CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT – SUMMARY VERSION – SEPTEMBER 2026
RISKS OVERSEEN BY THE STRATEGIC DEVELOPMENT COMMITTEE (SDC)

This summary provides an accessible overview of the Health Board's principal strategic risks against the four CTM 2030 strategic goals, and the current level of assurance over how they are being managed. It is intended to support Board and Committee discussion by highlighting the most significant gaps, the progress being made to address them, the factors that continue to limit assurance, and the expected direction of travel.

The summary should be read alongside the full Board Assurance Framework, which provides the detailed risk descriptions, controls, sources of assurance, actions and supporting evidence. **It does not replace the full framework or seek to reproduce all of its content.**

The Health Board recognises that development of a mature assurance framework is an ongoing process. The September iteration of the BAF has focused on strengthening the articulation of strategic gaps, risk treatment narratives and evidence of the impact of mitigating actions.

Next steps for the November 2026 iteration will include exploring how the assurance already contained within the detailed BAF can be summarised more visibly within this summary document, giving Board and Committee members more at-a-glance visibility of the current position, the effectiveness of mitigating actions, areas where assurance remains limited, and the overall direction of travel for each strategic risk. The intention is not to replace the detailed assurance contained within the full BAF, but to make key assurance messages easier to identify and use.

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
	Creating Health / Creu Iechyd *Reducing health inequalities; Equal focus on mental and physical health; Supporting our communities; Being a healthy organisation*					
Four BAF risks under the remit of SDC are assigned to "Creating Health". All four of these BAF risks are also assigned to "Sustaining Our Future". Risk 11 is also assigned to "Improving Care"						
4	**Effective Community and Partner Engagement in Service Changes and Developments** **Lead:** Director of Communication, Engagement & Fundraising **Committee:** Strategic Development Committee	**Gap 1:** A consistent and embedded approach to engagement related to service change is not yet fully established across the Health Board **Gap 2:** Capacity within the engagement function remains insufficient to fully support organisational and population engagement requirements **Gap 3:** Digital engagement, insight and social listening capability is not yet sufficiently developed to support modern engagement approaches **Gap 4:** Regional engagement approaches and messaging are not yet fully co-ordinated across partner organisations	16 (C4xL4)	8 (C4xL2)	Dec 2026	**September 2026:** Progress has been made through development of the Service Change SOP, securing funding for additional engagement capacity, implementation of the Orlo platform and regional engagement planning. However, these arrangements are not yet fully embedded and capacity constraints remain, limiting the pace of risk reduction. **Risk treatment:** Treat with elements tolerated.
7	**Fulfilling our environmental and social duties and ambitions** **Lead:** Executive Director of Strategy & Transformation **Committee:** Strategic Development Committee	**Gap 1:** Climate adaptation and organisational preparedness for climate change are not yet fully embedded **Gap 2:** Decarbonisation and sustainable decision-making are not yet fully embedded across procurement, estates and organisational planning **Gap 3:** Capacity and investment remain insufficient to fully deliver environmental sustainability and decarbonisation ambitions	16 (C4xL4)	8 (C4xL2)	2030	**September 2026:** The risk is actively managed through the Climate Action Plan, decarbonisation programme, sustainability initiatives and partnership arrangements. Whilst progress continues through a range of environmental sustainability projects and investment programmes, delivery remains constrained by funding availability and the scale of change required to meet long-term environmental and social sustainability ambitions. **Risk treatment:** Treat with elements tolerated.
8	**Prevention and early intervention to support healthy life expectancy** **Lead:** Executive Director of Public Health **Committee:** Strategic Development Committee	**Gap 1:** Health Protection and Immunisation capacity remains insufficient to fully deliver its contribution to the Health Board's wider prevention and population health priorities. **Gap 2**: Population Health Management capability and infrastructure are not yet sufficiently developed to support population-based planning and intervention.	20 (C5xL4)	8 (C4xL2)	TBC	**September 2026:** The risk is being actively managed through population health, prevention, health protection and partnership programmes. Whilst strategic frameworks and targeted interventions continue to develop, Population Health Management capability, Health Protection capacity and whole-system delivery are not yet sufficient to demonstrate sustained improvement in Healthy Life Expectancy or reduced inequalities. For longer term improvement in outcomes, resources and associated services will need to be shifted from treatment of disease into preventative interventions.

Risk no	Strategic Goal	Key strategic gaps we are addressing	Current score	Target Score	Target Score Date	Current Status September 2026; and Risk Treatment
		Gap 3: A whole-system approach to prevention and inequalities with sufficient associated resource, is not yet fully embedded across the Health Board and partner organisations.				**Risk treatment:** Treat with elements tolerated.
11	**Delivery of an Integrated Care Model** **Lead:** Chief Operating Officer **Committee:** Strategic Development Committee	**Gap 1:** Digital and information-sharing infrastructure is not yet sufficiently developed to support integrated care. **Gap 2:** The evidence base and delivery model for sustainable primary and community care requires further development. **Gap 3:** System integration and partnership arrangements are not yet sufficiently mature to deliver a fully integrated model of care.	16 (C4xL4)	12 (C4xL3)	TBC	**September 2026:** The risk is actively managed through integrated care transformation programmes and regional partnership arrangements. Whilst progress continues in developing integrated models of care and joint working across the system, further work is required to embed operational integration, digital integration, sustainable primary and community care models, and more effective system-wide planning and decision-making. **Risk treatment:** Treat with elements tolerated.
	Improving Care / Gwella Gofal *Delivering safe and compassionate care; Developing new models of care; Digital transformation for patients and staff; Ensuring timely access to care*					
Risks 5,8,10,11 which under the remit of SDC are assigned to "Improving Care".						
5	**Delivery of a digital and information infrastructure to support organisational transformation** **Lead:** Director of Digital **Committees:** Operational Delivery Committee and Strategic Development Committee	**Gap 1:** Digital capability and adoption are not yet sufficiently mature to enable transformation at scale **Gap 2:** Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation **Gap 3:** Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care	16 (C4xL4)	12 (C4xL3)	TBC	**September 2026:** The risk continues to be actively managed through delivery of digital transformation, infrastructure, cyber improvement programmes and regulatory compliance. Whilst progress is being made and the overall trajectory is cautiously positive, the risk remains elevated due to workforce and funding constraints, legacy systems, national dependencies and the evolving cyber threat landscape. Further progress is required before digital capability, capacity and resilience are sufficiently embedded to support a reduction in risk score. **Risk treatment:** Treat with elements tolerated.
10	**Ability to develop a fit for the future estate to reflect our future clinical service model** **Lead: Executive Director of Finance** **Committee:** Strategic Development Committee	**Gap 1:** A long-term estate strategy aligned to the future clinical service model is not yet fully developed. **Gap 2:** Sufficient capital funding has not yet been secured to deliver capital schemes.	16 (C4xL4)	8 (C4xL2)	2031	**September 2026:** The risk is actively managed through strategic estate planning, development of major capital schemes and alignment with the emerging Clinical Services Plan. Whilst preparatory work and business case development continue, progress remains dependent on completion of the future clinical model and the availability of capital funding. Further progress is required before the Health Board can be assured that future estate requirements are fully understood and deliverable. **Risk treatment:** Treat with elements tolerated.
See also under "Creating Health" and "Sustaining our Future" – Risk 11 Delivery of an Integrated Care Model						
	Inspiring People / Ysbrydoli Pobl *Visible and inspiring leadership; Promoting diversity and inclusion; Embedding our values and behaviours; Encouraging local employment*					
No risks under the remit of SDC are assigned to "Inspiring People".						
	Sustaining Our Future / Cynnal Ein Dyfodol *Becoming a green organisation; Ensuring our services' financial sustainability; Embedding value-based healthcare; Ensuring our estate is fit for the future*					
All BAF risks under the remit of SDC are assigned to "Sustaining Our Future" as well as also being assigned to other objectives.						