 and present the revised plan to the full Board for approval later in the year.
5.4	Regional Partnership Agreement (RPA) for Services and Support for Older People, People Living with Frailty and Their Carers – Written Report V. Oxley presented the RPA for integrated support for older people and people living with frailty, highlighting the actions and milestones agreed with local authorities to improve continuity and coordination of care. C. Donoghue acknowledged the significant amount of time this would have taken to develop the agreement, welcomed the inclusion of measures, and stressed the need for Welsh Government action to streamline the approach to enable effective and efficient collaboration between organisations. She suggested providing feedback on these challenges. V. Oxley explained that, with respect to section 33, this legal framework allowed for collaboration with local authorities. She stated that the approach was different from standard practice, with one agreement being implemented across all four organisations instead of between a single health board and a single local authority. She indicated that this approach extended beyond the current system and that feedback on it had been submitted to the Welsh Government. Additionally, she noted that this was the first area in Wales to implement such an agreement. K. Palmer asked about the significance of establishing trust among various parties, stating that although legal documents set a framework, collaboration depended on relationships. She also sought assurance as to how service equity across CTM could be maintained since each local authority functions differently. V. Oxley explained that the regional Section 33 agreement aims to support service equity across varied local authorities. While current service levels differ, this agreement is expected to promote consistency and equitable support throughout the region. In concluding the item, the Committee recognised the significant amount of work by CTM and its partners to drive this activity forward and noted the collaboration with partners in developing the RPA, the purpose and intended outcome measures and how it will facilitate and better enable joint working and more equity of services across CTM.
Resolution:	The Committee NOTED the progress made and ENDORSED to the Public Board for APPROVAL in July 2025.

Action:	No actions identified.
5.5	Maesteg Community Hospital Development
	D. Stolzenberg provided an update which outlined the ongoing assessment of options to deliver a health and wellbeing centre in Llynfi Valley. The detailed timeline and next steps were noted, recognising the significant amount of activity underway, including the ongoing design process, the financial position, the robust engagement activity and the development of a Business Case to secure funding. D. Stolzenberg stated that a review of financial and site options for Maesteg Hospital had been completed. Redeveloping the existing site was estimated to have cost between £44–£48 million, while relocating most services to Ewenny Road was expected to cost approximately £35 million, with efforts having been made to further reduce costs. He indicated that community feedback had generally been positive around service relocation and the preservation of historic features. Additionally, he advised that Royal Institute of British Architects (RIBA) Stage 1 had been expected to be completed and costed by November, allowing for a direct comparison of options. Further he noted, the business case had been scheduled to be submitted to the Welsh Government in June 2026. S. May provided an update on the funding challenges associated with the shared health and care facility. She clarified that available funds could not be allocated to bedded care, which consequently impacted the overall project scope. Further noting, given the ongoing disparity between available resources and projected costs, the Health Board addressed this issue through a fees letter designed to clarify and explicitly state the total project cost. S. May emphasised that it was important to keep the committee informed as the project advanced. K. Palmer emphasised the importance of aligning the new site with the CTM 2030 strategy and requested that further updates be brought to future committee meetings which included this context. D. Stolzenberg agreed with this approach and confirmed their willingness to provide additional updates to the Committee as progress continued.
Resolution:	The report was NOTED .
Action:	Provide progress updates on the Maesteg Community Hospital development, including funding, feasibility, and strategy alignment, at future Committee meetings.
5.6	Llantrisant Health Park (LHP) Business Case – Verbal Update
	V. Oxley gave a verbal update on the Llantrisant Health Park business and the Committee noted the following points: • Demolition work is ongoing at the LHP site. • A recent assurance process highlighted the need for further work on demand and capacity modelling, workforce models, and revenue costs. • The timeline for the Outline Business Case (OBC) has been adjusted, aiming for an updated OBC by July 2025. However, discussions are ongoing with Welsh Government to consider a phased approach to

	enable work to commence sooner while allowing time for necessary work and affordability assessments. The outcome of these discussion will follow in the next few weeks. V. Oxley further highlighted the potential for a phased approach, which would have enabled work to begin on site while addressing affordability concerns. It was noted that a meeting with Executives had been scheduled to further discuss this proposed phased approach.
Resolution:	The report was NOTED .
Action:	The Committee requested further updates on the Business Case to be provided at future Committee Meetings.
5.	PART 6 – OUR POPULATION / WORKING WITH OTHERS
6.1	Regional Partnership Update 2024/25
	S. Mills provided an update on the Regional Partnership Board, covering the end-of-year position, the successful spending of the Regional Integration Fund, and the ongoing work to improve reporting and collaboration with local authorities. K. Palmer expressed interest in how the integration efforts had contributed to the CTM 2030 strategy and outcomes. She noted the importance of not only reflecting on past achievements but also maintaining a forward-looking perspective, considering the substantial funding managed by the Regional Partnership Board. K. Palmer had indicated interest in future planning and the ongoing impact of these initiatives. In response, S Mills agreed to provide a forward look in future reports.
Resolution:	The Committee NOTED the report.
Action:	To include a forward-looking section in future Regional Partnership Board reports, detailing planned initiatives and anticipated outcomes.
6.2	Creating Health Highlight Report
	P. Daniels presented the Creating Health Highlight Report, emphasising the progress made in increasing healthy life expectancy, reducing inequalities, and supporting the mental health and well-being of the population.
Resolution:	The Committee NOTED the report
Action:	No actions were identified.
6.3	Health Protection System Update
	P Daniels highlighted the following developments in relation to the Health Protection System: • The funding available for Health Protection. • Strong performance in blood-borne virus screening in prisons, with nearly 100% testing. • Development of pathways for high consequence infectious diseases. • Preparation for Exercise Pegasus, a Four Nations pandemic exercise.

	Improved capacity to handle any potential new pandemics or novel pathogens C. Donoghue commended the work that had been done at HM Park regarding Blood Borne virus screening, and particularly the hepatitis immunisation. K. Palmer emphasised the need to define future goals, suggesting that setting long-term aspirations would benefit future discussions. P. Daniels agreed to revisit particularly concerning areas such as community infection prevention and control, and microbiology, and highlighted how these aspects intersected with other parts of the health system.
Resolution:	The Committee NOTED the report
Action:	Executive Director of Public Health to consider future goals and longer-term aspirations
6.4	CTM Area Planning Board – Highlight Report
	P. Daniels provided an update on the CTM Area Planning Board, discussing the challenges in addressing substance use, the recommissioning of services, and the need for difficult decisions regarding budget allocation and treatment options. K. Palmer raised a query regarding integration with the Mental Health Transformation Programme, enquiring how the Area Planning Board had addressed underlying causes and supported the health needs of the younger population. K. Palmer also noted issues surrounding medication cessation required further attention, and expressed concern about the seriousness of the situation, emphasising the need for closer examination. In response, P. Daniels agreed and indicated willingness to continue the discussion outside the meeting to provide additional detail.
Resolution:	The Committee NOTED the report
Action:	K. Palmer (Committee Chair), Executive Director of Public Health and Chief Operating to arrange a separate meeting to explore integration opportunities with the mental health transformation programme, focusing on approaches to address underlying causes and better support the health needs of younger populations.
6.5	CTM Public Service Board (PSB) Update
	P. Daniels presented the report that provided the Committee with an update of the current activities of the PSB against its Wellbeing Plan following its meeting in June 2025. It was noted that there is a current review of PSBs underway by Welsh Government. Further, P. Daniels advised Members to review the Draft Annual Report from the Public Service Board, however subsequent to the Committee meeting it has been noted that the report is not yet available and was therefore not shared in the papers.

	P Daniels further commented that he plans to attend The Equality and Social Justice Committee within Welsh Government Committee to discuss the Public Service Board's effectiveness, noting ongoing concerns and overlap with other initiatives.
Resolution:	The Committee NOTED the report
Action:	Circulate the final approved Public Service Board Annual Report to Committee Members once received
6.6	Strategic Equality Plan 2024-2025
	H. Daniel provided an update on the Strategic Equality Plan, mentioning the ongoing review of operational actions, the need for a more focused approach to equality, diversity, and inclusion, and the plan to include a dedicated session in the Board Development Programme to reiterate role of the Board in this area. D. Jouvenat praised the clarity of the information provided. K. Palmer requested that the Committee take a forward-looking approach, focusing on trends and improvements over time and considering the plan's effect on achieving strategic objectives. K. Palmer also indicated the need to both review progress so far and evaluate the potential impact of the plan going forward. H. Daniel noted that, at this time, there are several initiatives in progress where a more defined direction of travel is needed. He emphasised the need to clarify overall objectives and to establish measures for evaluating progress over time. C. Thompson queried how the Board would assess progress and clarify its specific responsibilities concerning the Strategic Equality Plan. C. Thompson also requested information on the required actions for Board Members, suggesting that these topics be discussed in a future Board Development Session. H. Daniel reiterated the plan to organise a specific Board Development Session for the Strategic Equality Plan which would capture and address the points raised by Members in terms of role definition.
Resolution:	The Committee NOTED the report
Action:	People Directorate to link in with Corporate Governance to plan a Board Development Session specifically on the SEP
6.	PART 7 – OUR COMMITMENT TO SUSTAINING OUR FUTURE
7.1	Financial Position Update
	S. May provided an update on the financial position, noting the challenges of delivering the financial plan and the impact of additional pressures such as pay awards, Employer's National Insurance funding and changes in the Welsh Risk Pool profile of settlements.



	K. Palmer discussed potential future expenditures and what topics would be valuable for discussion at upcoming Strategic Development Committee meetings. S. May indicated that benchmarking data and historical information on the allocation of funds would begin to be shared, with plans to outline these details in a report for the next meeting.
Resolution:	The Committee NOTED the update.
Action:	S. May to prepare and share a benchmarking report and historical funding allocation data for discussion at the next Strategic Development Committee meeting.
7.2	People / Workforce Plans (Verbal Update)
	H. Jones provided a verbal update on the People Plan, highlighting its recent launch, the positive initial reactions, the planned manager briefings, and the focus on delivering the priorities and actions set out in the plan. K. Palmer noted that significant progress had been made and expressed appreciation for the recent launch of the People Plan. K. Palmer acknowledged the considerable effort invested in the plan and extended thanks to H. Daniel, H. Jones and their team for their hard work.
Resolution:	The Committee NOTED the update
Action:	No actions were identified.
7.3	Digital & Data Strategy Progress and Plan
	S. Morris presented the Digital and Data Strategy progress, discussing the national priorities set by Welsh Government, the key delivery projects, and the need for a strategic approach to integrating technology into healthcare delivery. S. Morris provided an update on the development of an AI policy, referencing the Welsh Government's regulatory advancements and emphasising the importance of clinicians reviewing algorithm outputs. He indicated that technology is intended to support staff and proposed addressing this topic during Board Development sessions and with the Executive Team. N. Mesher added that care delivery methods must adapt alongside technological advances. A. Ali asked how digital innovations would be integrated into new service models under the Clinical Service Plan. He emphasised the importance of making digital components central to the process and raised concerns about supporting these changes amid current workload demands. In response, S. Morris emphasised the need to prioritise digital developments, address foundational issues, and update outdated technologies. He also highlighted the importance of organising core applications to meet future demands. C. Thompson affirmed alignment between the digital strategic plan and broader strategy, stressing the need for a clear deployment plan and joint progress. H. Daniel noted that key changes were being adopted across the Health Board and that workforce planning and skills development would be addressed within



	the people strategy. He expressed support for working with the Digital Team to implement these aspects. In concluding the item, members appreciated the future forward digital look and noted the importance of the health care system maintaining momentum with technological advancements and the importance of a 360-degree view on healthcare delivery was emphasised. The need to integrate digital innovations into new services models was noted along with the recognition of the importance of strategic intent and making difficult decisions around prioritisation.
Resolution:	The Committee NOTED the update.
Action:	No actions were identified.
7.	PART 8 - CONSENT AGENDA
8.1	ITEMS FOR APPROVAL
8.1.1	Unconfirmed minutes of the Extra Ordinary Meeting held on 13th March 2025 The Minutes were APPROVED.
8.1.2.	Unconfirmed minutes of the Meeting held on 3 April 2025 The Minutes were APPROVED.
8.1.3.	Unconfirmed In-Committee minutes of the Meeting held on 3 April 2025 The Minutes were APPROVED.
8.2	FOR NOTING
8.2.1	Committee Annual Cycle of Business The Cycle of Business was NOTED.
8.2.2	Committee Forward Work Plan The Forward Work Plan was NOTED.
8.	PART 9 – CLOSE OUT BUSINESS
9.1	Any Other Business
	There was no other business to report on this occasion.
9.2	Committee Highlight Report to Board
	The Committee Chair noted that the Assistant Director of Governance & Risk had helpfully identified some potential areas for inclusion within the Committee Highlight Report which would be circulated for further consideration outside the meeting in readiness for submission to Board.
9.3	Meeting Feedback
	K. Palmer encouraged members to provide feedback during the meeting or at a later time if they wished. Suggestions were raised; • Incorporate additional breaks into the agenda. • Evaluate the agenda layout for use in upcoming meetings.
10.	PART 10 - PRIVATE / CLOSED SESSION BUSINESS
	There were no items to discuss within a closed session on this occasion.
11.	Date and Time of Next meeting: 1st October 2025 at 13:00pm.

8.2.1	1 October 2025	Strategic Development Committee	Strategy Team Update

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Marie Evans, Leanne Bayliss, Zoe Silsbury, Elle McNeil, Lucy Smothers, Sian Watkins, Heather Smith, Paul Williams ,Kevin Duff, Raja Biswas, Rhian Webber
Presented By:	Claire Thompson, Executive Director of Strategy & Transformation
Approving Executive Sponsor:	Claire Thompson, Executive Director of Strategy & Transformation
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	The work undertaken under this portfolio supports improvements under these areas
Related Health and Care Standard	Leadership
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No: This will be done per project as appropriate
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes There are financial and workforce implications for the different projects – this will be detailed within the updates as appropriate
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health



Adulthood/Living Well Strategy Group Update: Q2 2025/2026 (September update)

Authors:

Zoe Silsbury

Marie Evans

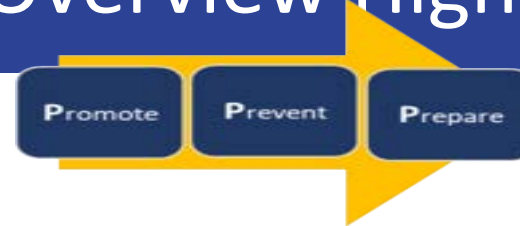
Leanne Baylis



Adulthood/Living Well: Progress Overview Highlights:



3Ps



- Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in the number of people waiting for review and/or start of their treatment. The Promote, Prevent, Prepare (3P's) policy was instigated and funded by Welsh Government to support the provision of holistic, person-centred support whilst waiting for treatment. Quarterly monitoring meetings with Welsh Government are in place and monthly progress reports submitted to demonstrate progress at pace. Key areas of progress is as follows:
 - Communication & Engagement plan developed
 - Improved communication between KITT, WISE and third sector through CVCs with an increase in referrals
 - Training plans for KITT and escalation nurse to support MECC and HMQ
 - Additional Waiting well booklets ordered, with approx. 40-50 issued monthly following telephone conversation with KITT
 - Deployed B5 pre-assessment nurse funded by 3Ps contacting patients with 'stopped clocks' on waiting lists to see how they can be optimised / progressed through pathway whilst waiting.
 - Band 4 GTAP (Generic Therapies Assistant Practitioner) enabling prehabilitation service to open out to high risk non-cancer colorectal patients. Service going through change in structure due to staffing changes however this remains a priority. Exploring the evidence for high-impact for next area of roll-out.
 - Roll out plan - KITT support being explored with stage 4 patients across op teams



SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in the number of people waiting for review and/or start of their treatment. Now an urgent need to deliver on the long term ambition to move away from passive term waiting list to a proactive preparation list that will provide effective and timely information and communication with patient regarding their care pathway, provide holistic, person-centred support to those waiting in terms of maximising their health and well-being, providing support for better self management whilst waiting and supporting people to prepare for surgery/treatment.

OVERALL RAG



STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update
Governance	- Delivery Review Meeting held with WG on 17th July 2025, WG concern high volume of calls compared to other HB, length of calls, numbers signposted as a direct correlation. Noted 3Ps is not a validation service. WG reassured re: amount of work ongoing to roll out a “keeping well” service e.g extended call handler script, high volume of leaflets, hits on website etc. 3Ps Delivery Plan for 2025/26 submitted to WG on 31st January 2025 – Project Plan, priorities, outlining areas for spend – ongoing monitoring against this plan by WG.
WG Reporting	- New reporting template issued by Welsh Government from October 2024. The purpose of this pro forma is to provide a monthly report relating to the 3Ps Waiting Well single point of contact service activity, to capture high level data and outcomes (slide 2). - This quantitative data monitor the progress of the service roll-out and inform the development of the patient level dataset - New quarterly reporting template issued 1st April 2025, progress detailed in Slide 6.
Single Point of Contact (SPOC)	- Training plan implemented for all staff in post which includes MECC level 2 training. National mop up SPOC training sessions held in June 2025 involving CTM staff - Stage 1 patients being contacted as priority areas, reviewed and identified by RTT waiting times. (Dermatology & ENT) - Stage 4 patients - KITT support offer being explored with stage 4 patients across op teams - Further develop communication and process between the e clinical escalation nurse and KITT required. Band 5 preassessment nurse contacting patient’s with “stopped clocks” on waiting lists to see how we can progress them through pathway/optmise while waiting. Spreadsheet kept of all patients contacted. - Development of Waiting Well Landing Page – launched in January 2025. (See usage figures on separate slide) - Additional Keeping Me Well booklets to be ordered due to high numbers of patients requesting them. - CTM VBHC Team will provide - SPOC training for use of the PROMPTLY system and use of a team manual for implementation, collecting responses, analysing and reporting. Still awaiting WG roll-out considering the use of a local PREM.
Update from Workstreams	- Partnership Working - Referral pathway developed and implemented to facilitate supported access and information on local community services and activities - Communication – Comms & Engagement plan developed. Improved communication between KITT and WISE with an increase in referrals to WISE direct from KITT - Pre-habilitation - Band 4 GTAP (Generic Therapies Assistant Practitioner) now in post to enable prehabilitation service to open out to high risk non-cancer colorectal patients; referral rates are low. Service going through change in structure due to staffing changes however this remains a priority. - Pre-assessment – Deployed B5 nurse funded by 3Ps contacting patients with ‘stopped clocks’ on waiting lists to see how they can be optimised / progressed through pathway whilst waiting. - Benefits realisation 2 workshops undertaken January and April 2025; relevant benefit measures matrix agreed with aim to develop a data dashboard. - Webpage: Keeping Me Well website still being considered by Therapies. - Further work required to improve the amount of patients taking up the offer of signposting. - Joint Poster and presentation with 3rd sector at VBHC Showcase event September 2025.

KEY METRICS:

- SPOC Aggregate report
- SPOC Quarterly reports (Introduced April 2025)
- PROMS / PREMS when in place
- Data dashboard / Benefit realisation under development

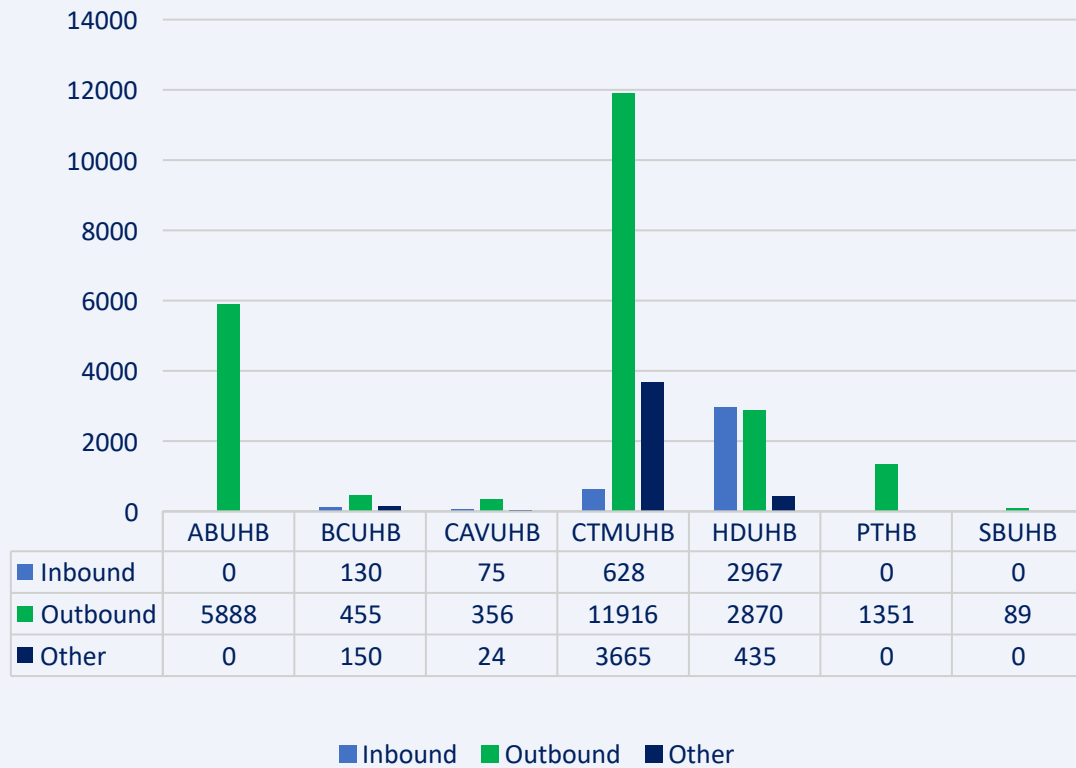
RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Fixed Term Funding	WG funding ceased March 2026 HB to consider future funding of service	
Retention of staff (KITT TEAM)	External candidates to the NHS, impact on training and induction, high turnover of staff due to the fixed term nature of the funding.	

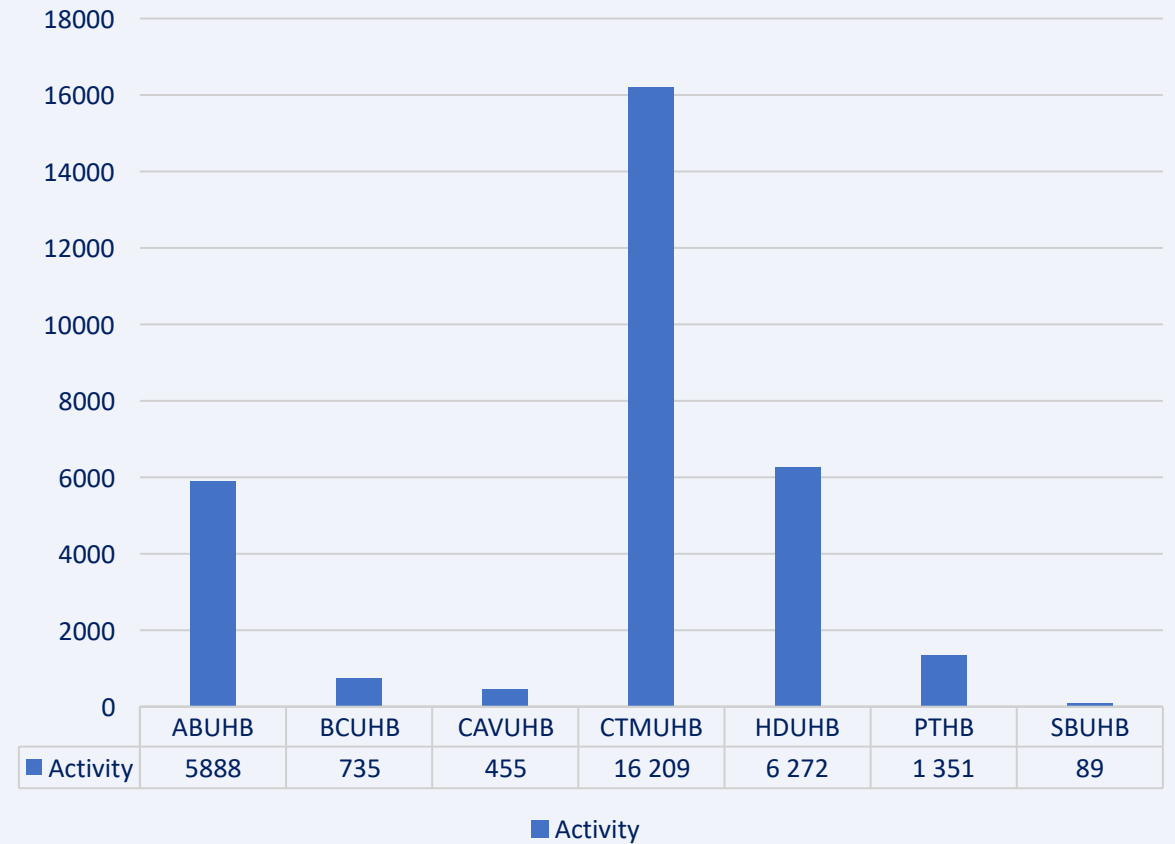
ESCALATIONS/ DECISIONS TO BOARD: There are Executive level discussion ongoing with regards to what a future service model could look like for CTMUHB.

Activity in comparison to other HBs

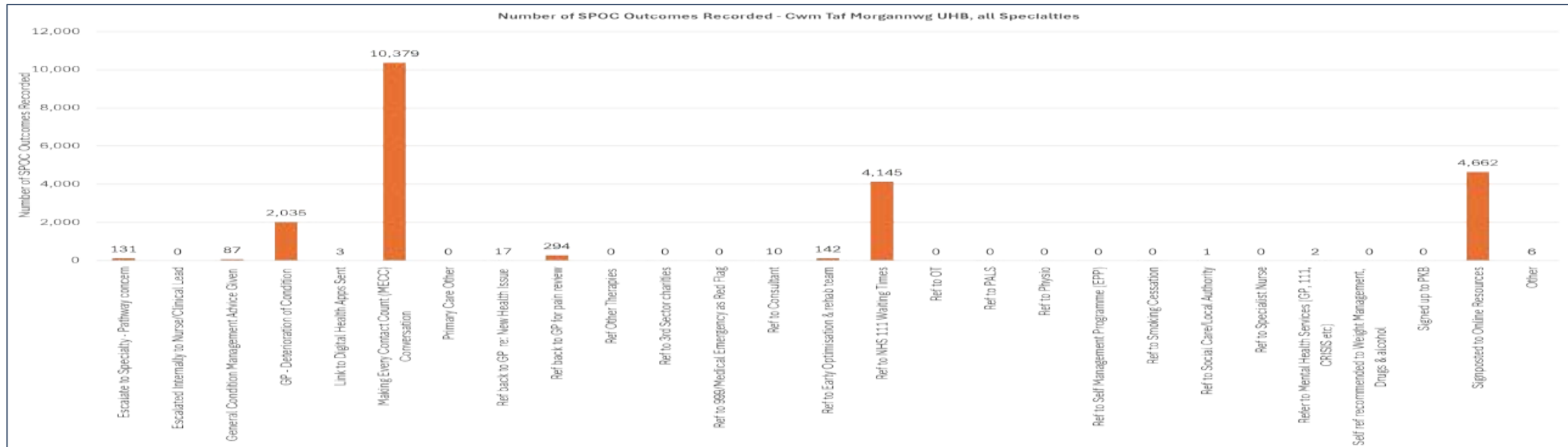
Cumulative activity by health board by mode of contact (all specialties)



Cumulative activity by health board (all modes, all specialties)



Outcomes/Signposting



- The main focus reported was in **dermatology, ENT, gastroenterology, orthopaedics** and **urology**.
- A total of **21,888** outcomes were recorded following **16,209** contacts between September 2024 and March 2025. This is significantly higher when compared with other health boards. This is an average of **1.4** outcomes per contact.
- Outcomes reported were mainly MECC conversation, refer back to GP for condition or pain review, signpost to NHS 111 waiting times information and signpost to online resources. A small number (**142**) were referred to pre-optimisation or healthy lifestyle advice provided (**87**). It would be expected that a wider range of outcomes would be reported with this number of contacts.

Agreed milestones		Progress (Please indicate actions required if not delivered)
Q1	All funded staff in post.	All staff in post
Q1-4	Submit SPOC monthly activity and outcomes aggregate pro forma to WG in line with identified schedule	Completed
Q1	Co-ordinate the work of the KITT Team and the Escalation Nurse	KITT in contact and have received report for last month on contacts that fall under waiting well, combined with KITT team report into WG. Meeting being arranged pending availability for teams to virtually meet and agree escalation routes for stage 4/ any potential stage 1 if suitable.
Q1	Continue with roll out plan to further clinical specialties for stage 1 and stage 4 patients on waiting lists	Email sent out to Directorate Management with majority of positive responses. Plans for Matt to link with them on roll out plans including stage 4
Q1	Evaluate utility for development of directory of services used by SPOC	Data collated
Q1	Continue to engage on 3Ps at a wide range of community groups and networks	2 workshops and email communication to agree referral to CVCs. Referral links established and in place. Taking comms of 3P's to Community Leaders Event in July.
Q1	Seek agreement from therapies to plan longer term prehabilitation service delivery	No agreement from therapies for longer term non-cancer prehab service delivery. Continuing to explore. ZS to meet LHP co-ordinators to link with T&O plans
Q1	Expand <u>prehabilitation</u> service to include non-cancer surgical patients	Expanded to non-cancer colorectal patients
Q2	Continue with roll out plan to further clinical specialties for stage 1 and stage 4 patients on waiting lists	Please list specialties – ENT, Urology, T&O, Gynae discussions ongoing to roll out.
Q2	Following WISE service review continue to refer and monitor uptake of service	19 referrals 0 attended courses to date since May 2025

Month	Total Referrals	Booked	Attended	Discharge	Comments
April					
May	3	1			
June	20	3		5	D/C's due to patients not being interested
July	23	1		5	D/C's due to patients not being interested
August	25	1		3	D/C's due to patients just requiring updates, previously attended similar courses or personal circumstances

WISE referrals

- Following introductions and collaborative sessions between the KITT and WISE there has been an increase in referrals to WISE.
- Next steps are to explore opportunities to increase conversion rates from referral to booking onto a course.

3Ps Waiting Well Landing Page

- <https://ctmuhb.nhs.wales/patient-advice/waiting-well/>

Views in last 12 months (As of 31/8/2025):

- **Waiting Well- 894**
- 574 users
- Average views per user 1.56
- **Average time spent per user 1 minute 03 seconds**
 - **Aros yn lach - 4**
 - Information on carers support - 224
 - **General information - 25**
 - **Keeping active - 18**
 - **Stopping smoking - 13**
 - **Eating well - 16**
 - **Reducing alcohol intake - 13**
 - **Mental health and wellbeing - 27**
 - **Lifestyle changes and coping with pain - 15**
 - **Services charter - 25**
 - PROMS and PREMS - 60
 - SOS - 289
 - Prehab - 213
 - WISE - 2013





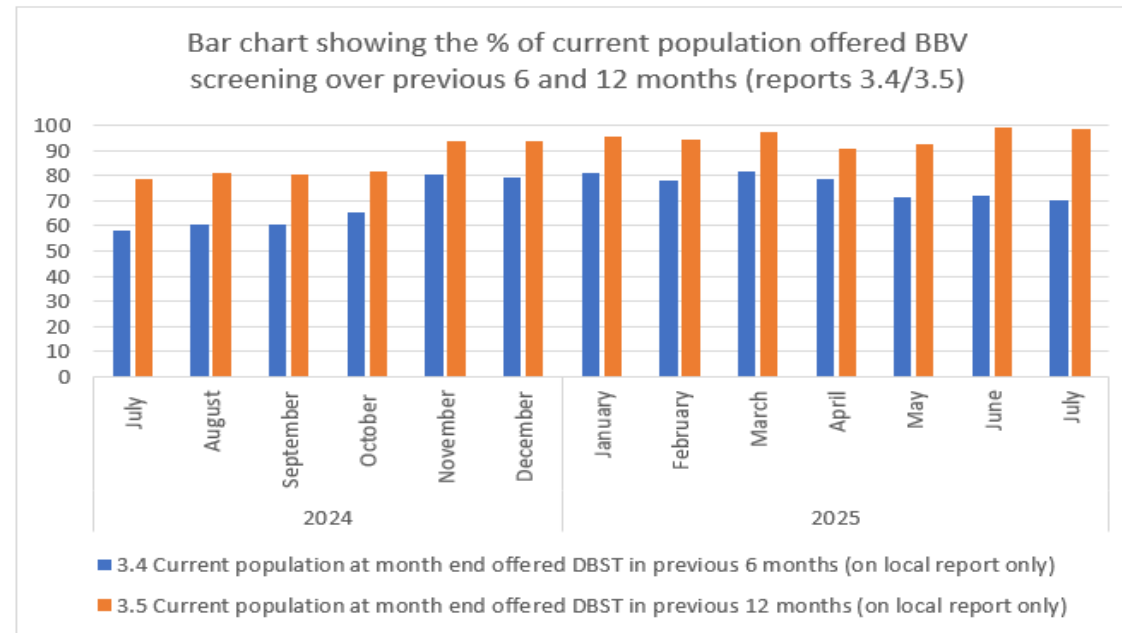
Hepatitis Elimination in Parc Prison



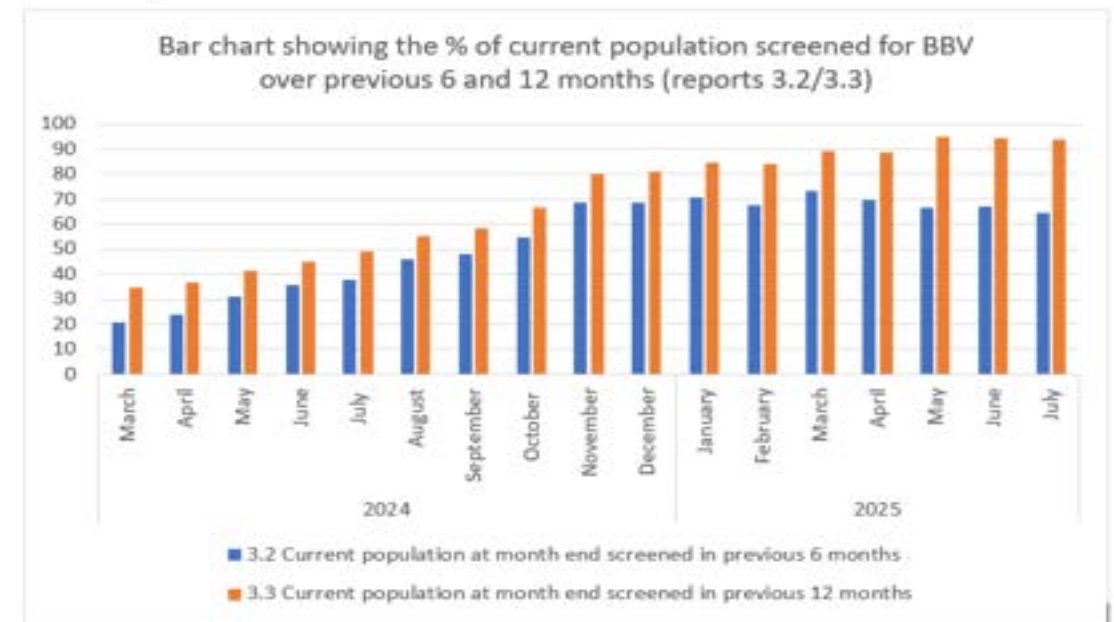
HMP Parc – Improvement in level of testing, data from July shows **99% of men were offered a test** in the previous 12 months (target for elimination 100%) and **93.6% of men had taken up that offer and been screened** in the previous 12 months (target 90%). Phenomenal achievement, demonstrating hard work and commitment of prison staff and our partners. This was the highest level recorded across Wales.

Offer of BBV test over previous (6 and 12 months) (aiming for 100% over 12 months)

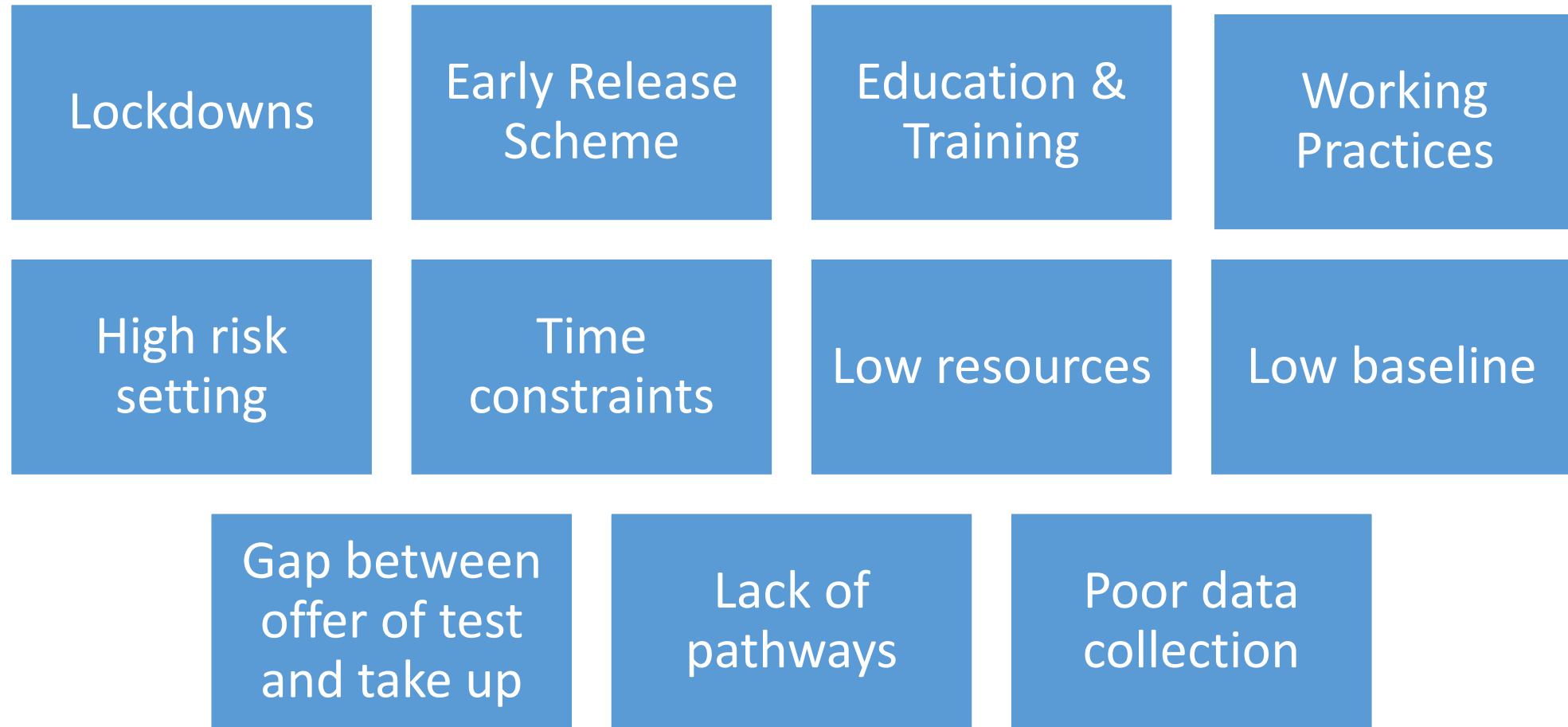
This is a new report hence data is only available since July 2024.



Uptake of testing from the whole population over previous 6 and 12 months (aiming for 90% over 12 months)



Challenges / Barriers





Adulthood/Living Well



What did we do:-

- SystmOne used for **real-time data** on testing levels – establishing a baseline and regularly reporting for offer, uptake and decline of testing is driving service improvement. Improving data quality and data completeness.
- Development of the admissions team and pathways for testing at the time of admission
- **Targeted intervention** - dedicated sessions for prisoners who needed 12-month review tests and prisoners who had previously declined
- Roll out of an ongoing **education programme** to increase awareness around Hepatitis and Liver health
- Implemented prison **Peer programme** working in partnership with Hepatitis C Trust
- Dedicated room now allocated to BBV nurse to undertake weekly clinics with privacy
- “Your Health Matters” Focus Group was undertaken by Prison Peers - **a service user approach** to improving Hepatitis screening & treatment at HMP Parc
- **Prisoner poster competition** coordinated by Hep C trust funded by VBHC to increase awareness
- **Process Mapping** undertaken on time to diagnosis to start of treatment with pathway improvement work underway

Next Steps : to share learning, continued collaboration with partners, Improvement of treatment times and development of pathway, Achieve micro-elimination, more focus on Hepatitis B vaccination rates.

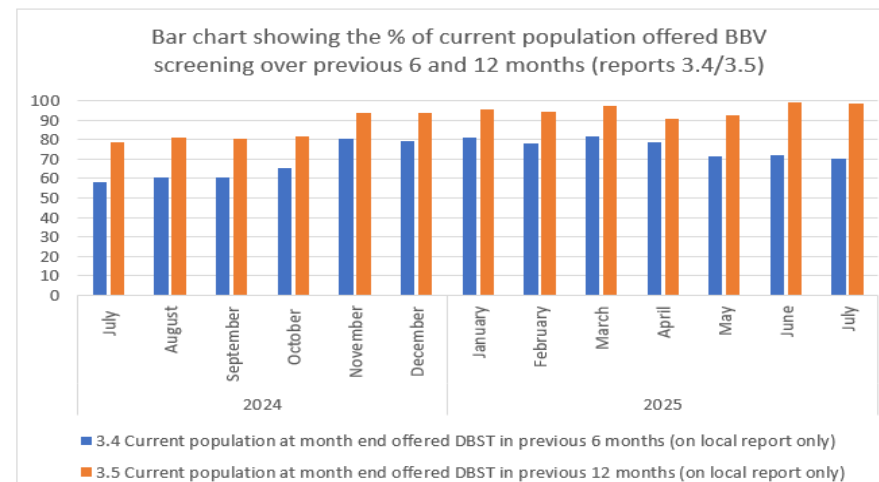
STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Working with Parc Prison	- The rate of Hep C testing has increased significantly in HMP Parc from 34% in March 2024 to 93.6% at the end of July 2025, with 99% of men in the prison having being offered a test within the last 12 months. Work continues to meet the targets of 90% receiving a test and 100% having being offered the test. The July figures were the highest in Wales. - Deep dive into prison population length of stay activity data is now complete, which will drive priority areas of work e.g. treatment stock, treatment times, focus on 12 month reviews. 78% of men stay less than a year in Parc, total population 18,000 so approx. 20% of those to have 12 months review which is significant but less than envisaged. High turnover of men prioritises quicker treatment times and tracking for release or transfer. - Successful business case developed for 1 year funding from Health Protection Slippage for Hep C Trust to continue to provide support in Parc Prison. Service specification and Service Level agreement noting key deliverables developed and signed off. - Hepatitis B Task & Finish Group established, G4RS have now accepted responsibility for vaccines of staff and are working with occupational health providers. This has been prioritised and discussed at Prison Partnership Board. Considering business case proposal for health protection slippage, to increase Hep B vaccines for men within the prison during September 2025. - Working with Public Health Team -MECC training offer opened to HMP Parc / Peers which will also meet the broader health agenda. Links to book Levels 1 & 2 re-send in August 2025. - HMP Parc improvement work to be presented at VBHC event in September 2025. This will include poster presentations and peer video. - Parc Prison taking forward work to expand and develop the Admissions Health Care Team, first prison in Wales to do so, which will include the testing on entry as well as duration of sentence – 2 additional posts have been recruited to, 1 commenced and 1 awaiting start date. - Hepatitis C Trust activity for World Hep Dau – 3 awareness days, art and fitness competition, Parc had runner up for national creative writing competition.	

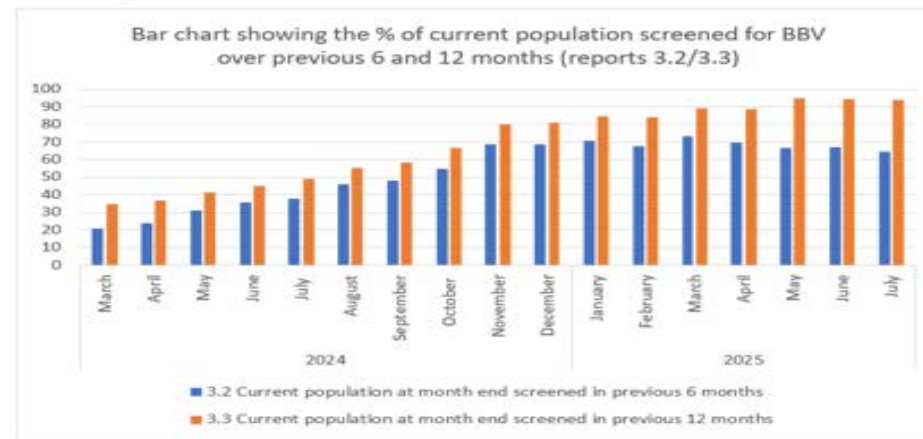
KEY METRICS -WHO progress to elimination targets:100% of prison population being offered a test, 90% of those being tested, 90% of those diagnosed being treated.

Offer of BBV test over previous (6 and 12 months) (aiming for 100% over 12 months)

This is a new report hence data is only available since July 2024.



Uptake of testing from the whole population over previous 6 and 12 months (aiming for 90% over 12 months)





Hepatitis Elimination – Hepatitis C Trust

- The Hepatitis C Trust's (HCT) prison Peer Programme was officially launched in 2018 after a successful pilot to address the lack of engagement of new inmates in BBV reception testing across the London Prison estate in 2017. It was subsequently commissioned and implemented nationally, in 2019, the programme became part of the NHS Elimination Programme.
- The aim of this service to have the assistance and expertise of the Hepatitis C Trust's evidence based Peer Support Programme which will have a positive impact on education, numbers of test, treatments and reduced 'declines' which will assist CTM in striving toward elimination status within Parc Prison
- Business case developed for 1 year funding from Health Protection Slippage for Hep C Trust to continue to provide support in Parc Prison. Business case successful, service specification and Service Level agreement noting key deliverables developed and signed off. Work this year includes:-
 - Trained 11 peers in HMP Par across 4 wings, with a focus on substance misuse wings and working closely with Dyfodol.
 - Run patient focus groups, got 50 questionnaires completed which have been evaluated and used to develop improved pathways. Further work is required to evaluate further questionnaires and actions that need to be taken following feedback received.
 - Completed Resistance and Reinfection training and planned broader training with the health board.
 - Supported 2 peer that got released into Hepatitis C Trust voluntary work.
 - Produced an article that got published for the peer program starting in Parc that went internal and external giving the prison a good news story and increased awareness of BBV.
 - Arranged for a peer from Parc Prison to do a live stream into the National Hepatitis conference, to share lived experience and the role of a Peer, audience was around 100 healthcare professionals.
 - World Hepatitis Day – events were held all through July with 4 days of testing, art competitions and international physical competition which ran in sync with 100 prisons globally.





Hepatitis Elimination

- **Probation HiTT** – 28k allocation from Health Protection underspend, HiTTs undertaken in Merthyr and Pontypridd PDU's, testing in Bridgend still ongoing. 1 more round of testing planned at each site by end of July 2025. To date 8 active Hep C infections found. 2 patients recalled to prison and treated, a further 6 patients have not received treatment due to DNA and No fixed abode. Patients referred into Hepatology MDT where contact can be made with GP etc. Formal evaluation planned following completion of the programme.
- **Treatment times** - Mapping undertaken on time from diagnosis to start of treatment (HMP Parc and DGHs) which highlighted unacceptable delays - Task & Finish groups meetings ongoing focussing on improvements in pharmacy, development of new pathway prioritising the prison and POW site which have the longest waits for treatment.
- **Maternity Workstream** – aim is to determine a process of testing for high risk patients and a pathway for mother and child with positive results. Initial focus on determining a baseline position - what information is already available and commence work on developing a pathway for mother and baby.

Hep B:

- The Hepatitis B vaccination uptake rate in children reaching their first birthday in 23/24 has been consistently above 95% and CTMUHB consistently has the highest vaccination rates across Wales each quarter. However, Hepatitis B vaccination uptake in at risk populations still need improvement.
- Hep B Workstream established, priority areas of work identified.



Feedback from WG -Hepatitis Elimination

- The Chair of the National Hepatitis Oversight Group wrote to the CTM DoPH on 4th August 2025 to provide feedback on our progress report submitted in June 2025. Comments included: *“we are encouraged by the progress you are making and would like to congratulate you on the great success seen with the rapid increase in testing in HMP Parc. I know that would have taken a lot of effort by a lot of people and everyone should be very proud of themselves”*. The oversight group noted our plan addressing the following key outcomes which are critical to achieving elimination:
 - Improved uptake of Hepatitis B Vaccine in children and at-risk adults.
 - More people identified through improved testing across a range of settings, with a focus on increasing testing in substance misuse services, community pharmacies, prison and probation services.
 - More people are successfully treated for hepatitis C and start treatment quickly.

Areas noted for further work are:

- Increasing the provision of needle and syringe programmes and testing in community pharmacies.

Date: September 2025

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

- A Welsh Health Circular was issued to Health Boards in January 2023 identifying actions needed to be taken to ensure progress on hepatitis B and C elimination across Wales. The Hepatitis B and C Elimination Programme Oversight Group has been established by Welsh Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) strategy. Within CTMUHB an Elimination of Hepatitis B and C Working Group has been established with a wide range of stakeholders such as Public Health Wales, APB, Hepatitis Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service.

OVERALL RAG



STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	
Governance	- Executive Lead, Clinical Lead and Project Manager in place. Multi-agency / professional steering group established and meetings held monthly supported by Adulthood Strategy group planning team. - A new 3 year delivery plan for 2024/25 was submitted by 30th May 2024. A project management approach has been implemented to ensure delivery and monitoring of the plan. Feedback letter on CTMs plan received August 2025 which highlighted many areas of positive progress and key areas to focus on going forward.	
Testing - Probation	- Developed good partnership working with probation service and a successful business case for Health Protection funding to complete mass testing within probation services across our health board areas. 28k allocation from Health Protection underspend, HiTTs undertaken in Merthyr and Pontypridd PDU's, testing in Bridgend still ongoing. 1 more round of testing planned at each site by end of July 2025. To date 8 active Hep C infections found. 2 patients recalled to prison and treated, a further 6 patients have not received treatment due to DNA and No fixed abode. Patients referred into Hepatology MDT where contact can be made with GP etc. Formal evaluation planned following completion of the programme.	
Testing	- Business case successful from health protection funds for liver disease roadshows which includes fibro scanning and BBV testing. - Maternity Workstream – 2 meetings held to date, aim is to determine a process of testing for high risk patients and a pathway for mother and child with positive results. Initial focus on determining a baseline position - what information is already available and commence work on developing a pathway - Re-engagement programme completed across CTM. 287 names identified across 3 sites. Health protection slippage funds supported overtime for BBV Nurse / admin to progress phase 2. - Whilst a specific task and finish group has been set up and priorities set for Hep B , needs further work to develop a robust process for vaccine availability, consider staffing/training for vaccine and roll out. - The Hepatitis B vaccination uptake rate in children reaching their first birthday in 23/24 has been consistently above 95% and CTMUHB consistently has the highest vaccination rates across Wales each quarter. However, Hepatitis B vaccination uptake in at risk populations still need improvement. - Testing ongoing in substance misuse services, partners working to improve testing rates, data collection and processes and pathways for testing. Data presented does show an increase in testing during 2024/2025 across services. Work is still ongoing to ensure data completeness. - CDAT - whilst testing has been improving there need to be a specific piece of work to monitor improvement and to work with 3rd sector. - World Liver Day 19th April 2025 Alcohol Care team who work closely with Hep Nurses have been promoted liver disease information more generally but also about the risks of hepatitis - World Hepatitis Day – comms circulation online, Barod held a specific event promoting testing, allocated vouchers as incentives.	
Treatment	- Mapping undertaken on time from diagnosis to start of treatment (HMP Parc and DGHs) which highlighted unacceptable delays - Task & Finish groups meetings ongoing focussing on improvements in pharmacy, development of new pathway prioritising the prison and POW site which have the longest waits for treatment. - Target for CTM is 135 people to receive treatment per annum – 47 hep C patient treated across CTM during 24/25.	
Data Improvement	Deep dive into prison population data is ongoing and will inform the wider programme of work such as treatment times, pharmacy processes and decisions around holding stock and the need for continued testing in probation	

RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	
KPI Substance	If KPI for SM are not achieved then there will be a lack of testing in this high risk group resulting in elevated levels of undetected Hep C Cases	
Treatment time pathway	Failure to improve treatment times then there is an increased risk of patient non-compliance and delayed patient treatment resulting in continued infection	
No funding stream for elimination strategy	Focus for implementation has been on doing more within existing resources.	

KEY METRICS

WHO progress to elimination targets:

ESCALATIONS/ DECISIONS TO BOARD:

None at present

Starting Well and Growing Well

Update: 2025/2026 Sept update

Authors:

Elle McNeil

Lucy Smothers

Sian Watkins



Work Programmes/ Activity	RAG	Early Years Transformation Programme (EYTP) PIR (Parent and Infant Relationship) regional service funding secured with appointment of psychology roles ongoing with service go-live anticipated spring 2026. Work ongoing with RPB to shape the regional pre-birth approach and community of practice. Baby & Toddler Voice Statements launched in CTMUHB in March has been long-listed for HSJ awards; Children's Rights group embedding B&T voice within Children's Rights approach and toolkit; ongoing raising awareness and understanding via PIR training calendar. Healthy Weight: work ongoing with public health to develop a road map to healthy weight across all ages for CTMUHB with focused activity in the children and young people's space. BCYP Steering group workstreams identified for priority action: 1st 1,000 days; review/ expansion of PIPYN; Family CYP weight management service development; improving transition of care between services; and supporting healthy weight in educational and pre-school settings. Family, children and young people's weight management service funding decision awaited following IMTP investment review. Adult Healthy Weight Steering Group: longer-term scoping plan developed inclusive of road map actions; developing CTM position on use of GLP-1 while awaiting WG position; Lvl2 digital offer to be procured and reviewed to understand impact on Lvl3 waiting list. Children's Rights - New governance structure established embedding Children's Rights into care group QPSE, increasing ownership and accountability. T&F groups continue to progress: revising the Children's Charter and staff toolkit; engagement; Children's Rights Champions.	Priorities - CYP healthy weight service - Embedding coproduction approach into core services with children, young people and their families Issues - Time-limited funding for PIR regional service model development
EYTB: - Regional PIR Development - Baby & Toddler Voice			
Healthy Weight: - BTCYP group - Adult group			
Children's Rights Charter			
Overall Delivery Confidence			
Reporting Period	Q1/ Q2 2025/26		Escalations – NA



Work Programmes/ Activity	RAG
Neurodevelopment Improvement Board: • WG reporting • Work-streams	
Children's Programme Board: • Complex healthcare sub-group	
Diabetes: • Programme Board development • Models of Care: T1DM • 5yr HCL Implementation Plan • Prevention: Remission T2DM service; AWDPP • Specialist services • Primary & Community Care	
Overall Delivery Confidence	
Reporting Period	Q1/ Q2 2025/26

Neurodevelopmental improvement programme (NDIP)

- Final NDIP funding allocation and 2025-27 programme priorities confirmed at significantly reduced amount to previous years which we continue to challenge. Posts appointed at-risk in children's neurodevelopmental services and corporate planning. An application for RIF funding for the Children's Board has been made to support implementation focused on programme support, a fast-track pilot with education partners and 3rd sector needs-led support.

Children's Programme Board ongoing work to develop regional priorities and statement of intent for the babies, children and young people launch anticipated in November.

- Coproduction grant secured with planned work across: improvement work transitioning from paediatric to adult services; early years focused partnership events in the community; work between physiotherapy, children and families accessing specialist school provision.
- Early exploration with Community Schools and paediatric community services to consider what clinics could be delivered in these settings inclusive of DESW for diabetic patients.

Diabetes Programme Board 5yr Strategic Plan agreed following discussion at Stakeholder Reference Group, with local diabetic support groups and Executive Management Board.

- Service set-up commenced for VBHC funded remission service: recruitment complete and procurement nearing completion; go-live anticipated in October.
- AWDPP roll-out ongoing with most clusters now on-boarded; D&C complete to ensure redistribution of staff to maximise patient throughput. Longer-term planning for
- [Diabetes Week](#) activities successfully received with new T&F group established to supporting developing annual comms planning.
- Work with local Diabetes Support groups commenced to explore coproduction approach and engagement with people living with diabetes and their families. Scoping started for 'people's lived experience' forum.

Priorities

- Neurodevelopmental Improvement Programme, setting priorities for 2025-27
- Diabetes Programme Board and 5yr plan

Issues

- Limited capacity due to secondment.

Escalations

Posts at-risk within NDIP programme while awaiting WG funding confirmation.



Children's Programme Board

- Ongoing work to develop an agreed regional strategy with strategic priorities and future investment post-RIF funding (2027).
 - 1st 1,000 days now included as a key area for development, investment and improved regional working
- SPACE Wellbeing model agreed at board with CAMHS to host 3 regional posts integrated within Local Authority social services and early help hub staff to enable joined-up approach to managing children and young people who do not meet CAMHS thresholds. Anticipated go-live Spring 2026
- Capital planning group:
 - Feasibility study scoping regional need for specialist physical healthcare respite provision completed and presented to board. CTMUHB to led next steps to move the case for change from theory to reality.
 - Scoping ongoing for regional integrated health and social care residential facility for children and young people with complex emotional and mental health, neurodivergence and/ or complex behavioural needs delivered through a therapeutic trauma-informed model with CAMHS specialist input.



CTM NDIP Plans for 2025/26

- Reduced NDIP funding allocation to be used to continue the Programme Manager post (as agreed with WG in March 2025) and the paediatric ND Service to provide additional assessments for children and young people in line with WG priority.
- Application to be made to Regional Partnership for RIF funding for planned projects no longer covered by NDIP funding allocation and priorities together with consideration of other potential funding streams to ongoing support partnership working.
- Multi-agency action plans to be developed for all work-streams. A lack of central funding will require collaborative working to ensure support is provided to ND individuals and their families. Examples of planned work within the programme includes:
 - Continue to improve compliance with the autism code of practice (to be superseded by the ND code of practice later in 2025/26)
 - Fast track assessment pilot in Paediatric ND Service
 - Review of IAS referral and triage process
 - Further work with Employment Service providers
 - Respond to recommendations from the Housing research
 - Explore opportunities for joint working with other programmes. For example, the Programme Manager will work with the new Regional Partnership Learning Disability Programme Manager to undertake joint working where appropriate.

Ageing Well Strategy Group

Update: Q2 2025/2026 (September update)

Authors:

Kevin Duff

Rhian Webber

Dr Raja Biswas



Ageing Well Strategy Group



The Ageing Well Strategy Group works in partnership with Care Groups (principally Urgent Care and Primary Care, Community and Mental Health Care Groups), Local Authorities and Third Sector to lead and support the strategic development of services in:

- Frailty
- Stroke
- Neurological Conditions
- Dementia
- Support to the Together for Mental Health Partnership Board

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES:**

Development and planning of a frailty model for CTM UHB is posited in a number of areas across the **Unscheduled Care and Primary and Community Care Groups**. The priority is to bring together an overall view of frailty model development in one group, identify any gaps, challenges and issues.

OVERALL RAG**KEY METRICS:**

- Key Performance Indicators (Target vs Actual)
- Financial/Non-financial (graph if applicable)
- Tab format (if possible).

Welsh Government KPIs

WG System measures document in the Admincontrol Folder

RISKS/ ISSUES:

Risks/ Issues	Description & Mitigation	RAG
Falls	Ensure falls being addressed in development of Frailty Model	Amber
ACSP	Ensure link in to ACSP and IMTP proceses	Green
Data	Develop Frailty Dashboard and data to measure against KPIS	Amber
		Green

ESCALATIONS/ DECISIONS TO BOARD:

Strategic Frailty Group to be established to identify further issues.

Use corporate RAG rating for risks

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Fracture Liaison Service in CTM UHB	FLS Service Unit Unit Code Total records submitted Rx5 Value* KPI 2 Non-Spine Case Identification KPI 3 Spine Fractures KPI 4 Assessment within 90 days KPI 5 DEXA within 90 days KPI 6 Falls risk assessment KPI 7 Bone treatment KPI 8 Strength & Balance by 16 weeks KPI 9 16 week follow up KPI 10 Treatment by 1st follow up KPI 11 1 year drug follow up* Cwm Taf Morgannwg University Health Board 7457 520 4135 3.6 99.5 13.8 8.6 82.5 25.8 3.2 8 10.3 Not available yet • *Please note Rx5 – this refers to the rule of 5, which is the estimated caseload figures expected from this FLS, derived from the National Hip Fracture Database using 2023 data. • Only 1 admin in the team has led to certain changes having to be introduced including stopping follow up of patients (KPI 8, 9, 10 & 11), reducing face to face review of patients, liaising with primary care for medication and delaying clinics to start bone health treatment. Challenges going forward: ➢ Overall Team capacity and demand from high number of fragility fractures. ➢ Referrals from Neighbouring health boards ➢ Access to DEXA scan and ability st start some bone health medication (eg Denosumab, IV Zolendronic Acid etc) ➢ Detailed assessment of Frailty	Amber
➢ Strategic Frailty Group	• Plan is in draft covering wide areas of frailty model from prevention and early identification, to urgent response in the community, through to acute frailty service and discharge into the community. Taking into account dementia, movement disorders, falls and bone health. Comments on plan being sought from key stakeholders in the health board.	Green
➢ Acute Frailty	• Implementation of Acute Front Door Frailty Service - Integrated with community frailty services: System Transformation Programme for CTM UHB in development as part of Six Goals UEC Programme. • PID completed and circulated and baseline mapping underway. • Work ongoing to fit with overall strategic approach to frailty in CTM UHB. (See 6 Goals UEC Programme Board highlight report for further detail) Frailty Strategy Implementation Board will oversee implementation of Frailty Strategy.	Amber
➢ Movement Disorders	• Survey of clinical cases completed and draft proposal for service development presented to group. Further work underway to firm up the proposal.	Amber
➢ Orthogeriatrics	• Model agreed for Orthogeriatric Service. Task and Finish Group meeting regularly to implement the model. Supporting Slide in Admincontrol Folder.	Amber
➢ Falls	• Terms of Reference under development for implementation group to focus on Six Goals Falls Framework and wider prevention. Workshop took place 13th August to review current service provision, identify gaps and develop proposals / solutions. Action plan under development and further meeting to be scheduled.	Amber



Ageing Well Strategy Group



CWM TAF MORGANNWG REGIONAL DEMENTIA SERVICES AND SUPPORT OUTLINE 5 YEAR PLAN 2025-2030

REFLECTING ON WHAT WE HAVE DONE TO DATE

Listening
campaigns with
communities

Engagement and
Co-production to
design memory
services

A workforce
learning and
development plan
commissioned to
be complete by
the end of 25/26

Dementia Care
Mapping integrated
into Specialist
Dementia
Intervention Team

Roll out of
memory and
Wellbeing
guide

CTM have
consistently
provided all
required data sets
to improvement
Cymru / NHS exec

Each ward
has care fit
for VIPS log
in and a
refresh of
the
hospital
charter



Ageing Well Strategy Group



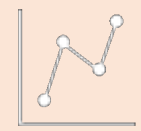
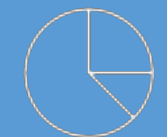
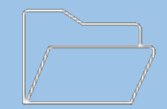
Dementia

CTM Dementia Steering Group (DSG) commissioned North of England Commissioning Support (NECS) to undertake a review into the dementia services operating in Cwm Taf Morgannwg region 2024/25. CTM DSG received the final report from NECS at its meeting in April 2025. The DSG has commissioned NECS to work with colleagues in the region on implementation of the report recommendations. Next meeting of the DSG on 2nd July will look at the report in more detail.

Summary of Review Process



Final Focus Areas - Dementia Review

Primary Care 	VCSE Integration 	Waiting Well 	Single Point of Access 	Service Model Variation 	Population health management 	Training and development 	Care and support across home, community 	Hospital Discharge 	Person-centred Care 	Advanced Care Planning 	End of Life 
Co-production 	Communication Preferences 	Local Authority 	Digital 	Integrated Data Sharing 	Using Data for Decision Making 	READ Coding 	Preparing for the Future 	DSG Governance 	RIF Utilisation 	 Cwm Taf Morgannwg Partneriaeth Rhanbarthol	



Ageing Well Strategy Group



South Central Regional Stroke Network (CTM UHB and Cardiff and Vale UHB)

- Some delay due to the change in Programme Manager and SRO and changes related to the NHS Executive.
- Discussions between the two health boards have enabled the restart of regional development work.
- Discussions centred around the current operational challenges experienced by both health boards, as well as a view towards longer term options to improve service provision.
- High level action plan under development across the services of both CTM and Cardiff & Vale UHBs to cover:
 - Stabilisation of existing services, including current work in CTM UHB to establish sustainable stroke service.
 - Establishing shared approach to the development of a workforce model and recruitment wherever possible.
 - Standardised clinical pathways and associated protocols and response to forthcoming national quality standards (to be released by National Stroke Programme).
 - Ensure a longer-term view for the development of regional services and any model of care changes that may be required.

Reporting on regional progress through the CTM UHB Stroke Programme Board (A programme of service redesign in CTM UHB is now in progress to support improvement in performance metrics and provide quality patient care).



Ageing Well Strategy Group



Neurological Conditions

- In support of the preferred model of a *'District general hospital (DGH) neurology centre where neurologists are based but without inpatient neurology beds'* – funding has been approved to appoint 2x Consultant Neurologists employed directly by CTMUHB. This will be the first time there will be CTMUHB employed neurologists in post.

Together for Mental Health Partnership Board

- The Mental Health and Wellbeing Strategy 2025–2035 published setting out key priorities over the next 10 years to achieve the WG overarching mission statement, together with a Delivery Plan 2025 – 2028.
- T4MH Partnership Board has approached the RPB to seek clarification on governance process for local implementation of the strategy and delivery plan.

Dying Well Strategy Group

Update: Q2 2025/26 (September update)

Authors:

Paul Williams

Rhian Webber

Dr Raja Biswas

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES:
 Development of a strategic vision for Palliative Care and End of Life (PEoLC) including appropriate models for CTM UHB across acute and primary and community based services.

OVERALL RAG

Workstream	Status Update	RAG
Education, Training & Research	Workstream output metrics established and governance arrangements confirmed. Awaiting clarification of Workstream lead and meeting dates to be established. PEoLC interactive workshop scheduled for 2 October 2025.	
Advanced and Future Care Planning	Workstream output metrics established and governance arrangements confirmed. Awaiting clarification of Workstream lead and meeting dates to be established.	
Family Support Services	Workstream output metrics established and governance arrangements confirmed. Awaiting clarification of Workstream lead and meeting dates to be established.	
Data Quality, Communications & Information	Workstream output metrics established and governance arrangements confirmed. Awaiting clarification of Workstream lead and meeting dates to be established.	
Operating Model - Operational Implementation	Workstream output metrics established and governance arrangements confirmed. Awaiting clarification of Workstream lead and meeting dates to be established.	
Communications & Engagement	Workstream output metrics established and governance arrangements confirmed. Awaiting clarification of Workstream lead and meeting dates to be established.	
Specialist Palliative Care	Meetings established and outputs being fed into wider programme framework to ensure consistency and seamless approach across operational and strategic approach to PEoLC.	

KEY METRICS

- **Key Performance Indicators – PROMS & PREMS.**
- **Alignment with best practice and national service specifications**
- **Development and uptake on competency framework**
- **Local data KPIs with programme**

RISKS/ ISSUES:		
Risks/Issue	Description & Mitigation	RAG
Workstream lead	Identify WSL via programme SRO and Operational lead	
PEoLC Workshop	Establish interactive workshop for wider CTM staff on PEoLC	
PEoLC comms	Wider relationship communications	

ESCALATIONS/ DECISIONS TO BOARD

1) For noting and updating

Use corporate RAG rating for risks



Dying Well Strategy Group



➤ **National Service Specification for Wales: Palliative and End of Life Care Services working draft issued in May 2025 released for consultation. Launch of New National PEOLC in Mid-October 2025. The core principles outlined in the specification include:**

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



Dying Well Strategy Group



Draft Strategic Planning Governance structure being developed for implementation of the specification across CTM UHB. The structure will include a Palliative and End of Life Care Strategic Implementation Group the objectives for which will include:

- 1) Develop an implementation plan for CTM UHB in response to the National Palliative and End of Life Care Programme All Wales Service Specification.
- 2) Co-ordinate an overall programme of development for the network of PEOLC services across Primary Care, Community and Secondary Care Services via a series of contributing workstreams.
- 3) Provide regular updates and assurance to the Improving Care Board on the development of PEOLC Services and good PEOLC.
- 4) Ensure representation from CTM UHB into National PEOLC programmes of work, strategic and programme groups as they develop.
- 5) Develop Effective communication resources within CTM UHB and patient facing.
- 6) Ensure access to services reflecting the need of the population.
- 7) Ensure linkage across and between planning groups in CTM UHB through the programme of development.
- 8) Develop effective data for the planning, implementation and quality monitoring of PEOLC services with the development of a PEOLC dashboard.

Community HealthPathways

Update: Q2 2025/26 (September update)

Authors:
Heather Smith



Community HealthPathways Programme



SUMMARY STATEMENT

Community HealthPathways is an online manual used by clinicians to assess and help manage patients, supporting referral decisions across the local system. Pathways are developed locally in collaboration between primary and specialist clinicians to reflect agreed local service provision and ways of working. This is a WG mandated programme, funded until end of February 2026.

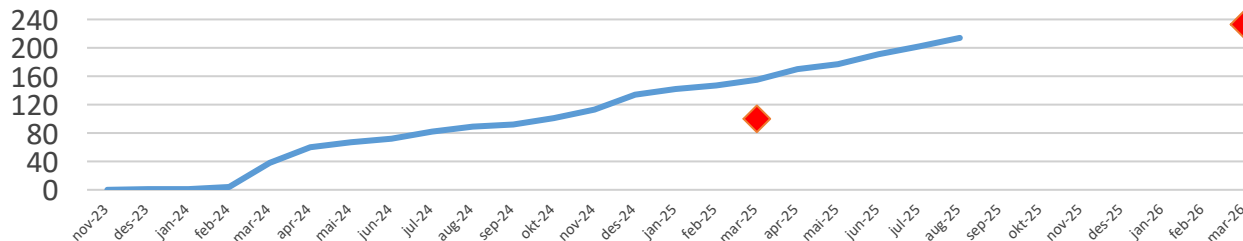
National Targets

Minimum of 100 by 31/03/2025

Minimum of 50% above number live at 31/03/25 (234)

CTM Activity

214

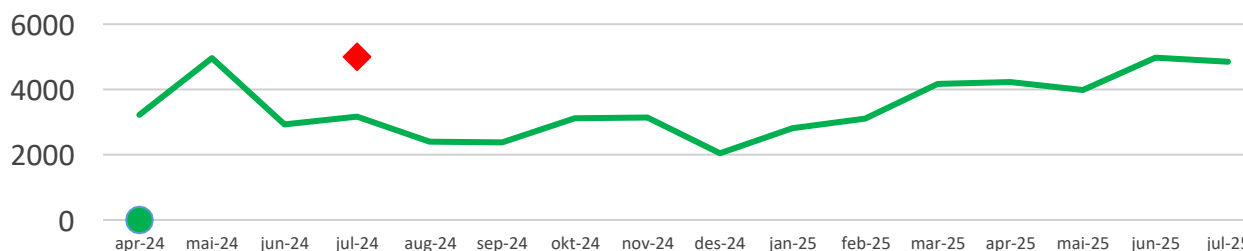


On target to achieve 2025/26 target

12 localised pathways live to date in August 2025.

HB Websites to have a minimum of 5,000 page views within 3 months of launch

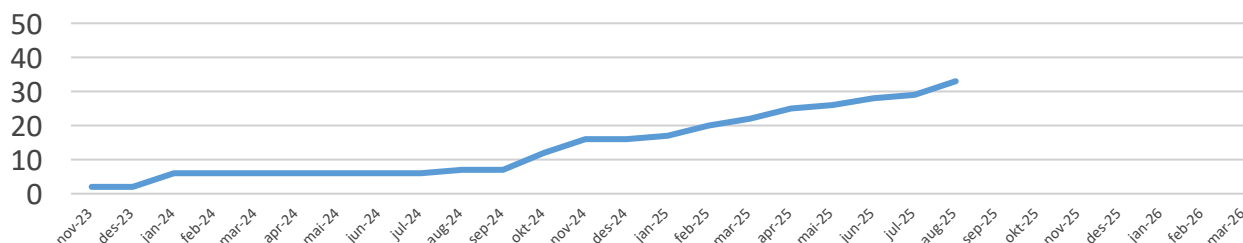
57,912
(4,850 Jul)



Number of page views remains consistent with approximately 4-5,000 page views per month

Lead Region pathways allocated to CTM to be available on Wales Collaboration site by 31/03/2026

33



4 live to date in August 2025



Community HealthPathways Programme



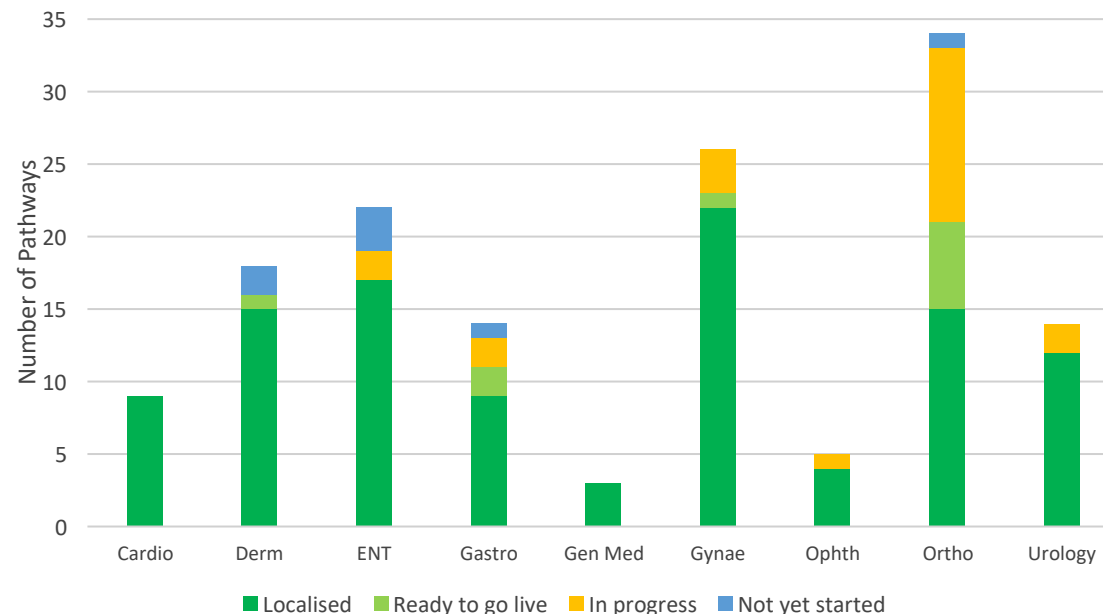
CTMUHB Priorities

UHB Planned Care Recovery Priority Specialties:	No. Pathways Available to Localise	No. Pathways Localised & Live	No. Pathways Localised & Waiting to Go Live	No. Pathways Currently In Progress
Cardiology	9	9	0	0
Dermatology	18	15	1	0
ENT	22	17	0	2
Gastroenterology	14	9	2	2
General Medicine	3	3	0	0
Gynaecology	26	22	1	3
Ophthalmology	5	4	0	1
Orthopaedics	34	15	6	12
Urology	14	12	0	2
Total	139	97	12	22

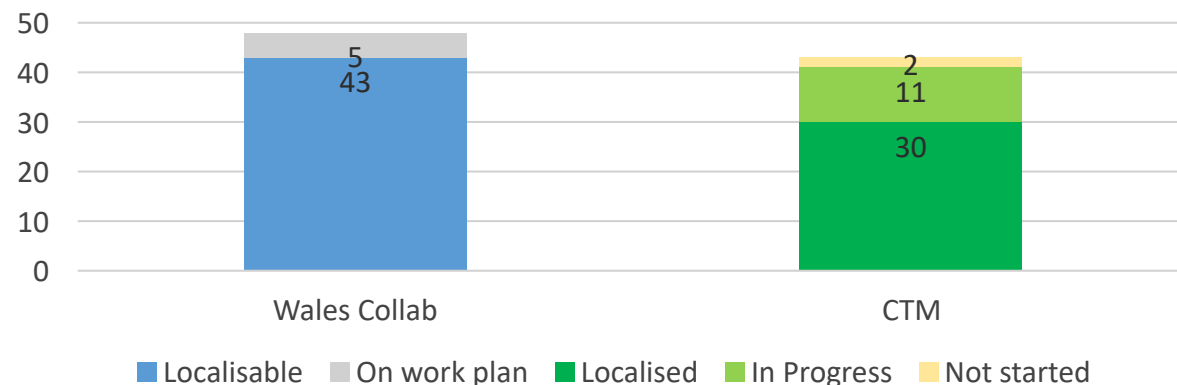
Pathways are developed collaboratively on an All-Wales basis. Once available, these are localised for use in CTM through collaboration between the CTM HealthPathways team of Clinical Editors (CEs) and secondary care clinicians (Subject Matter Experts (SMEs)).

Once developed and signed off, pathways can only be taken live once all request pages and associated links referenced in the pathway are live.

PCR Priorities: Number of Pathways



CIN / SN Priorities



Agenda Item

8.2.2

Strategic Development Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	01/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 The Strategic Development Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2025 to 31 December 2025.

2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.
- 2.2 It should be noted that a review of all the Committee Terms of Reference and Cycles of Business will be reviewed over the coming months and it is therefore anticipated that the cycle at Appendix 1 will change ahead of the next Committee meeting.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Strategic Development Committee Cycle of Business for further detail.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	Safe

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee are asked to **NOTE** the Committee Annual Cycle of Business.

6. Next Steps

- 6.1 A detailed review of the SDC Committee Terms of Reference and Cycle of Business will be undertaken and an update received at the next Committee meeting as appropriate.

Strategic Development Committee – Annual Cycle of Committee Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Operational Delivery Committee meets at **least 4 times per annum**.

Committee Chair: Kath Palmer, Vice Chair	Committee Vice Chair Dilys Jouvenat, Independent Member (Third Sector)	Executive Leads for Agenda Planning • Claire Thompson, Executive Director of Strategy & Transformation

CTMUHB Committee Business:

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
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓			✓			✓			✓			✓ If all actions are complete	✓ If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓			✓			✓			✓			✓	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓			✓			✓			✓			✓	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	✓			✓			✓			✓			✓ Except for the annual review in November	✓ Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually				✓ 2026									X	✓
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually	✓ 2026												X	✓

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
Committee Governance Arrangements CONTD																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually				R 2026									X	R
Strategic Risk Management																
8. Board Assurance Framework Report	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			X	R
Our Models of Care																
9. CTM2030 –Strategy Group Updates	Executive Director of Strategy & Transformation	Twice per annum	R						R						R	X
10. Spotlights on Strategy Groups – Deep Dives	Executive Director of Strategy & Transformation	Twice per annum				R						R			X	R
11. Acute Clinical Service Plan Update	Executive Director of Strategy & Transformation	All regular meetings	R			R			R			R			X	R
12. Strategic Digital Transformation Programmes	Director of Digital	All regular meetings	R			R			R			R			X	R
13. Clinical Services Transformation Programmes	Chief Operating Officer		R Integrated Community Services (Including Primary Care) MH&LD			R UEC 6 Goals Frailty PIT			R Integrated Community Services (Inc Primary Care) MH & LD			R UEC 6 Goals Frailty PIT				
14. Building Healthier Communities together updates which will alternate between: - Green/decarbonisation initiatives - Procurement - Foundational Economy - Circular Economy - Anchor institution - Welsh Language - Employment - Education - Partnership development including the voluntary and community sector - Housing - CTMO (CTM Offer)	Executive Director of Strategy & Transformation	All Regular Meetings	R			R			R			R			X	R

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
Our Population /Working With Others																
15. Population Health Strategic Delivery Plan	Executive Director of Public Health	Twice Per annum	R						R						X	R
16. Regional Partnership Board Update	Executive Director of Strategy & Transformation (Supported by Sarah Mills)	All Regular Meetings	R			R			R			R			X Could be consent depending on report detail	R
17. Public Services Board Update	Executive Director of Public Health	All Regular Meetings	R			R			R			R			X Could be consent depending on report detail	R
18. Area Partnership Board Update	Executive Director of Public Health	All Regular Meetings	R			R			R			R				
19. Strategic Equality Plan	Executive Director of People	Annually							R						X	R
Our Commitment to Sustaining Our Future																
20. Financial Position Update (underlying position / longer term lens)	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R
21. Estates strategic plans (aspects of the EFPMS report)	Executive Director of Finance	Annually							R							
22. People/Workforce Plans	Executive Director of People	All Regular Meetings	R			R			R			R			X	R
23. Digital & Data Strategy	Director of Digital	All Regular Meetings	R			R			R			R			X	R
24. Decarbonisation & Waste Reduction (Include annual report) – Presentations	Executive Director of Strategy & Transformation	Twice Per annum				R				"Extra-ordinary Committee for the sign off of the Annual Carbon emissions"		R			X	R
25. University Health Board Designation	Executive Director of Nursing / Deputy CEO	Annually				Deferred						R			X	R
26. IMTP (including Sign Off	Executive Director of Strategy & Transformation	All regular meetings (excluding July)	R		Extra-ordinary Committee for the sign off the IMTP	R						R			X	R

27. Annual Review of the WBFGA Statement and Objectives	Executive Director of Strategy & Transformation	Annually	⌚ Deferred to April			⌚									X	⌚
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
Our Commitment to Sustaining Our Future																
28. Healthy Travel Plan – Annual Update	Executive Director of Public Health	Annually	⌚												X	⌚

Strategic Development Committee – Non-Routine Committee Business Forward Plan

(1st January 2025 to the 31st December 2025)

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
March 2025	Strategic Development Report	Requested via Email	Integrated Community Care System Plan	Deferred from July 2025 Committee Meeting.	Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board	Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board	October 2025	Propose to close. This item will be received by the Health Board at it's Public Meeting on the 25 th September 2025 so has been taken off the agenda for the October 2025 SDC Meeting
June 2025	SDC Agenda Item & Planning	Requested via email	Estates Strategic Plans	Deferred from October 2025 Committee Meeting	Executive Director of finance	Executive Director of finance	Consider readiness at the February 2026 agenda planning session.	In Progress Defer this item as the plan needs to follow the Acute Clinical Services Plan. Unfortunately, the Acute Clinical Services Plan is not yet at a stage where we can base the estate's consequences on it.
June 2025	SDC	Requested via email	PSB Annual Report	This item will be presented at the next Committee Meeting, as it was in draft stages in July 2025.	Director of Public Health	Director of Public Health	October 2025	Propose to close. The finalised PSB Annual Report was circulated to the Committee outside of the meeting via email.
July 2025	SDC Meeting	Requested at the Committee Meeting	Mental Health Transformation Programme	Provide a comprehensive update on the Mental Health Transformation Programme in six months' time.	Service Director for Mental Health and Learning Disabilities	Director of Primary, Community & Mental Health	Consider readiness at agenda planning meeting for February 2026.	In Progress Due for consideration at agenda planning for the February 2026 meeting.
July 2025	SDC Meeting	Requested at Committee Meeting	Enhanced Community Care Service Update	ECC to go on the forward plan to have a 2-3-year vision update and how it correlates with the CTM2030 strategy.	Service Director for Primary Care & Community	Director of Primary, Community & Mental Health	Consider readiness at the October agenda planning session	Propose to close. Regular updates on the Primary Care and Community Transformation Programme routinely received. There is an update on the agenda for the 1 October.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
July 2025	SDC Meeting	Requested at Committee Meeting	Maesteg Community Hospital Development	Provide progress updates on the Maesteg Community Hospital development, including funding, feasibility, and strategy alignment, at future committee meetings.	Dale Stolzenberg, Assistant Director of Transformation	Claire Thompson, Director of Strategy and Transformation	Consider readiness at agenda planning meetings.	In Progress Noting that a recent Board Briefing has been issued on Maesteg Hospital to all Board Members and an update is also planned for Public Board in January 2026. Therefore, the Committee will revisit this as part of agenda planning and build into scheduled where appropriate.
July 2025	SDC Meeting	Requested at Committee Meeting	Llantrisant Health Park Business Case	The Committee asked for future updates on the Business Case to be provided at Committee Meetings.	Chief Operating Officer	Chief Operating Officer	Consider readiness at the agenda planning session for 2026	2026 date to be confirmed.
22 August 2025	SDC Meeting	Public Health Updates	Healthy Weight Road Map	Request to defer this item from October 2025.	Director of Public Health	Consultant in Public Health	Added to forward plan for the first meeting of 2026.	11 February 2026

COMPLETED ITEMS

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
January 2025	Strategic Development Committee	Requested at Committee Meeting	Creating Health Strategic Delivery Plan	To note further updates on the Creating Health Strategic Delivery Plan will be received as the Committee develops.	Director of Public Health	Director of Public Health	Propose to Close as captured on July 2025 agenda.	Completed – A highlight report was received at the July 2025 Committee Meeting.
January 2025	On annual Cycle of Business	Committee	People / Workforce Plan - Verbal Update	Provide the Committee with an update on the People / Workforce Plans.	Director of People	Director of People	April 2025	A brief verbal update will be provided at the January 2025 Committee meeting, with a full report scheduled for presentation at the April Committee. This approach was agreed upon to allow sufficient time for a more comprehensive update on the People Plan at the next Committee. Completed
January 2025	Strategic Development Committee	Requested at Committee Meeting	Digital and Data Strategy / Strategic Digital Transformation Programmes	Committee to receive the Digital Delivery Road Map and funding allocations at a future Committee.	Director of Digital	Director of Digital	April 2025	This item is currently on the agenda for the April 2025 Committee Meeting – Completed
November 2024	Population Health & Partnership Committee Meeting	Committee Meeting	Active Travel Charter – Implementation Plan	To bring the Implementation Plan to a future Committee.	Director of Public Health	Director of Public Health	16 January 2025	Received at January 2025 meeting – Completed
September 2024	Planning Performance & Finance Committee	Requested via Email	Maesteg Community Hospital Development	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Propose to Close as captured on July 2025 agenda.	Completed – An update was received at the July 2025 Committee Meeting.
July 2024	Digital and Data Committee Agenda Planning Session	Committee Chair	Spotlight Topic: Digital from the Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	Agreed to Close at SDC Committee 3 rd April 2025	Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme. Completed.