CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT – SEPTEMBER 2026
Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Target Score	Target Score Date	Risk Treatment /Status Update September 2026
4.	Creating Health, Sustaining our Future Click Here for Risk 4	**Effective Community and Partner Engagement in service changes and developments**	Director of Communication, Engagement & Fundraising	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	Dec 2026	**Treat with elements tolerated.** 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.
5.	Improving Care, Sustaining our Future Click Here for Risk 5	**Delivery of a digital and information infrastructure to support organisational transformation**	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4xL4)	12 (C4xL3)	TBC	**Treat with elements tolerated.** The risk is 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.
7.	Sustaining our Future, Creating Health Click Here for Risk 7	**Fulfilling our Environmental and Social Duties and ambitions**	Executive Director of Strategy & Transformation	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	2030	**Treat with elements tolerated.** 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..
8.	Creating Health, Sustaining our Future Click Here for Risk 8	**Prevention and early Intervention to support Healthy Life Expectancy**	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	8 (C4xL2)	TBC	**Treat with elements tolerated** The risk is 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.
10.	Sustaining our Future, Improving Care Click Here for Risk 10	**Ability to develop a fit for the future estate to reflect our future clinical service model**	Executive Director of Finance	Strategic Development Committee	16 (C4xL4)	8 (C4xL2)	2031	**Treat with elements tolerated.** 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.
11.	Creating Health, Sustaining our Future, Improving Care Click Here for Risk 11	**Delivery of an Integrated Care Model**	Chief Operating Officer	Strategic Development Committee	16 (C4xL4)	12 (C4xL3)	TBC	**Treat with elements tolerated.** 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.

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in ***grey italic***

Consequence						
	5				**8**	
	4		***4,7,8,10***	***5,11***	**4,5,7,10,11**	
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):		Risk score
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	**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.

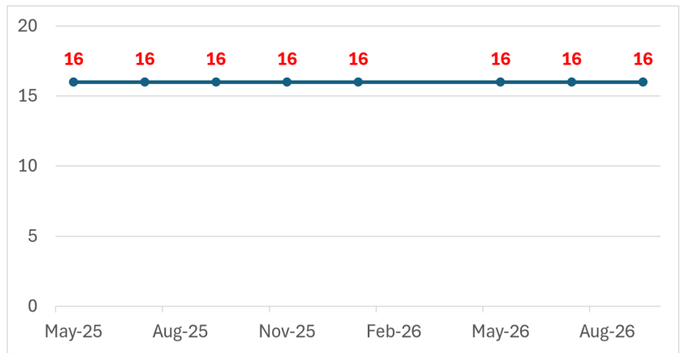
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory



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

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

Current Control Measures

Strategies & Plans

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

Engagement Forums

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

Sources of Assurance (Internal and External)

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation
Gap 1: A consistent and embedded approach to engagement related to	**Actions completed:** • SOP completed with cross-department input. Work underway to implement.	• Consistency of approach to service change across health board will ensure better management of change, resulting in	The Service Change SOP has been developed with cross-departmental input, providing a stronger framework for

service change is not yet fully established across the Health Board	**Further actions required** • Implement the Health Board Service Change SOP and supporting arrangements. • Embed consistent approaches to engagement and consultation across service change programmes.	greater credibility and effectiveness of engagement activities and more useful insight. • Earlier development and implementation of engagement plans will enable more effective prioritisation of resources and capacity.	planning and delivering engagement activities. This has improved consistency of approach and strengthened organisational readiness; however, implementation remains ongoing and benefits are not yet fully embedded across all service change programmes.
Gap 2: Capacity within the engagement function remains insufficient to fully support organisational and population engagement requirements	**Actions completed:** • Securing funding with Public Health to recruit additional engagement role. Role developed and recruitment underway, to complete summer 2026. **Further actions required** • Explore capacity within partner directorates for supporting engagement activities.	• Improved understanding and engagement response to population health priorities, enabling insight- and intelligence-led planning and delivery. • More proactive response to engagement requirements will increase reach and public/partner confidence in the health board and enable the development of campaigns, resources and priorities that match population need. • Improved capacity will enable health board to further develop relationships with community groups, third-sector partners, and hard-to-engage groups, resulting in richer-data, and greater insight to inform effective public engagement methods and resources. • Additional capacity to manage unexpected engagement need, e.g. for urgent service change, will lead to more effective, meaningful and timely engagement that maintains credibility and trust.	Additional capacity has been secured through Public Health funding and recruitment activity is underway. This will increase the Health Board's ability to respond to engagement requirements and develop relationships with communities and partners; however, recruitment has not yet been completed and overall capacity constraints remain.
Gap 3: Digital engagement, insight and social listening capability is not yet sufficiently developed to support modern engagement approaches	**Actions completed:** • Procurement of Orlo platform for social media management, social listening and public engagement has been completed. Onboarding and activation of platform 2/9/26	• Significantly enhanced ability to produce, manage and monitor social media will enable health board to use these key channels to engage with, target, influence, understand, and respond to public and stakeholders. • Significantly improved insight into population sentiment, behaviour, trust and confidence will enable the health board to be far more responsive and informed in the management of change, and reach and impact of campaigns for behaviour change. • Significantly enhanced, AI-supported capability and capacity will enable greater reach, more impactful and more valuable public engagement, resulting in more useable and influential data and insight.	Orlo will provide strong foundations for improved insight gathering, targeting and public engagement; however, it will take time for the team to be trained in its use and for the full benefit of the platform to be realised.
Gap 4: Regional engagement approaches and messaging are not yet fully co-ordinated across partner organisations	**Actions completed** • Development of regional engagement plan and associated resources with partners in AB and CAV **Further actions needed:** • Implementation of engagement activities during quarter 3, 26/27	• More visibility of regional working will increase confidence amongst staff, stakeholders and public in the value of regional working. • Joint planning and delivery of communications and engagement across the region will be more efficient, making best use of limited and capacity and enabling greater reach.	Work has commenced with regional partners to develop a shared engagement approach and supporting resources. This has strengthened collaboration and improved understanding of regional priorities; however, arrangements remain in development and opportunities for fully co-ordinated regional engagement have not yet been fully realised.

		• 'Story-telling' and messaging at regional-level will help to frame population need and system/service requirements.	

Linked National Priority Measures

Nil

Current Performance Highlights

- Procurement of Orlo social media management, social listening and digital survey platform completed. Onboarding underway for implementation in September '26
- Recruitment process for Engagement Lead Officer (Public Health) underway. Should complete, September '26

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

None identified.

Associated Risks escalated to the Organisational Risk Register

Nil

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

Strategic Risk: **Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)**

If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	***Then*** We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	***Resulting in*** Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients' experiences, and continue to constrain our ability to work seamlessly across our region.

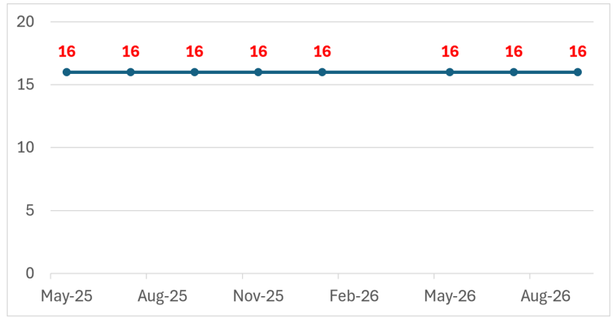
Risk Lead	Director of Digital	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



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

September 2026: The risk score remains unchanged at **16 (C4xL4)**. Whilst progress continues across a number of digital transformation, infrastructure and cyber security programmes, significant strategic vulnerabilities remain which prevent a reduction in the likelihood score at this stage.

Key progress during this period includes:

- Continued implementation of the Digital, Data and AI Strategy, Cyber Improvement Plan and Information Security Policy.
- Strengthening of governance arrangements for artificial intelligence, supplier management and digital inclusion.
- Ongoing improvements to digital infrastructure, cyber monitoring capabilities and clinical system standardisation.
- Progress with key enabling programmes including digitisation of medical records, electronic prescribing medicines administration, shared care records and patient-centred contact services.

	However, the risk remains elevated due to: • The evolving cyber threat landscape and continuing exposure to cyber attack. • Ongoing capital, revenue and workforce constraints affecting the pace of digital transformation. • Continued reliance on legacy systems and a relatively low level of digital maturity compared to recognised benchmarks. • Dependencies on national programmes, suppliers and wider NHS Wales digital developments. Whilst the overall trajectory is considered cautiously positive, further progress is required before the Health Board can demonstrate that digital capability, capacity and resilience are sufficiently embedded to support organisational transformation and justify a reduction in the risk score.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

Current Control Measures

Strategic Direction and Governance

The Health Board has established strategic and operational arrangements to support digital transformation, prioritisation and delivery of digital investment and improvement programmes. For example:

- Population Health Strategy.
- Digital & Data Delivery Programme.
- Project Portfolio Board.
- Digital Investment Fund.
- Digital Maturity Benchmarking.

Cyber Security and Information Governance

A range of governance, policy and assurance arrangements are in place to support cyber resilience, information governance and the safe use of digital technologies. For example:

- Cyber Improvement Plan (Aligned to the NIS Directive)
- Cyber Resilience & Availability Group.
- Cyber Incident Response Arrangements (including testing and exercising).
- Information Security, Records Management and Information Governance Frameworks.
- AI Governance Framework.
- Non-Corporate Communication Channels Policy.

Digital Transformation and Infrastructure

Programmes are in place to strengthen digital infrastructure, modernise clinical systems and support the delivery of digitally enabled services. For example:

- IT Infrastructure Review.
- Electronic Prescribing Medicines Administration Programme.
- Shared Care Record arrangements.
- Patient-Centred Contact Programme.
- Bridgend Clinical Systems Consolidation.

Digital Inclusion and Adoption

Workstreams are in place to support workforce adoption of digital technologies and equitable access to digital services. For example:

- Digital Inclusion and Accessibility Workstreams.

Workforce digital capability and business change initiatives.

Sources of Assurance (Internal and External)

Assurance is derived from a combination of programme governance, internal and external audit activity, information governance reviews, cyber assurance arrangements and routine reporting on delivery of the Digital & Data agenda. Collectively, these provide oversight of digital transformation programmes, information governance, cyber resilience, compliance and progress against strategic digital priorities.

Recent assurance activity indicates continued progress in a number of areas, including delivery of digital transformation programmes, strengthening governance arrangements and ongoing improvements to digital infrastructure and cyber resilience.

Internal Assurance
The Board receives assurance through a range of governance and reporting arrangements, including:

- Digital Programme Assurance Reports covering delivery of Digital & Data priorities within the IMTP.
- Medical Records Assurance Reports.
- Progress reporting against the Population Health Strategy.
- Clinical Safety reporting.
- Planning, Performance and Finance reporting.
- Reporting through Operational Delivery Committee and associated governance arrangements.

External Assurance
Independent assurance is obtained through external review, audit and compliance frameworks, including:

- Audit Wales reviews.
- Internal Audit reviews.
- All-Wales Information Governance Toolkit assessments and ICO reviews.
- NIS-D Cyber Assessment Framework and associated Cyber Resilience Unit (CRU) improvement monitoring.

Recent assurance highlights

- **Review of Digital Transformation** (May 2026) which has made nine recommendations:
  - Strengthening the digital strategy with clearer milestones and alignment to wider plans.
  - Improving digital performance reporting with clearer measures and risks.
  - Developing a costed infrastructure plan with timelines and asset data.
  - Introducing formal AI governance for oversight of all AI use.
  - Building digital workforce capability through skills assessment and training.
  - Strengthening user engagement and digital inclusion.
  - Clarifying long-term digital investment needs and decision points.
  - Coordinating oversight of digital projects.
  - Embedding a benefits framework to show whether digital investments deliver value.

Overall Assurance Position
Current assurance provides evidence that key governance, cyber security, information governance and digital transformation arrangements are operating effectively. Whilst assurance activity demonstrates progress across a number of programmes and control areas, it also highlights the continuing need to address workforce, resource, infrastructure and digital maturity challenges before full assurance can be obtained that the strategic risk is adequately controlled.

•

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact of actions (following implementation)
Gap 1: Digital capability and adoption are not yet sufficiently mature to enable transformation at scale *Whilst significant investment has been made in digital technology, governance and infrastructure, digital literacy, skills and adoption are not yet consistently embedded across the workforce. This limits the Health Board's ability to fully realise the benefits of digital transformation, maximise the value of existing systems, and support organisational change at the pace required.*	**Controls in Place / Actions Already Taken** • Digital literacy and workforce capability have been identified as key priorities within Digital and Data planning and Integrated Medium-Term Plan (IMTP) proposals. • Existing digital learning resources and support materials are available and continue to be promoted across the organisation. • Digital and business change capability is being developed through a range of transformation programmes, including national and local digital initiatives. • Work is underway to develop a more structured organisational approach to digital and data literacy and clinical digital skills.	• Increased workforce confidence and capability in the use of digital and data tools. • Improved adoption and utilisation of digital systems. • Greater consistency in digital ways of working. • Improved ability to deliver service redesign and transformation enabled by digital technology. • Increased return on investment from digital programmes and infrastructure.	Work completed to date has increased organisational focus on digital literacy, digital inclusion and workforce capability as critical enablers of transformation. Digital skills development is increasingly being incorporated within major change programmes, helping to build awareness and readiness for new ways of working. However, a consistent organisational approach is not yet fully embedded, and further work is required before digital capability is sufficiently mature to support transformation at scale.

	• Digital inclusion and accessibility workstreams are supporting wider adoption of digital services by staff, patients and communities. • Continued cyber awareness campaigns and targeted engagement. **Further Actions Required** • Develop a Digital and Data Literacy Strategy. • Develop a structured approach to workforce digital capability and clinical digital skills development. • Establish measures to monitor digital confidence, capability and adoption across the organisation. • Work with key stakeholders including nursing, medical leadership, CTM Education and Training and HEIW.		
Gap 2: Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation *The scale of the Health Board's digital transformation ambition continues to exceed the available workforce, revenue and capital resources available to deliver it. Whilst progress is being made across a number of programmes, staffing constraints, specialist skills shortages, short-term funding arrangements and competing organisational priorities continue to limit the pace at which digital transformation can be delivered and embedded.*	**Controls in Place / Actions Already Taken** • Digital and Data workforce requirements are identified through the Integrated Medium-Term Plan and Digital & Data planning processes. • Available capital and revenue funding is prioritised towards the highest-risk areas and strategic priorities. • The 2025/26 Digital & Data capital programme was delivered on time and within budget, supporting investment in digital infrastructure, cyber resilience and digital enablement. • Additional funding opportunities continue to be pursued through national and local programmes. • Recruitment to priority posts is being progressed and specialist contract support utilised where required. • Workforce requirements continue to be reviewed through programme, portfolio and IMTP planning arrangements. **Further Actions Required** • Develop a sustainable workforce plan for Digital & Data services. • Continue recruitment to priority roles and reduce reliance on temporary arrangements where possible. • Improve alignment between organisational demand, workforce capacity and available funding. • Secure recurrent funding to support critical digital and transformation functions. Maintain a clear prioritisation framework where demand exceeds available resources.	• Improved capacity to deliver digital transformation programmes. • Reduced reliance on contractors and short-term workforce solutions. • Increased resilience across Digital & Data services. • Improved delivery timescales for digital projects and programmes. • Greater ability to support service transformation and organisational priorities.	Investment in digital infrastructure, cyber resilience and transformation programmes has strengthened the Health Board's digital capability and enabled progress across a number of strategic initiatives. Workforce planning and targeted recruitment have also improved understanding of resource requirements. However, workforce, funding and capacity constraints remain significant and continue to affect the speed at which digital transformation can be delivered and sustained.
Gap 3: Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care *Whilst significant progress has been made in the development of digital systems, infrastructure and governance arrangements, the Health Board's overall digital maturity remains below the level required to fully support integrated care,*	**Controls in Place / Actions Already Taken** • A range of digital transformation programmes are underway to support the development of integrated digital services and clinical systems. • Electronic Prescribing and Medicines Administration implementation is progressing across the Health Board. • Shared care record arrangements are in place to support information sharing. • Patient-centred contact programme development is underway.	• Improved access to timely, accurate and integrated information. • Better support for clinical decision making and service redesign. • Reduced reliance on paper-based and manual processes. • Improved patient and staff experience through digitally enabled services. • Increased organisational productivity and efficiency.	Progress has been made in modernising digital services, strengthening governance arrangements and advancing key transformation programmes, including Electronic Prescribing and Medicines Administration, patient-centred contact services and wider digital enablement initiatives. These developments have improved the foundations for future transformation;

service transformation and data-driven decision making. Continued reliance on legacy systems, fragmented digital records and national system dependencies limits the pace at which the organisation can realise the full benefits of digital transformation. A number of associated operational and programme risks are managed through the Organisational Risk Register.	• Digital maturity benchmarking is used to inform future planning and capability development. • Digital and data priorities are incorporated within the Digital & Data Strategy and Integrated Medium-Term Plan. • Ongoing engagement with Welsh Government, Digital Health and Care Wales and wider NHS Wales digital programmes supports alignment with national developments. **Further Actions Required** • Continue implementation of digital transformation priorities and enabling programmes. • Progress development of integrated digital records and digitally enabled patient services. • Improve the availability, quality and use of structured digital information. • Strengthen interoperability and integration across clinical and corporate systems. Continue to influence and align with national digital developments and architecture.	• Improved digital maturity and readiness for future transformation.	however, the Health Board remains at an early stage of digital maturity and further progress is required before the full benefits of integrated, data-driven and digitally enabled care can be realised.

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

Detailed programme, operational and technical updates are reported separately through Digital & Data governance arrangements, programme boards and routine performance reporting. The Board Assurance Framework focuses on the strategic implications of delivery against the Health Board's digital transformation ambition.

Current Position (September 2026)

- Progress continues across several strategic digital transformation programmes, including Electronic Prescribing and Medicines Administration go-live at RGH , Transition to BAU for Digital Maternity solution (BadgerNet), Ophthalmology referrals system Phase 1 – go live (OperaI) Patient-Centred Contact Transformation Programme services – go-live Intouch Flow Manager (Patient Check-in, Patient Calling and electronic outcomes) across PCH, RGH, YCC, YCR and DS , digital infrastructure modernisation and wider digital enablement initiatives.
- Adoption of digital services continues to increase, supported by ongoing developments in patient-facing technologies and digital clinical systems.
- Improvements have been made to digital infrastructure resilience, the core network switches have been replaced at PoW, RGH, KHHP and Dewi Sant.
- Automation of cyber incident alerting and handling.
- Progress is also being made in the development of digital and data capabilities to support innovation, artificial intelligence and future service transformation.
- National programme dependencies, workforce capacity constraints and funding pressures continue to affect the pace and sequencing of some digital transformation initiatives.
- Whilst the overall trajectory remains positive, the Health Board's digital maturity remains below the level required to provide full assurance that digital capabilities are sufficiently embedded to support organisational transformation at the desired pace.

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

Critical incidents under NIS-D: - There were no incidents reported to the CRU during this period. However, a small number of high-impact incidents did occur at both local and national level.

Associated Risks escalated to the Organisational Risk Register

Strategic Gap 1: Digital capability and adoption are not yet sufficiently mature to enable transformation at scale		
4672	Inability to achieve timely, accurate clinical coding and structured data standards.	**15**
Strategic Gap 2: Digital workforce capacity and sustainable funding remain insufficient to deliver the required pace of transformation		
4664	Cyber attack resulting in loss of critical services, data and potential extortion (including specialist cyber capacity and capability challenges).	**20**

4671	Ageing digital infrastructure impacting service resilience (including workforce and funding constraints affecting infrastructure renewal).	**16**
Strategic Gap 3: Digital maturity remains below the level required to fully support integrated, data-driven and digitally enabled models of care		
5276	Delay to LIMS 2.0 implementation impacting pathology service continuity	**20**
5761	Cross Health Board Data Sharing	**16**
3337	Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS.	**15**
5040	Digital system integration dependencies.	**15**
4672	Inability to achieve timely, accurate clinical coding and structured data standards..	**15**

Strategic Goal(s):

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

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

Risk score **16**

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

If the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact	***Then*** we will not fulfil our Socio-economic duty, our statutory emission reduction targets, our Wellbeing of Future Generations objectives and our value-based healthcare principles	***Resulting in*** negative environmental and social impacts, and loss of trust and confidence among stakeholders

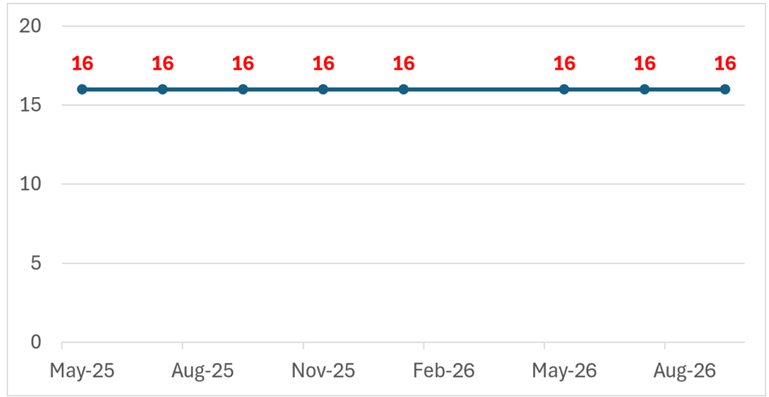
Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

The current risk score remains unchanged at 16.
Progress has been made in strengthening governance arrangements, approving the Climate Action Plan, securing funding for decarbonisation initiatives and embedding environmental sustainability considerations into organisational planning.

Positive progress includes delivery of renewable energy schemes, achievement of GreenED accreditation across all Emergency Departments and continued development of sustainability and partnership arrangements.

However, the risk remains elevated because climate adaptation and resilience arrangements are still maturing, significant investment is required to deliver long-term decarbonisation ambitions, and the pace of improvement continues to be constrained by workforce and financial capacity.

	Recent periods of hot weather across Wales have also reinforced the importance of continuing to strengthen organisational preparedness for climate-related risks. Whilst the overall direction of travel is positive, further progress is required before a reduction in risk score can be justified.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Current Control Measures

Strategic Direction and Governance
Strategic oversight of environmental sustainability, climate adaptation and socio-economic responsibilities is provided through established governance arrangements and organisational strategies.

- Environmental Sustainability Group, reporting to the Strategic Development Committee.
- Climate Action Plan.
- CTM2030.
- Integrated Medium Term Planning (IMTP) process aligned to the Wellbeing of Future Generations Act.
- Sustainability Manager role.
- Public Service Board Climate Change Action Group.

Environmental Sustainability and Decarbonisation
A range of programmes and initiatives are in place to reduce the Health Board's environmental impact and support delivery of NHS Wales decarbonisation ambitions.

- All-Wales sustainable procurement approach.
- REFIT Programme (£11.4m energy-efficiency investment).
- Nitrous Oxide Decommissioning and Gas Capture Scheme.
- Green CTM Staff Forum.
- Waste management initiatives, including elimination of landfill for foodstuffs.
- Reduced use of environmentally impactful anaesthetic gases.
- Climate adaptation actions identified through the Climate Change Risk Assessment.

Social Value and Anchor Institution Activity
The Health Board continues to use its role as a major employer, purchaser and community partner to improve population wellbeing and reduce inequalities.

- Anchor Organisation programme.
- Community wealth building and local procurement initiatives.
- Building Healthier Communities Programme.
- Work to incorporate socio-economic duties within organisational planning and decision-making.

Partnership and Innovation
Partnership arrangements and innovation activity support the delivery of sustainability and wider environmental ambitions.

- Public Service Board partnership arrangements.
- Regional sustainability collaboration.
- Innovation activity focused on environmental sustainability and decarbonisation opportunities.

Sources of Assurance (Internal and External)

Assurance is derived from governance oversight, programme monitoring, statutory reporting, independent audit activity and partnership governance arrangements. Collectively, these provide assurance regarding delivery of environmental sustainability, decarbonisation and socio-economic responsibilities.

Current assurance demonstrates that governance arrangements, programmes and strategies supporting environmental sustainability continue to mature. Positive assurance is available regarding strategic direction, programme oversight and delivery of a number of decarbonisation initiatives. However, assurance remains more limited regarding long-term reductions in carbon emissions, climate adaptation outcomes and the wider organisational impact of sustainability initiatives.

Strategic and Statutory Assurance

Assurance regarding fulfilment of wellbeing and socio-economic duties is provided through:

- Wellbeing Statement accompanying the Annual Plan.
- Progress reports against the Annual Plan.
- Building Healthier Communities Steering Group.
- Healthy Housing Alliance.

Programme and Operational Assurance

Assurance relating to environmental sustainability, climate adaptation and decarbonisation is provided through:

- Environmental Sustainability Annual Report.
- Climate Action Plan monitoring and reporting.
- Decarbonisation programme reporting through the Strategic Development Committee.
- Progress monitoring of major sustainability projects and investment programmes.

Independent Assurance

Independent assurance is provided through external accreditation and audit activity, including:

- ISO 14001 Certified Environmental Management System accreditation.
- NWSSP Internal Audit Services review of the Decarbonisation Action Plan and associated follow-up activity.
- Independent review of decarbonisation programme delivery and compliance with agreed actions.

Overall Assurance Position

Current assurance demonstrates that governance arrangements, climate action planning and decarbonisation programmes are established and continue to develop. Progress is evident in a number of environmental sustainability initiatives, including energy efficiency, carbon reduction and sustainable procurement. However, delivery remains dependent on sustained investment, partnership working and successful implementation of longer-term climate adaptation and decarbonisation actions before the full intended benefits can be realised**.**

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact of actions (following implementation)
Gap 1 **Climate adaptation and organisational preparedness for climate change are not yet fully embedded**	**Controls already in place / actions completed** • Climate Action Plan approved by Board. • Board development sessions completed to improve awareness and understanding. • Regional Climate Change Risk Assessment (CCRA) developed through the Public Service Board. • High-level climate adaptation risks identified and incorporated into the Climate Action Plan. **Further actions required** • Implement priorities arising from the Climate Action Plan. • Continue development of climate adaptation arrangements in line with Welsh Government policy. • Embed climate resilience considerations within strategic planning and service delivery.	**Intended impact** • Improved organisational resilience to climate change. • Better understanding and management of climate-related risks. • More sustainable services capable of responding to future environmental challenges.	**Actual impact of actions taken to date** The Climate Action Plan has been approved and climate-related risks have been formally assessed and incorporated into organisational planning. Awareness of climate change impacts has increased through Board development activity and regional partnership working. However, implementation remains at an early stage and further work is required before climate adaptation is consistently embedded across all services.
Gap 2 **Decarbonisation and sustainable decision-making are not yet fully embedded across procurement, estates and organisational planning**	**Controls already in place / actions completed** • Procurement representation established within Environmental Sustainability and decarbonisation groups. • All-Wales sustainable procurement approaches adopted. • Climate Action Plan approved. • Decarbonisation programme supported through the Sustainability Manager function. • REFIT programme funding secured for energy efficiency improvements. • Sustainability considerations incorporated into relevant organisational planning arrangements. **Further actions required**	**Intended impact** • Reduced organisational carbon footprint. • Improved sustainability of procurement and operational decision-making. • Increased delivery of decarbonisation objectives. • Progress towards NHS Wales Net Zero ambitions.	**Actual impact of actions taken to date** Significant progress has been made in establishing governance arrangements, sustainable procurement networks and decarbonisation programmes. Major energy-efficiency projects and low-carbon initiatives are underway, and sustainability considerations are increasingly incorporated into organisational decision-making.

	• Strengthen consideration of carbon impact within procurement decision-making. • Continue delivery of decarbonisation initiatives. • Develop and implement supporting organisational policies and strategies. • Monitor and report progress against Welsh Government decarbonisation requirements.		However, financial pressures and competing priorities continue to affect the pace of implementation and delivery.
Gap 3 **Capacity and investment remain insufficient to fully deliver environmental sustainability and decarbonisation ambitions**	**Controls already in place / actions completed** • Climate Action Plan approved and endorsed by the Board. • Sustainability Manager appointed to oversee delivery of the programme. • REFIT Programme funding of £11.4m secured to improve energy efficiency. • Targeted Estates Fund (TEF) funding secured for decommissioning of nitrous oxide and gas capture works. • Alternative funding opportunities actively pursued where available. • Sustainability and decarbonisation governance arrangements established. **Further actions required** • Secure additional capital investment to deliver Climate Action Plan priorities. • Continue delivery of major decarbonisation and energy-efficiency projects. • Identify and access alternative funding streams where available. • Maintain prioritisation arrangements where available funding is insufficient to deliver all planned schemes.	**Intended impact** • Increased delivery of Climate Action Plan objectives. • Reduced organisational carbon emissions. • Improved energy efficiency and environmental sustainability. • Increased resilience and sustainability of the Health Board estate. • Progress towards NHS Wales Net Zero ambitions	**Actual impact of actions taken to date** Significant investment has already been secured for a number of decarbonisation and energy-efficiency schemes, including the REFIT programme and targeted estates funding initiatives. This has enabled delivery of priority sustainability projects and strengthened the Health Board's ability to reduce its environmental impact. However, the scale of investment required to achieve long-term decarbonisation ambitions continues to exceed currently available resources, and delivery remains dependent on securing additional funding and capital investment.

Linked National Priority Measures

Economy and Environment

- Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach
- Qualitative report detailing the progress of NHS Wales' contribution to climate action as outlined in the organisation's plan.

Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme

The Welsh Government Energy Service have published an updated strategic delivery plan (SDP) which outlines the high-level actions for decarbonisation within the NHS covering 2025-2030.Actions contained in the SDP are being reviewed and allocated to strategic leads.

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

Current Performance Highlights

Decarbonisation and Environmental Sustainability

Progress continues in reducing the environmental impact of Health Board operations. All three Emergency Departments have achieved Bronze GreenED accreditation status and CTMUHB received two NHS Wales Sustainability Awards, whilst also securing national innovation funding to support the development of sustainable solutions to waste and environmental challenges. Decarbonisation reporting has continued throughout the year and the Annual Report and Accounts included reporting on progress against the Wellbeing of Future Generations Act objectives.

The solar installation at Coed Ely Solar Farm is now complete and will provide low-carbon electricity directly to Royal Glamorgan Hospital through an innovative private wire arrangement. A further project is underway to utilise surplus renewable energy generated locally to support Prince Charles Hospital. In addition, funding has been secured through the REFIT programme to support energy efficiency and carbon reduction initiatives across the Health Board estate.

Partnerships, Investment and Social Value

Progress continues through partnership arrangements, innovation programmes and wider sustainability initiatives. Significant external funding has been secured through national programmes to support environmental sustainability projects and innovation activity. Work also continues to embed the Wellbeing of Future Generations Act, socio-economic duties and Anchor Organisation principles within organisational planning and decision-making, supporting the Health Board's contribution to wider environmental, social and economic wellbeing objectives.		
Were there any significant incidents affecting this strategic Risk this period:		
During summer 2026, periods of exceptionally hot weather have highlighted the increasing frequency and impact of climate-related events. Whilst CTMUHB maintained service delivery throughout these periods, the events reinforced the importance of climate adaptation, organisational resilience and effective partnership working in responding to environmental risks. The experience has provided a practical demonstration of the relevance of the Health Board's Climate Action Plan and the need to continue strengthening preparedness for future climate-related events, including the potential impacts on vulnerable populations, infrastructure and service delivery.		
Associated Risks escalated to the Organisational Risk Register		
Linked to all three strategic gaps:		
5374	**Fulfilling environmental and social duties.** *This Directorate-led risk reflects the operational delivery of the Climate Action Plan, climate adaptation arrangements, decarbonisation programme, socio-economic duties and wider environmental sustainability objectives. It provides the principal operational risk underpinning this strategic BAF risk and supports all three strategic gaps.*	**16**
Gap 3: Capacity and investment remain insufficient to fully deliver environmental sustainability and decarbonisation ambitions		
6235	**Insufficient funding to address backlog maintenance across the estate.** *This risk reflects the financial and infrastructure constraints that affect the Health Board's ability to modernise its estate, improve energy efficiency and deliver elements of its longer-term decarbonisation ambitions.*	**16**

Strategic Goal(s):

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

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

Risk score **20**

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

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

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

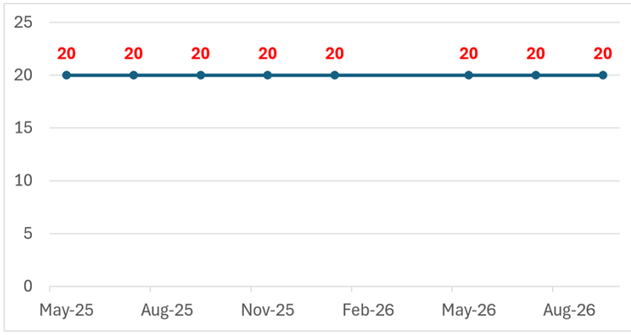
	Consequence	Likelihood	Score
Initial	5	4	20
Current	**5**	**4**	**20**
Target	4*	2	8
Risk Appetite		**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*	

Risk Score Trend this Period:

*The consequence score has reduced for the target score assessment, as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention); however, the organisation will still need to adapt as appropriate.

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	**The current risk score remains unchanged at 20.** Whilst progress continues through a range of prevention, population health and inequalities programmes, the latest population health data indicates that Healthy Life Expectancy (HLE) remains significantly below the Welsh average and continues to decline. Significant inequalities also persist across the CTM population, demonstrating that the scale and pace of change are not yet sufficient to improve long-term population outcomes. **Current Position**: **Life Expectancy and Healthy Life Expectancy:** The most recent data published in June 2026 by Public Health Wales shows that: • In CTM, Healthy life expectancy at birth is 55.0 years for females, and 56.0 years for males in 2022-2024; both significantly lower than the average in Wales (58.5 and 59.2 years respectively).

- Healthy life expectancy has been decreasing in recent years across CTM and Wales, for both males and females.
- Significant inequalities remain, with the gap in Healthy Life Expectancy between the most and least deprived populations continuing to widen In 2022-2024, the gap in Healthy life Expectancy at birth between the most and least deprived across Wales has increased from 15.3 years to 18.1 years for males, and from 18.5 years to 19.0 years for females.

Recent analysis from the Office of National Statistics (ONS) shows that Healthy Life Expectancy declined across all three local authority areas within CTM between 2011-13 and 2022-24, for both males and females. In particular, the drop in female HLE is now lower than males in each LA.

With Healthy Life Expectancy in CTM reducing, people are living for longer in ill health, utilising additional health care services and raising further questions about the sustainability of effective health care within the limited budget available.

Deprivation:

CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with 51.9% of the population in CTM living in the two most deprived fifths in Wales (WIMD, 2025). Linked to this, CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in healthcare demand may be higher than in the rest of Wales.

Inequalities in Health:

The gap in life expectancy at birth between the most and least deprived in CTM is now estimated at 6 years for males and 5.3 years for females. With regards to Healthy life expectancy, the gap is greater, at 10.7 years and 12.1 years for males and females respectively (PHW 2024).

Population Changes:
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. Increasing levels of ill-health, an ageing population and growing prevalence of chronic conditions are expected to place further pressure on health and care services over the coming years.

The risk therefore remains elevated due to:

- Continued reductions in Healthy Life Expectancy.
- Persistent health inequalities across the CTM population.
- Capacity constraints and short-term funding arrangements affecting prevention and population health activities.
- Slower than anticipated implementation of some prevention initiatives, including elements of children's weight management services
- Ongoing gaps in the provision of preventative services such as the level 2 and 3 adult weight management service unable to meet demand, with excessive waiting lists of many years

Increasing population demand associated with deprivation, ageing and chronic disease

Overall Trajectory:
Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities.

Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board.

	If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures

National Plans and Welsh Government Strategies/groups:

- "Healthier Wales",
- "Healthy Weight Healthy Wales",
- "Smoke Free Wales"
- Welsh Government Health protection Operational and Resilience Group
- Well-being of Future Generations (Wales) Act (WBFGA),
- Marmot Nation Principles

CTM Organisational Strategic Direction and Governance

- Strategic leadership and oversight of prevention, population health and inequalities is provided through established strategies, boards and planning arrangements:
- CTM2030.
- Creating Health Programme Board.
- Creating Health Delivery Plan.
- Local Public Health Team portfolio.
- Public Health input to IMTP planning.
- Contribution to the Wellbeing Assessments (PSB) and Population Needs Assessments (RPB) regionally
- Healthcare Public Health

Health Protection and Prevention Programmes

A range of programmes are in place to improve prevention, health protection and early intervention:

- Health Protection Strategy.
- All Hazards Health Protection Plan.
- Vaccine Equity Strategy.
- Healthy Weight Whole-System Approach.
- Help Me Quit Hospital Programme.
- PIPYN Service
- WISE Programme.
- Diabetes Strategic Plan.
- Cancer Inequalities Programme.
- Stroke Equity Programme.
- Behavioural Science Programme

Population Health Management and Intelligence

Population Health Management approaches are being developed to improve understanding of population need and support targeted intervention:

- Population Health Management Programme.
- Primary Care Cluster Population Health approaches.
- Population health analysis and prioritisation processes.

Partnership and Whole-System Working

- The Health Board works with partners to address wider determinants of health and reduce inequalities including;
- Regional Partnership Board

- Public Service Board
- Area Partnership Board
- Local Authorities
- Leadership Groups and Partnership Forums.
- Marmot programme arrangements.
- Public Health Wales and
- Third-sector organisations and community leaders

Sources of Assurance (Internal and External)

Assurance is derived from a combination of strategic planning, programme monitoring, population health reporting, health protection arrangements and partnership governance. Collectively, these provide assurance that the Health Board continues to develop its prevention, population health and inequalities agenda, whilst also monitoring progress against associated statutory duties and strategic objectives.

Current assurance demonstrates ongoing delivery of a range of prevention, health protection and population health programmes. Positive assurance is available in relation to governance arrangements, programme development and partnership activity. However, assurance regarding long-term improvements in Healthy Life Expectancy and the reduction of inequalities remains more limited, reflecting both the scale of the challenge and the long-term nature of the outcomes being sought.

Wellbeing and Socio-Economic Duties
Assurance regarding delivery of statutory wellbeing and socio-economic duties is provided through:
- Wellbeing Statement accompanying the Annual Plan.
- Progress reports against the Annual Plan.

Strategic Assurance
The Board receives assurance regarding development and delivery of the Health Board's prevention and population health agenda through:
- Creating Health Programme reporting.
- Director of Public Health Annual Report.
- Creating Health Portfolio Board reporting through the Transformation Board.

Programme and Partnership Assurance
- The Population Health and Partnerships Committee receives assurance relating to delivery of prevention, population health and partnership programmes through:
- Population Health Management Programme reports.
- Health Protection Programme reports.
- Vaccination Programme reports.
- Regional Partnership Board Annual Report.
- Transformation Fund and Leadership Board updates.
- Mental Health Strategic Updates.
- Acute Clinical Services Plan (ACSP) updates.

Overall Assurance Position
Current assurance demonstrates that strategic frameworks, governance arrangements and prevention programmes continue to develop and mature. There is positive assurance that prevention, population health, health protection and partnership activity remain areas of organisational focus. However, the latest population health indicators continue to demonstrate declining Healthy Life Expectancy and persistent inequalities, indicating that further sustained action will be required before the intended population-level outcomes are realised.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact (following implementation of mitigating actions)
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.	Controls already in place / actions completed • Recurrent funding secured from 2024/25 onwards. • Increase in allocation of £1.06m secured. • All Hazards Health Protection Plan signed off for implementation.	• Sufficient capacity to deliver Health Protection priorities. • Improved resilience and sustainability of health protection services.	**Sept 2026**: Additional recurrent funding has strengthened Health Protection capacity and supported implementation of the All Hazards Health Protection Plan. This has improved the Health Board's ability to deliver key Health

	Further actions required • Secure additional funding to address the remaining gap between CTM and the Welsh "Fair Shares" allocation. • Deliver remaining priorities within the Health Protection Strategic Plan.	• Reduced variation in delivery of Health Protection programmes.	Protection priorities; however, funding remains below the Welsh "Fair Shares" allocation and capacity constraints continue to limit full delivery of the strategic plan.
Gap 2: Population Health Management capability and infrastructure are not yet sufficiently developed to support population-based planning and intervention.	**Controls already in place / actions completed** • Population Health Management programme established alongside Primary Care Clusters. • Population Health priorities identified through the Local Public Health Team portfolio. **Further actions required** • Continue implementation of the Population Health Management programme. • Develop and prioritise shared clinical record capability. • Establish a clearly defined strategic plan for delivery of Population Health Management.	Improved use of Population Health Management data to inform strategic planning and service delivery. Better targeting of resources towards population need. Improved population intelligence to support prevention and early intervention.	**Sept 2026:** Population Health Management approaches are becoming more established within Primary Care Clusters and are increasingly informing local planning and prioritisation. This has strengthened understanding of population need and opportunities for intervention; however, the programme remains at an early stage of development and full implementation has not yet been achieved.
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.	**Controls already in place / actions completed** • Creating Health Delivery Plan approved. • Creating Health Portfolio Board established. • Health Protection Strategy approved. • Vaccine Equity Strategy in place. • Healthy Weight Whole-System Approach established. • Help Me Quit Hospital programme implemented. • WISE programme in place. • Cancer Inequalities Group established. • Stroke Equity Audit recommendations being implemented. • Diabetes Strategic Plan in place. • Partnerships established through Regional Partnership Boards, Public Service Boards and leadership groups. • Marmot principles adopted across Public Service Board arrangements. • PSB Health Inequalities workstream established **Further actions required** • Continue implementation of Creating Health Delivery Plan priorities. • Embed prevention and inequalities objectives across all Health Board services. • Expand evidence-based prevention programmes where funding permits. • Strengthen collaborative action on wider determinants of health. • Improve outcome monitoring and measurement of health inequalities.	Increased investment in prevention and early intervention Improved Healthy Life Expectancy. Reduced inequalities in health outcomes. Reduced variation in access and outcomes across the CTM population. Better alignment of resources towards prevention and early intervention. Reduced burden of chronic disease.	Sept 2026: Significant progress has been made in establishing strategic frameworks, partnership arrangements and prevention programmes to support population health improvement. This has strengthened organisational focus on prevention, inequalities and wider determinants of health, while increasing collaboration with regional and local partners. However there remains insufficient resource in prevention and early intervention to influence the longer-term population health outcomes needed.

Linked National Priority Measures

Population Health – Ministers Measures Phase One

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

NHS Performance Framework Quadruple aim one:

- Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
- Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
- Percentage uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old
- Percentage of adult smokers who make a quit attempt via smoking cessation services.
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks.
- Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within the last 15 months.
- Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within the last 15 months.
- Percentage of population (adult) receiving NHS dental care over a 24-month period – General Dental Services (GDS)
- Percentage of population (child) receiving NHS dental care over a 12-month period – General Dental Services (GDS)

Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

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

No

Associated Risks escalated to the Organisational Risk Register

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

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

Strategic Risk: Ability to develop a fit for the future estate to reflect our future clinical service model – (Risk No.10)

If CTMUHB is unable to invest in its estate so it's fit for future.	***Then*** there is a risk that CTMUHB may not be able to deliver the required enhancements / improvements to support patient care and staff wellbeing for the future and to align with the strategic vision and ambitions.	***Resulting in*** • Being unable to deliver its services efficiently and effectively in the right place with the right provision at the right time in modern and fit for purpose healthcare facilities. • Impact on environment for patients and staff • Future site development plans may not be fit for purpose. • Less ability to ascertain NHS capital or alternative financial support for the future development of its sites. • Lack of digitally enabled facilities • High carbon footprint

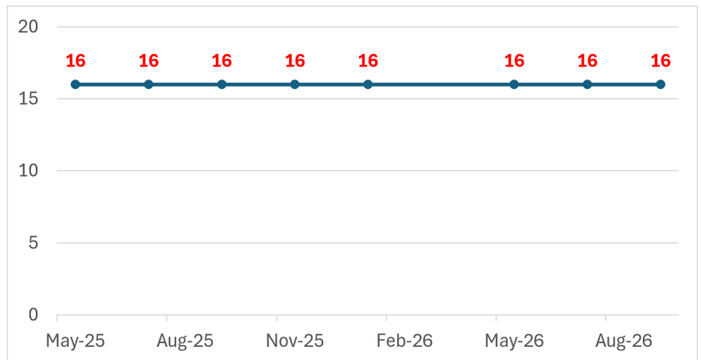
Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged. Risk score reviewed in July 2026 and no changes made. The Strategic Clinical Services Plan is still being developed. Funding for the estate is based on the highest risk factor and therefore funding allocations are based on informed risk-based decision making.

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	Whilst recognising the challenges outlined in this risk the health board is continuing to **Treat** this risk; however, pace of change is not at the desired rate and there are elements where the risk will need to be **Tolerated**.

Current Control Measures

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

Sources of Assurance (Internal and External)

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual Impact of Actions (following implementation)
Gap 1: A long-term estate strategy aligned to the future clinical service model is not yet fully developed.	**Actions already taken:** • Delivery continues against IMTP priorities • Strategic Clinical Services Plan development is underway. • Priority estate requirements have been identified through planning processes. **Further actions needed / in progress:** • Develop a comprehensive future estate strategy aligned to the agreed clinical model.	Continued investment targeted at highest-risk areas to maintain safe, operational estate infrastructure and support delivery of services while the longer-term estate strategy is being developed.	Delivery of IMTP estate priorities has continued, ensuring investment remains focused on the highest-risk and most critical areas. However, the future estate strategy remains dependent on completion of the Strategic Clinical Services Plan and is not yet fully developed.
Gap 2: Sufficient capital funding has not yet been secured to deliver Capital Schemes.	**Actions already taken:** • Development of business cases for major schemes including Prince Charles Hospital Phase 3 and Llantrisant Health Park. • Ongoing capital planning arrangements through IMTP processes. • Prioritisation of schemes based on organisational need and strategic fit. **Further actions needed / in progress:** • Secure approval and funding for priority capital schemes. • Continue development of business cases and supporting evidence. Explore future funding opportunities and alternative financing approaches where appropriate.	More effective use of available capital funding to progress priority schemes, supporting improvements to estate condition and enabling services to operate from safe and appropriate facilities.	Progress has been made in developing strategic business cases and preparing priority capital schemes for future investment. Whilst this has improved organisational readiness, delivery remains dependent on securing sufficient capital funding and approval of major projects.

Linked National Priority Measures

Current Performance Highlights

Were there any significant incidents affecting this strategic Risk this period:		
Associated Risks escalated to the Organisational Risk Register		
6235	Insufficient funding to address backlog maintenance across the estate. *This risk reflects the continuing pressure that backlog maintenance places on available estate resources and investment. It is a significant contributor to Strategic Risk 10 as estate funding and capacity are required both to maintain the existing estate and to develop facilities that support future clinical service models.*	16

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

Strategic Risk: Delivery of an Integrated Care Model (Risk No.11)		
If CTMUHB is unable to develop and deliver an integrated care model - both within the NHS and with wider social care and Third Sector partners - that is community based, proactive and which achieves greater continuity and coordination of care.	***Then*** *there will be:* • A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served. • Failure to wrap around robust community services which are responsive to patient needs around the GP practice teams. • A negative impact on Primary Care teams and demand for services resulting in instability of Primary Care services. • A negative impact on productivity and value for money; and • Limited support to broader social and economic development.	***Resulting In:*** CTMUHB being unable to improve outcomes and reduce health inequalities for its population and therefore failure to deliver the objectives set out in CTM 2030.

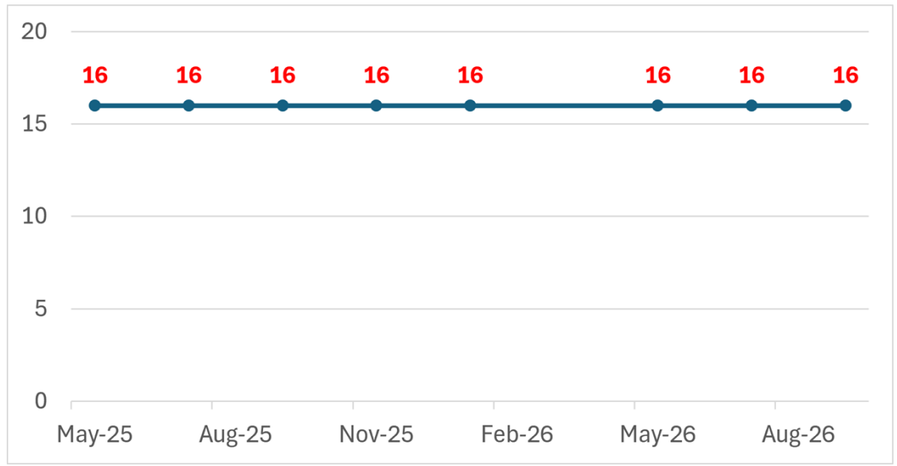
Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	**The current risk score remains unchanged at 16.** Significant progress has been made in strengthening integrated working through the Regional Partnership Agreement, development of the Integrated Community Care System (ICCS), expansion of Hospital@Home and maturing admission avoidance and discharge pathways. Work is also underway with the National Association of Primary Care to develop a future primary and community care model and implementation roadmap. However, the risk remains elevated because: • digital integration and information sharing arrangements are not yet fully embedded; • sustainable primary and community care models remain under development; and • further progress is required to achieve fully integrated planning, commissioning and delivery across partner organisations. Whilst the overall direction of travel is positive, further progress is required before a reduction in risk score can be justified.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being **treated** and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

Strategic Leadership and Programme Governance

- A programme of work (Integrated Community Care System Programme) is in place to support development of integrated health and social care services across the CTM region, aligned to the Clinical Services Plan, CTM2030 and national integrated care priorities. The leadership of this programme sits under the Regional Partnership Board. This is supported by the Integrated Leadership Board and the Partnership Leadership Team. These are forums that bring together Health, Local Authorities and the Third Sector.
- Within CTMUHB, the transformation required to support this joint programme is managed through the Primary Care and Community Transformation Programme / Board (see below)

Integrated Care and Digital Enablement

Work is underway to develop the digital infrastructure, information sharing and governance arrangements required to support integrated models of care.

- Development of integrated community care records.
- Introduction of MOSAIC within local authority services and oversight from the Connecting Care Programme Board.
- Work to align health, primary care and local authority systems.
- Development of integrated performance frameworks and outcome measures.
- Community care digital record programme.

Primary and Community Care Transformation (Community By Design is the national programme)

A range of initiatives are in place to support development of sustainable primary and community care services and future delivery models.

- National Association of Primary Care review and model development work.
- General Medical Services transformation initiatives.
- Community Pharmacy transformation programme.
- Community Services transformation programme.
- Implementation of the National Single Point of Access (SPOA) Framework.
- Cluster development and strengthening of clinical leadership arrangements.
- Comprehensive listening and engagement activity to inform improvement programmes.

Partnership and System Integration

Partnership arrangements are in place to support joint planning, integrated commissioning and development of a more connected health and care system.

- Regional Partnership Agreement (Section 33).
- Regional Partnership Board arrangements.
- Regional Integration Fund and Capital Programme initiatives.
- Joint Partnership Boards in the three local authority areas.
- Regional Needs Assessment and Regional Area Plan.
- Collaboration with local authorities, third-sector organisations and wider system partners.

Population Wellbeing and Self-Management
Programmes are in place to support prevention, self-management and improved community-based care.
- 3Ps Programme.
- Community Voluntary Council partnership arrangements.
- Community by Design principles.
- Programmes supporting informed decision-making and self-management.

Sources of Assurance (Internal and External)

Assurance is derived from programme governance, performance reporting, regional partnership arrangements and Welsh Government oversight. Collectively, these provide assurance regarding the development of integrated models of care, delivery of primary and community care transformation, and progress towards greater integration across health, social care and third-sector partners.

Current assurance demonstrates continued progress in developing governance arrangements, partnership structures and transformation programmes supporting integrated care. Positive assurance is available regarding programme development and regional collaboration. However, assurance remains more limited regarding the implementation of fully integrated care models and demonstration of measurable system-wide benefits, reflecting the complexity and long-term nature of service transformation.

Programme and Performance Assurance
Assurance regarding delivery of integrated care priorities is provided through:
- Integrated Performance Report.
- Regional Partnership Board highlight reports.
- Integrated Leadership Board highlight reports.
- Regional Integration Fund (RIF) and regional capital fund reports.

Strategic Assurance
The Board and Strategic Development Committee receive assurance regarding progress towards integrated care through routine programme reporting and strategic updates, including:
- Strategic Development Committee reports.
- Integrated Care Model programme updates.
- Reports relating to development of primary and community care transformation programmes.

External and Independent Assurance
External assurance is provided through Welsh Government scrutiny and regional oversight arrangements, including:
- Welsh Government Integration Accountability Meeting outcomes and associated feedback.
- Regional Partnership Board governance arrangements.
- Monitoring and reporting of Regional Integration Fund programmes.

Overall Assurance Position
Current assurance demonstrates that governance structures, partnership arrangements and transformation programmes supporting integrated care continue to develop and mature. Regional collaboration and strategic planning have strengthened, and progress has been made in developing integrated models of care. However, implementation remains dependent on continued partnership working, digital integration and development of sustainable primary and community care models before the full benefits of integration can be realised.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Actual impact of actions (once completed)
Gap 1 **Digital and information-sharing infrastructure is not yet sufficiently developed to support integrated care**	**Controls already in place / actions completed** • Community care digital record being developed and scoped. • Introduction of MOSAIC to replace WCCIS within social care. • Connecting Care Programme Board established. • Programme established to support implementation of integrated health and care records.	**Intended impact** • Improved information sharing across health and care partners. • Better understanding of population need. • More joined-up care planning and delivery. • Improved ability to address health inequalities through shared intelligence.	**Actual impact of actions taken to date** Work has progressed to establish the digital foundations required to support integrated care, including development of shared records and strengthened collaboration between health and local authority systems. This has improved organisational readiness and alignment across partners; however, integrated records and information sharing arrangements are not yet fully implemented and benefits have yet to be fully realised.

	• Work underway to align community, primary care and local authority systems. **Further actions required** • Implement integrated community care records. • Strengthen interoperability between health and social care systems. • Develop data sharing arrangements across partner organisations. • Continue implementation of Connecting Care priorities.		
Gap 2 **The evidence base and delivery model for sustainable primary and community care requires further development**	**Controls already in place / actions completed** • Review commissioned to explore alternative delivery models. • Written output received from the National Association of Primary Care (NAPC). • Lessons identified from directly managed practices and national examples. • Primary Care and Community Transformation Board established. • Governance arrangements established to support development of integrated community services. **Further actions required** • Finalise the CTM primary and community care model and associated implementation roadmap. • Complete evaluation of alternative service delivery models. • Agree and implement future service models where appropriate. • Continue development of strategic plans for Primary and Community Services.	**Intended impact** • Sustainable GP and Primary Care services. • Financially viable practice models. • Improved resilience across the primary and community care system. • Strategic plan for Primary and Community Service	**Actual impact of actions taken to date** Work has improved understanding of alternative models of service delivery and strengthened the evidence base for future planning. Governance arrangements are now in place to support service transformation; however, further development and evaluation are required before sustainable models can be consistently implemented across the CTM footprint.
Gap 3 **System integration and partnership arrangements are not yet sufficiently mature to deliver a fully integrated model of care**	**Controls already in place / actions completed** • Regional Partnership (Section 33) Agreement established and signed by all partner organisations. • Joint Partnership Boards progressing through the Primary and Community Transformation Programme. • Development of Regional Needs Assessment and Regional Area Plan. • Ongoing partnership working with local authorities and regional partners.	**Intended impact** • More effective system-wide decision making. • Greater alignment of resources and commissioning priorities. • Improved integration of health and social care services. • Improved outcomes through a genuine "single system" approach.	**Actual impact of actions taken to date** Partnership arrangements have matured and there is greater alignment between health, social care and regional planning processes. Shared governance structures and collaborative programmes are providing stronger foundations for integration; however, full system integration remains complex and requires further progress in commissioning, decision-making and organisational alignment before the intended benefits can be realised.

	• Internal transformation programme re-profiled to align with integration ambitions. **Further actions required** • Continue development of integrated commissioning and decision-making arrangements. • Strengthen shared priorities and outcomes across partner organisations. • Embed a culture of joint working and system leadership. • Progress structural integration priorities where agreed.		

Linked National Priority Measures

Ministerial Priorities

- Timely access to care
- Population health and prevention
- Building community capacity
- UEC PROGRAMME FOR Urgent and Emergency Care
- Community by Design

Current Performance Highlights

Integrated Models of Care and Community Services

Progress has continued in developing integrated and community-based models of care across CTMUHB and the wider region. The Hospital@Home service, established in October 2025, is now embedded within Health Board governance arrangements and is supporting the wider objective of providing alternatives to hospital admission and facilitating earlier discharge. A clinically-led audit has informed further development of community services and a comprehensive workforce model has been implemented, bringing together previously separate services within a more integrated approach.

The Navigation Hub and Single Point of Access (SPOA) continue to mature as key mechanisms for admission avoidance, demand management and clinically-led triage. Progress includes expansion of virtual ward models, support for care homes, development of urgent community pathways and further alignment with community nursing and therapy services. CTMUHB has also expanded its multi-agency falls response service across all localities, providing alternatives to ambulance conveyance and supporting earlier intervention closer to home.

The Primary and Community Care Transformation Programme remains focused on developing a sustainable future model for primary and community services. A mapping exercise of community services has been completed and shared with the National Association of Primary Care (NAPC), and a draft document setting out potential future models of care is being further developed through the Transformation Board. Work continues to develop a clear implementation roadmap and supporting strategic plans.

System Integration and Partnership Working

Partnership working across health, social care and the third sector has continued to strengthen. The Regional Partnership (Section 33/Part 9) Agreement has now been signed by CTMUHB and all three Local Authorities, providing a formal basis for joint accountability and future integrated service delivery. Regional Partnership Board structures continue to provide the principal governance arrangements for integration with social care and wider partners.

The CTM Regional Partnership has agreed a target model for an Integrated Community Care System (ICCS) for the older population, supported by an implementation plan, programme delivery arrangements and established governance. Good progress has also been made in developing shared approaches to discharge planning, community capacity management and Home First principles. Work continues to strengthen locality-based planning arrangements and Joint Partnership Board structures. In August 2026, an Integrated Manager post, developed jointly with Bridgend County Borough Council, was appointed to support closer operational integration and partnership working.

Regional Integration Fund supported services assisted 31,698 people during 2025/26, avoided 10,605 hospital conveyances, prevented 1,785 admissions, enabled 2,397 timely discharges and supported 12,801 people to remain independent.

Digital Integration and Shared Intelligence

Digital integration continues to develop as a key enabler of integrated care. Work is underway to develop integrated performance dashboards and shared reporting arrangements across health and local authority services. The Regional Integrated Services Director and regional team are working with partner organisations to develop locality-level dashboards that provide integrated managers with shared intelligence to support planning, performance management and delivery of regional priorities.

Overall Position

Overall, CTMUHB has made progress in strengthening integrated working, community-based care, discharge arrangements and regional partnership governance. However, further progress is required to fully realise the benefits of integrated care, including development of sustainable primary and community care models, implementation of digital integration initiatives and continued maturation of joint planning, commissioning and decision-making arrangements across partner organisations.

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

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

Typically, the winter months present additional pressure on the local authority and health board, because of increased rate of acuity, attributed to winter, which includes RSV and the biggest impact norovirus. As a result, the health board had a period of Business Continuity Incident declared and whilst the sustained operational pressure experienced through the Discharge Sprint and Business Continuity Incident (BCI) these periods acted as a critical opportunity for strengthened system wide working.

The Sprint enabled a step change in how the Health Board and Local Authority partners worked together, creating a heightened, shared focus on whole system flow, timely decision making and collective ownership of risk. Through daily multidisciplinary engagement, shared oversight of patient cohorts, and more frequent joint problem solving, partners were able to operate in a more co-ordinated and responsive way, particularly in relation to discharge planning, community capacity and support for people with complex needs.

Although good examples of working relations were noted and made a difference to patients and the whole system approach, there is a notable learning that the health board and partners have identified. This learning will be reflected in a health board and local authority session and work towards plans for next winter, and a whole system review.

Associated Risks escalated to the Organisational Risk Register

Gap 1: Digital and information-sharing infrastructure is not yet sufficiently developed to support integrated care.		
5761	Cross Health Board Data Sharing.	16
3337	Lack of a Single Electronic Patient Record in Mental Health Services including CAMHS.	15
5040	Digital System Integration Dependencies..	15
Gap 2: The evidence base and delivery model for sustainable primary and community care requires further development		
5877	**DE-ESCALATED SEPT 2026:** ~~Impact of new GP Out of Hours (OOH) contract on service capacity and rota fill.~~	16
6397	**DE-ESCALATED SEPT 2026:** ~~Shortage of GPs impacting urgent primary care (OOH and Navigation Hub) service delivery.~~	16
Gap 3: System integration and partnership arrangements are not yet sufficiently mature to deliver a fully integrated model of care		
4491	Failure to meet demand across the patient pathway resulting in system-wide pressure on care delivery.	16
6280	Suspension of the Regional Hepato-Pancreato-Biliary Service Model.	16