CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CTM 2030: Building Healthier Communities Together

Cwm Taf Morgannwg University Health Board
Three Year Plan - Internal Framework
2027 – 2030



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PURPOSE AND LEGAL CONTEXT

1.1 Context

Developing and implementing an integrated medium term plan (IMTP) is a statutory requirement for 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).

It's purpose is to set out the Health Board's key actions over a three year period to deliver its statutory requirements to meet the health needs of its population.

The Health Board must ensure that the plan is delivered in line with the requirements of key legislation, including but not limited to the following:

- NHS Wales Act (2006)
- NHS Finance Act (2014)
- Quality and Engagement Act (2020)

1.2 Cwm Taf Morgannwg University Health Board

This local framework sets out the key requirements and supporting information to facilitate development of the 2027-2030 plan in line with both national policy and the Health Board's vision and Strategy.

The Health Board's three-year plan (Integrated Medium Term Plan 2027-2030 will articulate the focus of the Health Board's approach to realising our future vision over the next 3 years. Our CTM 2030 Strategy and strategic clinical services planning must be at the heart of this work to ensure that a focus on our four key aims underpins the medium-term plans.

Central to the three year plan will be the principle of maximising the collective resource of the Health Board to achieve our key priorities and deliver outcomes for patients. This is an important message particularly given the current economic landscape and the expectation that Health Boards deliver and achieve their targets within very challenging financial context. The focus of our efforts must be on transformation to deliver these aims. Our financial position in 2026-2027 remains challenging and further work is required in year to deliver our savings plans and we will need to consider this in our planning for the next three years.

The Health Board's plan will be delivered in the challenging context of ongoing growth in demand for services and the financial constraints felt across the public sector in Wales and beyond.

Our success in developing and delivering our plans means that for the last three years, we have had an approved IMTP and have delivered a balanced financial position for the last three financial years. Our organisation has driven transformation and continuous improvement and we increasingly recognise the need for fundamental change to the way we work to ensure our services are fit for the future, in line with the ambition of A Healthier Wales.

The improvements we have made have strengthened our organisational reputation and are reflected in improvements in our organisational escalation. During early 2026, the Health Board received confirmation of de-escalation for cancer performance. The following areas remain under scrutiny.

Area	**Previous Status**	**Revised Status**
Performance: Urgent and Emergency Care	Targeted Intervention (L4)	Targeted Intervention (L4)
Performance: Planned Care	Enhanced Monitoring (L3)	Enhanced Monitoring (L3)

Our plan must ensure that quality and safety are at its heart and must respond to our key risks in addition to continuing progress on key performance requirements across the breadth of the NHS Wales Performance Framework.

Our improvements in recent years demonstrate our focus on reducing risk improving health and improving access to care:

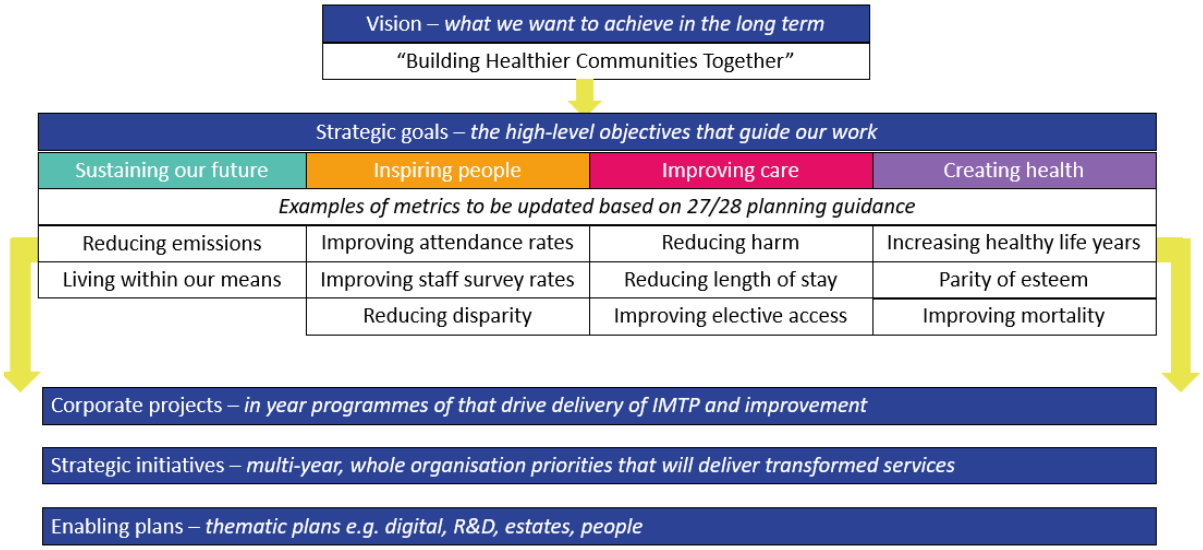
- Sustained improvement in delivery of the eight NICE recommended processes for diabetes.
- Downward trend in crude hospital mortality rates
- Ongoing improvement in access to definitive first cancer treatment within 62 days.
- An ongoing trajectory of improvement in planned care long waits.

- Sustained improvements in ambulance handover times across all sites, reflecting an organisation and system-wide response to managing risk and safety.

PLANNING APPROACH FOR 2027-2030

The forthcoming plan presents the delivery of our plans to 2030, which aligns with the delivery date of our CTM 2030 commitments and our organisational vision of building healthier communities together.

Focus will be on progress aligned to our corporate goals using our strategy deployment framework:



Learning from previous planning cycles

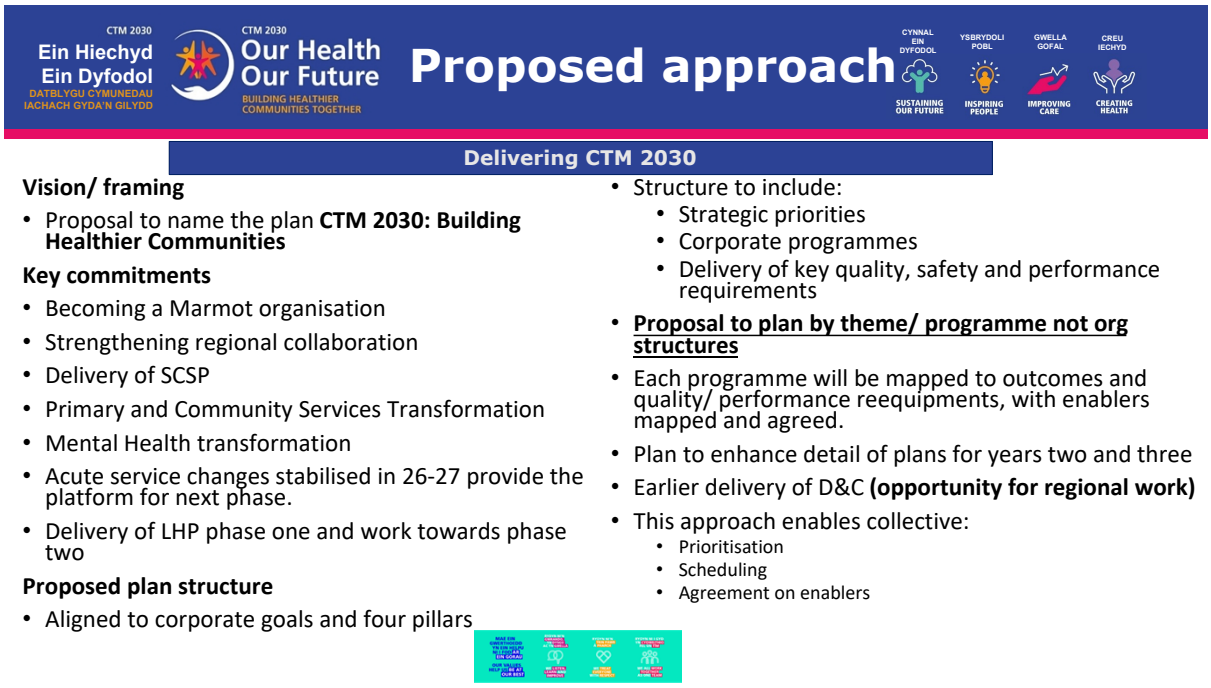
Our approach is founded on learning from our work to date. A survey following the last planning cycle identified the following themes.

- **Early planning and collaboration are working well** and should continue.
- **The Plan on a Page approach is strongly supported**, but supporting detail needs to be more accessible.
- **Greater alignment between strategic priorities, resources, business cases and delivery plans** is required
- **Health inequalities and Marmot Principles should be more visible and measurable** within the IMTP.
- **Planning team support is highly valued.**

- **National planning processes and timelines create challenges** for local IMTP development.
- **Performance reporting should remain realistic and data-driven**, recognising reporting lags and data availability.

Taking into account these learning points, the current cycle will maintain the strengths of earlier processes with a slightly different approach and timeline for submissions.

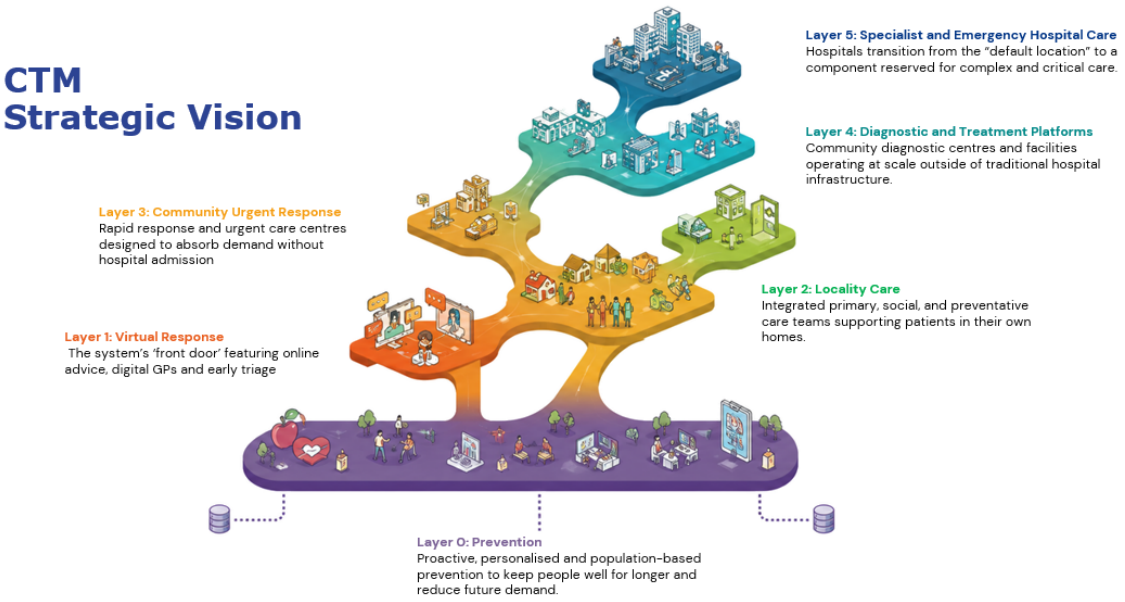
The approach is summarised in the image below:

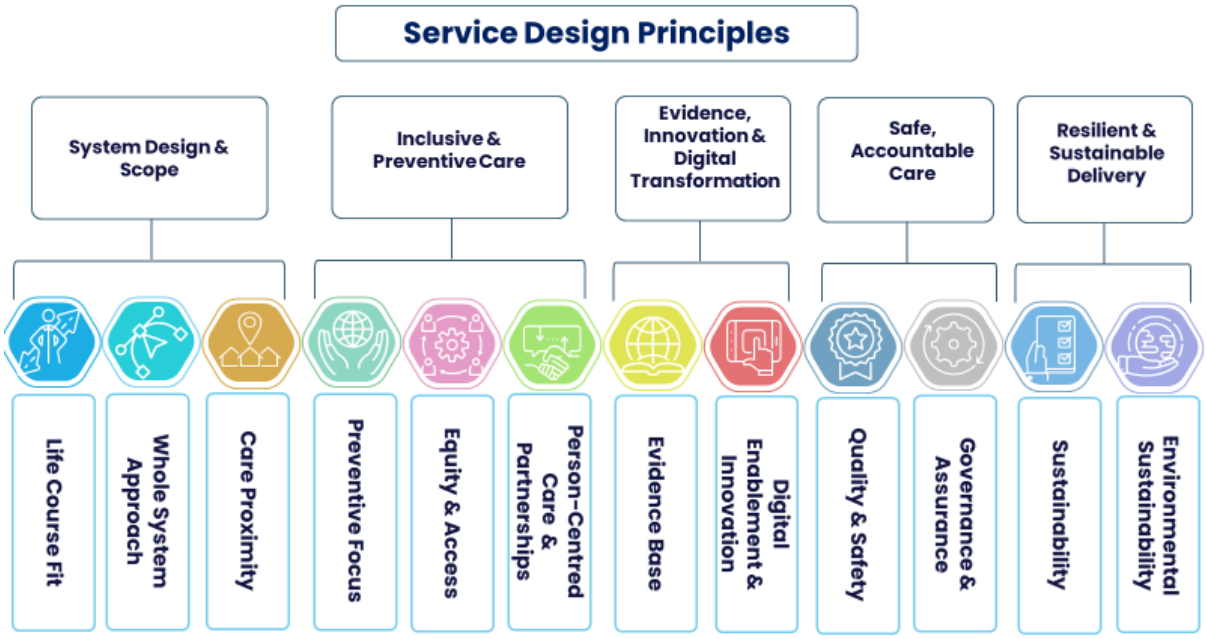


Key changes are:

1. A focus on delivery of the strategic vision for CTM (model of care). This will ensure services are provided in a sustainable way that moves us to a preventive, digital first and 'Community by Design' approach. The top five issues/plans to deliver the CTM strategic vision to be presented by each area for consideration in the planning process. These will require full appraisal of all resource requirements, enablers and inputs required for delivery and will need to be assessed against our strategic filter and the supplied prioritisation test.
2. A more detailed focus on the enablers for each key action area in our narrative plan. The plan on a page template is being refreshed to support points one and two.

3. In place of the detailed list of commissioning intentions, the requirements of each area will be aligned with the strategy deployment framework and the anticipated requirements of the planning framework. These will be highlighted for each care group.
4. Earlier commencement of development of savings plans supported by financial information based on the month 6 position.
5. Plans must also identify where there is opportunity to reduce, stop or alter current delivery mechanisms, and confirm disinvestment proposals.
6. Plans should rely on working within resource constraints to deliver safer, more equitable services, aligned to the CTM strategic vision for a new model of care. Where additional resource is proposed, teams must demonstrate that opportunities to stop, reduce, standardise, redesign or shift existing activity have been considered.
7. Completion of the detailed analysis must be undertaken prior to updating plans on a page.





Requirements

The requirements of care groups, strategic initiatives/ corporate programmes and corporate directorates are tabulated below:

Requirement	Care groups	Corporate teams	Programmes / initiatives
Capability analysis for delivery	Demand and capacity appraisal to inform delivery trajectory and scenario testing	✓	✓
Service plan template (aligned to workforce and financial plan)	✓		
Plan on a page and/or programme plan summary	✓	✓	✓
Finance plan	✓	✓	✓
Narrative chapter	✓	✓	✓
Completion of minimum dataset	✓	Finance People Digital and Data Public Health	

Support will be provided to care groups through Heads of Planning, Finance and People business partners. Discussion will be held with corporate teams both individually and via the supporting network of the IMTP steering group (Deputy Leadership Group).

The level of detail for the three years will vary but throughout there should be a focus on moving services towards the strategic vision:

- **Year 1 - Firm**: Plans should clearly describe, through narrative descriptions and plans on a page supported by completed mandatory templates, the actions, milestones and resourcing for the coming year. Resource considerations must include support from other service and corporate teams.
- **Year 2- Indicative:** Plans should indicate priorities, and anticipated actions, risks and impacts on resourcing for the second year. Details should be provided on key plans including anticipated performance trajectories, recognising these may alter.
- **Year 3 - Outline:** should show how the organisation proposes to make continued progress towards its strategic objectives, likely to be outline intentions, and known initiative/ programme milestones.

Indicative timeline

Our plan must be completed in time for full appraisal through our scrutiny process which comprises:

- Review and assessment by the Deputy Leadership Group
- Review and endorsement by Executive Management Board
- Scrutiny by the Strategic Development Committee (SDC) and
- Approval for submission by Board.

This must be completed in time for formal submission to Welsh Government, at the latest by **31st March 2027.**

Key documents including the NHS Wales Planning Framework, NHS Wales Performance Framework and budgetary allocations are expected later in the autumn/winter period and our planning assumption will be refreshed in light of these. This may amend our indicative timetable for completion of plans.

Activity	Responsibility	Timescale
Confirmation of approach	Strategy and Transformation (S&T)	Completed
Refresh of population context	Public Health	Completed

Issuing internal Health Board Framework	S&T	19 October 2026
Demand and capacity/ activity information – current information to be shared with S&T team and requests for support confirmed	Care groups with support from S&T and Digital/ Data team	October 2026
Initial draft work for care group template and assessment of workforce/ financial implications and interdependencies/ support from other areas Supported via care group workshop sessions facilitated by Heads of Planning	Care groups Support from planners	October 2026
Submission of individual care group template with response to key requirements and top 5 service change care group priority changes supported by risk assessment. **To: Julie.Powell-Jones@wales.nhs.uk**	Care groups	23 November 2026
First draft savings proposals/ finance schedule completion.	All directorates	30 November 2026
Review and consideration of interdependencies and requirements	S&T team IMTP Steering Group	
Receipt of planning framework. Circulation to teams	WG S&T team	Anticipated November 2026
Collective review of care group plans	ICB	9 December 2026
Budget allocation	WG	Anticipated w/c 21/12/26
Corporate programme plans and chapters	Programme leads and SROs	20 December 2026
Corporate directorate chapters – first submission (N.B. Teams with interface with service plans may be indicative only)	Corporate teams	20 December 2026
Minimum dataset submissions	Care groups/ corporate teams	20 December 2026*
Revised service plan	Care groups	22 December 2026*
Submit revised finance plan	All directorates	29 January 2027*

(and any associated amendments to care group plans)		
First draft narrative plan	S&T team	January 2027
Draft IMTP Plan review by steering group	S&T team/ DLG IMTP steering group	January 2027
EMB review		January 2027
Final refinement of service/ corporate plans and service plans	All	January – 14th February
EMB review and endorsement of plan, as amended	S&T team/ EMB	February 2027
Approval sought at Strategic Development Committee	S&T team/ executive team/ SDC	February 2027
Deadline for submission of Draft IMTP to Health Board		March 2027
IMTP Board review for approval	Board	March 2027
Final submission to Welsh Government	CEO office & S&T team	31st March 2027
Progress reporting		Quarterly

OUR PLAN CONTEXT – POPULATION HEALTH

Cwm Taf Morgannwg (CTM) faces a combination of population ageing, entrenched deprivation, declining healthy life expectancy and comparatively poor health behaviours and outcomes. The population was estimated at 446,363 in 2025. The proportion aged 65 and over rose from 20% in 2021 to 20.9% in 2025, and the number aged 65+ is projected to reach about 116,200 by 2047, around 30% higher than current levels.

At the same time, people in CTM experience poorer health than the Wales average. Healthy life expectancy is consistently lower, self-reported good health has fallen, and avoidable mortality in 2024 was the highest among Welsh health boards for both males and females. These pressures are not evenly distributed. More than half of the CTM population lives in the two most deprived fifths in Wales, and people in the most deprived communities experience chronic conditions materially earlier than those in the least deprived areas.

We must plan not simply for more older people, but for a population in which ill health begins earlier, healthy life expectancy is falling, and need is concentrated disproportionately in deprived communities.

DEMOGRAPHY

The CTM population is ageing. Although the local age profile is not uniformly older than Wales, the direction of travel is clear: the share of people aged 65+ increased from 77,474 people in 2021 to 93,180 in 2025, while the share aged

15 and under decreased. Deaths have exceeded births in every year since 2021. By 2047, the population aged 65 and over is projected to be around 116,200.

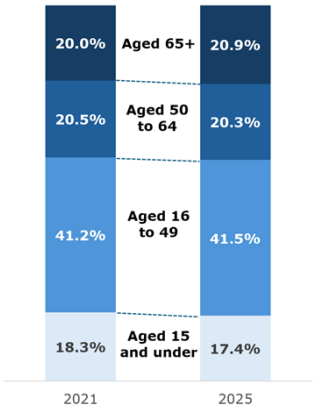


Figure 1. Population ageing in CTM. Source: CTM LPHT using ONS mid-year estimates and StatsWales projections.

This demographic shift is likely to increase demand for services associated with frailty, long-term conditions, multimorbidity, rehabilitation and support for independence. The effect is likely to be amplified by the comparatively poor underlying health of the population.

DEPRIVATION

In 2025, 51.9% of the CTM population lived in the two most deprived fifths in Wales. The burden is highest in Merthyr Tydfil, where 63.9% of LSOAs fall within the two most deprived fifths, followed by Rhondda Cynon Taf at 54.2%; Bridgend is lower but still substantial at 47.3%. The highest levels of deprivation are concentrated mainly in the northern valleys.

Area	% of LSOAs in two most deprived fifths
Bridgend	47.3%
Merthyr Tydfil	63.9%
Rhondda Cynon Taf	54.2%
CTM UHB	51.9%

The significance of deprivation is visible across the health profile. In the 2021 Census all three CTM local authorities had age-standardised rates of bad or very bad self-reported health above the Wales average of 6.9%; Merthyr Tydfil reported 9.3%.

HEALTHY LIFE EXPECTANCY

Across the UK, healthy life expectancy has declined in recent years, with widening inequalities between more and less deprived places. This pattern is

particularly important for CTM because both life expectancy and healthy life expectancy are consistently below the Wales average. Healthy life expectancy in

CTM has declined since 2019-21, largely reflecting a reduction in self-reported good health rather than a major change in mortality.

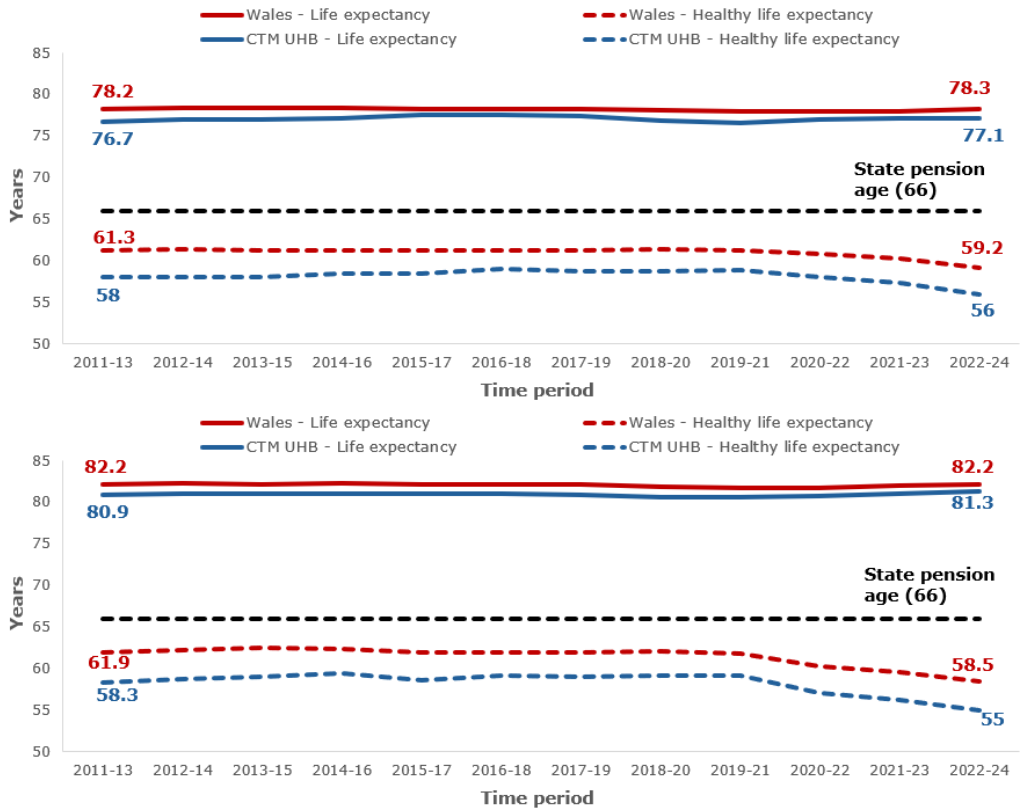


Figure 2. Life expectancy and healthy life expectancy trends in CTM. Source: CTM LPHT using Public Health Outcomes Framework data.

The practical consequence is a substantial period of life spent in poorer health. Both males and females in CTM are expected to spend around ten years in poor health before state pension age. Declining self-reported good health is particularly marked among younger working-age females, with a smaller decrease among males. Suggested contributory factors include earlier onset of disease, increasing diagnosis of mental health conditions, the effects of COVID-19 and wider determinants such as deprivation and public investment.

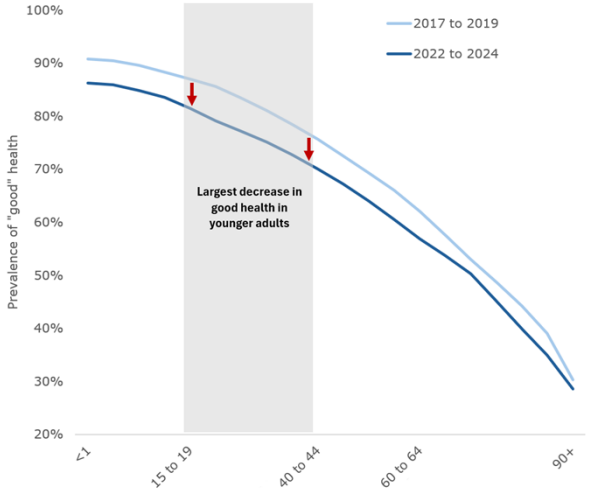


Figure 3. Percentage of females reporting good health by age, 2017-19 and 2022-24. Source: CTM LPHT using ONS modelled data.

INEQUALITIES IN HEALTHCARE

The most important feature of the CTM profile is not only poorer average health, but the size of the inequality within the population. In 2018-2020, males in the least deprived CTM areas lived around seven years longer and had around ten more years in good health than males in the most deprived areas. For females, the equivalent gaps were around five years in life expectancy and twelve years in healthy life expectancy.

People living only a few miles apart can experience a difference of roughly a decade in the number of years lived in good health.

AVOIDABLE MORTALITY

Avoidable mortality has fallen overall since 2001 in CTM and Wales, but CTM has experienced a recent increase. In 2024, CTM recorded the highest avoidable mortality rate among Welsh health boards for both males and females, with both rates significantly above the Wales averages. Across Wales, the male rate was 337.5 per 100,000 and the female rate 210.3 per 100,000.

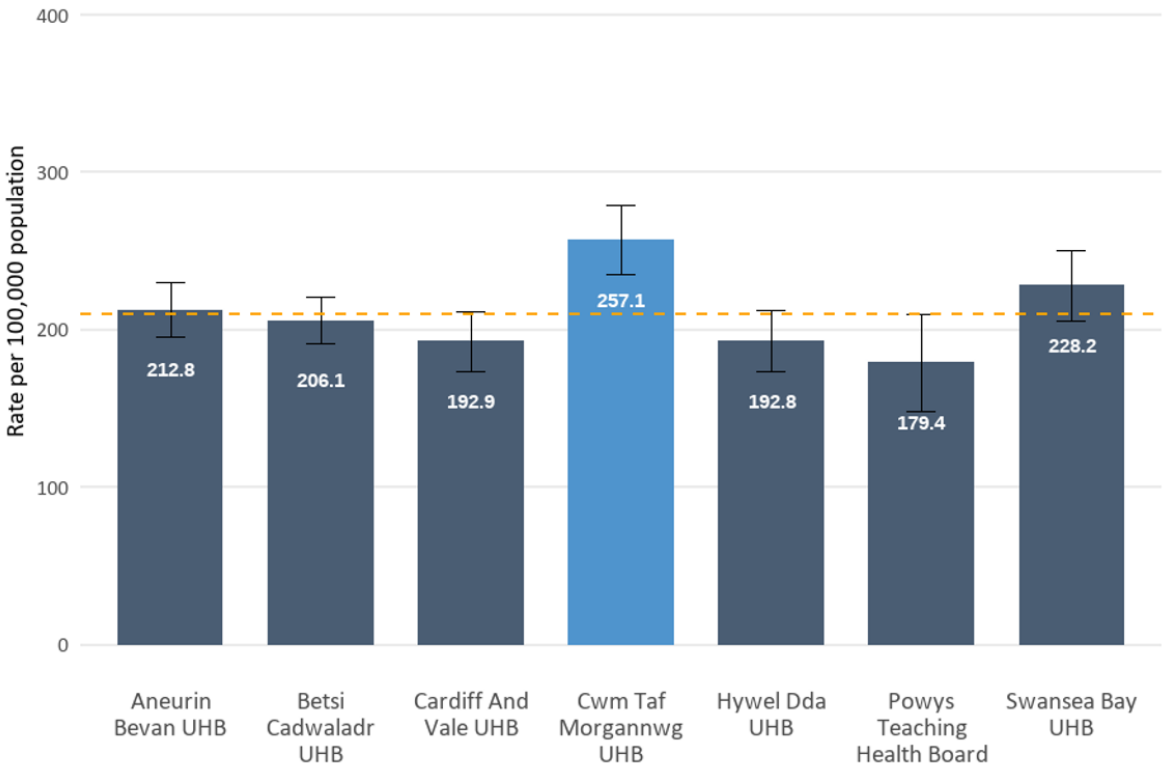


Figure 4. Avoidable mortality by Welsh health board and sex, 2024. Source: CTM LPHT using ONS avoidable mortality data.

There are also important differences within CTM. Bridgend has shown a steady decline and sits closer to the Wales average. Merthyr Tydfil has had the highest avoidable mortality in CTM since 2012-14, including a substantial rise from 2016-18, although rates have reduced after the pandemic. Rhondda Cynon Taf shows a slow long-term decline and has been broadly stable since 2019-21 apart from the COVID-19 period.

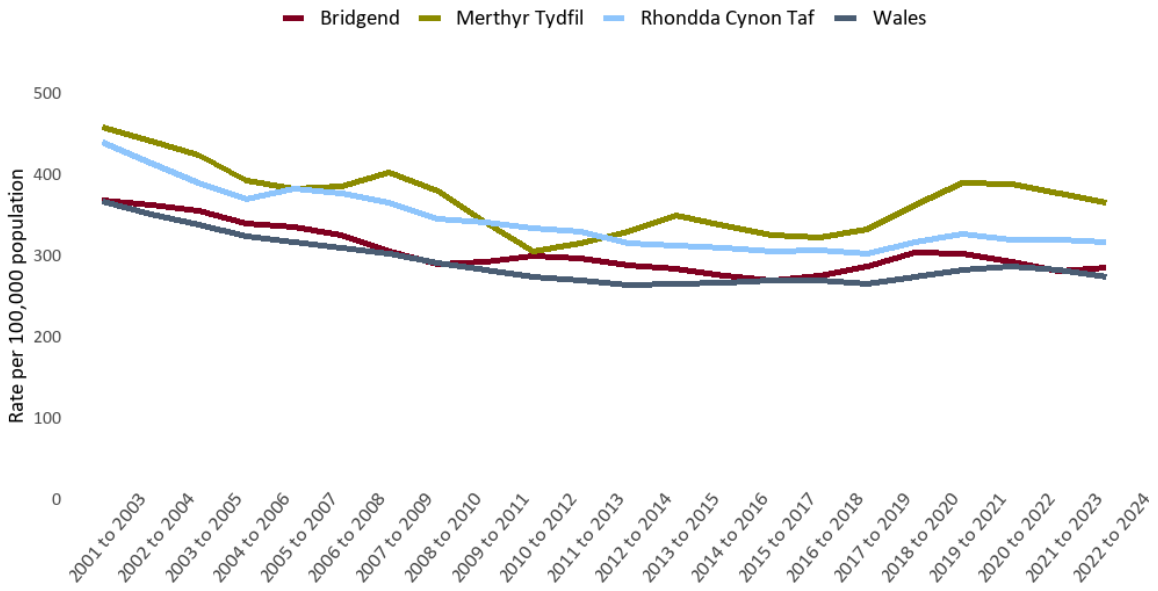


Figure 5. Avoidable mortality trend, CTM and Wales. Source: CTM LPHT using ONS data.

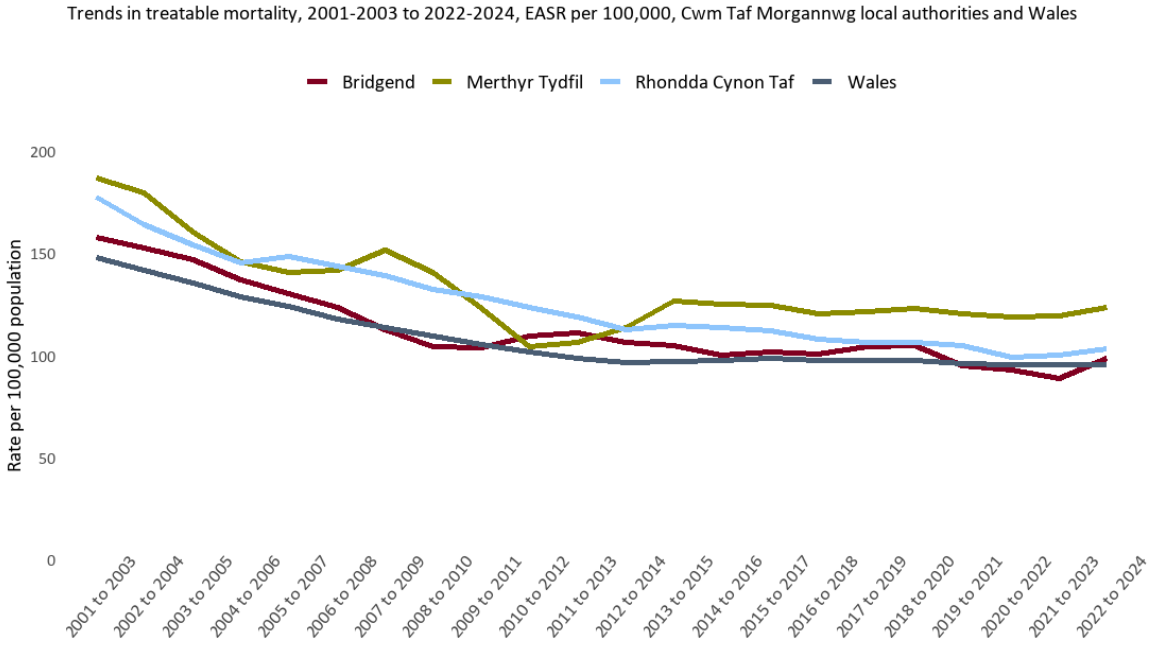


Figure 6. Treatable mortality in CTM. Source: CTM LPHT using ONS data.

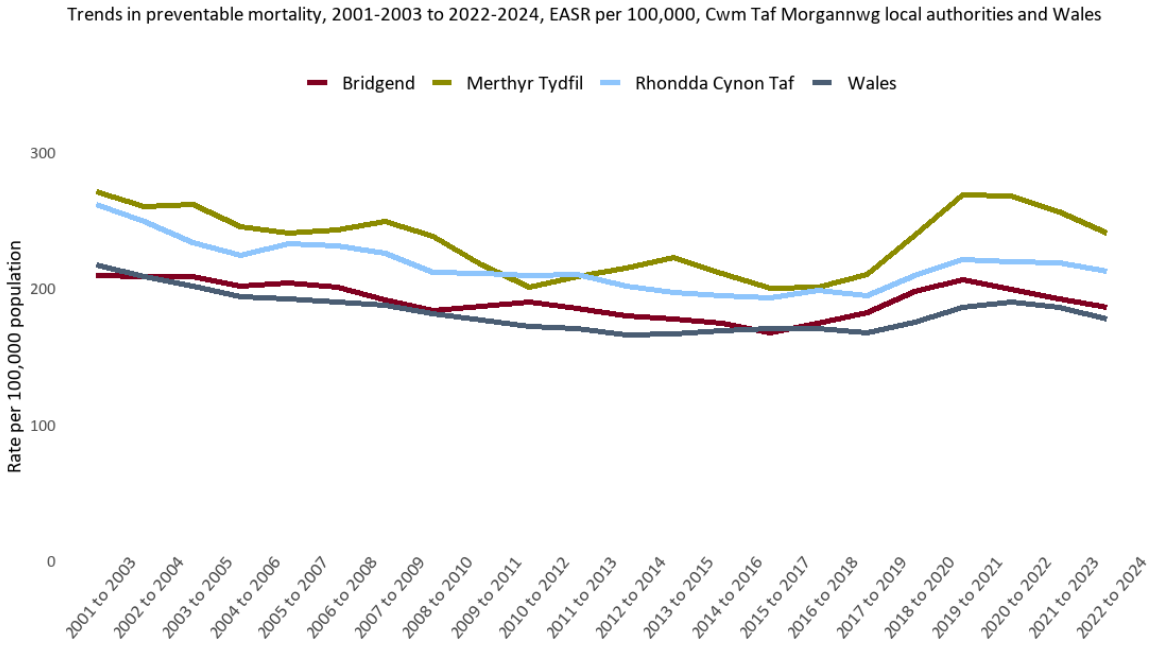
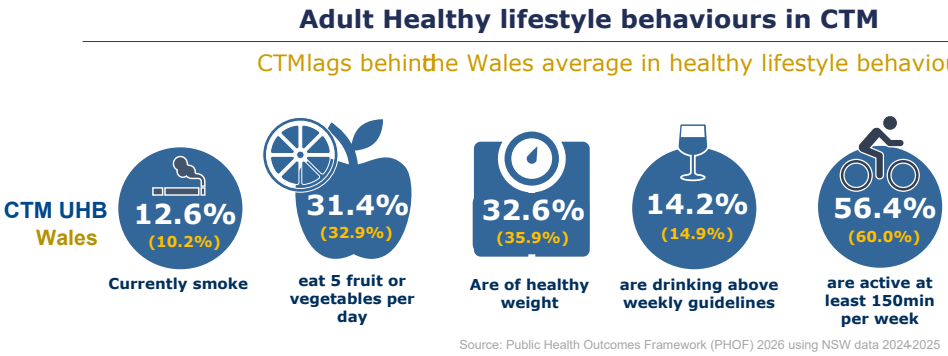


Figure 7. Preventable mortality in CTM. Source: CTM LPHT using ONS data.

Treatable mortality has been roughly stable since 2013-15, suggesting that improvements in outcomes amenable to timely and effective healthcare have stalled. Preventable mortality has declined over the longer term, but the trajectory is uneven, most notably in Merthyr Tydfil. Taken together, these measures point to the need for a combined approach: improving prevention and wider determinants while also strengthening access, early diagnosis and effective treatment.

HEALTHY BEHAVIOURS



- **Adults** in CTM are smoking and drinking alcohol more, exercising less, and have higher levels of overweight or obesity than in Wales.
- Smoking rates have dropped recently in CTM to 12.6%, from 14.6% in 2021/22 - 2022/23.
- Challenges in healthy lifestyle behaviours are also present among **school-aged children** and **adolescents**.

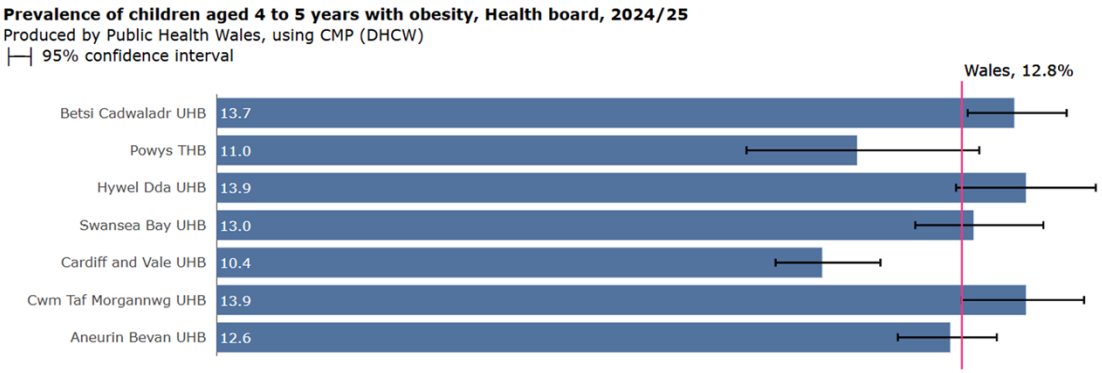


Figure 8. Childhood obesity in CTM, including the deprivation gradient. Source: Child Measurement Programme 2024/25, Public Health Wales.

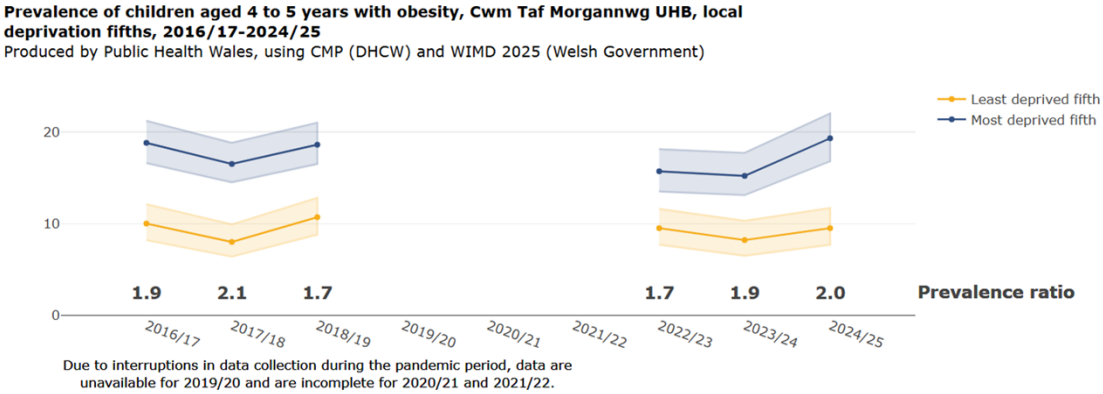


Figure 8. Childhood obesity in CTM, including the deprivation gradient. Source: Child Measurement Programme 2024/25, Public Health Wales.

Among working-age adults, 68.8% self-report as overweight or obese compared with 62.1% nationally, while 34.1% report obesity compared with 27.9% across Wales. Prevention therefore needs to operate across the life course and cannot rely solely on individual behaviour change; the scale and social patterning of risk point to the importance of environments, access and wider determinants.

MULTIMORBIDITY

Primary care segmentation data provide a particularly important insight for service planning. In CTM, inequalities in multimorbidity widen substantially from age 50 onwards. People in their 40s living in the two most deprived fifths have a higher mean Cambridge Multimorbidity Score than people in their 50s living in the least deprived fifth. In effect, more deprived communities experience the burden of chronic conditions around a decade earlier.

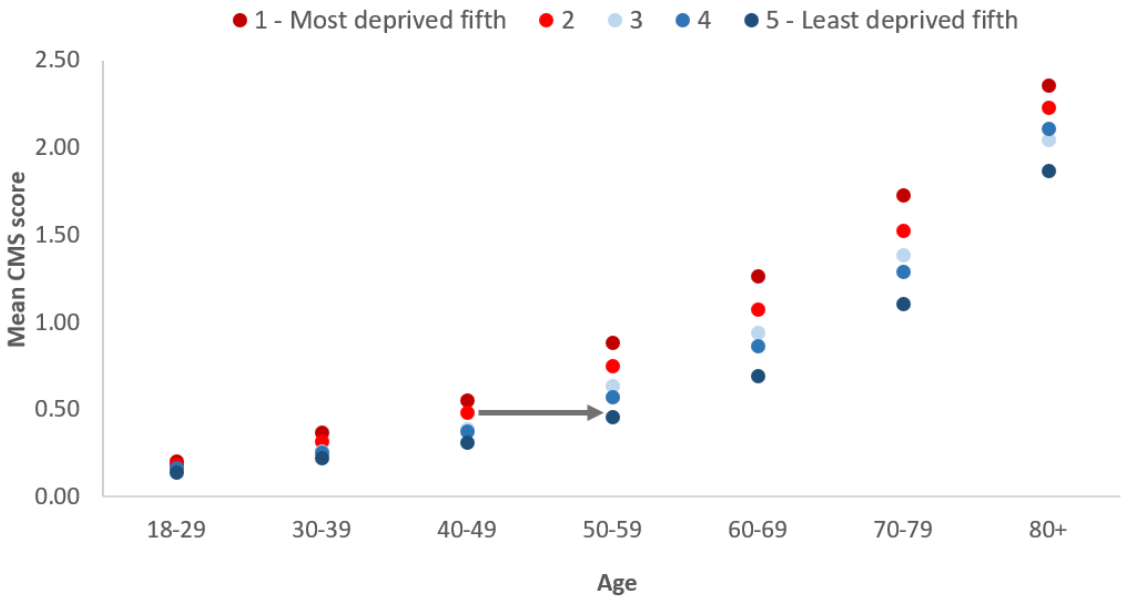


Figure 9. Mean Cambridge Multimorbidity Score by age and deprivation, CTM, 2025. Source: CTM primary care segmentation data.

This has material implications for conventional age-based models of care. A system that assumes complex need is predominantly a feature of older age risks underestimating demand among working-age adults in deprived communities. It also strengthens the case for anticipatory, integrated and place-based models that target need rather than age alone.

Statistical significance compared to Wales

Statistically significantly higher
Similar to Wales
Statistically significantly lower

Chronic condition	Bridgend East	Bridgend North	Bridgend West	North Cynon	South Cynon	North Merthyr	South Merthyr	North Rhondda	South Rhondda	North Taf Ely	South Taf Ely	CTM	Wales
Asthma	7.1%	8.3%	8.2%	5.6%	6.5%	7.5%	7.5%	7.4%	7.7%	7.3%	7.6%	7.3%	7.0%
Atrial Fibrillation	2.7%	2.8%	2.5%	2.4%	2.5%	2.6%	2.5%	2.6%	2.5%	2.3%	2.4%	2.5%	2.4%
Cancer	3.5%	3.8%	3.8%	2.9%	3.0%	3.7%	2.4%	3.2%	2.9%	3.1%	2.9%	3.2%	3.3%
COPD	1.8%	2.9%	2.1%	2.5%	3.0%	3.5%	2.0%	3.3%	2.6%	2.5%	1.6%	2.4%	2.1%
Dementia	0.7%	0.7%	0.6%	0.6%	0.5%	0.7%	0.6%	0.6%	0.7%	0.6%	0.6%	0.6%	0.7%
Diabetes (aged 17+)	8.1%	9.8%	7.2%	8.3%	9.6%	9.4%	8.7%	9.4%	9.3%	8.8%	7.2%	8.6%	7.9%
Epilepsy (aged 18+)	1.0%	1.3%	1.0%	0.9%	1.1%	1.2%	1.0%	1.2%	1.3%	1.0%	0.9%	1.1%	0.9%
Heart Failure	1.2%	1.8%	1.2%	1.0%	1.0%	1.2%	1.1%	1.0%	0.9%	1.0%	0.7%	1.1%	1.2%
Hypertension	15.8%	19.3%	13.9%	15.7%	17.4%	17.7%	16.1%	17.7%	16.7%	16.5%	14.6%	16.4%	15.0%
Learning Disabilities	0.5%	0.6%	0.6%	0.4%	0.5%	0.6%	0.3%	0.6%	0.6%	0.5%	0.3%	0.5%	0.5%
Mental Health	1.1%	1.2%	1.3%	1.1%	1.1%	1.0%	0.9%	1.3%	1.1%	1.1%	0.9%	1.1%	1.1%
Obesity (aged 16+)	11.7%	19.7%	11.0%	14.1%	18.2%	19.6%	14.2%	15.7%	19.0%	16.5%	11.2%	15.2%	13.6%
Osteoporosis (aged 50+)	0.6%	0.6%	x	x	x	x	x	x	x	0.4%	0.6%	0.4%	0.5%
Palliative Care	0.3%	0.4%	0.3%	0.3%	0.2%	0.3%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.3%
Rheumatoid Arthritis	0.8%	0.9%	0.8%	1.0%	1.1%	1.1%	1.0%	1.0%	0.8%	0.8%	0.9%	0.9%	0.9%
Secondary Prevention of CHD	3.3%	4.0%	3.3%	3.3%	3.5%	3.7%	3.0%	4.0%	3.5%	3.3%	3.0%	3.4%	3.1%
Stroke & TIA	2.5%	2.7%	2.5%	2.0%	1.9%	2.4%	1.9%	2.4%	2.1%	2.0%	2.1%	2.3%	2.0%

Figure 10. Age-standardised prevalence of chronic conditions in CTM, 2024. Source: Public Health Wales primary care clusters dashboard.

Diabetes is one area where future demand is particularly uncertain but potentially substantial. Modelling in the source presentation suggests that by 2035/36 there could be between 31,000 and 75,000 people registered with diabetes in CTM. The breadth of this range underlines both the uncertainty and the value of prevention in influencing future service demand.

ORAL HEALTH

There has been sustained improvement in childhood dental health since 2008/09, but the remaining burden is substantial. In 2023/24, 21.9% of children in CTM were affected by tooth decay and 12.4% had untreated decay. In 2024, 41.2% of children in CTM experienced one or more oral-health-related quality-of-life impacts associated with dental caries, the highest prevalence in Wales and well above the Wales average of 28.1%.

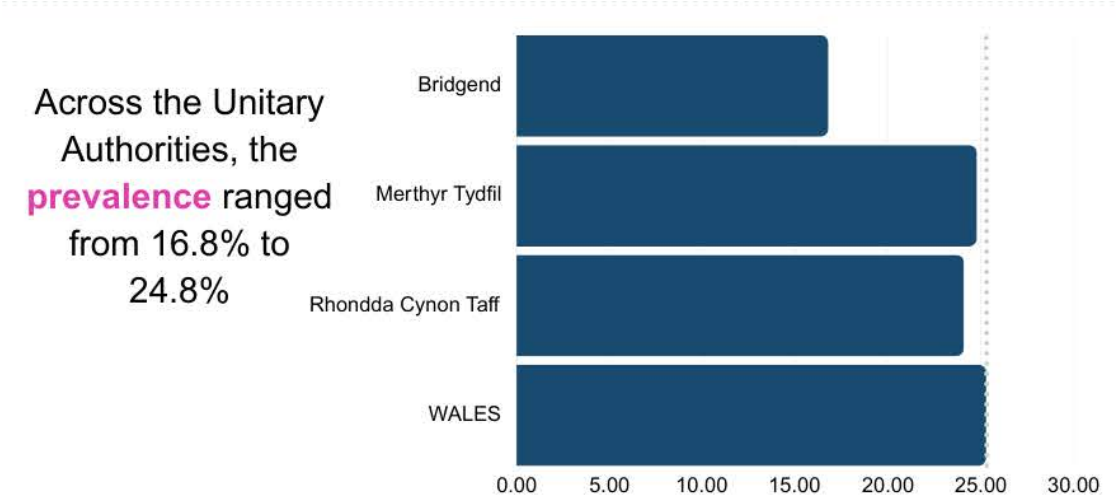


Figure 11. Childhood tooth decay in CTM. Source: NHS Wales Dental Epidemiology Programme, Picture of Oral Health 2024.

	One or more OHRQoL impacts			Visited the dentist in the last month		
	Prevalence (%)	95% Confidence interval		Prevalence (%)	95% Confidence interval	
		Low	High		Low	High
Aneurin Bevan UHB	37.7	35.3	40.1	16.0	14.1	17.8
Betsi Cadwaladr UHB	38.3	36.1	40.3	21.9	20.1	23.8
Cardiff and Vale UHB	16.8	13.7	19.9	6.2	4.2	8.3
Cwm Taf Morgannwg UHB	41.2	37.8	44.8	24.2	21.1	27.1
Hywel Dda UHB	13.9	11.4	16.3	8.8	6.9	10.7
Powys THB	38.0	31.8	44.3	11.5	7.4	15.6
Swansea Bay UHB	8.5	6.5	10.5	3.2	9.1	4.4
WALES	28.1	27.0	29.1	14.2	13.3	15.0

Figure 12. Oral-health-related quality-of-life impacts associated with dental caries. Source: NHS Wales Dental Epidemiology Programme.

VACCINATION

Childhood vaccination is an area of relative strength. During 2025/26 CTM recorded the highest or joint-highest uptake in Wales for several routine childhood vaccines and HPV. However, only 87.7% of children were up to date with vaccinations at age four in January-March 2026, and pre-school boosters and MMR2 remained below the 95% target. A deprivation gap in uptake persists.

Seasonal influenza vaccination presents a more immediate vulnerability. The target and Health Board ambition is 75%, yet uptake in 2025/26 was 45% among people aged 16-64 in a clinical risk group, 73% among those aged 65+ and 56% among children aged three. The particularly low uptake in clinically vulnerable working-age adults may increase avoidable winter morbidity and demand.

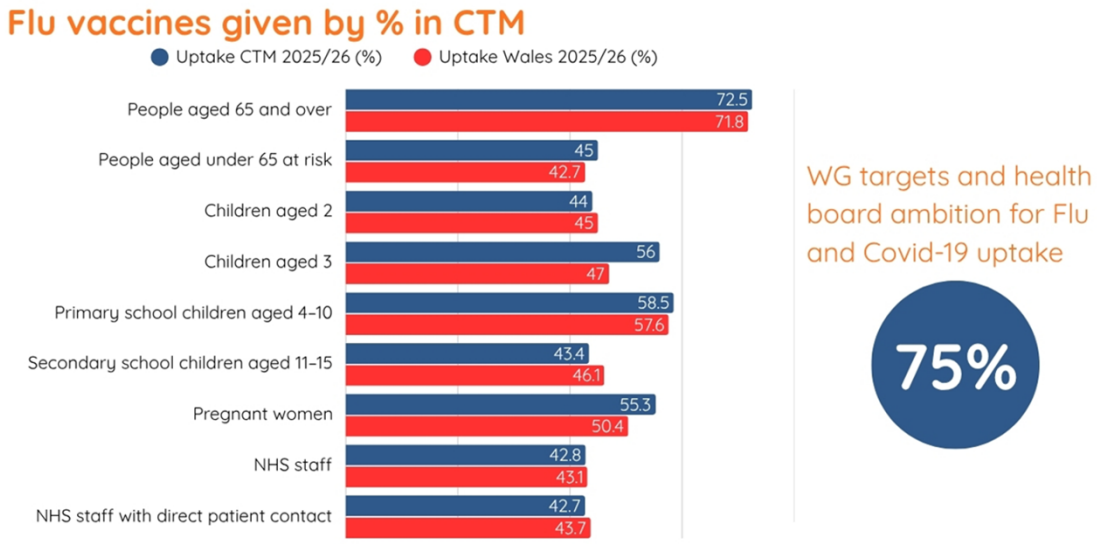


Figure 13. Influenza vaccination uptake in CTM, 2025/26. Source: CTM UHB Winter Respiratory Vaccination Programme and Wider Winter Impact Debrief.

PLANNING IMPLICATIONS

Plan for need, not age alone

Population ageing will increase demand, but multimorbidity is already occurring around a decade earlier in deprived communities. Resource and pathway design should reflect both age and deprivation-related need.

Shift the balance towards prevention

High avoidable mortality, obesity, poor diet, inactivity and declining healthy life expectancy indicate a sizeable preventable burden. Investment in prevention should be viewed as core demand management.

Make inequality reduction an organising principle

With 51.9% of the population living in the two most deprived fifths, universal approaches alone are unlikely to narrow gaps. Proportionate targeting should be built into planning, access and outcome measurement. The Health Board has committed to improving population health and reducing inequalities, with a commitment to becoming a Marmot organisation.

Strengthen working-age population health

The decline in good health among working-age adults, early multimorbidity and high obesity prevalence have implications for primary care, mental health, musculoskeletal services, economic inactivity and workforce participation.

Focus on avoidable and treatable mortality

The combination of the highest avoidable mortality in Wales and broadly stable treatable mortality supports renewed attention to prevention, early diagnosis, equitable access and effective treatment.

Use vaccination and oral health as targeted prevention opportunities

Relatively strong childhood immunisation provides a platform to build on, while gaps in pre-school coverage, influenza uptake and oral health point to specific populations where targeted action could deliver measurable gains.

Sources and notes

- ONS mid-year population estimates, 2025; 2022-based population projections via StatsWales.
- Welsh Index of Multiple Deprivation, 2025.
- Census 2021; Public Health Outcomes Framework/Public Health Wales; ONS modelled self-reported health data.
- ONS avoidable mortality data, 2024.
- National Survey for Wales; School Health Research Network Survey 2023; Child Measurement Programme 2024/25.
- CTM primary care segmentation data to December 2025; Public Health Wales primary care clusters dashboard.
- NHS Wales Dental Epidemiology Programme, Picture of Oral Health 2024.
- COVER 158, January-March 2026; CTM UHB Winter Respiratory Vaccination Programme debrief 2025/26.
- Health Foundation (2026), Healthy life expectancy trends in the UK: a watershed moment; and related evidence cited in the source presentation.

OUR VISION AND STRATEGY

As an organisation, our ultimate aim and vision is to build healthier futures together; ensuring that we work with our communities and partners to improve health as well as delivering safe and effective care.

CTM2030: OUR STRATEGY

CTM 2030: Our Health, Our Future is our organisational strategy, which was developed in conjunction with our staff, population and partners. The summary of CTM 2030 can be seen in the diagram below, setting our strategic goals and our 'life course' approach which supports the delivery of the goals. CTM 2030 covers all aspects of how we deliver and improve, focusing on the health of our population, delivery of safe care, working to be a sustainable organisation and achieving this through our commitment to our people.



STRATEGIC CLINICAL SERVICES PLAN

We are continuing to develop and progress our Strategic Clinical Services Plan with key actions in year incorporating the following key foundational components:

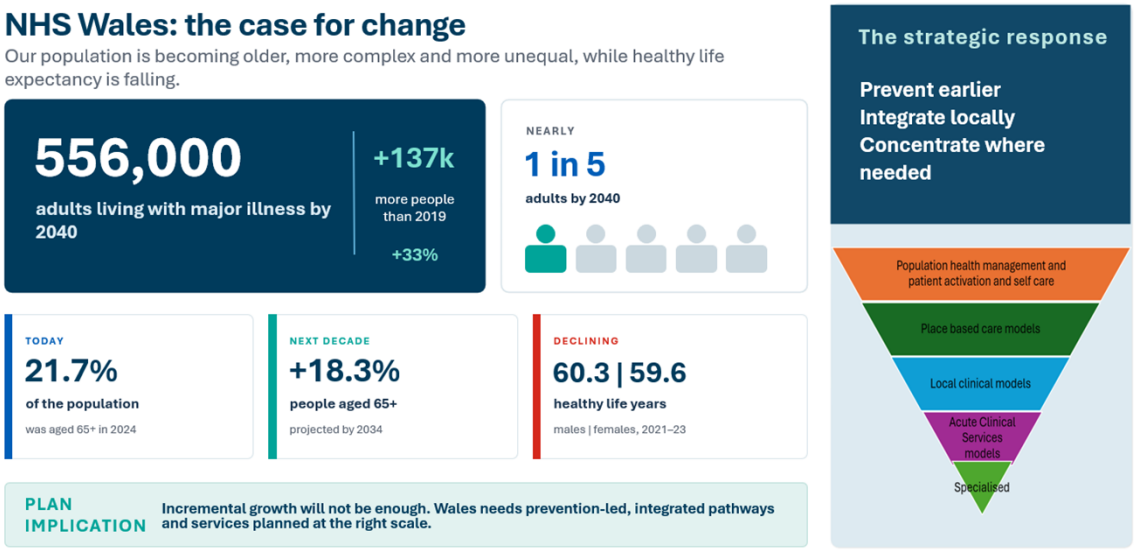
- Vision and strategic pillars
- Design principles
- Priority areas and a case for change framework
- A strategy deployment framework and operational management system
- Metrics and reporting, including a core SCSP dashboard

- Change tools, culture and corporate identity
- Engagement, co-production and clinical voice

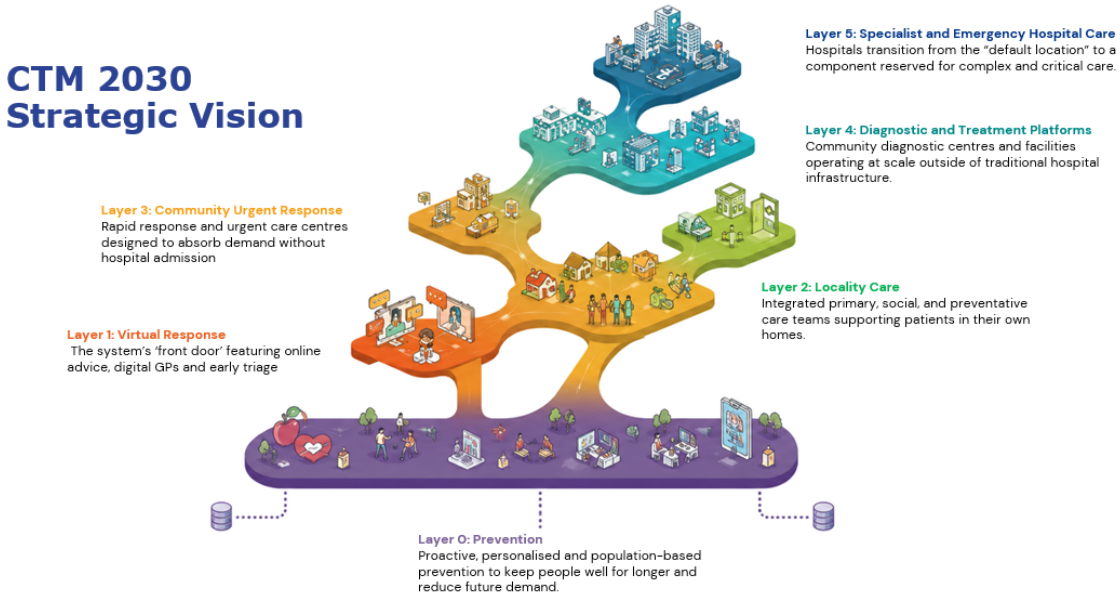
CASE FOR CHANGE

The population context section set out above made clear the challenges that we need to address to achieve our strategic aims and deliver our statutory duties.

The case for change has been summarised in the graphic below.



Our vision for the future is encapsulated in the system design set out below.



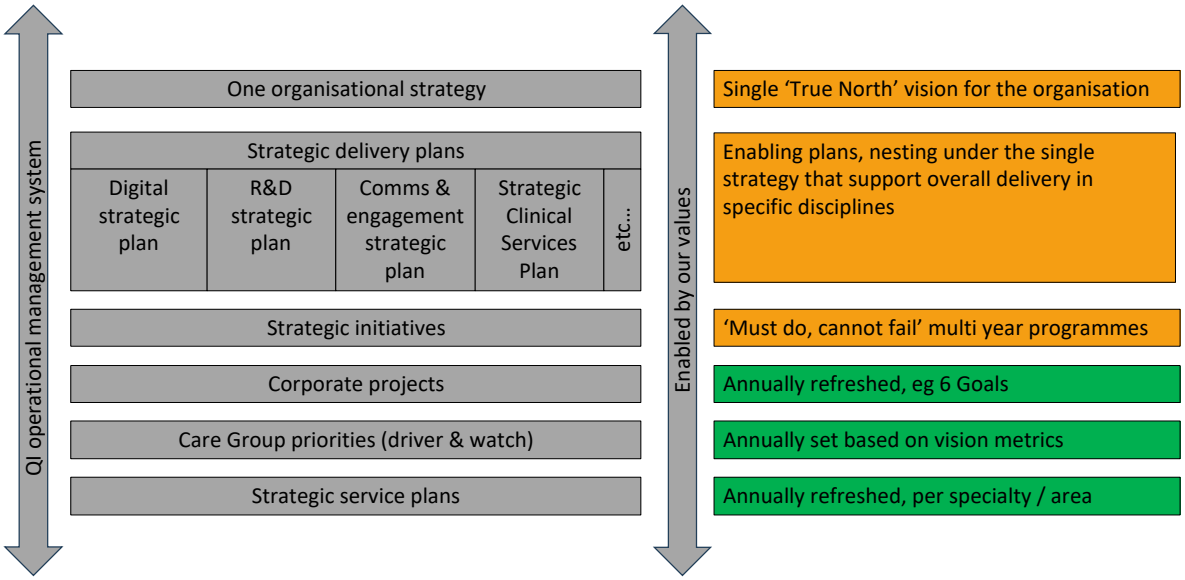
Our IMTP for 2027-2030 must articulate how we will move towards this future system. Each planning decision must be aligned with our ultimate aim of ensuring a primary focus on prevention, and facilitating a further shift towards out of hospital care and towards community services, where possible.

Further information will be supplied with supporting templates.

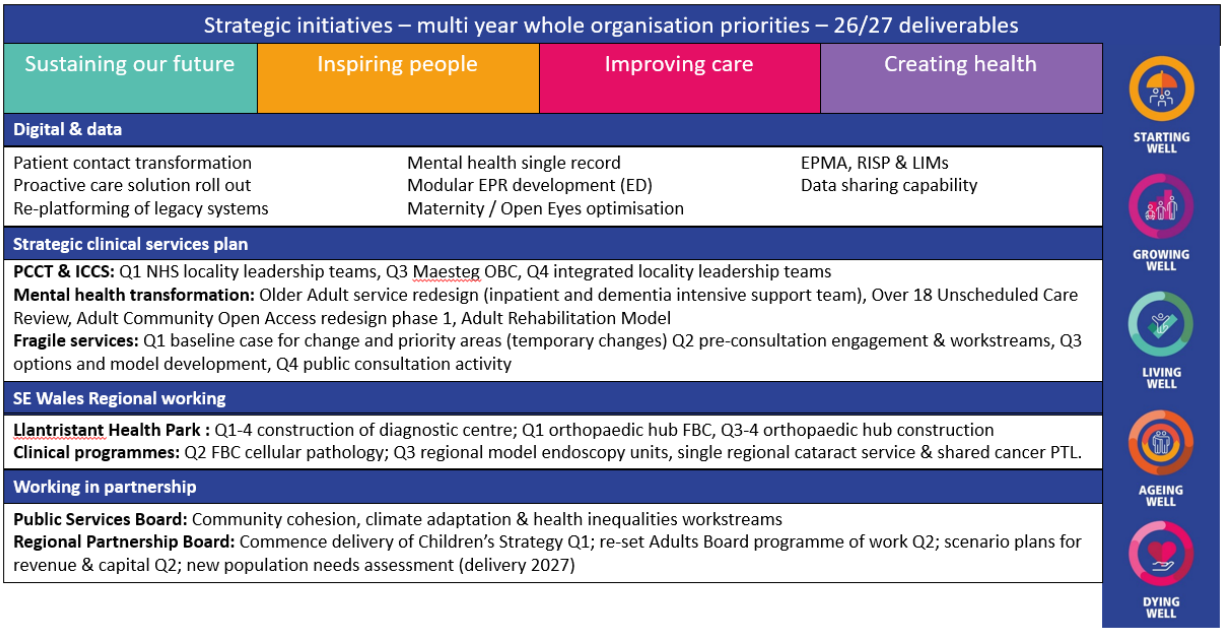
STRATEGY DEPLOYMENT

During 2026-27, we have been working to enhance our planning and performance management approach through a strategy deployment framework. This is a central mechanism to enable us to fully deliver the aims and objectives of our strategy by providing a structure to align the activity, architecture, culture and resourcing to of our organization to the vision of our organisation, as set out in the image below.

This structure enables a portfolio approach and encompasses all levels of the organisation, connecting our strategy to the work of all teams. This structure is set out below.



Our agreed strategic initiatives as set out in out 2026-2029 IMTP are described in the visual below:

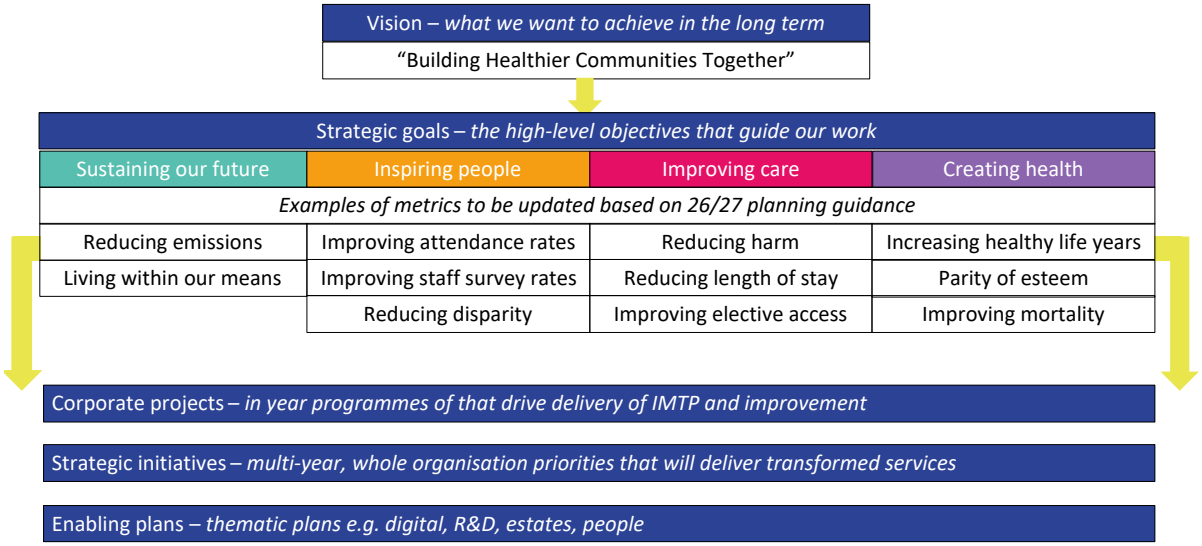


The current list of corporate programmes/ projects includes the following, all of which will be reflected in our plan:

- Urgent and Emergency Care Improvement Programme
- Productivity Efficiency and Transformation Programme
- Value and Effectiveness Programme
- Frailty
- Diabetes

MEASUREMENT

A suite of measures was collectively agreed for the 2026-2029 plan to test our progress. These are incorporated into performance structures for programmes and care groups, ensuring that our work delivers on our strategic intentions. The measures are set out below.



The structure of our IMTP for 2027-2030 will be designed around this framework, ensuring that the work towards our strategic initiatives, the delivery of our corporate programmes and key actions at care group level are coordinated and planned.

Each programme/ care group will be required to provide a forward look across three years, with a focus on outcomes supported by robust measurement.

QUALITY SAFETY AND EXPERIENCE

The Duty of Quality and delivery of high–quality care

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

In our current plan for 2026–2029, we set out our intention to deliver a single, board-led Quality Management System aligned to the statutory Duty of Quality, underpinned by our renewed Quality Strategic Plan 2026/29 and an annual work plan that sets measurable objectives, assigns executive ownership, and enables routine Committee oversight of progress. This included full adoption of the all-Wales Listening to People approach from 1 April 2026, embedding Duty of Candour conversations, proportionate investigation and transparent learning, alongside strengthened incident management, earlier resolution of concerns and clear pathways into redress.

We also set out to publish and act on our People's Experience Strategy which received approval from the Board in September 2026, to expand bereavement and carer support (including the Carers Passport), and further normalise bilingual care through a consistent Active Offer so that experience drives improvement alongside safety and effectiveness.

We made a commitment to delivery of the requirements of the NHS Wales Planning Framework with respect to quality and safety:

- Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.
- Days of safe care delivered since the last never event, monitored using SPC T-Chart
- Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027
- The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.

EXPECTATIONS OF SERVICE PLANS

- All service development and delivery plans must be fully aligned to the strategic quality goals.
- Developed in alignment with our People's Experience Strategy (2026), which is founded on the requirements of the All Wales People's Experience Framework (2025). Care groups are being asked to populate a draft assessment by 30th November 2026 and have an action plan in place to address any gaps going forward. This will inform the planning cycle and any service changes arising from it.
- All service development and change requirements identified across all services and teams must be:
    - Clearly demonstrated to contribute to delivery of key quality, safety and relevant standards. Measures must be supplied.
    - Subject to a Quality Impact Assessment (QIA) along with Equality Impact Assessment, where required.
    - Tested against the twelve quality domains set out in the Health and Care Standards.
    - Incorporate the service-level activity on people's experience to inform planning proposals and ensure activity is aligned with the framework set out in our current IMTP.



Further Information and Support

The Strategy and Transformation Team is working with the People's Experience Team to provide an extract of key themes from our People's Experience Forum to support planning.

People's Experience extract from our IMTP 2026-2029

1. People's Experience as a Strategic Driver

Board assurance

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

Service / ward improvement

- Services demonstrate clear "You said – We did" actions and the difference these have made as a consequence.

- Experience themes routinely discussed and acted upon through local action plans.

2. Use of Real-Time Experience Insights

Board assurance

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

Service / ward improvement

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

3. People's Experience Strategy (from 2026)

Board assurance

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

Service / ward improvement

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

4. Bereavement Services

Board assurance

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

Service / ward improvement

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

5. Support for Unpaid Carers

Board assurance

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

Service / ward improvement

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

6. PALS, Chaplaincy and Volunteering Services

Board assurance

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

Service / ward improvement

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

PERFORMANCE

The performance requirements of the IMTP will be driven by our strategy deployment framework key measures plus the requirements for the NHS Wales Planning Framework and NHS Wales Performance Framework. Both national framework documents are in development and receipt is anticipated later in the autumn-winter period.

Consequently, indicative planning assumptions have been made with relation to performance.

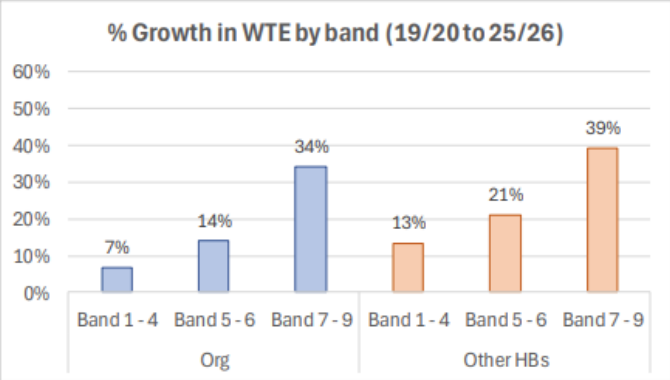
- The requirements of the 2026-2027 frameworks will remain extant and any performance delivery identified as unable to be met in year will be expected to be delivered in 2027-28.
- Ongoing requirements for urgent and emergency care are anticipated to remain extant – e.g. continued progress towards ED targets and the Urgent and Emergency Care Policy (formerly Six Goals) requirements.
- Planned care will require a minimum of maintenance of 104 weeks and 52-week N/OP requirements.
- Indications of a focus on 78 weeks needing to be built into our forecasts.
- Ongoing focus on cancer
- New quality requirements likely to continue
- Population health requirements (paediatric weight, addressing inequalities vaccination)

WORKFORCE

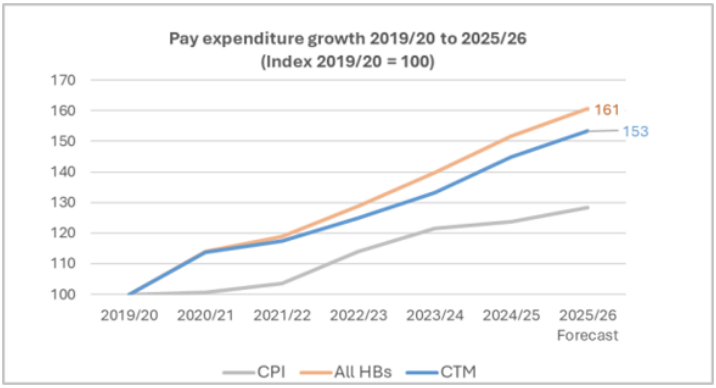
Our workforce remain at the heart of delivery of our strategy and our commitment to our team will continue to be reflected in the implementation of the People Plan.

Engagement of our workforce to understand their experience at work and the drivers of this is an ongoing commitment. We are seeking to increase our completion rate for the NHS staff survey further this year and have set ourselves a 50% target.

Our vision for the future is founded on different models of care and will require us to align our workforce to this blueprint. Any changes proposed by directorates will be required to align with the future direction of travel and support efficient use of resources.



Between 2019-20 and 2025-26, we have seen a growth in workforce and associated pay costs as set out in the charts left and below.



This has not been matched with a commensurate growth in productivity – our activity data indicates that key activity metrics have not yet reattained pre-COVID levels.

With ongoing pressures on our budgets and delivery, we are clear that we will be expected to ensure efficiency and effectiveness across all areas, including deployment and development of our workforce. The financial resource envelope will require us to continue to redesign services and roles and consider headcount reduction.

To support analysis of the current position and planning for the 2027-2030 period, updated worked WTE data by staff group and band, and establishment data will be provided to directorates by the People and Finance teams along with guidance regarding likely requirements for headcount reduction. Month 5 data is available and month 6 data will follow. Our Horizon Scan Summary 2025 is appended.

Directorate plans to achieve the quality, delivery and performance objectives must:

- Be supported by clear workforce plans aligned to demand and capacity planning (where applicable), which set out how redesign will contribute to the delivery of service transformation and improvement.
- Ensure alignment between demand and capacity plans (where applicable), service development priorities, financial plans and workforce plans. Any plans which require new or amended roles must clarify how the directorate will fund these through changes to existing structures and services or be clearly indicated (and assessed) as invest to save opportunities.
- Be supported by actions to reduce sickness absence and increase/ maintain performance development review and job planning compliance.

FINANCE

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven over a reasonable timeframe.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To utilise financial improvement to re-invest in improving service quality and outcomes wherever possible.
- To achieve closer alignment over time between the needs based formula funding allocations from WG, and our actual use of resources, and so improve equity of resource use.

Statutory Financial Duty

Cwm Taf Morgannwg University Health Board (CTMUHB) has statutory duties required under the National Health Service (Wales) Act 2014, where section 175 places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers.

Cwm Taf Morgannwg University Health Board (CTMUHB) has achieved the requirement to have an approved plan for 2026/27 and is forecasting that the 3 year break even position for revenue and capital expenditure will also be achieved in 2026/27.

	2024/25	2025/26	2026/27
Plan approved by Welsh Ministers	Yes	Yes	Yes
3 year financial balance - Capital	Achieved	Achieved	Forecast Achieved
3 year financial balance - Revenue	Failed	Achieved	Forecast Achieved

To achieve the statutory financial duties in 2027/28 the Health Board would be required to prepare an approvable plan and deliver a break even capital and revenue expenditure position in 2027/28.

Financial Performance in 2026/27

CTMUHB has recently submitted its M06 Monitoring Return to Welsh Government (WG). This reported a forecast break-even position for 2026/27 and a forecast carry forward financial challenge at the end of 2026/27 of £11.5m deficit. This is a deterioration from the original 2026/27 Financial plan which had assumed a recurrent underlying surplus of £0.3m.

Financial Challenge in 2027/28 – 2029/30

A high level initial financial assessment of the scale of challenge that will be encountered for 2027/28 through to 2029/30 has been undertaken.

This assessment is based upon the following allocation assumption scenarios:

- Best Case – WG Revenue Allocation uplift of circa 1.5% plus pay awards and primary care contractor settlements would be fully funded.
- Medium Case - WG Revenue Allocation uplift of circa 0.5% plus pay awards and primary care contractor settlements would be fully funded.
- Worse Case - WG Revenue Allocation uplift of circa 0% (Flat Cash Settlement) but pay awards and primary care contractor settlements would be fully funded.

The table below summarises these scenarios for the financial year 2027/28:

	Best Case			**Medium Case**			**Worse Case**		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	9.5	0.0	9.5	11.5	0.0	11.5	25.8	0.0	25.8
Assumed funding	(20.6)	0.0	(20.6)	(6.9)	0.0	(6.9)	0.0	0.0	0.0
Invest to Save repayments	0.0	1.1	1.1	0.0	1.1	1.1	0.0	1.1	1.1
Inflationary Pressures	18.0	0.0	18.0	17.8	0.0	18.8	19.9	0.0	19.9
Service and demand	15.1	0.0	15.1	19.0	0.0	19.0	22.9	0.0	22.9
Service improvement	1.8	0.0	1.8	4.5	0.0	4.5	6.2	0.0	6.2

Other Non-recurring costs	0.0	1.8	1.8	0.0	1.8	1.8	0.0	1.8	1.8
Financial Challenge	**23.9**	**2.9**	**26.8**	**47.0**	**2.9**	**49.9**	**74.7**	**2.9**	**77.7**

The scale of the financial challenge ranges between £26.8m to £77.7m depending upon the level of funding allocated by WG and the scale of inflationary and demand pressures anticipated.

Over the 3 year period of the IMTP, the overall scale of the financial challenge ranges between £55m up to £171m depending upon allocation levels and scale of inflationary and demand pressures.

Welsh Risk Pool

The financial assessments currently exclude the impact of the increased Welsh Risk Pool contributions on the basis that the current agreement with Welsh government remain in place. ie. WG will continue to support the Welsh Risk Pool contribution above the 2025/26 baseline value for organisations that achieve a financial balance position. If this is not the case, the anticipated impact for 2027/28 is estimated at a £23m further deterioration in the financial challenge.

Pay Award and Primary Care Contractor Settlements

The financial assessment assumes that the full impact of Pay awards for Agenda for Change and Medical & Dental will be fully funded by Welsh Government. It is also assumed that inflationary and investment settlements with Primary Care Contractors will be fully funded by Welsh Government

The Resident Doctor contract has been partially implemented in 2026/27, with implementation continuing to progress over the next 2 years. The financial assessment assumes that the full impact of the new contract on both training posts and locally employed Drs will be fully funded by Welsh Government.

Planned Care Improvement

The continuation of the levels of planned care activity and diagnostic activity that have been supported by direct WG non-recurrent allocations for planned care and diagnostic waiting times improvement have not been assumed to continue in the financial assessment. It is assumed that WG funding will need to be agreed prior to any additional activity being continued. This includes the potential development of utilising the Vanguard Theatres currently sited at RGH.

Investment Position

The scale of the potential financial challenge for 2027/28 – 2029/30 is significant, it is essential that the 3 year IMTP plan is based upon a zero investment principle unless funding can be sourced from Welsh Government or other recurrent sources.

Savings Requirements

To achieve the financial break even position required to meet the statutory financial duties of the Health Board, the full financial challenge will need to be met with savings plans that are fully delivered.

For the IMTP planning purposes pending confirmation of the funding settlement for NHS Wales, the Health Board is using the Medium Case Scenario, which will require savings of £119m over the 3 years:

	2027/28	2028/29	2029/30	Total
Savings Requirement £'m	49.9	35.4	33.6	118.8

This savings requirement equates to a 4.8% savings target for 2027/28, the table below provides an indicative level of savings required by each care group to achieve a financial break even position within delegated budget approval based upon the most recent underlying deficit forecasts.

Savings Requirement	**2027/28**	**%**
Planned Care	12.0	5.9
Unscheduled Care	4.0	2.5
W&C	5.0	5.5
DTPS	8.1	2.8
Mental Health	8.3	6.3
PC&C	3.1	3.7
Facilities	2.8	6.2
Corporate Directorates	5.3	4.0
Contracting & Commissioning	1.2	0.7
Total	**49.9**	**4.8**

An alternative approach of allocating savings targets on a straight apportionment basis would equate to:

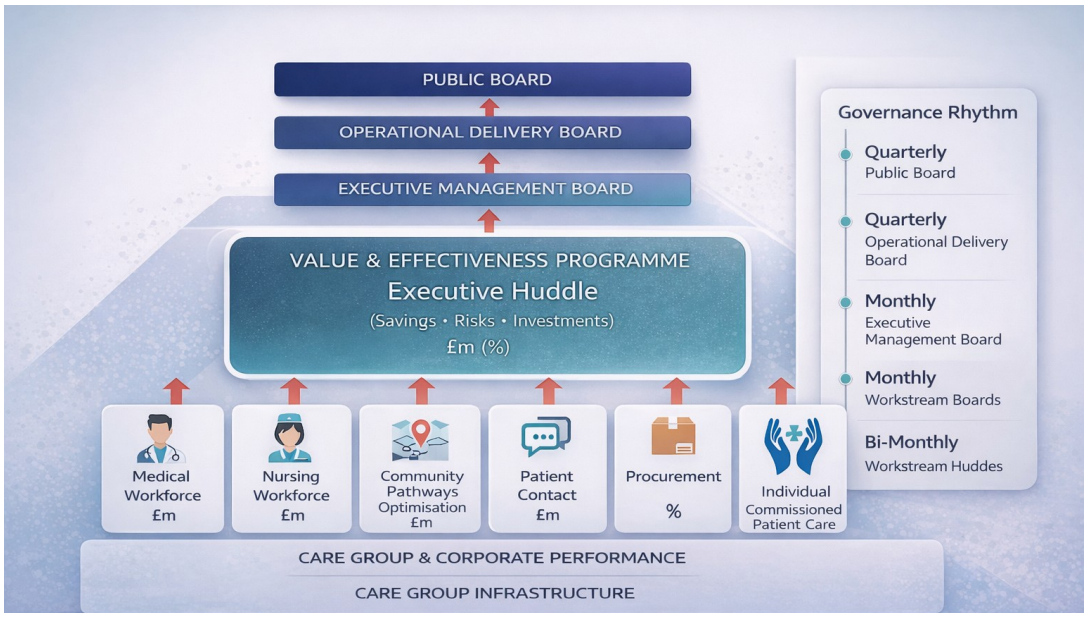
Savings Requirement	**2027/28**
Planned Care	7.8
Unscheduled Care	6.1
W&C	3.5
DTPS	10.8
Mental Health	5.1
PC&C	3.2
Facilities	1.8
Corporate Directorates	5.0
Contracting & Commissioning	6.7
Total	**49.9**

A pack will be supplied to all directorates based on the month 6 position and forecast with further guidance for completion.

EFFICIENCY PRODUCTIVITY AND VALUE

Value and Effectiveness Programme

Our value and effectiveness programme oversees a portfolio of activity, connecting care groups and programmes to coordinate activity to ensure we deliver value, maximise the use of resources and minimise waste. The image below shows the work streams and the governance structure. The activity of this programme coordinates activity responding to a number or enabling actions set out by Welsh Government and we anticipate further actions for 2027-2028.

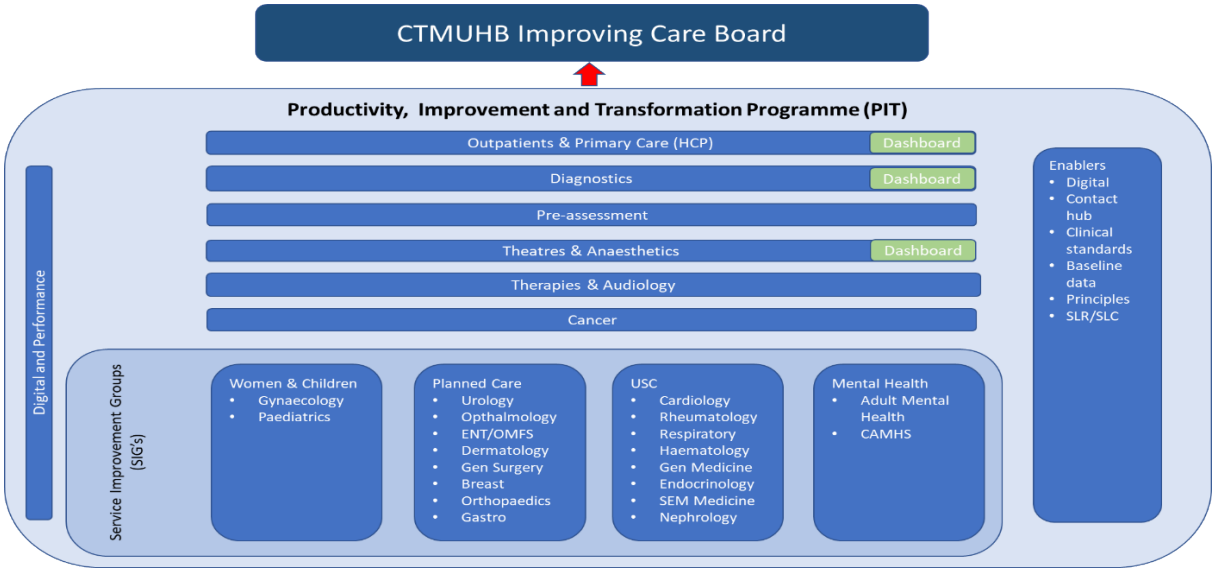


Productivity Innovation and Transformation Programme

The Productivity, Improvement and Transformation (PIT) Programme continues to oversee the improvement of both the efficiency and effectiveness of elective services, through optimising existing resource and reducing waste, whilst working to enhance patient outcomes. All areas of the programme are focused on the following crosscutting themes:

1. Increased efficiency
2. Enhanced Quality of Care
3. Optimised resource utilisation
4. Improved Patient Outcomes
5. Reduction of Variability
6. Data utilisation

7. Workforce Development



It is anticipated that this programme will continue and its activities will be reviewed in light of further enabling actions, once received with the Planning Framework.

These programmes will continue to be integrated in our planning and will be represented in the plan. Further information will follow.

RESEARCH DEVELOPMENT AND INNOVATION

Cwm Taf Morgannwg University Health Board's Research and Development has developed a strategy for 2025-2030 which sets out how the organisation will further develop its vision, infrastructure, research culture and impact, to maximise all opportunities to increase the development and delivery of research across the organisation. The vision statement confirms our ambition.

"To embed research as a core function in all that we do and harness the potential of research to address the health challenges of our population and the development of our workforce, to transform future clinical service delivery."

The strategic aims and objectives are set across primary care, secondary care, population health, community and social care and are applicable to all specialties and professions, both clinical and non-clinical.

It is expected that all areas will consider opportunities for research and the enablers in our plans on a page include this. Work is ongoing with the R&D team to plan mechanisms to ensure support is provided to teams during the plan development cycle. Further information will follow.

INNOVATION

Innovation is one of the means that can be used to develop new ways of doing things, ideas, products and services. Public service-led innovation allows the public sector to deliver more effective and efficient services and gives greater scope for business to generate innovative solutions for the public sector.

Innovation isn't just the successful exploitation of new ideas but the willingness to test and try out something new, that isn't guaranteed to work, but has the potential to make impactful and sustainable change a reality.

In CTMUHB transformational innovation is an encompassing systematic activity, which supports continuous improvement in quality, financial prudence and operational performance, helps deliver strategic change and improved population health outcomes through Value based approach.

These systematic activities are underpinned by strong leadership, an enabling culture with clear values, an engaged and motivated workforce, and robust link to partners in Local Authorities, Third Sector, Industry and Academia.

The Cwm Taf Morgannwg (CTM) Regional Innovation Coordination (RIC) Hub was established in the spring of 2020 originally to co-ordinate and support local innovation activity across CTM regional partnership and is hosted by CTMUHB. This was part of a Welsh Government (WG) policy commitment within *'A Healthier Wales'* to establish a nationally co-ordinated network of hubs within each Regional Partnership (RP) footprint.

Opportunities for innovation and access to support to test potential for innovation should be considered in the planning process. Teams are requested to include their biggest challenge in their planning return so that this can be considered for challenge-led innovation opportunities.