# Strategic Development Committee

*Wednesday 19 August 2026, 13:00 - 16:00*

**Microsoft Teams**

# Agenda

**13:00 - 13:05**
5 min

## 1. PRELIMINARY MATTERS

*Kath Palmer, Committee Chair*

### 1.1. Welcome & Introductions

*Information* *Kath Palmer, Committee Chair*

### 1.2. Apologies for Absence

*Information* *Kath Palmer, Committee Chair*

### 1.3. Declaration of Interest

*Information* *Kath Palmer, Committee Chair*

**13:05 - 13:05**
0 min

## 2. CONSENT AGENDA BUSINESS

*Kath Palmer, Committee Chair*

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

**13:05 - 13:15**
10 min

## 3. PRELIMINARY BOARD MATTERS

### 3.1. Action Log

*Discussion* *Kath Palmer, Committee Chair*

3.1. Action Log SDC 19 August 2026.pdf (8 pages)

### 3.2. Matters Arising not contained within the Action Log

*Discussion* *Kath Palmer, Committee Chair*

### 3.3. Committee Annual Report

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

3.3. Annual Report Cover Report - 19 August 2026.pdf (7 pages)
3.3. SDC Annual Report 2025-2026 (2) - SDC 19 August 2026.pdf (7 pages)

### 3.4. Committee Annual Self Effectiveness Survey Outcome 2025-6 & Improvement Plan

*Approval* *Kath Palmer, Vice Chair/Committee Chair*

3.4 SDC_Self-Effectiveness SDC 19 August 2026.pdf (7 pages)

### 3.5. Terms of Reference Review

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

3.5a Review of Terms of Reference SDC 19 August 2026.pdf (4 pages)
3.5b Schedule 3.7 - SDC ToR - Approved by HB 26.03.2026 SDC 19 August 2026.pdf (10 pages)

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**13:15 - 13:50**
35 min

# 4. STRATEGIC PILLAR - SUSTAINING OUR FUTURE

## 4.1. Finance Updates

### 4.1.1. Geographic Distribution of Health Board Expenditure

*Discussion* *Sally May, Executive Director of Finance*

### 4.1.2. Health Sector Expenditure review

*Discussion* *Sally May, Executive Director of Finance*

### 4.1.3. Pipeline Opportunities

*Discussion* *Sally May, Executive Director of Finance*

## 4.2. Wellbeing of Future Generations (Wales Act) work

*Discussion* *Philip Daniels, Executive Director of Public Health*

4.2 WBFGA SDC 19 August 2026.pdf (9 pages)

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**13:50 - 14:10**
20 min

# 5. STRATEGIC PILLAR - INSPIRING PEOPLE

## 5.1. Strategic Equality Plan - Annual Delivery Update

*Discussion* *Hannah Williams, Assistant Director of Leadership & Culture and Lisa Whiteman Pearce, Head of Organisational Development & Inclusion*

5.1 SEP Delivery Update SDC 19 August 2026.pdf (14 pages)

## 5.2. Strategic Workforce Planning - Presentation on the day

*Discussion* *Hywel Daniel, Executive Director for People*

## 5.3. People Plan Year One Annual Report

*Discussion* *Hayleigh Jones, Deputy Director for People*

5.3 People Plan SDC 19 August 2026.pdf (9 pages)

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**14:10 - 14:55**
45 min

# 6. STRATEGIC PILLAR - CREATING HEALTH

## 6.1. CTM 2030 : Building Healthier Communities Together Strategy - Strategy Deployment update

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

6.1 Strategy Deployment Update SDC 19 August 2026.pdf (12 pages)

## 6.2. Work Plans of the Strategy & Transformation Group to support Building Healthier Communities Together - Living Well

*Discussion* *Marie Evans, Head of Planning & Commissioning and Zoe Silsbury, Physiotherapy Clinical Lead*

6.2 Living Well Workplan SDC 19.August.2026.pdf (19 pages)

## 6.3. Strategic Initiative : Regional Working

### 6.3.1. Regional Partnership Board Update (to include an update on Integrated Care Community Services)

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

6.3.1 RPB update including ICCS August 2026 SDC 19 August 2026.pdf (8 pages)

### 6.3.2. Public Services Board Update

*Discussion* *Philip Daniels, Executive Director of Public Health*

6.3.2 PSB update SDC 19 August 2026.pdf (6 pages)

### 6.3.3. Area Planning Board Update

*Discussion* *Philip Daniels, Executive Director of Public Health*

6.3.3. CTM Area Planning Board SDC 19 August 2026.pdf (6 pages)

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**14:55 - 15:40**
45 min

## 7. STRATEGIC PILLAR - IMPROVING CARE

### 7.1. Board Assurance Framework

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

7.1a Board Assurance Framework SDC 19 August 2026.pdf (7 pages)
7.1b Board Assurance Framework SDC 19 August 2026.pdf (73 pages)

### 7.2. Digital and Data - Enabling plan - To follow

*Discussion* *Stuart Morris, Director of Digital*

### 7.3. Strategic Clinical Services Plan - Focus on Fragile services / Reconfigurations

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

7.3 SDC SCSP fragile services SDC 19 August 2026.pdf (12 pages)

### 7.4. Mental Health Services Transformation - Verbal Update

*Discussion* *Clare Williams, Service Director, Mental Health & Learning Disabilities*

### 7.5. Regional Working for Clinical Services

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

- Llantrisant Health Park - Verbal Update
- Clinical Services, Ortho, Ophthalmology, Stroke, Diagnostics & Pathology

7.5a SEWRJC report cover paper SDC 19 August 2026.pdf (5 pages)
7.5b SEWRJC Highlight Report SDC 19 August 2026.pdf (6 pages)

### 7.6. People and Patient Strategic Plan 2026–2028

*Decision* *Jenny Oliver, Head of Peoples Experience*

7.6a People and Patient Strategic Plan SDC 19 August 2026.pdf (9 pages)
7.6b CTM People and Patient Strategic Plan 2026.pdf (23 pages)

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**15:40 - 15:45**
5 min

## 8. CONSENT AGENDA

### 8.1. FOR APPROVAL

### 8.1.1. Unconfirmed Minutes of the Meeting held on 12th May 2026

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

8.1.1. Unconfirmed Minutes SDC 12.05.26 v3 KP CT.pdf (13 pages)

### 8.1.2. Unconfirmed Minutes of the IN-COMMITTEE Meeting held on 12th May 2026

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

8.1.2 Unconfirmed Minutes of the In Committee SDC 12.05.26 SDC 19.08.26.pdf (3 pages)

## 8.2. FOR NOTING

### 8.2.1. Audit Wales - Digital Transformation Report

*Information* *Stuart Morris, Director of Digital*

8.2.1 AW Digital Transform SDC 19 August 2026.pdf (35 pages)

### 8.2.2. Primary & Community Care Transformation

*Information* *Julie Denley, Deputy Chief Operating Officer*

8.2.2 Primary Care Community Development SDC 19 August 2026.pdf (30 pages)

### 8.2.3. Annual Cycle of Business

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

8.2.3 Annual Cycle of Business SDC 19 August 2026.pdf (6 pages)

### 8.2.4. Non Routine Board Business (Forward Plan)

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

8.2.4 Forward Work Plan - SDC 19 August 2026.pdf (4 pages)

### 8.2.5. Long Term Strategy Internal Audit Report

*Information* *Gethin Hughes, Chief Operating Officer & Claire Thomspon, Executive Director of Strategy and Transformation*

8.2.5 Long-Term Strategy Final IA Report SDC 19 August 2026.pdf (10 pages)

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**15:45 - 15:50**
5 min

# 9. CLOSE OUT BUSINESS

## 9.1. Any Other Business

*Information* *Kath Palmer, Committee Chair*

## 9.2. Committee Highlight Report to Board

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

## 9.3. Meeting Feedback

*Information* *Kath Palmer, Committee Chair*

Is there anything we should do more or less of?
Have we managed our time well and allowed open and balanced discussion?
Have we considered our values and acted in a way that supports embedding our values across CTM?
Have we maintained a strategic focus? Have we received sufficient assurance from a range of sources?
Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

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**15:50 - 15:50**
0 min

## 10. PRIVATE / CLOSED SESSION BUSINESS

*Information*

There are no matters requiring consideration in closed session on this occasion

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**15:50 - 15:50**
0 min

## 11. DATE & TIME OF NEXT MEETING

*Information*

10 November 2026

**OPEN ACTIONS: Strategic Development Committee Action Log (as at 03.06.2026)**

**Name**

**Comm**

| Date o action from | | | Item Title / Summary | Nature of Action | Lead Officer | Lead Executive | Timescale for action to be completed | Status of Action | Narrative Progress Update |
|---|---|---|---|---|---|---|---|---|---|
| Strategic Development Committee 12th May 2026 | 4,1 | Pages 3 & 4 | Shared Listening & Learning Story: PHM - Frailty | To bring an update back to the Committee on the outputs of the June workshop with PHW | Director of Digital | Director of Digital | 01/08/2026 **Now November 2026** | Open | **In progress** The June workshop was cancelled and a revised date has not yet been identified. The Director of Digital will aim to provide an update on the outputs at the November 2026 meeting. |
| Strategic Development Committee 12th May 2026 | 6.2.1 | Page 6 | SCSP - Primary and Community Care and Community By Design | To have a further discussion regarding the expectations and scope for the Board Development Session in June. | Chief Operating Officer | Chief Operating Officer | jun-26 | Proposed for Closure | **Proposed for Closure** Whilst this was not discussed at the June Board Development Session, a substantive update on Primary Care and Community by Design was received at the July Public Board meeting. A commitment was made to have a substantive update on future Board agenda's in relation to Primary Care and Community metrics and consideration would be given as to whether a more focussed discussion was required at future Board Development session on the wider Clinical Services Plan. |
| Strategic Development Committee 12th May 2026 | 7.2.3 | Page 10 | Area Planning Board Update | To bring a further detailed breakdown back to the Committee setting out the key areas of red/amber risk within the Area Planning Board update, including substance misuse harms, demand and capacity pressures across treatment, Tier 4 rehabilitation and primary care discharge pathways; the actions being taken to improve performance through prevention, earlier identification of at-risk individuals and service review; the areas where improvement is expected over time; and the areas where challenges are likely to persist due to capacity or resource constraints. | Deputy Director of Public Health | Director of Public Health | 01/08/2026 **Now November 2026** | Open | **In progress** An Area Planning Board update is on the agenda for the August 2026 meeting. The Executive Director of Pulic Health has advised that he will present a more detailed Spotlight presentation on this to the November 2026 meeting |

| Date of action from | | | Item Title / Summary | Nature of Action | Lead Officer | Lead Executive | Timescale for action to be completed | Status of Action | Narrative Progress Update |
|---|---|---|---|---|---|---|---|---|---|
| Strategic Development Committee 12th May 2026 | 8,1 | Page 12 | IMTP Years 2 & 3 Indicative Plan | To circulate the Shared Services Report on the Welsh Risk Pool to Members of the Committee | Executive Director of Finance | Executive Director of Finance | jun-26 | Open | **In progress** Awaiting confirmation from the Executive Director of Finance as to whether this report has been circulated. |
| Strategic Development Committee 11th February 2026 | 4.2.1 Strategic Clincial Services Plan Updates - Primary & Community Care Transformation | Page 4 | Community by Design Update | To bring a dedicated update/slides on Community by Design to a future committee meeting. | Director of Primary, Community and Mental Health | Director of Primary, Community and Mental Health | mai-26 | Proposed for Closure | **Completed** Update received at the May 2026 meeting as part of the Primary and Community Care Transformation Presentation |
| Strategic Development Committee 11th February 2026 | 4.2.1 Strategiv Clincial Services Plan Updates | Page 4 | Mental Health Transformation Next Step | To bring back an updated view of the Mental health IMTP at a future meeting | Service Director for Mental Health and Learning Disabilities | Executive Director of Strategy and Transformation | mai-26 | Open | **In Progress** The next update on Mental Health Transformationwill be received via the consent agenda at the August 2026 meeting and an update will be receievd via the main agenda for discussion at the November 2026 meeting |
| Strategic Development Committee 11th February 2026 | 4.2.2 South East Wales Regional Working for Clinical Services | Page 5 | Clinical Executive Engagement on Regional Joint Committee (RJC) Work | Chris Dawson-Morris and Jenny Winslade (via Claire Thompson) to ensure the Clinical Execs are sighted on RJC work before items go to the RJC. | Director South East Wales Regional Collaborative | Executive Director of Strategy and Transformation | mai-26 | Proposed for Closure | **Completed** On further reading the minutes of the February 2026 meeting confirmation was provided by the Executive Director of Strategy & Transformation that a process is in place for ensuring the Executive Team are sighted on any items being reported into the RJC, so this action is no longer applicable |
| Strategic Development Committee 3rd July 2025 | 6.4 CTM Area Planning Board | Page 8 | CTM Area Planning Board | (Committee Chair), Executive Director of Public Health and Chief Operating to arrange a separate meeting to explore integration opportunities with the mental health transformation programme, focusing on approaches to address underlying causes and better support the health needs of younger populations. | Executive Director of Public Health | Executive Director of Public Health | okt-25 | Open | **In progress** The Team are in the process of finalising the Mental Health Needs Assessment, which includes CYP mental health needs/ provision. Once this is completed, we will organise a meeting with DPH, COO and Chair. |

**CLOSED ACTIONS: Strategic Development Committee Action Log**

**Name of Meeting: Strategic Development Committee**

| Date of action from | | | / Summary | Nature of Action | Lead Officer | Lead Executive | Timescale for action to be completed | Status of Action | Narrative Progress Update |
|---|---|---|---|---|---|---|---|---|---|
| Strategic Development Committee 11th February 2026 | 3.1 Action Log | Page 2 | Action Log | Query whether two actions (Strategic Equality Plan and Financial Position) could be closed, noting that both had been incorporated into the annual cycle of business. Agreed to review these outside of the meeting. | Head of Corporate Governance & Board Business & Executive Director of Strategy and Transformation | Executive Director of Strategy and Transformation | mai-26 | Closed | Both items have been Added to the Annual Cycle of Business |
| Strategic Development Committee 11th February 2026 | 4.3 Update on the Maesteg Community Hospital Development | Page 5 & 6 | Maesteg Hospital Development | Board options for Maesteg redevelopment to be presented after the pre-election period (May). | Assistant Director of Transformation | Executive Director of Strategy and Transformation | mai-26 | Closed | Report to be received in the In Committee session for the May meeting, prior to a report being received at the Public Board Meeting on the 21 May 2026 |
| Strategic Development Committee 11th February 2026 | 5.2 Population Health Management | Page 9 | Population Health Management | Population Health Management to be escalated to Board level for further consideration and oversight | Executive Director for Public Health | Director of Corporate Governance/Board Secretary | mai-26 | Closed | Contained within the Committee Highlighted Report for the March 2026 Board Meeting |
| Strategic Development Committee 11th February 2026 | 4.2.2 South East Wales Regional Working - Llantrisant Health Park Update | Page 5 | Llantrisant Health Park Update | LHP (Llantrisant Health Park) Phase 2 OBC Updates - work needed to update OBC with additional workforce, operational and orthopaedic detail before Welsh Government review. | Executive Director of Strategy and Transformation | Executive Director of Strategy and Transformation | mai-26 | Closed | OBC updated and submitted to Welsh Government on Wednesday 25 February. Awaiting feedback from Welsh Government. |
| Strategic Development Committee 11th February 2026 | 5.3.2 Regional Partnership Annual Report | Page 11 | Regional Partnership Annual Report | Clarification required on the timing of the 2025/26 Regional Partnership Board Annual Report for it to be added to the forward planner. | Strategic Lead for Children, RCTCBC | Executive Director of Strategy and Transformation | mai-26 | Closed | RPB to sign off 2025-26 Annual Report at their July 2026 meeting. |
| Strategic Development Committee 11th February 2026 | 5.3.1 Strategic Initiative: Regional Working | Page 10 | Regional Partnership Board Update | Children and young people remain visible within system level planning and Board oversight | Executive Director of Strategy and Transformation | Director of Corporate Governance/Board Secretary | mai-26 | Closed | Contained within the Committee Highlight Report that was presented the March 2026 Board Meeting |
| Strategic Development Committee 1 October 2025 | 4,1 | Page 3 | Board Assurance Framework - Strategic Risks | To review the narrative to Strategic Risk 1b in relation to Ambulance Handovers, Patient Waits and Boarding. | Chief Operating Officer | Chief Operating Officer | mar-26 | Closed | The team have updated the BAF which is awaiting formal sign off from the Chief Operating Officer for the next iteration to be presented to the March 2026 Board Meeting. |
| Strategic Development Committee 3rd July 2025 | 6.6 Strategic Equality Plan 2024/2025 | Page 9 | Strategic Equality Plan 2024/2025 | People Directorate to link in with Corporate Governance to plan a Board Development Session specifically on the SEP | Corporate Governance & Executive Director for People | Corporate Governance & Executive Director for People | feb-26 | Closed | Added to Annual Cycle of Business. |
| Stategic Development Committee 3rd July 2025 | 5,6 | Page 7 | Llantrisant Health Park Business Case - Verbal Update | The Committee requested further updates on the Business Case to be provided at future Committee Meetings. | Deputy Director of Strategy and Partnerships | Executive Director of Strategy & Transformation | nov-25 | Closed | Update received as part of the SEW Regional Working for Clinical Services for February 2026 |

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| Stategic Development Committee 3rd July 2025 | 5,5 | Page 6 | Maesteg Community Hospital Development | Provide progress updates on the Maesteg Community Hospital development, including funding, feasibility, and strategy alignment, at future Committee meetings | Assistant Director of Transformation | Executive Director of Strategy & Transformation | okt-25 | Closed | Update planned for EO Public Board in March 2026 and the Committee received an update at the February meeting. |
| Stategic Development Committee 3rd July 2025 | 5,1 | Page 3 | Mental Health Transformation Programme | Provide a comprehensive update on the Mental Health Transformation Programme at a future Committee meeting - to be added to the Forward Work Plan. | Service Director, Mental Health & Learning Disabilities | Chief Operating Officer | feb-26 | Closed | Received at the February 2026 meeting |
| Strategic Development Committee 1 October 2025 | 5.8.1 | Page 9 | Director of Public Health Annual Report 2024-25 | To share the Public Health Wales report outside of the meeting. | Executive Director of Public Health | Executive Director of Public Health | feb-26 | Closed | The DPH Annual Report has been shared. |
| Strategic Development Committee 1 October 2025 | 5,6 | Page 7 | Diabetes 5yr Strategic Action Plan | To share information outside of the meeting in relation to primary prevention and the healthy school's programme. | Executive Director of Public Health | Executive Director of Public Health | feb-26 | Closed | Report was shared via email 12.02.26 |
| Strategic Development Committee 1 October 2025 | 5,1 | Page 3 | Our Strategy (CTM2030) Deployment | Members to review the foundational products slides and to feedback to C. Thompson. | Executive Director of Strategy and Transformation | Executive Director of Strategy and Transformation | feb-26 | Closed | Feedback provided and SDC to be updated as part of the 2026/27 IMTP |
| Strategic Development Committee 16 January 2025 | 6.6 - Health Protection Strategic Update | Page 9 | Vaccination Programme | Explore the availability of data relating to individuals who were not eligible for free vaccinations who had received care and treatment in hospital, where there might have been difficulty accessing it privately, and also whether there is data on those individuals who had the vaccination but still required hospital treatment. | Philip Daniels, Executive Director of Public Health | Philip Daniels, Executive Director of Public Health | apr-25 | Closed | An update was received outside of the meeting and has been circulated to Members. It is proposed to close this action.<br><br>The Executive Director of Public Health updated the Committee, stating he would discuss with the vice chair upon her return. |
| Strategic Development Committee 16 January 2025 | 6.2 - RPB Update | Page 7 | Format of future updates. | Future reports to provide a provide a breakdown of the £22m allocation to teams and when available the priorities of the RPB and how these dovetail CTMUHB Plans. | Linda Prosser, Executive Director of Strategy & Transformation | Linda Prosser, Executive Director of Strategy & Transformation | apr-25 | Closed | COMPLETED AT APRIL 2025 COMMITTEE MEETING |
| People & Culture Committee April 2024<br><br>Revisited at the Strategic Development Committee - 16 January 2025 | 5.2 Strategic Equality Plan<br><br>Action Log | Pages 3 & 4<br><br>Page 2 | Strategic Equality Plan | The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication. | Hannah Williams, Assistant of OD and Wellbeing | Executive Director for People | apr-25 | Closed | At the Committee meeting on the 16.1.2025 - C. Donoghue sought clarity on the current status of the gender pay gap investigation as the position was not clear from the narrative within the Action Log. H. Daniel agreed to review the action with the team outside of the meeting and revert to the Committee with an update.<br><br>**UPDATE**: April 2025, an update was received outside of the meeting and circulated to Members via Email. Propose to close |

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| Strategic Development Committee 16 January 2025 | 7.3 - Digital and Data Strategy / Strategic Digital Transformation Programmes | Page 11 | Digital Delivery Road Map and Funding Allocations | Forward plan to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee. | Stuart Morris, Director of Digital | Stuart Morris, Director of Digital | Added to forward Work Plan | Closed | Propose to close from action log as captured in Forward Work Programme |
| Strategic Development Committee 11th February 2026 | 3.1 Action Log | Page 2 | Action Log | Query whether two actions (Strategic Equality Plan and Financial Position) could be closed, noting that both had been incorporated into the annual cycle of business. Agreed to review these outside of the meeting. | Head of Corporate Governance & Board Business & Executive Director of Strategy and Transformation | Executive Director of Strategy and Transformation | mai-26 | Closed | |
| Strategic Development Committee 1 October 2025 | 7,1 | Page 12 | Strategic Financial Planning and Impact | To add to the Committee Cycle of Business for the Committee to receive the report on an annual basis. | Director of Corporate Governance/Board Secretary | Executive Director of Finance | feb-26 | Closed | The Annual Cycle of Business has been reviewed and approved and will be presented to the May meeting of the Committee for noting. |
| Strategic Development Committee 16 January 2025 | 6.5 - Healthy Travel Charter | Page 9 | Future Updates | Forward work plan to include annual updates on the progress of developments under the Healthy Travel Plan agenda. | Philip Daniels, Executive Director of Public Health | Philip Daniels, Executive Director of Public Health | Added to SDC Cycle of Business for January as the annual update. | Closed | Propose to close from action log as captured Cycle of Business. |
| Strategic Development Committee 16 January 2025 | 6.4 - Creating Health Strategic Delivery Plan | Page 8 | Future Updates | Forward work plan to note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the Committee as it develops. | Philip Daniels, Executive Director of Public Health | Philip Daniels, Executive Director of Public Health | Added to forward Work Plan | Closed | Propose to close from action log as captured in Forward Work Programme |
| Strategic Development Committee 16 January 2025 | 5.1 - ACSP | Page 3 | ACSP to a Board Development Session | Governance Team to add the Acute Services Clinical Plan to the Forward Work Plan for a future Board Development Session. | Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)<br><br>Director of Corporate Governance (BD Topic Planning) | Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)<br><br>Director of Corporate Governance (BD Topic Planning) | Added to Board Development topic list | Closed | Propose to close from action log as captured in Board Development Programme topic List. |
| Digital and Data Committee 21 February 2024 | 3.2 Spotlight Topic | Pages 2-4 | Spotlight Topic: Patient Centred Contact Presentation | Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme | Stuart Morris, Director of Digital | Director of Digital | jan-25 | Closed | Patient Centred Contact requirement included in IMTP submission for 2025/2026 |
| Digital and Data Committee meeting August 2024 | 3.2 Spotlight Topic | Pages 3-4 | Spotlight Topic: Progress on Digital and Data Programmes | Research and conduct a comprehensive analysis of figures around the Digital Maternity Programme. | Director of Digital / Assistant Director for Digital Transformation F11:G11 | Director of Digital | jan-25 | Closed | National Digital Maternity Programme suspended. Health Board to proceed with local procurement. |

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| Digital and Data agenda planning session 15 July 2024 | N/A | N/A | Spotlight Topic: Digital from a Primary Care Perspective | Provide Members with a deep dive on Digital from a Primary Care Perspective | Director of Digital | Director of Digital | jan-25 | Closed | Primary & Community Care Session held in December 2024. New Startegic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme. |
| Digital and Data Committee 21 February 2024 | 3.2 Spotlight Topic | Pages 2-4 | Spotlight Topic: Patient Centred Contact Presentation | Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme | Director of Digital | Director of Digital | jan-25 | Closed | Patient Centred Contact requirement included in IMTP submission for 2025/2026 |
| People & Culture Committee April 2024 | 5.2 Strategic Equality Plan | Pages 3 & 4 | Strategic Equality Plan | The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication. | Assistant of OD and Wellbeing | Assistant of OD and Wellbeing | jan-25 | Closed | •Data analysis showed that the pay gap is (as the original report speculated) due to proportionally more women in lower banded clinical and non-management roles, and more part-time workers. We are in discussions currently about how to best support colleagues (including their development and readiness) this will form part of the OD, L&D and Inclusion workplans during 2025/26<br>•In terms of awards: the main awards are being incorporated into the pay scale (no longer as an award, including the same incremental payment points for part-time staff). Therefore, this will not impact the gender pay gap data in future.<br>•Clinical Excellence Awards (CEAs) and the new National Clinical Impact Awards are for consultants and are allocated within England and Wales, and sifted twice at a National level. CTM does not have power of awarding these and only receives 1-2 of these awards per year. The low awarding rate means this will have little impact on the gender pay gap. As this is a national award, CTM do not |
| Population Health & Partnerships Committee Meeting 1 August 2024 | 5.1 Population Health Management | Page 3 | Population Health Management Programme Update | To bring a further update on the accelerated cluster model and how the data was being used by GP's and accelerated clusters to a future meeting | Director of Public Health | Director of Public Health | jan-25 | Closed | Propose to close - received as part of the Primary Care Strategic Update at the November 2024 meeting of the PHP Committee |
| Population Health & Partnerships Committee Meeting 1 August 2024 | 5.2 Health Protection System | Page 3 | Health Protection System | To bring a further update on staff vaccinations back to the Committee to a future meeting | Director of Public Health | Director of Public Health | jan-25 | Closed | Proposed to close - received as part of the Health Protection Report at the November 2024 meeting of the PHP Committee |
| Population Health & Partnerships Committee Meeting - November 2023 | 5.1 Active Travel Charter | Pages 3 & 4 | Active Travel Charter | To bring the Implementation Plan back to a future meeting of the Committee. | Director of Public Health | Executive Director of Strategy & Transformation | jan-25 | Closed | The implementation plan is going to the SDC January 2025 Committee and will be going to EMB at the end of January. |
| Popluation Health & Partnerships Committee Meeting - May 2023 | 02/23/11 | Page 7 | Primary Care Strategic Update | To query the timescales for the implementation of the single digital system with the Director of Digital | Chief Operating Officer | Chief Operating Officer | jan-25 | Closed | In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale. |

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| Population Health & Partnerships Committee - November 2024 | 5,1 | Page 4 | Director of Public Health Annual Report - Diabetes | To check if the outcome of the Board to Board session had been circulated to all Independent Members | Head of Corporate Governance & Board Business | Director of Public Health | jan-25 | Closed | Propose to close - the outputs from the Board to Board meeting held on 27 June have been shared with Board Members. |
| Population Health & Partnerships Committee - May 2023 | 7.2 Regional Partnership Board Further Faster Pathway Update | Page 7 | Regional Partnership Board Further Faster Pathway update | To receive the Implementation Plan once developed at a future meeting of the Committee. | Executive Director of Strategy & Transformation | Executive Director of Strategy & Transformation | jan-25 | Closed | Propose to close - received at the November 2024 PHP committee meeting |
| Strategic Development Committee 16 January 2025 | 3.1 Action Log - Vaccination Programme | Page 2 | Vaccination Programme | Lessons Learnt and future approach to be shared with the Committee | Philip Daniels, Executive Director of Public Health<br><br>Hywel Daniel, Executive Director For People | Philip Daniels, Executive Director of Public Health<br><br>Hywel Daniel, Executive Director For People | Added to forward Work Plan | Closed | Now added to forward work programme |
| Strategic Development Committee 16 January 2025 | 6.4 - Creating Health Strategic Delivery Plan | Page 8 | Circulation of Public Health reference material. | Circulate to the Committee the Public Health Wales prioritising prevention documents. | Philip Daniels, Executive Director of Public Health | Philip Daniels, Executive Director of Public Health | Complete | Closed | P Daniels circulated via email outside of the Committee meeting. |
| Strategic Development Committee 3 April 2025 | 7.5 Annual Review of the WBFGA | Page 9 | Annual Review of the Well Being of Future Generations Act (WBFGA) and Objectives | It was recommended that an additional objective for the WBFGA concerning the Welsh Language be presented for approval at the May Board Meeting. | Executive Director of Public Health | Executive Director of Public Health | Complete | Closed | The additional objective was approved at the May Pubilc Board Meeting. |
| Strategic Development Committee 3 April 2025 | 7.4 Digital and Data Strategy | Page 9 | Digital and Data Strategy | Digital challenges identified to be captured within the Digital Risk on the Board Assurance Framework. Discussion between Assistant Director of Governance & Risk and Director of Digital. | Assistant Director of Governance & Risk | Director of Digital | Complete | Closed | The May iteration of the Board Assurance Framework has been updated in terms of the Stategic Risk to capture the challenges discussed at the meeting in April 2025. |
| Strategic Development Committee 3 April 2025 | 7.1 Staff Survey & People Plan | Page 7 | Staff Survey | The People Plan was presented with confirmation that it would be submitted to the Board at the end of May 2025 and to follow would be publicised across CTM in June 2025. Ensure the item is on the Board agenda for May 2025 | Deputy Director for People | Hywel Daniel, Executive Director for people | Complete | Closed | The People Plan was approved at the May Public Board Meeting. |
| Strategic Development Committee Meeting 3 April 2025 | 6.4 Area Planning Board Upsate | Page 6 | Area Planning Board Update | The Executive Director of Public Health will review and correct inaccuracies in the cover report and resubmit it after the meeting and ensure future reports were suitable for the lay reader, particularly in regard to the use of acronyms | Executive Director of Public Health | Executive Director of Public Health | Complete | Closed | The task was completed after the Committee Meeting, and the new bundle was subsequently re-uploaded to the Website and Admincontrol. |

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| Stategic Development Committee 3rd July 2025 | 5,2 | Page 4 | Enhanced Community Care Service Update | ECC to be added to the forward plan to have a 2-3-year vision update and how it correlates with the CTM2030 strategy. | Service Director for Primary Care & Community | Chief Operating Officer | okt-25 | Closed | This item will be received by the Health Board at it's Public Meeting on the 25th September 2025 and therefore due to all Members being sighted there will not be a requirement for it to be received at this Committee. |
| Stategic Development Committee 3rd July 2025 | 5,3 | Page 4 | Strategic Clinical Services Programme - Case for Change | Rectify the error identified and resend the revised Acute Clinical Services Programme document to the Committee. | Programme Director | Executive Director of Strategy & Transformation | okt-25 | Closed | On agenda for the September 2025 Board Meeting and October SDC. Further updates will be provided to the Board with the SDC providing oversight of the overall strategy deployment programme. |
| Strategic Development Committee 3rd July 2025 | 6,1 | Page 7 | Regional Partnership Update 2024/2025 | To include a forward-looking section in future Regional Partnership Board reports, detailing planned initiatives and anticipated outcomes | Head of Regional Commissioning Unit | Director of Strategy and Transformation | okt-25 | Closed | The outcomes are produced twice a year – end of September and then end of year. The update report provided for September focusses on the performance framework and the end of year report will include a forward looking section detailing the planned initiatives for the forthcoming year. |
| Stategic Development Committee 3rd July 2025 | 6.3 Health Protection System Update | Page 8 | Health Protection System Update | | Executive Director of Public Health | Executive Director of Public Health | okt-25 | Closed | Response circulated to Committee via email outside of meeting. |
| Strategic Development Committee 3rd July 2025 | 6.5 CTM Public Service Board Update | Page 9 | CTM Public Service Board Update | Circulate the final approved Public Service Board Annual Report to Committee Members once received | Executive Director of Public Health | Executive Director of Public Health | okt-25 | Closed | Circulated to Committee via email 11.9.25. |

Strategic Development Committee

# Strategic Development Committee Annual Report 2025-2026

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|---|---|
| Eitem yr Agenda / Agenda Item | 3.3 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19 August 2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Tyler Lewis, Corporate Governance Officer |
| Cyflwynydd yr Adroddiad / Report Presenter: | Gareth Watts, Director of Corporate Governance / Board Secretary |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Gareth Watts, Director of Corporate Governance/Board Secretary |
| Diben yr Adroddiad / Report Purpose: | Endorse for Board Approval |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | The Committee is asked to ENDORSE the Strategic Development Committee Annual Report 2025-2026 for onward reporting to the Board. |
| Cyd-destun Strategol:<br>*Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol*<br>*Strategic Context:*<br>*This report aligns to the following Strategic Pillars* | Improving Care<br>If more than one applies please list below:<br>Developing Healthy Communities Together; Improving Care; Sustaining Our Future. |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)*<br>Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | The report supports delivery of the Health Board's strategic planning and assurance arrangements by demonstrating how the Committee has scrutinised matters linked to CTM:2030, the Integrated Medium Term Plan / Annual Delivery Plan, strategic risks, service transformation, partnership working, population health, digital, people, finance and sustainability priorities. |

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

| Executive Summary of what the report is describing:<br>Start by <u>summarising briefly</u> the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and evidence to support that position etc)* | The Strategic Development Committee Annual Report 2025-2026 summarises the Committee's role, activity and key areas of focus during the reporting period. It demonstrates how the Committee has discharged its responsibilities in accordance with its Terms of Reference and provides assurance to the Board on the effectiveness of the Committee's governance arrangements. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | The Annual Report provides an important source of assurance that the Committee has maintained oversight of its delegated responsibilities, including strategic planning, service transformation, partnership working, population health, the Board Assurance Framework and enabling plans relating to people, digital, finance and sustainability. It also supports transparency by summarising the Committee's work, key themes and governance arrangements for the Board. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*<br><br>What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being* | Subject to endorsement, the Annual Report will be submitted to the Board as part of the Health Board's committee assurance arrangements. The Committee will continue to use its forward work plan, annual cycle of business, action log, highlight reporting and self-assessment arrangements to support effective scrutiny and continuous improvement during 2026-2027. |

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| *made)* | |

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| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | The Committee is asked to ENDORSE the Strategic Development Committee Annual Report 2025-2026 for onward reporting to the Board as part of the Health Board's committee assurance arrangements. |

## Background / Context

1.1 This report presents the Strategic Development Committee Annual Report for 2025-2026. The Annual Report provides a summary of the Committee's role, activity and key areas of focus during the reporting period and demonstrates how the Committee has discharged its responsibilities in line with its Terms of Reference. It is intended to provide assurance to the Board on the effectiveness of the Committee's governance arrangements and its contribution to supporting the strategic development agenda of Cwm Taf Morgannwg University Health Board.

## 2. Strategic Insights

2.1 The Strategic Development Committee Annual Report should be read as an assurance document which summarises how the Committee has operated during 2025-2026, the matters it has considered, and the contribution it has made to the Health Board's strategic development agenda. The report provides a structured overview of the Committee's business, highlighting the key themes, areas of focus and governance activity undertaken during the reporting period.

## 3. Risks and Opportunities

3.2 These risks are mitigated through the Committee's established governance arrangements, including its approved Terms of Reference, forward work plan, regular reporting to the Board, and the receipt of relevant reports and assurance throughout the year. The Committee provides an opportunity to identify areas requiring further attention, strengthen alignment between strategic priorities and delivery, and support more informed decision-making. The Annual Report also presents an opportunity to reflect on the effectiveness of the Committee's work during 2025-2026 and to identify any areas for continuous improvement in the year ahead.

## 4. Compliance and Governance

4.3 The Committee's governance arrangements are further supported through its annual cycle of business, forward work plan, action log, meeting feedback arrangements and annual self-assessment process. These provide evidence that the Committee continues to review its effectiveness, identify areas for improvement and maintain appropriate oversight of its areas of responsibility. No

additional regulatory compliance issues are identified within this report; however, the Committee will continue to take account of relevant national policy and statutory requirements, including those relating to strategic planning, the Well-being of Future Generations Act and Welsh Government expectations for NHS bodies in Wales.

## 5. Benchmarks

5.1 Formal external benchmarking is limited for this type of Committee Annual Report, as the report primarily provides assurance on the operation, governance and effectiveness of the Strategic Development Committee against its agreed Terms of Reference. The most relevant benchmarks are therefore the Health Board's Standing Orders, the Committee's approved Terms of Reference, the annual cycle of business, the forward work plan, and the reporting and escalation arrangements in place for all Board Committees

## 6. Conclusion

6.1 The Strategic Development Committee Annual Report 2025-2026 provides assurance that the Committee has operated in accordance with its Terms of Reference and has discharged the responsibilities delegated to it by the Board. The report summarises the Committee's activity, key areas of focus and governance arrangements during the reporting period and demonstrates its contribution to the oversight of the Health Board's strategic development agenda.

6.2 The Committee's work during the year has supported effective scrutiny, transparency and assurance in relation to strategic planning, service development and delivery against relevant strategic priorities. The Annual Report also provides an opportunity to reflect on the effectiveness of the Committee's arrangements and to identify any areas for continuous improvement. On this basis, the Committee is asked to endorse the Strategic Development Committee Annual Report 2025-2026 for onward reporting to the Board.

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| Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* | Choose an item. |
| Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk) | The Annual Report links to the Health Board's strategic risks relating to delivery of strategic objectives, service sustainability, transformation, partnership working, digital, workforce, finance and governance. The report provides assurance that the Committee has maintained oversight of relevant strategic risks through receipt of Board Assurance Framework updates and related reports during the year. |

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| Dolen I Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals | Not Applicable |
| | The report supports the sustainable development principle and contributes to the Well-being Goals by strengthening transparent decision-making, long-term planning, collaboration with partners, prevention, involvement and integration across the Health Board's strategic development agenda. |

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| Dolen I Hwyluswyr Ansawdd / Link to Enablers of Quality | Learning, Improvement & Research |
| | Leadership; Culture and valuing people; Information; Learning, improvement and research; Whole systems perspective. The report supports quality governance by demonstrating the Committee's contribution to strategic oversight, assurance, learning and continuous improvement. |

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| Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs) | No - Not Applicable |
| | |

| Asesiad Effaith Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Outcome for Equality: NEUTRAL<br>Summary of impact: The report is an assurance report and does not propose any service change, policy change or decision that would directly impact protected groups. Equality considerations continue to be addressed through the Committee's wider scrutiny of strategic plans and relevant reports.<br><br>Summary of impact: | If no, please select a reason below.<br>Does not impact people<br><br>Named Executive/Board member sign off for no EWLIA completion: |

| | | |
|---|---|---|
| | Outcome for Welsh Language: NEUTRAL<br>Summary of impact: The report does not introduce a change that would directly impact Welsh language services. The Committee's work supports continued oversight of strategic matters, including Welsh language considerations where relevant to planning, service development and population needs.<br><br>Summary of impact: | |
| Canlyniad Asesiad Effaith Ansawdd<br>*(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam 6nd oedd ei angen)*<br><br>Quality Impact Assessment Outcome<br>*(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | No Quality Impact Assessment is required. The report is retrospective and provides assurance on Committee activity and governance arrangements; it does not propose a service change. Quality-related matters are considered through the Committee's routine scrutiny of relevant strategic reports and assurance items. | |
| Cyfreithiol / Legal | No direct legal implications are identified. The report supports compliance with the Health Board's Standing Orders, Scheme of Delegation and the Committee's Terms of Reference. | |
| Enw da / Reputational | Positive. Approval of the Annual Report supports openness, transparency and assurance regarding the Committee's operation and contribution to the Health Board's strategic development agenda. | |
| Effaith Adnoddau<br>*(Pobl /Ariannol)* /<br>Resource Impact<br>*(People / Financial)* | No additional resource implications are identified as a direct result of this report. Any resource implications arising from matters considered by the Committee are addressed within the relevant individual reports. | |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group / Individuals | Date | Outcome |
| Strategic Development Committee | 19 August 2026 | Annual Report presented for approval and onward reporting to the Board. |

| Acronyms / Glossary of Terms | |
|---|---|
| BAF | Board Assurance Framework |
| IMTP | Integrated Medium Term Plan |

# ANNUAL REPORT 2025-2026 STRATEGIC DEVELOPMENT COMMITTEE

Tyler Lewis (CTM UHB - Corporate Governance)
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

STRATEGIC DEVELOPMENT COMMITTEE
DRAFT ANNUAL REPORT 2025-2026

FOREWORD

As Chair of the Strategic Development Committee, I am pleased to present the Committee's first Annual Report for 2025-2026. Established during the year, the Committee has supported the Board by providing scrutiny, challenge and assurance on the Health Board's strategic direction, long-term planning and sustainability.

In its first year, the Committee considered a broad programme of strategic priorities, including CTM 2030 strategy deployment, service transformation, population health, partnership working, strategic risk, digital and data priorities, financial and integrated medium-term planning, decarbonisation and wider sustainability.

I would like to thank Committee Members, Executive colleagues and officers for their contributions in establishing the Committee and supporting its work during the year. As we look ahead to 2026-2027, the Committee will continue to strengthen its role in supporting sustainable services, articulating a clear vision for the future and improved outcomes for our population.

## INTRODUCTION

The Strategic Development Committee provides assurance to the Board in respect of the Health Board's strategic direction, planning and long-term sustainability. In fulfilling this role, the Committee oversees strategic risks within the Board Assurance Framework and supports robust, informed decision-making in relation to the achievement of organisational objectives. The Committee also seeks assurance that organisational plans are aligned, wherever possible, with relevant policy, legislative requirements and partnership priorities.

All Committee papers, unless held 'In-Committee', are published on the Health Board website. The Committee normally meets up to four times a year and its remit extends across the full range of the Health Board's responsibilities, with a particular focus on longer-term strategic planning and horizon scanning beyond in-year delivery. Its work includes scrutiny and assurance in relation to key strategic programmes, including models of care, population health, partnership working and the enabling plans that support the organisation's long-term sustainability.

Following each meeting of the Committee, a Board Highlight report is prepared setting out the key matters considered, issues for assurance as well as any risks or topics that need to be escalated for Board consideration. There is also the opportunity to refer key risks back to the Executive Leadership Group or through reports from Committee Chair at full Health Board meetings.

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## MEMBERSHIP

Committee membership comprises Independent Members and Executive Directors, enabling the Committee to provide effective scrutiny and assurance to the Board while maintaining appropriate independence from operational decision-making.

Independent Members during 2025–2026 were as follows:

| Member | Role |
|---|---|
| Kath Palmer | Health Board Vice Chair and Committee Chair |
| Neil Mesher | Independent Member, Commercial Business |
| Rachel Rowlands | Independent Member, Community |
| Carolyn Donaghue | Independent Member, University |
| Kathy Mason (From July 2025) | Independent Member, Digital and Data |

MEETINGS

During the period 2025-2026 the Committee met on four occasions;

| Meeting date |
|---|
| 3 April 2025 |
| 3 July 2025 |
| 1 October 2025 |
| 11 February 2026 |

Independent Member attendance across the four meetings was as follows:

| Independent Member | 3 April 2025 | 3 July 2025 | 1 October 2025 | 11 February 2026 | Total |
|---|---|---|---|---|---|
| Kath Palmer | X | ✓ | ✓ | ✓ | 3/4 |
| Neil Mesher | X | ✓ | ✓ | ✓ | 3/4 |
| Rachel Rowlands | X | ✓ | X | X | 1/4 |
| Carolyn Donaghue | ✓ | ✓ | ✓ | ✓ | 4/4 |
| Kathy Mason | | | ✓ | ✓ | 2/2 |
| Dilys Jouvenat | ✓ | ✓ | ✓ | ✓ | 4/4 |

MAIN AREAS OF STRATEGIC DEVELOPMENT COMMITTEE ACTIVITY

Each meeting agenda followed a standard format comprising eight main sections.

PART 1 – Preliminary Matters
PART 2 – Consent Agenda Business
PART 3 – Committee Governance Arrangements
PART 4 – Strategic Risk Management
PART 5 – Our Models of Care / Service Transformation
PART 6 – Our Population / Working with Others
PART 7 – Our Commitment to Sustaining Our Future
PART 8 – Consent Agenda

PART 1 - PRELIMINARY MATTERS

This section covers the preliminary business of the meeting, including apologies for absence and declarations of interest.

PART 2 – CONSENT AGENDA BUSINESS

The Committee Chair invites Members to identify any items within the Consent Agenda (Part 9) that they wish to be brought forward for discussion as part of the main agenda.

PART 3 – COMMITTEE GOVERNANCE ARRANGEMENTS

This section included the following reports during the year:

- Action Log

PART 4 – STRATEGIC RISK MANAGEMENT

- Board Assurance Framework

PART 5 – OUR MODELS OF CARE / SERVICE TRANSFORMATION

This section included the following reports during the year:

- Acute Clinical Services Plan update
  - South East Wales regional working for clinical services
- Spotlight on Strategy Groups
  - Starting Well and Growing Well Strategy Group
  - Building Healthier Communities
  - Living Well / Adulthood
  - Fragile Services / Acute Services Reconfiguration
  - Primary and Community Care Transformation
  - Integrated Community Care Services
  - Mental Health Services Transformation
  - Enhanced Community Care Service
- Diabetes five-year Strategic Action Plan
- Strategic Digital Transformation Programme
- Public Health activity
  - Director of Public Health Annual Report 2024–2025
  - Health Protection Strategic Update
  - Healthcare Inequalities
- Regional Partnership Agreement for services and support for older people, people living with frailty and their carers
- Maesteg Community Hospital development
- Llantrisant Health Park business case
- CTM 2030: Building Healthier Communities Together Strategy Deployment
- Digital and Data Enabling Plan

## PART 6 – OUR POPULATION / WORKING WITH OTHERS

This section included the following reports during the year:

- Integrated Community Care System
- Regional Partnership Update
- Public Services Board Update
- Area Planning Board Update
- Creating Health Highlight Report
- Health Protection System Update
- Strategic Equality Plan 2024–2025
- 2026/2027 Integrated Medium Term Plan (Financial Plan Update)
- IMTP 5 Year Baseline
- CTMUHB Climate Action Plan 2025-2030

## PART 7 – OUR COMMITMENT TO SUSTAINING OUR FUTURE

During the year, the following reports were presented to the Committee under this section:

- Staff Survey and People Plan
    - People Plan implementation
- Financial Update
- Integrated Medium Term Plan
    - Progress update
    - Five-year do-nothing baseline
    - Assurance on process for 2026-2027
    - Financial plan update
- Digital and Data Strategy / Strategic Digital Transformation Programmes
    - Progress plan
- Annual review of the Well-being of Future Generations Act statement and objectives
- Climate Action Update 2025-2030
- Decarbonisation & Waste Reduction

## PART 8 – CONSENT AGENDA

Items included under the Consent Agenda may include minutes or reports from relevant groups, standing updates, routine monitoring reports, policies or plans presented for noting, and other papers where the primary purpose is to provide assurance or information. Any item may be moved from the Consent Agenda to the main agenda where further discussion, clarification or challenge is required.

- APPROVAL
- Meeting Minutes
    - Main Meeting, In-Committee Meeting & Extra Ordinary
- Committee Annual Cycle of Business

- NOTING
- Committee Forward Work Plan

- CTM2030 Strategy Group Update

## Conclusion

In conclusion, during 2025-2026 the Strategic Development Committee provided scrutiny, challenge and assurance across a broad programme of strategic work. Key areas included oversight of CTM 2030 strategy deployment, service transformation and models of care, population health and partnership activity, strategic risk management, digital and data priorities, financial and integrated medium-term planning, estates, decarbonisation and wider sustainability. The Committee will continue to support Board oversight in 2026-2027, with a focus on strategic priorities that improve outcomes for the population served by Cwm Taf Morgannwg University Health Board.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

# Strategic Development Committee

## Committee Annual Self Effectiveness Survey Outcome 2025-6 & Improvement Plan

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|---|---|
| Eitem yr Agenda / Agenda Item | 3.4 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19 August 2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Louise Stait, Interim Assistant Director Governance and Risk |
| Cyflwynydd yr Adroddiad / Report Presenter: | Kath Palmer (Health Board Vice Chair, and SDC Committee Chair) |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Claire Thompson, Executive Director of Strategy & Transformation |
| Diben yr Adroddiad / Report Purpose: | For Approval |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | The Committee is asked to REVIEW the outcome of the 2025-26 Committee Self-Effectiveness Survey and APPROVE the proposed Committee Development action plan |
| Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars* | This report supports all relevant Health Board strategic objectives by strengthening the effectiveness of the Committee responsible for scrutiny and assurance in relation to strategic planning, service transformation, organisational development and delivery of the Health Board's longer-term objectives. |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | The report supports delivery of the Integrated Medium-Term Plan and Annual Delivery Plan by ensuring that the Strategic Development Committee remains effective in providing scrutiny, assurance and oversight of strategic planning, transformation and organisational development matters. |

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

| Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and evidence to support that position etc)* | The 2025-26 annual self-effectiveness survey for the Strategic Development Committee was completed by eight respondents.<br><br>Overall, the feedback provides positive assurance regarding the effectiveness of the Committee. Responses were positive across the majority of questions, including in relation to the Committee's Terms of Reference, annual review arrangements, authority and resources, Cycle of Business, meeting frequency, professional behaviours, use of private meetings, virtual meetings, chairing, Executive Director support and the Committee Highlight Report to Board.<br><br>Some constructive comments were also received from respondents. These should be interpreted proportionately, as the overall response was positive and not all issues were raised by multiple respondents. However, the comments provide useful prompts for the Committee to consider as part of its ongoing development. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | The themes identified are consistent with those emerging from recent self-effectiveness reviews of other Committees. This suggests there may be value in taking a coordinated approach to Committee development across the governance structure.<br><br>A summary of the feedback and proposed action plan are given below.<br><br>1. *Committee Boundaries, Agenda Focus and Flow of Business*<br>Several comments related to the breadth of the Committee agenda, the relationship between SDC and other Committees, and the need to maintain a clear strategic focus. Respondents noted that there can sometimes be overlap between SDC and ODC, that some agendas can be very full, and that the purpose of some papers could be clearer.<br><br>One respondent also suggested moving away from lengthy update reports and another that Committee Highlight Reports could be more focused.<br><br>These themes align closely with wider work already underway to review other committee agendas, assurance arrangements and the flow of business across the governance structure.<br><br>ACTION: The Committee Chair, Executive Lead and Governance Team will review the Committee's remit, to strengthen agenda focus, reduce duplication and clarify the distinct role of the SDC. This will include consideration |

of paper purpose, assurance requirements and Committee reporting arrangements.

This work will be synchronised with and complement similar reviews already scheduled for the Operational Delivery Committee (ODC) *(September 2026 tbc)* and Quality, Safety and Experience Committee (QSEC) *(November 2026)*, ensuring a consistent approach across Committees.

DUE DATE: Date of SDC review to be confirmed by the 10 November 2026 meeting. Outcomes of the review reported back to the Committee before the end of 2026/27.

*2. Member Development and Effective Scrutiny*

One respondent suggested that members and attendees would benefit from a shared understanding of the scope, role and nature of effective questioning and scrutiny at SDC.

This mirrors feedback received through other recent Committee self-effectiveness surveys; the following action is therefore common to several committees.

ACTION: The Governance Team will channel this feedback into the wider programme of Board and Committee development activity and will discuss with the Board Secretary and Committee Chair whether any additional support would be helpful in relation to effective scrutiny, assurance-based questioning and the role of members and attendees in supporting constructive challenge.
DUE DATE: Feedback to SDC at the 10 November 2026 meeting.

*3. Understanding of Governance and Assurance Structures*

One respondent also suggested that members and attendees would benefit from a clearer understanding of the underpinning structures that support, scrutinise and provide assurance to SDC. This links to wider governance mapping work currently being developed, which is intended to improve understanding of the Board's governance arrangements, committee structure and supporting groups.

ACTION: Timescales for this work to be confirmed – update and final due date will be confirmed to SDC at its 10 November meeting.

*4. Welsh Language in Meetings*

One respondent indicated that they would welcome greater use of the Welsh language in Committee meetings. No further detail was provided regarding the type of usage they would find helpful.

| | |
|---|---|
| | This mirrors feedback received through other recent Committee self-effectiveness surveys; the following action is therefore common to several committees.<br><br>ACTION: The Governance Team will meet with the Equality and Welsh Language Impact Team to explore practical and proportionate opportunities to increase the visibility and use of Welsh within Committee meetings and will discuss any potential actions with the Committee Chair and Lead Officer(s).<br>DUE DATE: 31 August 2026.<br><br>*5. Committee governance arrangements*<br>One respondent indicated that they were unfamiliar with some aspects of the Committee's governance arrangements.<br><br>As these matters are routinely covered through the Committee's normal annual cycle of business, no specific action is proposed. However, Committee members are invited to comment if they consider that any further induction or awareness activity would be helpful. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*<br><br>What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | Subject to agreement by the Committee, the actions listed above will be completed and reported back to the Committee. |

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| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation<br>(Linked to the "What Next" section above). | The Committee is asked to REVIEW the outcome of the 2025-26 Committee Self-Effectiveness Survey and APPROVE the proposed Committee Development action plan |

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| Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* | The report does not directly affect the score or management of any individual strategic risk.<br>However, it supports the Health Board's overall governance and assurance arrangements indirectly. A well-functioning Strategic Development Committee supports effective scrutiny and assurance in relation |

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| Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk) | to strategic planning, transformation, organisational development and delivery of longer-term organisational objectives. |

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| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals | The report supports the Well-being Goals indirectly by strengthening the governance and assurance arrangements through which the Committee oversees strategic planning, service transformation and organisational development. The proposed actions support more integrated and sustainable decision-making through improved agenda focus, clearer governance pathways and more effective strategic scrutiny. |

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| Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality | Leadership |
| | Culture & Valuing People |
| | Learning, Improvement & Research |
| | The report supports the Enablers of Quality by using feedback from Committee members and attendees to identify opportunities for improvement. The proposed actions are intended to support effective leadership, organisational learning and the continued development of governance and assurance arrangements. |

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| Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs) | No - Not Applicable |
| | There are no direct environmental sustainability impacts arising from this report. The report relates to committee effectiveness and governance improvement, rather than a service, estates, procurement or operational change proposal. |

| Asesiad Effaith Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason* | Outcome for Equality: NEUTRAL<br>Summary of impact: No direct equality impact has been identified. The report relates to the outcome of the Committee's annual self-effectiveness survey and proposed governance improvement actions. | If no, please select a reason below.<br>Choose an item.<br><br>Not required at this stage – governance effectiveness report with no direct service, |

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| *from dropdown and Executive sign off.)* | Outcome for Welsh Language: POSITIVE<br>One respondent indicated that they would welcome greater use of the Welsh language in Committee meetings, and an action has been proposed in response to this. | policy or operational change.<br><br>Named Executive/Board member sign off for no EWLIA completion: Gareth Watts |
| Canlyniad Asesiad Effaith Ansawdd<br>*(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome<br>*(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | A separate Quality Impact Assessment has not been undertaken as the report does not propose a direct change to clinical services, patient pathways, staffing models or operational delivery.<br>The report is expected to have a positive governance impact by supporting the ongoing effectiveness of the Strategic Development Committee in scrutinising assurance and overseeing strategic planning, transformation and organisational development matters. | |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report | |
| Enw da / Reputational | Yes (include further detail below)<br>The report may have a positive reputational impact as it publicly demonstrates that the Committee routinely reviews its own effectiveness, considers feedback from members and attendees, and identifies proportionate improvement actions. | |
| Effaith Adnoddau<br>*(Pobl /Ariannol) /*<br>Resource Impact<br>*(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report<br>The proposed actions are expected to be progressed through existing governance arrangements and through wider Committee development work already planned across the governance structure. Any future resource implications arising from Committee-approved initiatives would be considered separately. | |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group / Individuals | Date | Outcome |
| Survey sent to all Operational Delivery Committee members and attendees | Click or tap to enter a date.<br><br>June–July 2026 | Eight responses were received. Feedback provided positive |

| | | |
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| | | assurance overall, with a small number of constructive development themes identified relating to Committee boundaries, agenda focus, governance and assurance arrangements, member development and Welsh language visibility. |
| | | |

| Acronyms / Glossary of Terms | |
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| | |

# Strategic Development Committee

## Terms of Reference – Operational Delivery Committee

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 3.5 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19/08/2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public. |
| | Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Emma Walters, Head of Corporate Governance & Board Business |
| Cyflwynydd yr Adroddiad / Report Presenter: | Gareth Watts, Director of Corporate Governance/Board Secretary |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Gareth Watts, Director of Corporate Governance/Board Secretary |
| Diben yr Adroddiad / Report Purpose: | For Review |
| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | The Committee are asked to review the Terms of Reference. |

1. Situation /Background

1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Good Governance & Probity Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

1.2 All Health Board members and officers must be aware of the Standing Orders and, where appropriate, should be familiar with their detailed content.

1.3 The Strategic Development Committee Terms of Reference form schedule 3.7 of the Standing Orders and the purpose of the paper is for the Committee to note.

2. Specific Matters for Consideration

2.1 The Terms of Reference are attached as Appendix 3.5b and were Approved by the Health Board at its meeting held on 26 March 2026 and are being presented to the Committee to review.

3. Key Risks / Matters for Escalation

3.1 The Standing Orders will be further strengthened in year as and when required.

4. Assessment

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| Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)*<br><br>Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk) | Not applicable<br><br>If more than one applies please list below: |

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| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / | Not applicable |

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

| | |
|---|---|
| Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality | Not applicable |
| | If more than one applies please list below: |

| | |
|---|---|
| Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs) | Not applicable |
| | If more than one applies please list below: |

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

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| Resource Impact<br>*(People / Financial)* | |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group / Individuals | Date | Outcome |
| Health Board | 26/03/2026 | Approved |

| Acronyms / Glossary of Terms | |
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| | |

5. Recommendation

The Committee are asked to review the Terms of Reference.

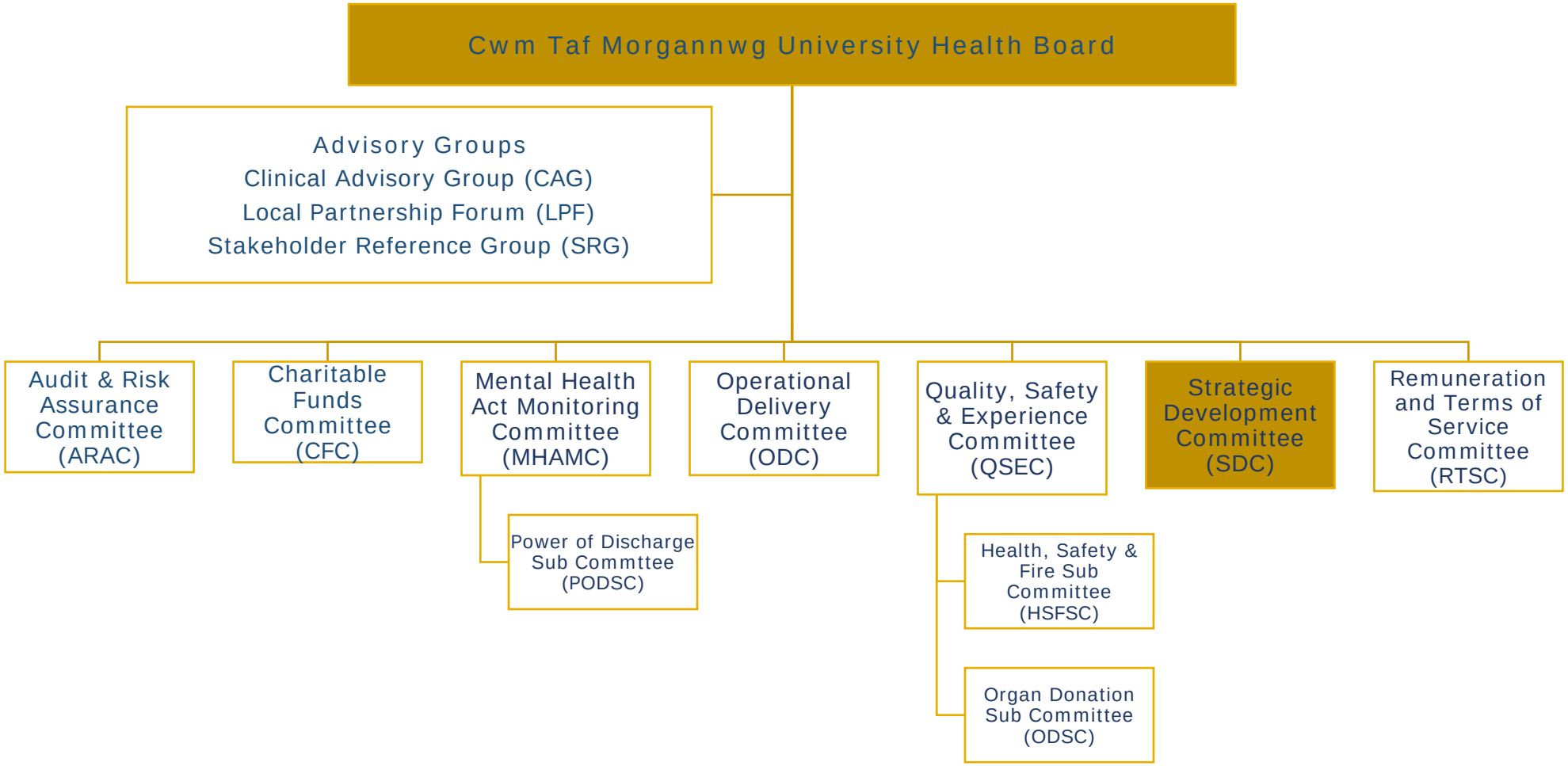
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

# STRATEGIC DEVELOPMENT COMMITTEE (SDC)

Terms of Reference & Operating Arrangements
(Schedule 3.7 of the Standing Orders)

Last Approved: Health Board Meeting 26th March 2026

CTM_Corporate_Governance@wales.nhs.uk


Cwm Taf Morgannwg University Health Board
Advisory Groups
Clinical Advisory Group (CAG)
Local Partnership Forum (LPF)
Stakeholder Reference Group (SRG)
Audit & Risk Assurance Committee (ARAC)
Charitable Funds Committee (CFC)
Mental Health Act Monitoring Committee (MHAMC)
Power of Discharge Sub Commttee (PODSC)
Operational Delivery Committee (ODC)
Quality, Safety & Experience Committee (QSEC)
Health, Safety & Fire Sub Committee (HSFSC)
Organ Donation Sub Committee (ODSC)
Strategic Development Committee (SDC)
Remuneration and Terms of Service Committee (RTSC)

## Contents



## Version Control

| Version | Issued To | Date | Outcome | Next Review Date |
|---|---|---|---|---|
| Version 1 | Health Board Meeting | 26th September 2024 | Approved | No later than the end of September 2024. |
| Version 2 | Health Board Meeting | 26 March 2026 | Approved | No later than March 2027 |
| | | | | |
| | | | | |

Board Committee Arrangements: This schedule forms part of, and shall have effect as if incorporated in the Health Boards Standing Orders

## 1. Introduction & Constitution

1.1 The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

1.2 In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Strategic Development Committee (SDC). The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

1.3 The business of the Committee will be driven by the strategic risks facing the organisation as captured in the Board Assurance Framework.

## 2. Purpose

2.1 The purpose of the Committee is to:

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

- Scrutinise strategic risks on the Board Assurance Framework and their impact upon CTMUHB's ability to deliver its strategic ambitions. This will include assurance that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.

- Assurance to the Board in relation to strategic decision-making, ensuring it is supported with a robust understanding of risks in relation to the achievement of organisational goals and strategic objectives.

- To provide assurance to the Board that, wherever possible, CTMUHB plans are aligned with partnership plans developed with Regional Partners, Local Authorities, Universities, Collaboratives, Alliances and other key partners.

2.2 The SDC business will also be informed by relevant national policies such as Healthier Wales, Wellbeing of Future Generations Act etc.

2.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

## 3. Scope and Duties

3.1 The scope of the SDC Committee extends to the full range of CTMUHB responsibilities.

3.2 The SDC Committee will focus on longer term strategic planning / horizon scanning. (Beyond in-year delivery)

3.3 The SDC will have specific responsibilities with regards the following:

### 3.3.1 Our Models of Care

Scrutinise and seek assurance on the strategic development of the following plans/programmes:

- Overarching CTM:2030 Strategy;
- Acute Clinical Services Plan;
- Strategic Digital Transformation Programmes;
- Integrated Community Services;
- Strategic Commissioning.
- Building Healthier Communities

### 3.3.2 Our Population / Working with Our Partners

Seek assurance on the strategic development of the following plans/programmes:

- Population Health Strategic Delivery Plan
- Partnership Engagement (PSB and RPB)

### 3.3.3 Our Commitment to Sustaining Our Future

Seek assurance on the strategic development of the following enabling activity /plans/programmes:

- Strategic Financial Position Updates
- Estates Performance
- People Plan
- Digital & Data Strategy
- Decarbonisation Strategy
- University Health Board designation
- Integrated Medium Term Plan (including Sign Off).

## 4. Membership

Members

4.1 The membership of the Committee shall be determined by the Board, based on the recommendation of CTMUHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

4.2 The membership of the SDC Committee will be reviewed annually.

4.3 The Membership of the SDC is as follows:

Members

| | |
|---|---|
| Chair | Independent Member |
| Vice Chair | Independent Member |
| Members | 4 further Independent Members |

In Attendance

| |
|---|
| Executive Director of Strategy & Transformation *(Executive Lead for the Committee)* |
| Executive Director for People |
| Executive Director of Finance |
| Executive Director of Public Health |
| Executive Director of Allied Health Professions and Health Science |
| Chief Operating Officer |
| Director of Digital (SIRO) |
| Director of Corporate Governance / Board Secretary |
| Deputy Director of Strategy and Partnerships |
| Deputy Director for People |

By Invitation:

4.4 The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

4.5 Other Executive Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

## 5 Quorum & Attendance

5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the "In Attendance" members.

5.2 There is an expectation that the core Executive Directors noted in the "In Attendance" section will attend every Committee. Should any 'in attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

## 6 Meeting Secretariat

6.1 The Committee Secretariat shall be determined by the Director of Corporate Governance/Board Secretary.

## 7 Frequency of Meetings

7.1 The Committee will meet at least four times per annum and shall agree an annual schedule of meetings.

7.2 Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive(s).

7.3 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of and procedures of such Committee meetings.

## 8 Withdrawal of Individuals in Attendance

8.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 9 Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

## 10 Access

10.1 The Chair of the SDC Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## 11 Accountability, Responsibility & Authority

11.1 The SDC Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

11.2 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

11.3 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

11.4 The Committee shall embed CTMUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

11.5 The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the CTMUHB. It may seek relevant information from any:
    - Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
    - Any other Committee, sub Committee or group set up by the Board to assist it in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.
- Approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

11.6 The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

11.7 At this stage, no sub Committees/task and finish groups have been established.

## 12 Reporting

12.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of information.

12.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

12.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.

12.4 The Committee will consider the assurance provided through the work of the Board's other Committees and Sub-Committees to meet its responsibilities for advising the Board on the adequacy of CTMUHB's overall assurance framework.

12.5 The Committee Chair, supported by the Committee Secretary, shall:

- Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within six weeks of the end of the financial year and timed to support the preparation of the Accountability Report. This should specifically comment on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.
- Bring to the Board's specific attention any significant matter under consideration by the Committee.
- Ensure appropriate escalation arrangements are in place to alert CTMUHB Chair, Chief Executive or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

12.6 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees performance and operation, including that of any sub-committees established.

## 13 Applicability of Standing Orders to Committee Business

13.1 The requirements for the conduct of business as set out in the CTMUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## 14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which would have been made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee, after first consulting with at least two other members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

## 15 In Committee (Private Meeting)

15.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 16 Review

16.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Version 1 June 2026

# Strategic Development Committee

## Wellbeing of Future Generations (Wales Act) work

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 4.2 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19/08/26 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Kate May- Assistant Director of Public Health |
| Cyflwynydd yr Adroddiad / Report Presenter: | Philip Daniels- Executive Director Public of Health |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Philip Daniels, Executive Director of Public Health |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | For noting |
| Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars* | Not applicable<br>If more than one applies please list below:<br>Creating health<br>Sustaining our Future |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | N/A |

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

| Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and evidence to support that position etc)* | CTMUHB is required to review our Wellbeing Objectives annually as part of our commitments under the Wellbeing of Future Generations (Wales) Act. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | The Wellbeing Objectives continue to be embedded throughout the CTM 2030 strategy.<br><br>The Wellbeing Objectives have been reviewed and remain unchanged for 2026-27.<br><br>The PSB Inequalities in Health Group is overseeing ongoing work with partners to map the alignment of objectives and develop overarching priorities for the CTM region. CTMUHB is actively involved in this work. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*<br><br>What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | This report seeks to:<br>• Update on the outcome of the annual review of Wellbeing objectives<br>• Summarise associated work undertaken during 25/26.<br>• Highlight the unique risks associated with population health in CTM<br>• Confirm support for opportunities to address the health of the population through prevention spend mapping and partnership working |

| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* | Committee is asked to note the review. |
|---|---|

| Recommendation (Linked to the "What Next" section above). | |
|---|---|

## 1. Background / Context

1.1 The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales.

1.2 The Act gives a legally-binding common purpose – the 7 well-being goals – for national government, local government, local health boards and other specified public bodies. It details the ways in which specified public bodies must work, and work together to improve the well-being of Wales.

1.3 The Well-being goals are depicted in the image below:


1.4 The Act places a duty that the public bodies will be expected to carry out. The well-being duty states: Each public body must carry out sustainable development. The action a public body takes in carrying out sustainable development must include setting and publishing objectives ("well-being objectives") that are designed to maximise its contribution to achieving each of the well-being goals and taking all reasonable steps (in exercising its functions) to meet those objectives.

1.5 This means that each public body listed in the Act must work to improve the economic, social, environmental and cultural well-being of Wales. To do this they must set and publish well-being objectives.

## 2. Strategic Insights

2.1 CTMUHB's Wellbeing Objectives remain fully aligned and integrated with the CTM2030: Our Health, Our Future strategy and our ambition to being a population health organisation.

2.2 Our current Wellbeing Objectives are:

- Work with communities and partners to reduce inequality;
- Promote wellbeing and prevent ill-health;
- Provide high quality, evidence based, and accessible care;
- Ensure sustainability in all that we do, economically, environmentally and socially; and
- Co-create with staff and partners a learning and growing culture
- Embed the Welsh language in all we do, recognising the importance of Welsh in people's care and our contribution as an anchor organisation to the wider aim in Wales of reaching a million Welsh speakers

2.3 During the past year we have continued to demonstrate commitment to the Seven Wellbeing Goals and five ways of working, as laid out within the WBFGA. For example we have;

- Continued to work with our CTM2030 Community Leaders' Network for developing and building new relationships and partnerships between CTM UHB and the voluntary and community sector in Cwm Taf Morgannwg. This in-person forum meets quarterly; it facilitates discussion with community leaders across the three strategic aims. It also creates opportunity to test thinking and ideas for change or improvement. This year this has included supporting a community focused vaccination programme, mental health services, and the refocusing of the CTMUHB Charity.

- Improved how we share information, and engage with, community leaders by continuing to use 'highlights/actions reports' following each community meeting and by developing a dedicated CTM2030 Community Leaders' Hub;

- Work continues to progress with our local authority partners in relation to developing an Integrated Community Care System, which will support the delivery of seamless services for older people, people living with frailty and their carers. This year we have established a new intermediate care 'Hospital at Home', focused on developing joint working between the CTMUHB Clinical Navigation Hub and the RCTCBC Single Point of Access to enable improved support for people within our communities, improving integration of services and independence for our communities.

- A focus on co-production remains at the heart of work undertaken by CTMUHB. This was recognised at the NHS Wales Awards in 2025, as the evaluation of the alcohol liaison service won the NHS Wales Person-Centred Care Award, recognising how co-design enables person centred design to best meet population need.

- Continued to implement the nationally funded Promote, Prevent and Prepare Programme (known as 3Ps) which is reliant on health boards collaborating with the third sector to support the provision of holistic, person-centred support for patients whilst waiting for treatment. Within CTMUHB we recognised the limitations of a written directory of services as a sustainable, up-to-date information resource to facilitate personalised health plans by the Keeping in Touch Team (KITT). Instead we have worked in partnership with the County Voluntary Councils (CVCs) who have teams of social prescribers, who are able to keep pace with the dynamic landscape of community services as a 'living' directory of services. Therefore, collaboration with the CVCs is a crucial priority for the future in delivering the 3P's programme. This work won the National 3Ps 'Working in Partnership Award' in 2025.

- Co-produced with regional stakeholders from across the early years' system and families the 'Whole System: Whole Heart' strategy which sets out our commitment to work together in partnership to ensure every child has the chance to live a happy, healthy and secure life.

- Continued to identify partnership opportunities with local groups, organisations and charities for supporting people's health and wellbeing needs. This has included, for example, the CTM Neurodevelopment Improvement Programme which is a collaborative, multi-agency mechanism aimed at driving continuous improvement for all services across the region to enable neurodivergent people of all ages to lead fulfilling lives;

- Continued to lead a Whole System Approach to Obesity, working across the region to build a shared understanding of how our environment shapes our weight and the challenges our residents face in achieving a healthy weight

- Completed and evaluated a multi-partner warmer homes innovation sprint to outreach to vulnerable individuals across CTM and support with income maximisation. A total of 1800 individuals were supported to claim approximately £2.5m in additional income that they were entitled to but not accessing. This has been delivered in collaboration with local authority, third sector and registered social landlords (RSL) partners and has helped support some of the region's most vulnerable. CTM is now supporting other health boards to take a similar approach at the request of Welsh Government

- Introduction of the endorsed Recruitment Decision Tree, helping managers make consistent, evidence-based decisions about Welsh

language requirements. Updated job description templates and clearer guidance in adverts have further supported this, resulting in a more confident and empowered bilingual applicant pool

- Delivered dedicated Welsh Language & Recruitment training to more than 180 staff. This has improved understanding of the Standards and helped embed fair, legally compliant recruitment practices across the organisation.

- Our renewed partnership with the National Centre for Learning Welsh has enabled a further 200 staff to develop their Welsh skills—bringing the total to over 400 since 2023. This growing internal learning community supports our long-term goal of increasing Welsh-medium workforce capacity.

- Welsh language considerations have been further integrated into leadership and culture work, with "Leading for a thriving Welsh language" now included in the Inspire leadership programme, helping embed bilingualism as a core organisational value

Whilst serving as a brief precis, these activities ably demonstrate CTMUHB's long term vision and commitment to the Seven Wellbeing Goals and five ways of working, as laid out within the WBFGA.

## 3. Risks and Opportunities

3.1 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 associated healthcare demand may be higher than in the rest of Wales. Both life expectancy (LE) and healthy life expectancy (HLE) in CTM are below the Welsh average.

3.2 The current data demonstrates that HLE in CTM is reducing, leaving people living a longer period in ill health, utilising additional health care services and raising further questions about the sustainability of effective health care within the limited budget available. The current trajectory indicates increasing health risks and widening inequalities.

3.3 Work is ongoing with the PSB Inequalities in Health group, to focus efforts on tackling inequalities across the CTM footprint, and to map related priorities and objectives. This provides an opportunity to review the alignment of our Wellbeing Objectives and Health Board strategy to that of our partners which has been a requirement identified in a recent audit.

3.4 The Future-Generations-Report-2025 highlighted the need for Welsh Government and public bodies to protect and increase prevention budgets each year. The recommendations included asking public bodies to *map their preventative spend and invest progressively more upstream towards*

*primary prevention*. There are three health boards where this mapping is being piloted (Hywel Dda, Swansea Bay and Aneurin Bevan). There is an opportunity for CTMUHB to also undertake this work and better understand our current prevention spend, how this aligns to our wellbeing objectives and how we can protect and increase prevention spend in the future.

## 4. Compliance and Governance

4.1 As the responsibility for the WBFGA activities has recently been transferred to the Executive Director of Public Health and team, the governance process has been reviewed.

4.2 It is proposed that WBFGA activities will be reported through the Creating Health Programme Board and a 6 monthly update will be produced for Strategic Development Committee as part of the Creating Health reporting arrangements.

## 5. Benchmarks

5.1 All Health boards in Wales are subject to the same duty relating to the development of Wellbeing objectives

5.2 The way health boards have communicated their commitments under the Well-being of Future Generations (Wales) Act varies considerably. Some have embedded the Act directly into their long-term organisational strategy, while others have mainly communicated their wellbeing objectives through annual reports, governance arrangements, Public Services Board (PSB) partnerships, and dedicated Wellbeing of Future Generations webpages.

5.3 Whilst CTMUHB include the wellbeing objectives in our Annual Report and embed these in our long-term strategy, there is an opportunity for these to be more visible for the public by adding these to our current Wellbeing of Future Generations webpage.

## 6. Conclusion

5.1 To Note the Wellbeing Objectives for 2026-27.

5.2 To continue to consider and enact the Well-being of Future Generations (Wales) Act within CTMUHB activity and decision making.

5.3 To support the work described to map prevention monies and tackle inequalities though partnership work with the PSB.

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

| | |
|---|---|
| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals | Choose an item.<br>If more than one applies please list below:<br>All |

| | |
|---|---|
| Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality | Not Applicable<br>If more than one applies please list below: |

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

| Asesiad Effaith Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg<br>*(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome<br>*(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Outcome for Equality (delete as appropriate):<br>N/A<br>Summary of impact:<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE<br><br>Summary of impact: | If no, please select a reason below.<br>Policy/Plan/Proposal too broad<br><br>Named Executive/Board member sign off for no EWLIA completion: |
| Canlyniad Asesiad Effaith Ansawdd<br>*(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome<br>*(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | N/A | |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report | |

| | |
|---|---|
| Enw da / Reputational | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report |
| Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report |

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

| Acronyms / Glossary of Terms | |
|---|---|
| WBFGA | Wellbeing of Future Generations (Wales) Act |
| CTM | Cwm Taf Morgannwg |
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| PSB | Public Services Board |
| LE | Life expectancy |
| HLE | Healthy Life expectancy |

# Strategic Development Committee

## Strategic Equality Plan (SEP): Annual Delivery Update

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 5.1 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19 August 2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Strategic Lead for EDI,<br>Head of OD and Culture &<br>Assistant Director of Leadership & Culture |
| Cyflwynydd yr Adroddiad / Report Presenter: | Hywel Daniel, Deputy CEO/Executive Director for People |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Hywel Daniel, Deputy CEO/Executive Director for People |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | None |
| Cyd-destun Strategol:<br>*Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol*<br>*Strategic Context:*<br>*This report aligns to the following Strategic Pillars* | Inspiring People<br>If more than one applies please list below:<br>Improving Care |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)*<br>Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | The Strategic Equality Plan (SEP) 2024-2028 sets out high level commitments to delivering accessible and inclusive services and improving fairness and inclusivity as an employer. Priorities in any one year will include pertinent IMTP deliverables and achievements reported in the relevant Annual Equality Report. |

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

| Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and evidence to support that position etc)* | This paper provides Strategic Development Committee with an update on delivery of the Strategic Equality Plan (SEP) at the midpoint of its four-year implementation, ahead of publication of the statutory Annual Equality Report later this year.<br><br>Delivery continues to progress, with 60% of actions either completed or on track, providing assurance that the governance, leadership and delivery arrangements established over the past two years are supporting implementation.<br><br>The programme has also broadened beyond its initial workforce focus to encompass wider organisational and service priorities.<br><br>Whilst a number of actions remain in progress, these are primarily linked to progressing long standing and systemic workforce inequalities rather than a lack of strategic direction. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | The Health Board continues to meet its statutory duties under the Public Sector Equality Duty and has strengthened governance, accountability and oversight of equality, diversity and inclusion (EDI) activity.<br><br>Additional EDI capacity has enabled greater organisational support, earlier engagement with transformation programmes and increased education, particularly to improve the quality and consistency of Equality and Welsh Language Impact Assessments.<br><br>Recent Workforce Equality Standard (WES) findings and Welsh Government feedback provide a stronger evidence base to refine priorities and target resources. However, workforce inequalities persist for some protected groups and the focus must now shift from demonstrating activity to evidencing measurable improvements in workforce experience and organisational outcomes, whilst acknowledging data limitations continue to constrain outcome measurement. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* | During 2026/27, the focus will be on embedding equality within core organisational decision-making and strengthening evidence of impact. Priority actions include:<br>• Preparing and publishing our first Gender Pay Gap and Menopause Action Plan<br>• Achieving consistent compliance with Equality and Welsh Language Impact Assessments |

| | |
|---|---|
| What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | • Embedding inclusive recruitment practises to address inequitable outcomes for minoritised staff groups seeking to progress, particularly into more senior/executive leadership positions<br>• Evolving and increasing the role of Staff Networks in workplace consultations<br>• Increasing the routine use of equality data to inform decision-making and performance reporting.<br>• Strengthening leadership visibility of and accountability for EDI<br>• Demonstrating measurable reductions in inequalities<br>• Embedding baselines and outcome measures into performance reporting<br>• Using independent external advice to refine priorities and maximise organisational impact. |

| | |
|---|---|
| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | Strategic Development Committee is asked to:<br><br>• Note the progress made in delivering the Strategic Equality Plan and the emerging findings from the draft Annual Equality Report.<br>• Note the principal risks, including persistent workforce inequalities, data limitations and the need to strengthen evidence of impact.<br>• Provide any reflections on how leadership accountability, governance and organisational assurance arrangements for equality, diversity and inclusion could be further strengthened ahead of external independent review. |

## 1. Background / Context

1.1 CTM's Strategic Equality Plan was developed in 2023; approved and subsequently published in April 2024, setting out high level commitments spanning People, Services, Communities and Infrastructure over the following four-year period.

1.2 Key work undertaken, pertinent data/insight and outcomes are reported each year in the published Annual Equality Report (AER), which will be submitted to Operational Delivery Committee in October for endorsement to CTM Board in November.

1.3 This paper aims to provide a short, headline summary of what will be covered in the AER 2025-2026 and additional narrative reflecting on ambitions, challenges and an opportunity for further refinement and alignment.

## 2. Insight – delivery and impact

2.1 This year's draft report continues to build on recent years' progress, demonstrating greater breadth of activity across each of the four SEP pillars, a continued shift from a predominant focus on 'People' or workforce matters.

2.2 Across the 'Services' pillar, we will report work to address Paediatrics Diabetes Education, specifically engaging with children with Type 1 diabetes and their families as they transition into secondary education; a new Immersive Room for Neurodiverse Children in PCH, helping children manage the emotional and sensory disruption and dysregulation that can come from being in A&E – which in turn can impact how well we can diagnose/treat these patients. Furthermore, reporting will take place on an enhanced Chaplaincy Service with additional support for Muslim staff and patients, and the opening of the Integrated Women's Health Hub in YCC.

2.3 For 'People', activity is shared to both develop and span our People Plan 2025-2030, including early network engagement and embedded commitments to address diversity gaps; a new Breastfeeding and Expressing Milk procedure, as part of our family-friendly policy suite addressing facilities as well as flexibility. A research programme is being supported which will, in time, help us determine the effectiveness of this procedure and its application. Additionally, reporting is focussed on: participation in the inaugural, HEIW-led, NHS Wales Stepping into Leadership Programme, aimed at breaking down some barriers to progression for ethnic minority staff, the launch of our Equality, Diversity and Inclusion Learning Forum and bespoke training aimed at improving respectful behaviour at work in relation to sexual safety. The latter has seen *92% participants* reporting increased confidence to challenge inappropriate behaviour, with a correlation in the reduction in escalated complaints, and has been shortlisted as a finalist for an 'Excellence in Organisational Development' award by Healthcare People Management Association.

2.4 'Community' activity included our Race Equality Network and Valleys Ethnic Minorities hosting a social event to build relationships between CTM staff and our communities, build trust and explore needs; the Community Leaders Network working with older community members, including specific support on benefits access and vaccinations; participating in Turning Ponty Blue raised dementia awareness and improved connections with people living with dementia and their carers, helping improve insight to shape future services; Project SEARCH (our partnership with local colleges giving access to work experience for vulnerable young people) *continued with 13 placements, of which 10 have now achieved employment or volunteering roles.* Evaluation activity of the 'warmer homes' initiative, working with local authority and third sector partners to ensure families access income support they're entitled to, indicates *1800 people living in the CTM footprint were*

*supported to claim £2.5m of unclaimed benefits*. The majority of claimants were retired and/or older members of the population, meaning the ability to heat homes, or heat homes for longer, would reduce the risk of ill-health during winter months. CTM colleagues now working with other Health Boards to spread learning to achieve the same.

2.5 Within the 'Infrastructure' pillar, we continue to embed inclusion across the design and now build of Llantrisant Health Park including factors pertaining to accessibility and maximising gender neutral facilities for patients and staff; supporting a Garden Wellbeing Initiative for autistic people in CTM, putting the design, development and maintenance of a garden, transforming a disused space, at the centre of healthcare and education; and finally, evolving our Equality and Welsh Language Impact Assessment process to make it simpler and more intuitive for users, and to ensure matters requiring impact assessment do not proceed to decision-making/approving bodies without having done so.

2.6 In addition to reported activity across SEP pillars, the AER will also reflect on our Staff Networks, including increased membership and engagement, a re-launched LGBTQ+ network and the range of activity each Network has undertaken in the last year. CTM's LGBTQ+ network has grown to over 30 members since its relaunch, and the *Women's network has grown from 38 to 80 members*, more than doubling within the last operational year. The ACCESS (disability) network has expanded to include visibility of and support for neurodivergent colleagues and families, and wider Network activity included listening sessions for staff experiencing race-based discrimination / harassment and fundraising challenges for women and children affected by domestic abuse.

2.7 Our published Gender Pay Gap (GPG) represents the position the year prior to the Annual Equality Report, owing to the structure of national reporting frameworks. The AER 2025-26 will report the *most up to date internal snapshot* of 27.21%, representing a slight decrease in pay gap in the preceding 12 months. However, CTM's gender pay gap remains higher than each of the NHS Wales Health Boards by at least 3%, largely driven by factors within the distribution of men across our grades and banding: for example, proportionately fewer men in bands 4 and 5, and a much higher (and increasing) proportion of men from band 7 upwards. We will be working with colleagues in NHS Wales Health Boards to better understand workforce shape and proportionality to identify where lessons can be learned and good practice adopted and adapted. It is helpful to note, albeit outside of this reporting period, a working group has been established to ensure we meet relevant obligations in the Employments Rights Act 2025, requiring employers to publish GPG action plans as well as their snapshot data.

2.8 Last year, development areas identified in the 2024 Workforce Race Equality Standard (WRES) were addressed, including:

- matters pertaining to employee relations – global majority workforce as at 2025 (and subsequently 2026) were no more or less likely to enter into a disciplinary process
- increased senior roles/bands ethnicity declaration rates, including 100% at Board level
- small increases in the numbers of ethnic minority staff in band 5 and above roles – moving from 7.1% to 7.7%.

Ongoing areas for improvement reported in 2025 include the need to address the absence of ethnic minority Board members, progression of ethnic minority staff into middle/senior graded roles and the likelihood of ethnic minority staff being appointed after shortlisting. Minoritised staff were (as at June 2025) 1.6 times less likely to be appointed after shortlisting compared to white applicants, increasing to more than 3 times less likely to be appointed after shortlisting in non-clinical roles.

2.9 In mid-July 2026, the first Workforce Equality Standard (WES) organisational report was provided by Welsh Government, which expands the scope of what was the Workforce Race Equality Standard to include all protected characteristics. Spanning six domains, ratings and headline feedback is:

| Domain and Equity Rating | Summary Feedback |
|---|---|
| Leadership and Progression<br>*Moderate inequity* | Leadership inequity in CTMUHB reflects structurally constrained progression rather than absence of opportunity. While systems are functioning and recruitment outcomes show some improvement, the persistence of pipeline compression indicates that progression (particularly within ethnic minority groups) is not translating into equitable senior representation |
| Professional Development<br>*Moderate inequity* | Professional development systems in CTMUHB appear established but inconsistently applied, with variation in appraisal completion suggesting differences in line-manager practice and engagement rather than structural absence. The data indicates that access to development is not uniformly experienced, particularly for ethnic minority and less visible staff groups, suggesting that consistency, prioritisation, and perceived value of appraisal vary across teams |
| Disciplinary and Capability<br>*Mild – moderate inequity* | Disciplinary processes in CTMUHB appear to be operating at low volumes with broadly controlled outcomes, and there is no clear evidence of systematic bias. Variation in outcomes likely reflects case-level and local variation, rather than structural inequity. Capability processes are used very infrequently, and outcomes should be interpreted with caution, representing neither evidence of inequity nor equity. Overall, the system appears stable but requires continued oversight to ensure consistency |
| Workplace Behaviours<br>*Mild-moderate inequity* | Experiences of harassment, bullying, and discrimination are elevated across multiple groups, including disabled, ethnic minority, and non-disclosing staff, and are evident across both |

| Domain and Equity Rating | Summary Feedback |
|---|---|
| | public-facing and staff-to-staff interactions. The alignment of patterns across indicators indicates that inequity is no longer isolated to specific contexts but reflects a consistent difference in experience across the workforce. Strengthening consistency of behavioural expectations and organisational response will be critical to reducing inequity |
| Workplace Safety<br>*Moderate inequity* | Exposure to harm is higher than national benchmarks for ethnic minority, disabled, LGBTQIA+, and non-disclosing staff, indicating a broad and sustained risk profile.<br>While reporting levels are generally stable, confidence in speaking up is not consistently experienced across all groups and does not fully mitigate differences in exposure. This indicates that systems are in place but are not experienced as equally protective across the workforce. The focus should therefore be on reducing exposure while ensuring that organisational responses are consistently experienced as safe and effective across all staff groups. |
| Workplace Conditions<br>*Moderate inequity* | Access to workplace adjustments appears broadly consistent across characteristics, including for disabled staff, indicating that support structures are in place and functioning. Satisfaction with flexible working is also generally positive and relatively aligned across groups, although slightly lower than national benchmarks in some categories.<br>However, this is offset by persistent levels of presenteeism and burnout, particularly among ethnic minority and PNS (prefer not to say) groups. Burnout levels are high across the workforce overall, and in some cases exceed national figures, suggesting that working conditions are placing sustained pressure on staff, even where formal support is available. The pattern suggests that CTMUHB has built effective support mechanisms, but these are operating within a context where workload and recovery are not evenly balanced, particularly for less visible staff groups |

2.10 The WES acknowledges areas of strength which should be maintained, including stability in staff-to-staff interactions and effective reporting systems, flexible working/reasonable adjustment processes and strong foundations for professional development/appraisals.

2.11 In addition to the WES, feedback has been given from Welsh Government on SEP Maturity Self-Assessment, in which CTM self-rated a 3 out of 5 across each area. This rating was validated by Welsh Government in each area, and qualitative feedback offered, including:

- *Strengths:* Using people and patient experience as quality measures, advanced and effective use of Equality and Welsh Language Impact Assessments, depth and breadth of stakeholder engagement, investment in building workforce capability, systematic embedding of equality in governance, leadership development and workforce decision making.

- *Areas for improvement:* consistent feedback across all areas noted the need to strengthen measurable impact and outcomes of EDI activity, improve data-driven decision making and strengthening the link between identified need and activity.

2.12 This feedback, along with the WES output and other insight, will continue to form the basis of our priorities moving forward. We particularly agree with the need to move from reporting 'what' we've done/are doing, to reporting back on the measurable difference it is making. Whilst the outcome of in-year activity is often not measured/available within the same reporting year, we will be ensuring that we better capture and report on the intended outcomes/improvements driving that activity.

## 3. Risks and Opportunities

3.1 Risks relating to equality, diversity and inclusion can have significant impacts on minoritised groups and communities and are often complex to fully mitigate. These include:

### *3.2 Workforce experience and representation*

3.2.1 There remains a risk that colleagues from protected characteristic groups experience poorer workplace outcomes, including bullying, harassment, discrimination, abuse and inequitable access to development and career progression. NHS Wales Staff Survey findings continue to demonstrate disparities in workforce experience for some groups, including disabled staff, gay and lesbian colleagues, those identifying their sex other than male or female, and some ethnic minority groups. In addition, ethnic minority staff remain under-represented in senior leadership roles across both CTM and NHS Wales.

3.2.2 Whilst improvements have been made to recruitment and selection processes, leadership development and corporate induction, there remains a continuing risk that unequal experiences adversely affect staff wellbeing, engagement, retention and organisational performance. Failure to demonstrate sustained progress in reducing these disparities may also result in increased scrutiny and escalation from Welsh Government and NHS Wales.

### *3.3 Embedding equality, diversity and inclusion*

3.3.1 There is a risk that equality, diversity and inclusion activity becomes isolated rather than embedded across CTM. The refreshed governance framework has strengthened organisational oversight, accountability and Executive sponsorship of staff networks, although engagement across some areas remains variable and continues to be addressed through improved communication and leadership involvement.

3.3.2 Evidence from NHS England demonstrates the value of embedding EDI accountability within Board and Executive objectives and organisational assurance arrangements. Further consideration will be given to similar

approaches within CTM following analysis of the 2026 Workforce Equality Standard (WES) data and recommendations from independent specialist support, with the aim of strengthening accountability and organisational focus.

*3.4 Data quality and assurance*

3.4.1 The ability to identify priorities, monitor progress and evaluate impact remains constrained by limitations in workforce data. These include incomplete declaration of protected characteristics, variable system interoperability and national reporting constraints, including the current inability to locally analyse CTM Staff Survey results by protected characteristic.

3.4.2 Work continues to encourage declaration of workforce characteristics through visible leadership and targeted communications, whilst continued engagement with national partners seeks improvements to the availability and quality of workforce experience data. Improving the evidence base remains essential to identifying inequalities earlier and providing robust assurance regarding progress.

*3.5 Prioritisation and delivery*

3.5.1 There remains a risk that organisational effort and resources are directed towards activity that does not deliver measurable improvements for protected groups and communities. This risk is managed through the Strategic Equality Plan (SEP) Delivery Group, which oversees implementation, monitors progress and escalates risks where appropriate.

3.5.2 The Health Board is commissioning specialist external support to strengthen the evidence base, identify meaningful priorities and focus delivery over the short to medium term. Whilst data limitations will continue to influence prioritisation, maintaining visible organisational commitment and testing new approaches remain important in building confidence, improving experiences and addressing complex systemic inequalities.

*3.6 Equality and Welsh Language Impact Assessments*

3.6.1 The Health Board has strengthened arrangements to improve the quality and consistency of Equality and Welsh Language Impact Assessments (EWLIAs), reducing the risk of legal or regulatory challenge, including potential enforcement action by the Equality and Human Rights Commission or Welsh Language Commissioner.

3.6.2 All policies, significant service changes and procedural reviews are now required to include, or summarise, an appropriate impact assessment, with any limited exceptions requiring Executive approval. Education, guidance and specialist support continue to be provided to policy leads and managers. These improvements have been recognised by Welsh Government as an emerging area of good practice.

*3.7 Supreme Court judgment*

3.7.1 A further emerging risk relates to implementation of the Supreme Court judgment on the definition of sex and the associated Equality and Human Rights Commission Code of Practice for services, public functions and associations. Failure to respond effectively may result in legal, operational, workforce, cultural and reputational risks, together with reduced confidence amongst staff, patients and stakeholders.

3.7.2 The Health Board is working collaboratively with NHS Wales organisations to obtain consistent legal advice and is seeking further national guidance from Welsh Government. Preparatory work is underway to review relevant policies and processes, with an Executive Leadership Group discussion planned following implementation of the Code of Practice. Any resulting changes will be subject to appropriate consultation with staff and trade union representatives.

## 4. Compliance and Governance

4.1 The Strategic Equality Plan (SEP) Delivery Group was established in late 2025 to strengthen oversight of delivery, improve monitoring and reporting, and increase focus on measuring the impact of actions within the SEP. The Group meets quarterly and is chaired by the Assistant Director of Leadership and Culture, with regular assurance and progress updates provided to the Deputy Chief Executive/Executive Director for People, with annual progress reports on SEP delivery into ELG and CTM Governance.

4.2 Progress against the Strategic Equality Plan, including key activities delivered, outcome measures and workforce equality data, is reported annually through the Health Board's published Annual Equality Report, in accordance with the Public Sector Equality Duty.

4.3 Currently, of the documented 99 actions to deliver the four-year SEP, 60% are complete (13%) and/or in progress/on track (47%), 17% are not started/behind, 23% not started/not yet due, providing assurance that the governance, leadership and delivery arrangements established over the past two years are supporting implementation across the organisation. The most commonly reported reasons for delayed progress are needing to respond to/redirect resources to unplanned priority work. There have been some initial challenges in participation within the Group, including obtaining updates between meetings and capturing delivery positions, outcome measures and completion. The remaining actions, whilst requiring continued oversight, are concentrated in areas where delivery has been affected by competing organisational priorities rather than a lack of strategic direction. As we move into the final two years of SEP delivery, our emphasis will shift from just implementing actions to demonstrating measurable reductions in inequalities and embedding stronger accountability for outcomes, in line with recent Welsh Government assurance feedback, and, from Spring 2027, starting to develop the next iteration of the SEP itself.

4.4 Forward-looking action includes the now-completed action to close the compliance loop for impact assessments, improved learning and development programmes (including all levels of management and leadership development), enhancing the role of Staff Networks in consultations and decision making; targeted action to address the drop-off point of ethnic minority nursing and midwifery staff at band 6 and above and addressing the additional areas of feedback in this year's WES.

4.5 Welsh Government have recently updated their approach to SEP reporting and the self-assessment of organisational maturity. From 2027, the SEP Maturity Self-Assessment (April) submission must be approved by Boards.

## 5. Benchmarks

5.1 As Strategic Equality Plans are developed in response to the specific needs of individual organisations and their communities, delivery is not formally benchmarked across NHS Wales. However, informal benchmarking and peer review take place through the NHS Wales Equality Leads network, supporting the sharing of learning and assessment of organisational maturity. Comparative workforce metrics, including the Gender Pay Gap, are available, and the introduction of Workforce Equality Standard (WES) equity scores and the national self-assessment framework will provide a stronger basis for benchmarking CTM's performance against other NHS Wales organisations from 2027 onwards.

5.2 To further strengthen assurance, the Health Board is procuring specialist independent support to undertake an objective assessment of its current position and provide evidence-based recommendations on the priority areas for improvement over the short and medium term.

## 6. Conclusion

6.1 CTM has made good progress in strengthening its equality, diversity and inclusion governance, improving compliance with statutory duties and embedding greater organisational accountability through the Strategic Equality Plan governance framework. Equality considerations are increasingly informing workforce, organisational development and transformation programmes, supported by enhanced specialist capacity and earlier engagement with services and leaders. Our new governance structure has seen early successes in terms of reach and breadth of activity discussed and reported, but with some challenges in engagement (both in and inter-meetings) and delivery of agreed activity.

6.2 Whilst these foundations are now in place, significant challenges remain. Workforce inequalities continue to exist for some protected groups, data limitations constrain the ability to fully understand and measure outcomes, and there remains a need to strengthen organisational engagement and consistently demonstrate the impact of activity. The Health Board therefore recognises that the next phase must focus on delivering measurable

improvements in workforce experience and reducing inequitable outcomes, rather than increasing the volume of activity.

6.3 Welsh Government feedback on the Strategic Equality Plan Maturity Self-Assessment recognises the progress made whilst reinforcing the importance of evidencing impact and outcomes. The Health Board continues to meet its statutory reporting requirements and is strengthening assurance through improved governance, enhanced impact assessment arrangements and independent external support. Together, these actions will help refine organisational priorities, better target resources and provide greater assurance that equality, diversity and inclusion activity is delivering meaningful and sustainable improvements for staff and the communities served.

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|---|---|
| Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)*<br><br>Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk) | Strategic Risk 3 |
| | If more than one applies please list below:<br>4 |

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

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|---|---|
| Dolen i Hwyluswyr Ansawdd /<br>Link to Enablers of Quality | Culture & Valuing People |
| | If more than one applies please list below:<br>All remaining |

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

| Asesiad Effaith<br>Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg | Outcome for Equality (delete as appropriate):<br>Not required | If no, please select a reason below. |

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| *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome<br>*(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Outcome for Welsh Language (delete as appropriate):<br>Not required | Policy/Plan/Proposal too broad<br><br>Named Executive/Board member sign off for no EWLIA completion:<br><br>Hywel Daniel |
| Canlyniad Asesiad Effaith Ansawdd<br>*(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome<br>*(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | No quality impact assessment is required – the paper sets out a summary of the prior year's delivery. | |
| Cyfreithiol / Legal | Yes (Include further detail below)<br>Further detail has been included in the main body of the report | |
| Enw da / Reputational | Yes (include further detail below)<br>Further detail has been included in the main body of the report | |
| Effaith Adnoddau<br>*(Pobl /Ariannol) /*<br>Resource Impact<br>*(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report | |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group / Individuals | Date | Outcome |
| Executive Leadership Group | 03/08/2026 | Paper noted. |
| Strategic Development Committee | 19/08/2026 | |

| Acronyms / Glossary of Terms | |
|---|---|
| EDI | Equality, diversity and inclusion |
| LHP | Llantrisant Health Park |
| WRES | Workforce Race Equality Standard |
| WES | Workforce Equality Standard |
| SEP | Strategic Equality Plan |

| | |
|---|---|
| ELG | Executive Leadership Group |
| EHRC | Equality and Human Rights Commission |
| AER | Annual Equality Report |
| YCC | Ysbyty Cwm Cynon |
| PCH | Prince Charles Hospital |
| GPG | Gender Pay Gap |
| LGBTQIA+ | Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, plus |
| EWLIA | Equality and Welsh Language Impact Assessment |

# Strategic Development Committee

## People Plan Year 1 Annual Report

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 5.3 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19.08.26 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Hayleigh Jones, Deputy Director for People |
| Cyflwynydd yr Adroddiad / Report Presenter: | Hayleigh Jones, Deputy Director for People |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Hywel Daniel, Deputy CEO/Executive Director for People |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | None |
| Cyd-destun Strategol:<br>*Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol*<br>*Strategic Context:*<br>*This report aligns to the following Strategic Pillars* | Inspiring People<br>If more than one applies please list below:<br>Improving Care |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)*<br>Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | The CTM People Plan 2025-2030 sets out our hopes, ambitions, and the steps we need to take to continue to build a CTM that we are proud of and where everyone can thrive, to support the achievement of CTM2030. Annual priorities in any one year include pertinent IMTP deliverables. |

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

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

| | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and evidence to support that position etc)* | This paper provides Strategic Development Committee with a year-one delivery update on the five-year People Plan. It confirms that implementation is progressing, with 76% of year-one actions completed or on track, and highlights two new workstreams added in response to the latest Staff Survey feedback. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | The People Plan is built on co-development and remains one of CTM's key corporate responses to the Staff Survey. Its credibility depends on staff being able to see that their feedback has shaped priorities and led to visible action.<br><br>CTM achieved a 35.6% response rate in the NHS Wales Staff Survey 2025; an increase of 8.8% from 2024 prior to the launch of the People Plan. This reflects growing staff engagement and increased confidence that feedback is listened to and acted upon. Our ambition for 2026 is to achieve a response rate of 50%. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*<br><br>What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | Since publication of the People Plan in June 2025, colleagues have continued to shape our priorities through the NHS Wales Staff Survey. Following detailed review, Executive Management Board (EMB) and ODC identified two additional CTM workstreams. These strengthen, rather than replace, existing People Promises by accelerating action within current priority areas:<br><br>• Reducing violence, harassment and abuse from patients, families and the public (sits under the 'Building an Inclusive and Healthy Environment' People Promise)<br>• Strengthen the quality of our people conversations between staff and managers, with a greater focus on wellbeing, workload, involvement in decisions, managing change and building trust (sits under the 'Great Management and Leadership' People Promise). |

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| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | Strategic Development Committee is asked to:<br><br>• Note the progress made in delivering the year 1 actions within the People Plan.<br><br>• Note the new areas of focus, which will be delivered through the existing People Plan promises of 'Inclusive and Healthy Environment' and 'Great Management and Leadership'. |

## 1. Background

1.1 CTM's People Plan was developed with significant input from staff and trade union partners and subsequently approved by SDC and published in June 2025. It describes our hopes, ambitions, and the steps we need to take to continue to build a CTM that we are proud of and where everyone can thrive, to support the achievement of CTM2030.

1.2 The People Plan spans four core themes:

- Getting the Basics Right
- Great Management and Leadership
- An Inclusive and Healthy Environment
- Modern Workforce with Skills for the Future.

1.1 A mid-year review was provided to SDC in October 2025. Alongside this, subsequent 'spotlight' sessions have been held at ODC and SDC, focussing on key priorities within the People Plan (including sickness absence, leadership and management development, workforce planning, and equality, diversity and inclusion.)

1.2 This paper provides a concise annual summary of year-one People Plan delivery, key achievements, emerging challenges and the refinements proposed for future years.

## 2. Deliverables

2.1 Much of the effort over Summer 2025 focussed on launching the People Plan, recognising that upfront communications and engagement are vital in ensuring our staff are aware of the People Plan and feel able to continue to contribute to its success. This awareness is vital to provide reassurance that we have listened to the Staff Survey feedback and are serious about making changes.

2.2 Alongside initial communication and engagement, good progress has been made against the year-one People Plan ambitions. This is shared with staff through the new 'You Said, Together We…' updates. Key year-one deliverables under each People Promise include:

## 2.3 Getting the Basics **Right**

- Work to streamline Recruitment and Selection has included advanced social media campaigns and alternative, agile recruitment methods in high-volume areas, such as same-day recruitment events. These changes have increased applications and reduced agency reliance. A revised Recruitment and Selection Policy has been developed with significant input from users and is due for ODC endorsement in October 2026. Work has also concluded to launch a simplified Fixed Term Contract Policy and associated training, alongside the DBS Policy, All-Wales Flexible Working Policy and All-Wales Reserve Forces Policy.

- Enhanced our 'Join CTM' brand through the ongoing success of the CTM Facebook Jobs page and consistent social media engagement across all CTM platforms (combined following of 125,000) plus the development of a suite of marketing material to promote CTM as an employer of choice.

- Enhancement of our Family Friendly provision, including enhanced provision around Paternity leave, Parental leave, Carer's Leave, Neonatal leave, Breastfeeding at work (used as an exemplar across Wales).

- Enhanced scope and efficiency of our Lateral Moves Scheme. The scheme has already achieved over 150 successful moves and a reduction in time to hire of 21% since September 2025.

- Refreshed Moving-On Process to support colleagues who are leaving the organisation, retiring or moving internally. These changes will help to ensure a positive moving-on experience while capturing valuable feedback to inform retention priorities and staff experience improvements.

## 2.4 Great Management and Leadership

- Creation of a new Manager reference group (Sept 2025) to inform policy proposals and ensure user feedback is at the heart of our work.

- Launch of Ignite: our new Manager Induction **programme** (February 2026), to equip our managers with the skills, confidence and knowledge they need.

- Design and launch of new series of **bitesize learning** modules for managers, including Honest and Challenging Conversations (288 managers attended since Oct 2025); PDR for Managers; Managing Attendance at Work, Respecting each other at work.

- Launched 'You **Said, Together We..**' updates and monthly manager round-up emails, to provide managers with clear lines to take within team discussions.

## 2.5 Inclusive and Healthy Environment

- Speaking Up Safely Guardians appointed with launch of Working in Confidence system, new sexual safety policy and new anonymous complaint procedure in October 2025. Staff confidence in speaking up continues to improve across CTM. The 2025 NHS Wales Staff Survey showed positive scores for the 'We are all able to speak up' theme increased by 1.1 percentage points, with the 'Raising Concerns' subtheme increasing by a further 2.5 percentage points to 62.2%.

- Respecting Each other at Work (targeted Facilities work since Dec 2025- 85 managers participated, shortlisted for an HR in Wales award and HPMA award.) 92% of participants reported increased confidence to challenge inappropriate behaviour and over 90% reported improved understanding of acceptable workplace standards.

- Launch of anti-racism training in advance of national mandate, exceeding national completion target of 85%.

- Launch of **Seren Annual Awards Ceremony** (September 2025) and 40-year service awards ceremony (March 2026). Over 300 nominations received showcasing dedication, talent and passion that makes CTM so special.

- Development of the health and wellbeing action plan began in October 2025. This includes an automated sickness absence dashboard, targeted wellbeing campaigns, enhanced management tools and active case management approaches to improve staff wellbeing and strengthen sickness absence management. In-month absence has reduced for the fifth consecutive month, although the pace of improvement requires continued acceleration.

2.6 Modern Workforce- Skills for the Future

- Establishment reporting: CTM is working collaboratively with HEIW through the Pacesetter project to develop a methodology for roll-out across Wales, while continuing local implementation across Nursing and Midwifery.

- Launch and subsequent expansion of the People Metrics dashboard to provide ‘at a glance’ people data to inform evidence-based decision-making.

- Ongoing targeted efforts to reduce agency reliance and build upon the 30% reduction in agency spend achieved in 2025/26. Current year end forecast agency spend reduction at 26% for Medical & Dental and 30% for Nursing & Midwifery.

- Focus on Llantrisant Health Park (LHP) as a flagship regional workforce planning project- led by CTM in partnership with CAV and AB. The workforce planning approach continues to focus on ensuring a skilled, motivated and sustainable workforce is available in the right numbers to deliver high-quality, equitable care. Workforce planning is progressing across both phases, with Phase 1 (Community Diagnostic Hub) FBC approved and due

to open in November 2027. Phase 2 (Surgical Orthopaedic Hub) due to open in January 2029. Phase 2 OBC/FBC (including workforce requirements), was approved by all three Health Boards' Public Boards in July 2026, alongside the Regional Orthopaedic Plan and submitted to Welsh Government for approval.

## 3. Success Measures

3.1 Each deliverable within the People Plan has a set of key milestones and success measures. However, at a very high level, retention and staff engagement have improved during the reporting period, whilst sickness absence remains above trajectory.

3.2 Retention: Workforce retention remains a key success measure within the People Plan. Whilst this is a longer-term outcome, early implementation has focused on strengthening the employment experience through improved leadership, wellbeing, career development and engagement, providing the foundations for sustainable improvements in retention over the lifetime of the Plan. Turnover has continued to reduce from 8.91% as of 30 June 2025 to 8.18% as of 30 June 2026.

3.3 Sickness absence: in-month sickness absence reduced for the fifth consecutive month in May 2026, reaching 6.94% based on the latest available data. However, the rolling 12-month figure continues to increase because 2026 sickness absence rates remain higher than the same reporting period in 2025. While reductions are encouraging in a number of Care Groups, improvement is not yet consistent across CTM. This was the subject of an ODC spotlight session in July 2026, providing ongoing assurance and scrutiny of targeted interventions.

3.4 Staff engagement: The People Plan continues to drive a more systematic approach to listening and responding to staff feedback. Initial indicators are positive, with improvements seen across a number of staff experience measures, including engagement and speaking up. This reflects progress in embedding the Plan’s commitments and ensuring staff voice shapes organisational priorities. CTM achieved a 35.6% response rate in the NHS Wales Staff Survey 2025, an increase of 8.8% from 2024, before the launch of the People Plan. This reflects growing staff engagement and increased confidence that feedback is listened to and acted upon. The ambition for 2026 is to achieve a response rate of 50%.

3.5 National recognition: The CTM People Plan has been shortlisted for two national awards – the HR in Wales Awards and the HPMA Awards – recognising its innovative approach to translating staff voice into meaningful organisational action. External feedback has highlighted the Plan as "refreshingly simple" and forward-thinking, demonstrating how workforce insight can be converted into measurable improvements for staff experience, organisational culture and patient outcomes.

## 4. Risks and Opportunities

**4.1** Of the 29 documented actions for delivery in 2026/27 within the People Plan, 76% are completed or on track; 10% are behind schedule; and 14% have not yet commenced. This provides broad assurance that the governance, leadership and delivery arrangements established over the past year are supporting implementation across the organisation.

4.2 The most commonly reported reason for delayed progress is the need to respond to unplanned priority work or redirect resources. The remaining actions require continued oversight, but delays are concentrated in areas affected by competing organisational priorities rather than a lack of strategic direction. An example is the current shift pattern alignment work, where the Health Board has made deliberate decisions to extend timelines.

4.3 As we move into the second year of the People Plan, our emphasis will increasingly shift from implementation to demonstrating measurable business impact.

4.4 Forward-looking action for year 2 includes the additional work-strands as previously agreed in response to Staff Survey feedback:

- Reducing violence, aggression and harassment from patients, families and members of the public.
- Improving quality of people management conversations.

## 5. Recommendation

5.1 It is recommended that the SDC **notes** the activity progressed since the launch of the People Plan and **notes** the revised workstreams that have been incorporated for future years.

## 6. Next Steps

6.1 Regular progress reviews will be held via SDC, with regular check-point discussions on key actions at LNC and LPF. We will continue to re-engage with our workforce directly on an annual basis, on the back of our Staff Survey results, and update our People Plan actions accordingly to ensure it remains a living document. Plans are also being developed to explore a more regular, short, temperature- check survey on key topics at regular points throughout the year.

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

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

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

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

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

| Asesiad Effaith Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Outcome for Equality (delete as appropriate):<br>Not required<br><br>Outcome for Welsh Language (delete as appropriate):<br>Not required | If no, please select a reason below.<br>Policy/Plan/Proposal too broad<br><br>Named Executive/Board member sign off for no EWLIA completion:<br><br>Hywel Daniel |
| Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain* | No quality impact assessment is required – the paper sets out a summary of the prior year's delivery. | |

| | |
|---|---|
| *rationale for why it was not required)* | |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report |
| Enw da / Reputational | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report |
| Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group / Individuals | Date | Outcome |
| Strategic Development Committee | 12/05/2026 | Verbal update received |

| Acronyms / Glossary of Terms | |
|---|---|
| AB | Aneurin Bevan UHB |
| CAV | Cardiff and Vale UHB |
| DBS | Disclosure and Barring Service |
| EDI | Equality, Diversity and Inclusion |
| ELG | Executive Leadership Group |
| FBC | Full Business Case |
| HEIW | Health Education and Improvement Wales |
| LHP | Llantrisant Health Park |
| LNC | Local Negotiation Committee |
| LPF | Local Partnership Forum |
| N&M | Nursing and Midwifery |
| OBC | Outline Business Case |
| ODC | Operational Delivery Committee |
| PDR | Personal Development Review |

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

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL – SUSTAINING OUR FUTURE
YSBRYDOLI POBL – INSPIRING PEOPLE
GWELLA GOFAL – IMPROVING CARE
CREU IECHYD – CREATING HEALTH

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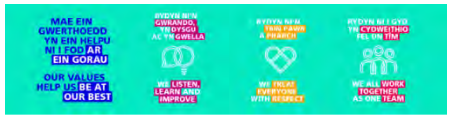
|---|---|
| Meeting Name: | Strategic Development Committee |
| Report Title: | Strategy Deployment |
| Agenda Item: | 6.1 |
| Date of Meeting: | 19 August 2026 |
| Publication Status: | Open |
| Report Prepared by: | Paul Gimson, Assistant Director of Improvement Culture, Capability & Delivery<br><br>Claire Thompson, Executive Director of Strategy & Transformation |
| Report Presenter: | Claire Thompson, Executive Director of Strategy & Transformation |
| Report Executive Sponsor | Claire Thompson, Executive Director of Strategy & Transformation |
| Report Purpose: | For noting |
| Action / Decision Required: | |
| Strategic Context:<br>This report aligns to the following Strategic Pillars | All strategic pillars are reflected |
| Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan<br>(Reference relevant priority) | This is the framework we will use to structure our IMTP and is explicitly referenced in the 26/27 plan |

| Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| What (summary of current position / issue & why it matters and evidence to support that position etc) | This report updates the Committee on progress with implementing a strategy deployment framework (SDF) for the Health Board.<br><br>It reminds the committee what a strategy deployment framework is and why it is important for the Health Board.<br><br>It updates on progress in 2026/27 |
| So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks<br>etc and any options for addressing these) | The report outlines a partial implementation in line with the proposal outlined in September 2025.<br><br>It outlines how the SDF has been used to support alignment of Care Group activity through an integrated performance management (IPM) approach to support our overall strategic intent of 'CTM2030: Building Healthier Communities Together' and there has been positive feedback received from teams in relation to this.<br><br>It references the work ongoing in relation to our four strategic initiatives and the foundational work underway to ensure we have a more detailed strategic vision and case for change to support transformational change. This is part of the original enabling elements of strategy deployment outlined in September 2025, with an updated position alongside. The report provides some assurance in relation to the internal audit recommendations received in 2025/26 (Long Term Strategy: CTM-2526-15) |
| What Next | To use the SDF to structure the 2026/27 IMTP |

| | |
|---|---|
| **Recommendation (Linked to the "What Next" section above).** | Endorse the approach |
| **Link to Strategic Risk(s) on the Board Assurance Framework**<br>**(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)** | **BAF 2 (ability to deliver improvements which transform care & enhance outcomes)**<br>This relates to all strategic risks as relates to the deployment of our overall strategy |
| **Link to Wellbeing of Future Generations Act – Wellbeing Goals** | **Links to all Wellbeing Goals** |
| **Environmental Sustainability Impact (5Rs)** | **Links to all 5 Rs as relates to our ability to implement our strategic direction in relation to sustaining our future** |
| **Link to Enablers of Quality** | **Links to all enablers of quality** |

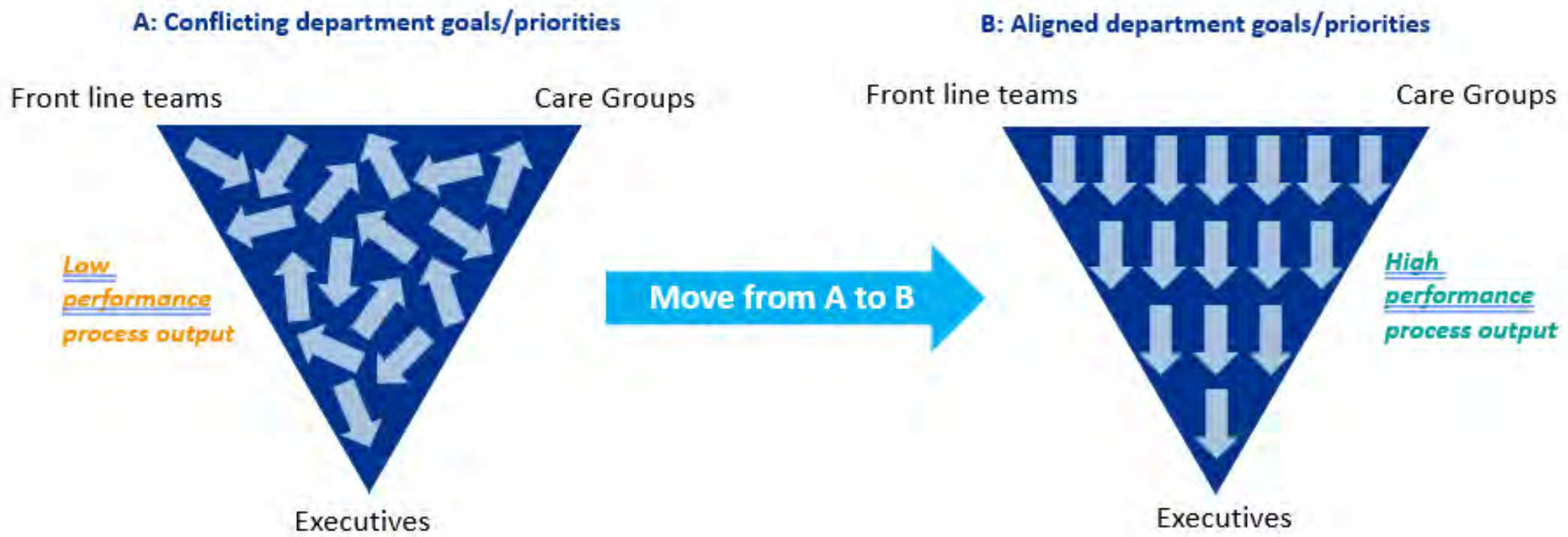
| **Impact Assessment** | |
|---|---|
| **Equality & Welsh Language Impact Assessment Outcome**<br>**(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)** | EWLIA undertaken with neutral impact recorded in 2025 |
| **Quality Impact Assessment Outcome** (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required) | as above |
| **Cyfreithiol / Legal** | None |
| **Enw da / Reputational** | None |
| **Resource Impact**<br>**(People / Financial)** | None |



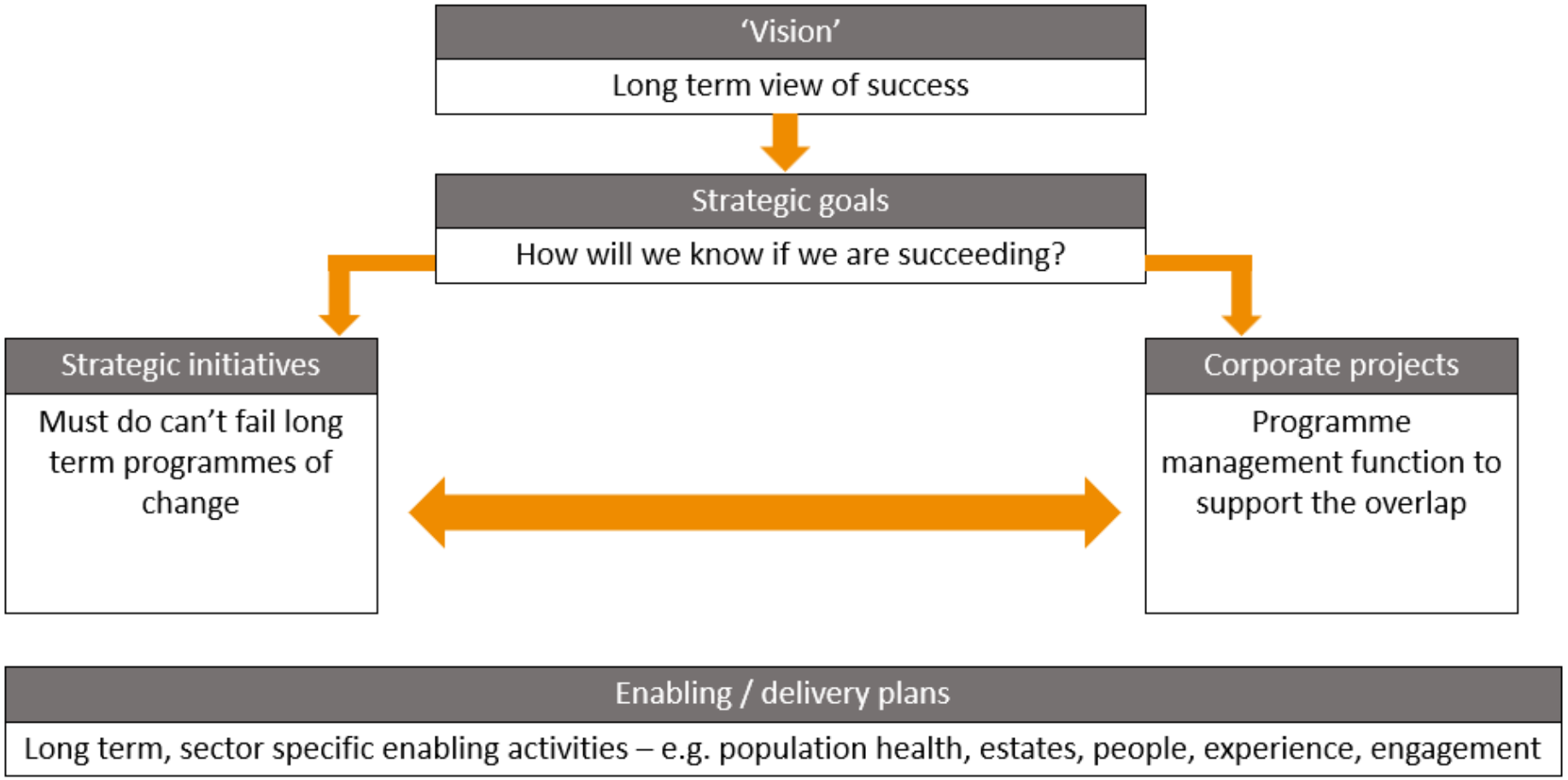
# What is a strategy deployment framework?

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

# Why have a strategy deployment framework?



# Strategy deployment framework



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

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

STARTING WELL

GROWING WELL

LIVING WELL

AGEING WELL

DYING WELL

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

## CREATING HEALTH

## IMPROVING CARE

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

Our Strategic Goals

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

## SUSTAINING OUR FUTURE

## INSPIRING PEOPLE

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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

# CTMUHB SDF proposal 2025

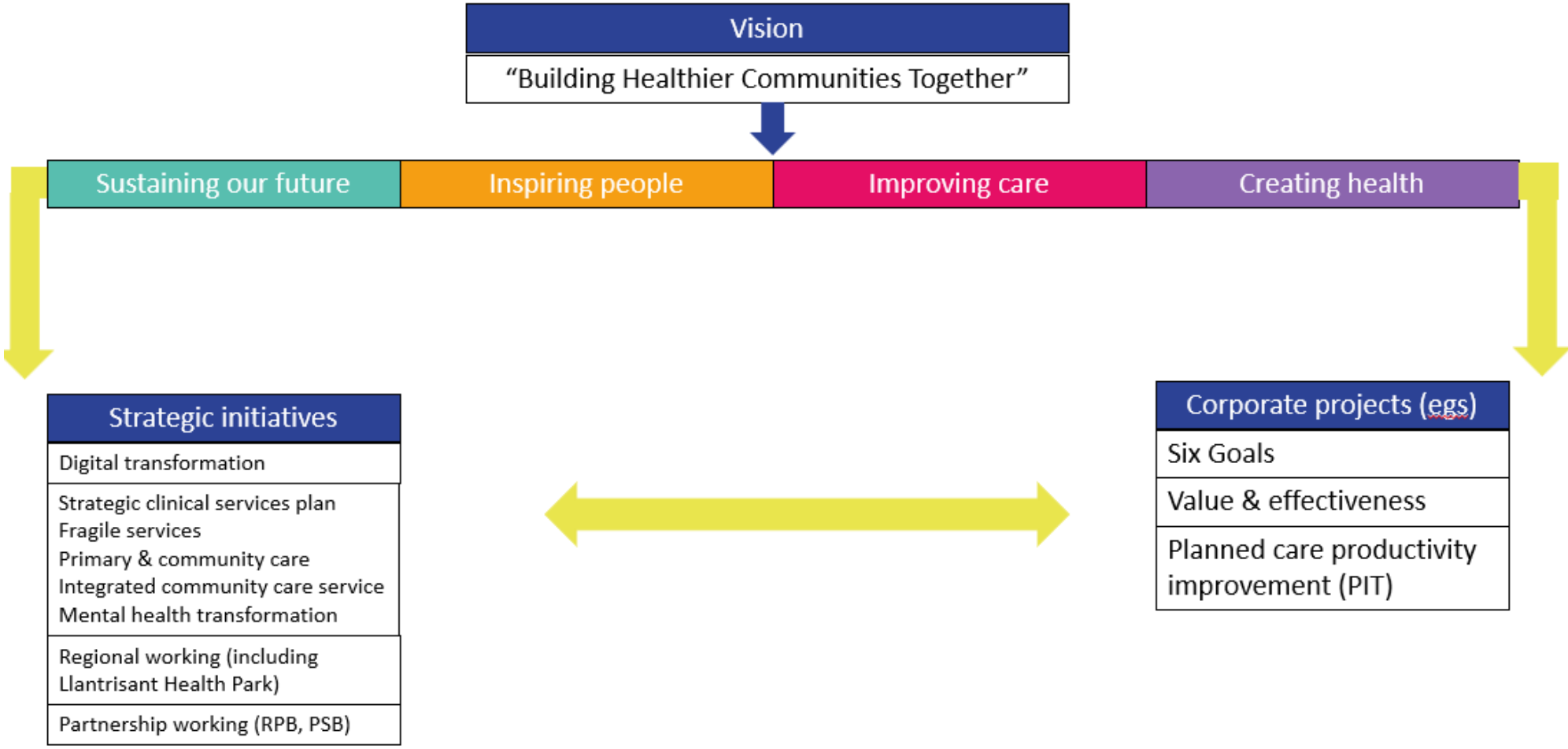
**Vision**

"Building Healthier Communities Together"

| Sustaining our future | Inspiring people | Improving care | Creating health |
|---|---|---|---|
| How will we know if we are succeeding?<br>Good metrics are ones that can relate to front line staff and can be influenced by their improvements | | | |
| Reducing emissions | Improving attendance rates | Reducing harm | Increasing healthy life years |
| Living within our means | Improving staff survey | Reducing length of stay | Parity of esteem |
| | Reducing disparity | Improving elective access | Improving mortality |

Strategic initiatives ⟷ Corporate projects

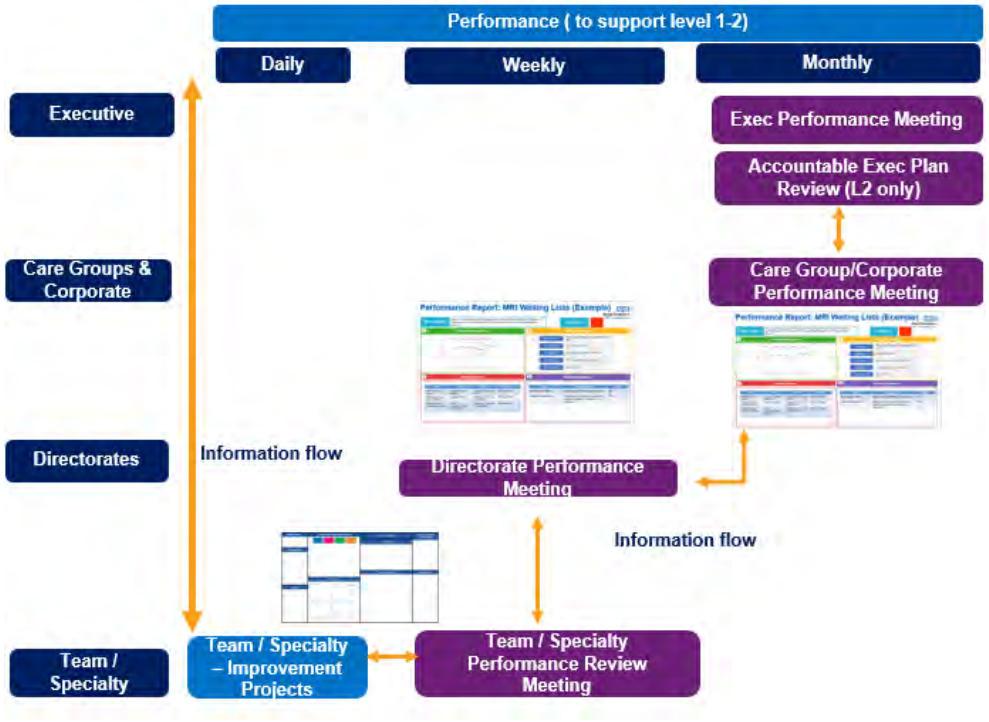
# CTMUHB SDF 2026/27



# CTMUHB SDF - annual metrics 2026/27

| Sustaining our future | Inspiring People | Improving Care | Creating Health |
|---|---|---|---|
| Energy consumption | PADR/job plan compliance >90% | Zero >12 hour waits or >45 minute handovers | Reduce inequity in vaccination, screening and diabetes care by improving rates in our most deprived areas |
| 30% reduction on agency spend | A healthier workforce (1% reduction in sickness absence from 25/26 baseline) | Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027 | Increase % of patients (aged =>12) who received all 8 NICE diabetes care processes |
| Year to date financial position (breakeven) | Staff survey response rate (50%) | Zero >8 week diagnostic waits | Reduction in deaths related to substance misuse |
| | Worked headcount | 75% compliance with suspected cancer pathway | % smokers making a quit attempt with HMQ services |
| | | Harm free care:<br>• Days of safe care delivered since the last never event, monitored using SPC T-Chart<br>• Top 3 causes of harm (reduction) | Decrease levels of overweight and obese children in our most deprived areas measured through the NCMP |
| | | 12m reduction trend in number of people and total days delayed for packages of care | => 90% of individuals identified via the Audit Plus Frailty Tool receiving proactive care |
| | | Zero >104 week waits | |

# Integrated performance management




## Key KPI data: What does the data tell us?

| National Priority: | Describe the metric (national) and the care group metric<br>e.g. 8 week diagnostic pathway cardiology | Target:<br>0 >8 week wait | Metric performance: XX patients | Metric (LoS)<br>RAG Status: XX |
|---|---|---|---|---|

**1 What is the data telling us? (why are we measuring it and what does it show?)**

Patients should wait less than 8 weeks to ensure that their symptoms are diagnosed and the next stage of their pathways can be completed as soon as possible. We have 50 patients waiting >8 weeks at the end of last month and project an improved position from June 2026

**2 What is preventing the performance Improvement? (stratified data)**

| | |
|---|---|
| Contributor 1 | Loss of consultant time due to reduced ADHs |
| Contributor 2 | Reduced in list productivity |
| Contributor 3 | |
| Contributor 4 | |
| Contributor 5 | |

**3 What actions do we need to take?**

| Issue | Cause | Action | Due Date |
|---|---|---|---|
| Lost capacity | Reduced ADHs | Re-job plan consultants | June 2026 |

**4 What support is required?**

| What | Support Needed | Who will provide | By When |
|---|---|---|---|
| Gain a better understanding of in list productivity | Root Cause analysis workshop to understand issues | QI team, DM and lead clinician | 1 June 2026 |

Wholesale approach to Care Group accountability based around evidence based improvement approach to performance, aligned to our strategic intent

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

| | Element | '25 | Current state / action required | 26/27 |
|---|---|---|---|---|
| 1 | Organisational vision & strategic pillars | | 'Building Healthier Communities' and 4 strategic pillars | |
| 2 | Corporate Identity | | Recognised deficit - requires support to create single identity | |
| 3 | Design principles | | Drafted and testing through 25/26 investments (deputies). Senior leadership testing for Board adoption in 26/27 | |
| 4 | Priority areas | | Strategic initiatives defined | |
| 5 | Case for change | | 'Do nothing' scenario. First draft to board Q1 26/27 , revisions underway with working group for Board Q3 26/27 | |
| 6 | Definition of future state | | Articulation of care model, exciting vision of the future that can be easy read as well as for professional stakeholders, for strategic delivery plans to hang off. Image shared with Board Q1 26/27, enhancements in hand with working group for Board Q3 26/27 | |

| | Element | '25 | Current state / actions required | 26/27 |
|---|---|---|---|---|
| 7 | Organisational vision & strategic pillars | | 'Building Healthier Communities' and 4 strategic pillars expanded into a document that is applicable to the organisation (rather than to the community / stakeholders) – would include elements of the people plan etc and is the internal corollary to (6) above | |
| 8 | Strategy deployment framework | | Clear articulation of annual/multi-year priorities to guide CTM – in use for 26/27, will form basis of 27/28 IMTP | |
| 9 | Key metrics (aligned focus) | | Subset of current IPR – in use for 26/27 through IPMs | |
| 10 | Operational management system | | Framework of meetings and escalation levels to support delivery. Includes monthly integrated performance review, scorecards from team/specialty/care group/executive. Ensures all groups are mapped to relevant Board committee to reduce duplication / secure oversight | |
| 11 | Improvement tools & techniques | | Suite of tools and skills centrally managed but deployed to priority areas in line with strategic direction above | |
| | Change management focus | | | |
| 12 | Culture | | Values, behaviours, leadership & management processes | |

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CTM 2030
Our Health
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BUILDING HEALTHIER
COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL — SUSTAINING OUR FUTURE
YSBRYDOLI POBL — INSPIRING PEOPLE
GWELLA GOFAL — IMPROVING CARE
CREU IECHYD — CREATING HEALTH

| | |
|---|---|
| Meeting Name: | Strategic Development Committee |
| Report Title: | Work Plans of the Strategy & Transformation Group to support Building Healthier Communities Together |
| Agenda Item: | 6.2 |
| Date of Meeting: | 19 August 2026 |
| Publication Status: | Public (open) |
| Report Prepared by: | Head of Planning and Commissioning for Living Well; Clinical Director of Living Well, Planning Manager for Living Well |
| Report Presenter: | Head of Planning and Commissioning for Living Well; Clinical Director of Living Well |
| Report Executive Sponsor | Executive Director of Strategy & Transformation |
| Report Purpose: | For Noting |
| Action / Decision Required: | None |
| Strategic Context:<br>This report aligns to the following Strategic Pillars | Improving Care<br>Creating Health |
| Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan<br>(Reference relevant priority) | Redesigning pain services is one of the priorities included within the IMTP for Planned Care. Hepatitis Elimination national initiative also linked to Health Protection Framework and Year 1 priority for vaccination |

| Executive Summary of what the report is describing: Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| What (summary of current position / issue & why it matters and evidence to support that position etc) | The report provides a summary of the significant progress made against the national hepatitis elimination programme in particular,demonstrating sustainable improvement and meeting performance targets within HMP Parc Prison over last 12 months. The report also provides a summary progress made in relation to improving services for people living with persistent pain. |
| So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks<br>etc and any options for addressing these)<br>**P** | Hepatitis - good progress has been demonstrated to the National Oversight Group. Key headline is that testing rates in Parc Prison have gone from being the worst in Wales to now leading the way.<br>Living with Persistent Pain<br>• Key progress has been made in understanding our current service and the recommendations for a new model. We have learnt from other health boards on their persistent pain service re-design and built momentum within the subgroups, including community assets from the outset.<br>• Linking PREOMs to National work and development of a landing page for people living with persistent pain and localisation of the National Pain Pathway is in progress. |
| What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made) | The committee are asked to review the progress to date, to note and support the future developments, notably:<br>• The Living with Persistent Pain approach to improve services in line with national guidance and the plan to work with people to gather their lived-experience to inform service delivery and improvement.<br>• To deliver the priorities identified to further progress hepatitis elimination for 2026/2027 and the new approach for |

| Recommendation (Linked to the "What Next" section above). | What is it you are asking the Board / Committee to do…approve, endorse etc… |
|---|---|
| **Link to Strategic Risk(s) on the Board Assurance Framework**<br>(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk) | Choose an item.<br>Improving Care, sustaining our future – positive impact – timely care, early intervention, self management, improved outcomes for pain service. Hepatitis – prevention & treatment infectious disease. |
| **Link to Wellbeing of Future Generations Act – Wellbeing Goals** | A Healthier Wales, A More Equal Wales |
| **Environmental Sustainability Impact (5Rs)** | Reduce – care closer to home, digital solutions: |
| **Link to Enablers of Quality** | People & Staff Engagement – empowering front line with right skills, time and incentives to design and execute improvement. Data-driven insights, co-production – listening to service users; whole system perspective |
| **Impact Assessment** | |
| **Equality & Welsh Language Impact Assessment Outcome**<br>(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required) | Yes – completed. Living with Persistent Pain – neutral impact Hepatitis Elimination - positive impact |
| **Quality Impact Assessment Outcome** (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required) | Living with Persistent pain – to be completed as part of consideration of a new service model and pathways. Hepatitis elimination – completed to be repeated when shift to a wider diseases of elimination programme. |
| **Cyfreithiol / Legal** | Nil |
| **Enw da / Reputational** | Nil |
| **Resource Impact**<br>(People / Financial) | None identified at this stage |

# Summary of Progress Report – Hepatitis Elimination


Report Purpose and Scope - Requested by Welsh Government Oversight Group the report outlines CTM's contribution to eliminating viral hepatitis by 2030, summarising activities and challenges

Partnership Strength - Strong partnership across diverse organisations enabled progress in multiple settings including prisons and hospitals.

Innovative Care Models -Frontline clinicians and peer supporters delivered person-centred, innovative models of care.

Future Focus and Improvements - Improvements in governance, data quality, outreach and treatment times.

# Partnership working and programme management

## Strong Governance Framework

The programme operates within a clear governance structure supported by the Living Well Strategy Group and Health Protection Strategic Team ensuring accountability and alignment with health protection priorities.

## Integrated Diseases of Elimination Approach

Transitioning towards a broader model addresses multiple diseases, enhancing efficiency and population health impact.

## Effective Collaboration

Partnerships across multiple sectors enable shared ownership, issue resolution, and dissemination of best practices.

## Standardised Reporting

Embedded reporting processes improve visibility of progress, risks, and outcomes for informed decision-making.

# Hepatitis B Prevention & Vaccination

## Childhood Vaccination –

CTM uptake exceeds Wales average: 96.2% at age 1 and 96.4% at age 2 (Oct-Dec 2025)

## At Risk Adults –

HMP Parc increased vaccination capacity via weekend clinics, capacity improved but uptake remains low.

## Occupational Health

Developed Hepatitis B Virus factsheets and tailored awareness posters

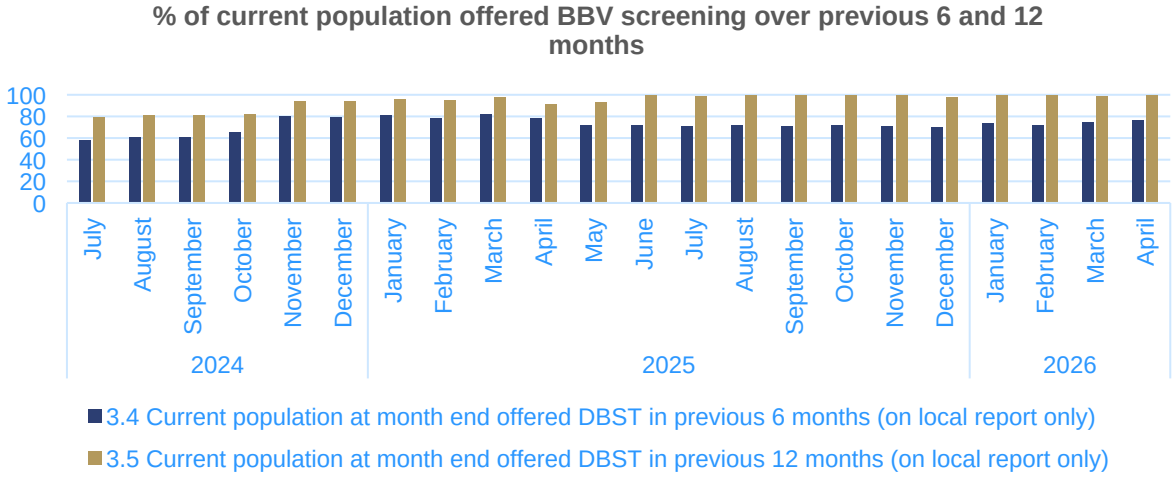
Created a local directory of occupational vaccination providers improving access

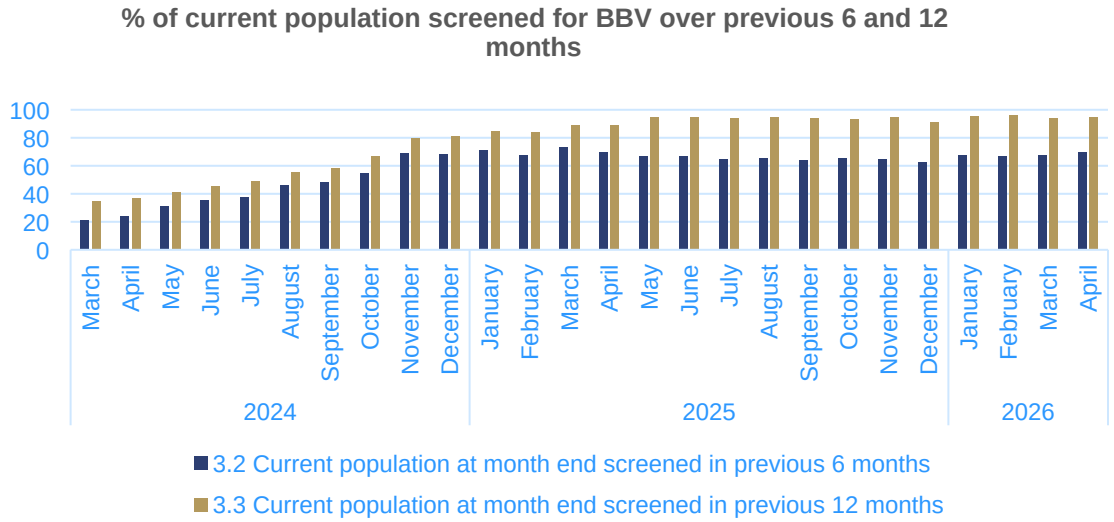
Vaccination offer for custodial staff at HMP parc ,

representing a significant system change and improved staff protection

# HMP Parc Prison

**KEY METRICS -** WHO progress to elimination targets:100% of prison population being offered a test, 90% of those being tested, 90% of those diagnosed being treated.




## High Screening Offer and Uptake

The Blood Borne Virus (BBV) offer of testing has been above 97% for 11 consecutive months and screening has been above 90% for 12 consecutive months, HMP Parc is now leading the way in term of micro elimination across Wales.

## Streamlined Treatment Pathways

Treatment pathways improved with in-reach services, stable staffing, and development of e-signature prescribing pathway.

## Continuity of Care Focus

Emphasis on reducing diagnosis-to-treatment times and ensuring care continuity after release or transfer.

## Improved Data Accuracy

Enhanced data reliability supports outcome tracking and national reporting for hepatitis elimination efforts.

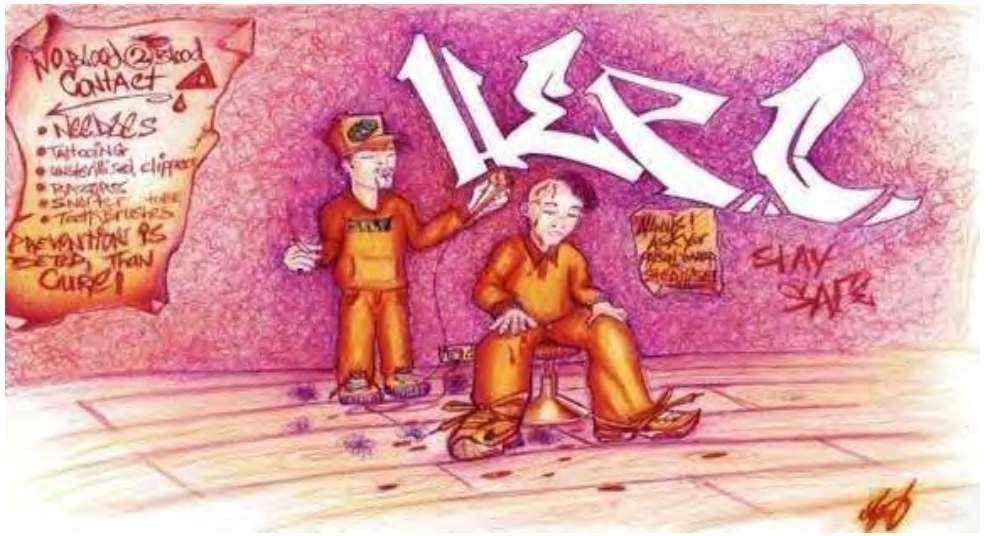
# Hep C Trust Peer Programmes in Prison & Substance Use Services

Peer-led Prison Programme -Trained peers deliver education and outreach, reducing stigma and encouraging Hepatitis C testing and treatment in prison.

Engagement and Impact - Over 440 prisoners engaged through 27 sessions, generating 100+ testing referrals and supporting follow-up.

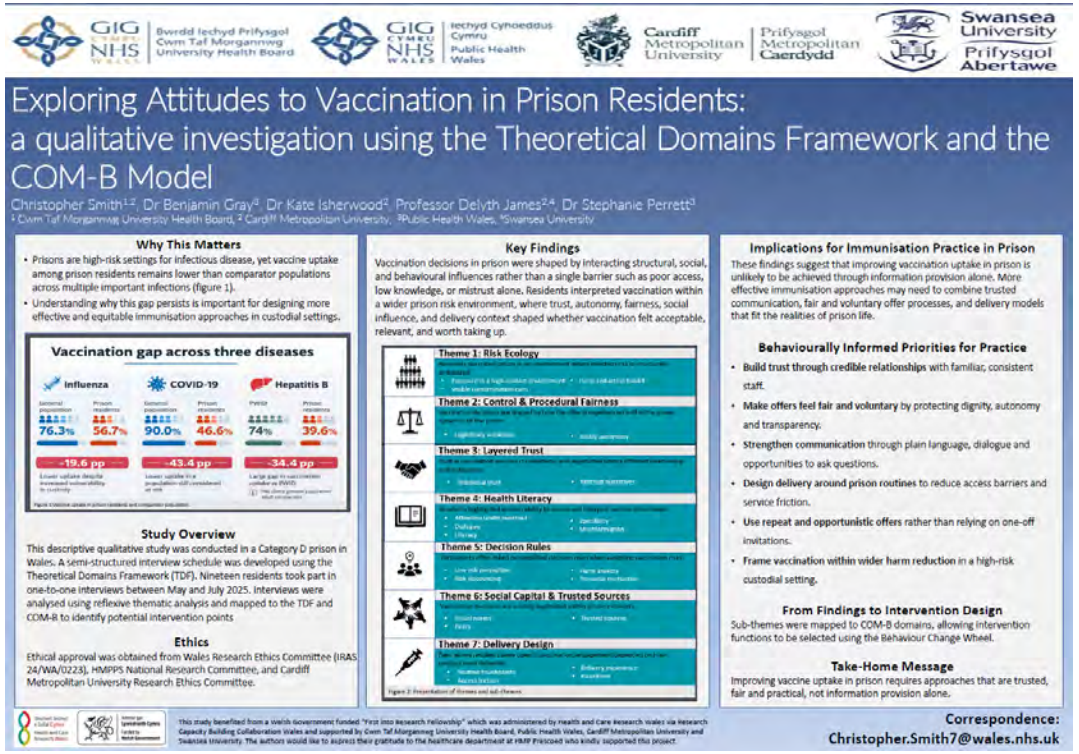
Peer Model in Substance Misuse Services - New peer-led model developed in drug and alcohol services to improve testing and engagement among high-risk populations.

Alignment with Harm Reduction - Peer programmes align with Welsh Government priorities, enhancing person-centred support beyond clinical pathways.



# Outreach, Innovation & Service Re-design

- Testing with Housing Outreach Service
- Collaboration with Maternity Services and Sexual Health Services
- Liver Disease Roadshows
  Point-of-Care High intensity Test & Trace in Probation Services
- Nurse Led Prescribing Service expansion to Princess Of Wales Hospital
- **Research – "Exploring Attitudes to vaccination among Welsh Prison residents"**
- Value Based Healthcare Workshop
- **Health Protection Proposal – pilot Diseases** of Elimination approach



Exploring Attitudes to Vaccination in Prison Residents: a qualitative investigation using the Theoretical Domains Framework and the COM-B Model

Christopher Smith[1,2], Dr Benjamin Gray[3], Dr Kate Isherwood[2], Professor Delyth James[2,4], Dr Stephanie Perrett[3]

[1]Cwm Taf Morgannwg University Health Board, [2]Cardiff Metropolitan University, [3]Public Health Wales, [4]Swansea University

**Why This Matters**

- Prisons are high-risk settings for infectious disease, yet vaccine uptake among prison residents remains lower than comparator populations across multiple important infections (figure 1).
- Understanding why this gap persists is important for designing more effective and equitable immunisation approaches in custodial settings.

**Vaccination gap across three diseases**

Influenza: 76.3% vs 56.7% (-19.6 pp)
COVID-19: 90.0% vs 46.6% (-43.4 pp)
Hepatitis B: 74% vs 39.6% (-34.4 pp)

**Study Overview**

This descriptive qualitative study was conducted in a Category D prison in Wales. A semi-structured interview schedule was developed using the Theoretical Domains Framework (TDF). Nineteen residents took part in one-to-one interviews between May and July 2025. Interviews were analysed using reflexive thematic analysis and mapped to the TDF and COM-B to identify potential intervention points

**Ethics**

Ethical approval was obtained from Wales Research Ethics Committee (IRAS 24/WA/0223), HMPPS National Research Committee, and Cardiff Metropolitan University Research Ethics Committee.

**Key Findings**

Vaccination decisions in prison were shaped by interacting structural, social, and behavioural influences rather than a single barrier such as poor access, low knowledge, or mistrust alone. Residents interpreted vaccination within a wider prison risk environment, where trust, autonomy, fairness, social influence, and delivery context shaped whether vaccination felt acceptable, relevant, and worth taking up.

Theme 1: Risk Ecology
Theme 2: Control & Procedural Fairness
Theme 3: Layered Trust
Theme 4: Health Literacy
Theme 5: Decision Rules
Theme 6: Social Capital & Trusted Sources
Theme 7: Delivery Design

**Implications for Immunisation Practice in Prison**

These findings suggest that improving vaccination uptake in prison is unlikely to be achieved through information provision alone. More effective immunisation approaches may need to combine trusted communication, fair and voluntary offer processes, and delivery models that fit the realities of prison life.

**Behaviourally Informed Priorities for Practice**

- **Build trust through credible relationships** with familiar, consistent staff.
- **Make offers feel fair and voluntary** by protecting dignity, autonomy and transparency.
- **Strengthen communication** through plain language, dialogue and opportunities to ask questions.
- **Design delivery around prison routines** to reduce access barriers and service friction.
- **Use repeat and opportunistic offers** rather than relying on one-off invitations.
- **Frame vaccination within wider harm reduction** in a high-risk custodial setting.

**From Findings to Intervention Design**

Sub-themes were mapped to COM-B domains, allowing intervention functions to be selected using the Behaviour Change Wheel.

**Take-Home Message**

Improving vaccine uptake in prison requires approaches that are trusted, fair and practical, not information provision alone.

Correspondence: Christopher.Smith7@wales.nhs.uk


# Looking Ahead: Priorities for 2026-2027

## Hepatitis B Vaccination Priority

Focus on increasing hepatitis B vaccination uptake in high-risk groups

## Improved Hepatitis C Testing and Treatment

Enhance testing coverage and treatment rates while reducing diagnosis-to-treatment times

## Integration of Disease Elimination Programmes

Progress towards integrating hepatitis, Human Immunodeficiency Virus, and Tuberculosis initiatives for efficient and equitable health delivery

## Substance Misuse Services

Continue to increase testing within substance misuse services

# Persistent Pain Programme Context & Case For Change


## Challenges of Chronic Pain

Chronic pain negatively impacts patients' quality of life, mental wellbeing, and social participation.

## High Dependency on Medication

High rates of dependence-forming analgesics reflect unmet needs and risk patient harm.

## Need for Multidisciplinary Services

Traditional medical models for chronic pain fail to meet most patients' needs. Lack of evidence-based multidisciplinary pain services drives the need for improved care models.

## Persistent Pain Programme Goals

To sustainably provide access to an evidence-based, integrated, holistic, multi-disciplinary pain management programme across community and secondary care services within CTMUHB

# Where are we now?

## Nationally

- Persistent pain affects ~ 15– 38% of the Welsh adults;
- OECD Patient-Reported Indicators show higher pain interference and functional loss in Wales compared to some European peers;
- Rising unplanned care for pain, widening inequalities, avoidable polypharmacy, impacts planned care recovery;
- NHSWPI Persistent Pain clinical implementation network developing a National Service specification template

## CTMUHB

- Almost half of years lost due to ill-health, disability or early death are attributable to three conditions:

-Cancers, Cardiovascular and Musculoskeletal disorders. Mental and substance misuse disorders are fourth.

- Recorded musculoskeletal complaints are higher than the Wales average.

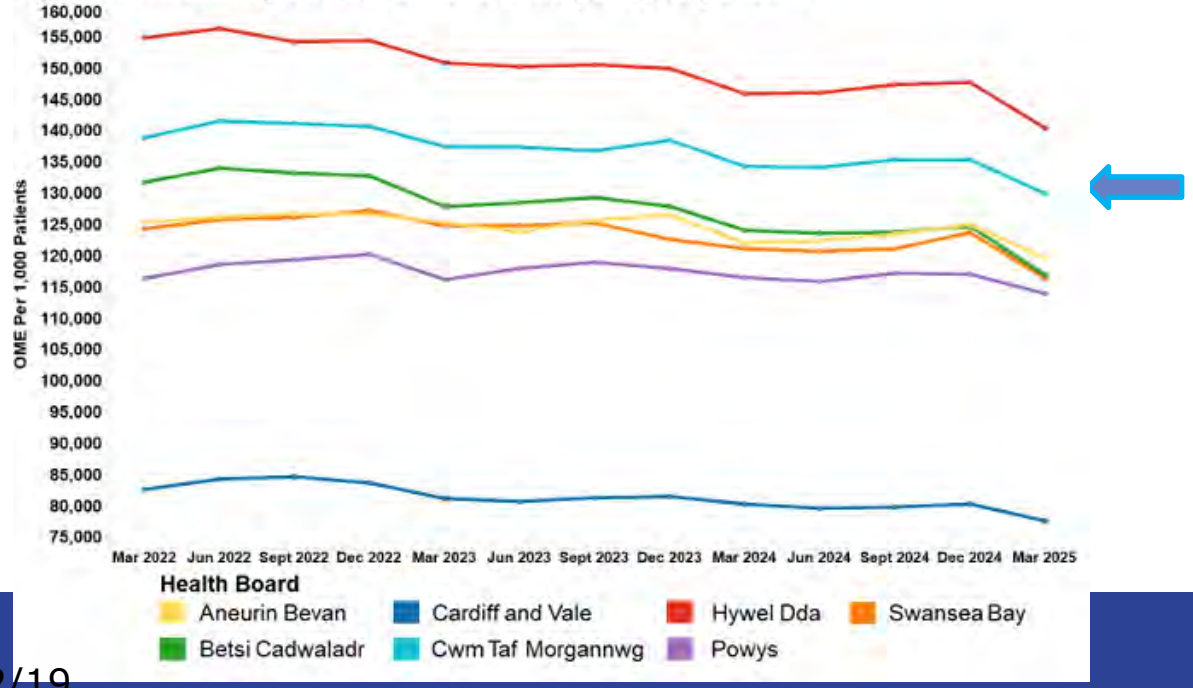
CTMUHB Population Needs assessment 2022 – 2027

# Where are we now?

## Opioid burden Oral Morphine Equivalence (OME) per 1,000 patients

| | 2023–2024 Qtr 4 | 2024–2025 Qtr 4 | % Change |
|---|---|---|---|
| Betsi Cadwaladr | 124,125 | 116,984 | -5.75% |
| Swansea Bay | 121,186 | 116,453 | -3.91% |
| Hywel Dda | 145,950 | 140,449 | -3.77% |
| Cardiff and Vale | 80,348 | 77,671 | -3.33% |
| Cwm Taf Morgannwg | 134,346 | 129,994 | -3.24% |
| Powys | 116,568 | 114,001 | -2.20% |
| Aneurin Bevan | 122,048 | 119,699 | -1.92% |
| **Wales** | **120,004** | **115,562** | **-3.70%** |

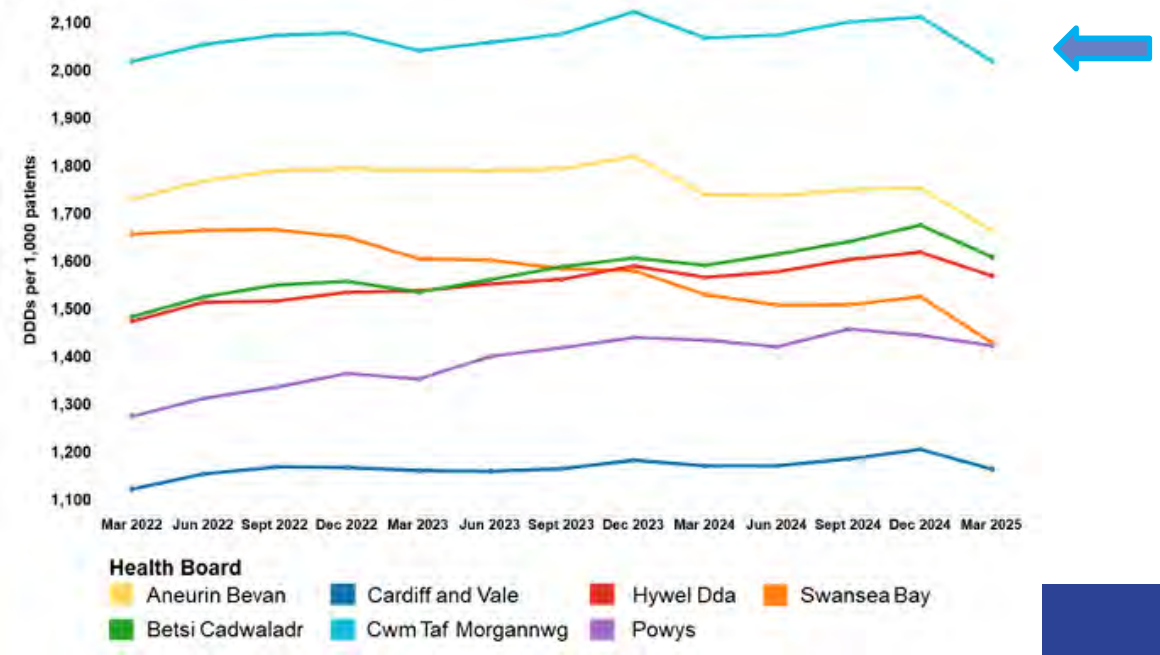
Figure 1. Trend in opioid burden UDG OME per 1,000 patients




## Gabapentin and pregabalin Defined Daily Dose (DDDs) per 1,000 patients

| | 2023–2024 Qtr 4 | 2024–2025 Qtr 4 | % Change |
|---|---|---|---|
| Swansea Bay | 1,531 | 1,430 | -6.59% |
| Aneurin Bevan | 1,739 | 1,665 | -4.29% |
| Cwm Taf Morgannwg | 2,068 | 2,020 | -2.35% |
| Powys | 1,436 | 1,424 | -0.83% |
| Cardiff and Vale | 1,172 | 1,165 | -0.59% |
| Hywel Dda | 1,567 | 1,570 | 0.21% |
| Betsi Cadwaladr | 1,592 | 1,610 | 1.10% |
| **Wales** | **1,602** | **1,571** | **-1.95%** |

Figure 7. Trend in gabapentin and pregabalin prescribing DDDs per 1,000 patients



# Strategic Alignment

## Aligned to National & CTM Priorities:

- Prevention for population health and early intervention ("left shift")
- Care closer to home and community-based models, which are holistic, person-centred and co-produced
- Seamless networks delivering consistent and evidence-based care for local need.
- Better use of data and outcomes

# Programme Purpose & Structure

## Programme Aim

Improve access to a patient-centred, evidence-based model across CTMUHB with an emphasis on proactive self-management

## Key Objectives

Review services, develop best-practice models, implement outcome reporting and enhance communication and education.

## Governance Structure

Programme Board oversees strategic direction with sub-groups focusing on clinical pathways, stakeholder engagement, co-production and patient feedback and accountability

# Progress to Date

- **Programme Board and workstreams in place**
- **Baseline of services undertaken**
- **Multi-disciplinary engagement across CTM**
- **Co-design through workshops and collaboration**
- **Initial pathway design and dataset development underway**
- **CTM landing page for patients and health professionals drafted**

# Emerging Model of Care

TOWARDS A TIERED, COMMUNITY-BASED PAIN PATHWAY

### Tiered Model Emphasis

The model prioritizes prevention, early intervention, and community-based care for persistent pain management.

### Accessible Support at All Stages

Patients can access education and self-management resources throughout their care pathway, enhancing autonomy.

### Flexible Patient Progression

Movement between care tiers is adaptable and responsive rather than linear, ensuring personalized support.

### Community-Focused Strategy

Aligns with national strategies emphasizing community care and relieving specialist service pressures.

# Key Challenges Identified

| Self-Management | Health Engagement & Literacy | Differences across CTM regions | Collaborative working | Access and availability of services | Data | Inequalities |
|---|---|---|---|---|---|---|
| Improve awareness, clarity and consistency of signposting of self-management resources available for early, first level intervention.<br><br>Include digital and in-person support across the trust. | A need to support patients to be activated and be able to self-manage their conditions by providing them with the knowledge and skills required how they can access and understand.<br><br>Support shared decision making across contact points | Ensuring equitable access to people across CTM.<br><br>Ensure resources signposted are region specific as needed | Ensure working with internal and external stakeholders in partnership to support seamless community, primary and secondary care.<br><br>Consistent triage across the pathway with multi-disciplinary approach. | Transparent, cohesive services to facilitate patients to access the right support at the right time in a way that is right for them.<br><br>Workforce availability across the pathway.<br><br>Clarity across services with escalation pathways. | Engage in data collection in utility of resources and outcomes to better inform service delivery and development.<br><br>Integration of PROMPTLY PREOMS / CROMS to gain insight. | People within our region face high levels of deprivation, low levels of health and digital literacy, in addition to being an aging population.<br><br>Enhance the current provision to meet the local needs of the population |

# Priorities for the Next 6–12 Months

- Finalise and agree pathway model
- Develop and implement triage approach
- Establish PROMs dataset and outcome tracking
- Launch patient-facing information (landing page)
- Strengthen governance and delivery oversight

# Acronyms

BBV - Blood Borne Virus

CROM – clinician reported outcome measures

DDD - Defined Daily Dose

HMP – His Majesty's Prison

OECD – Organisation for Economic Co-operation and Development

OME - Oral Morphine Equivalence

NHSWPI – NHS Wales Performance and Improvement

PREOMs – Patient reported experience and outcome measures

UDG – User Defined Group

# Strategic Development Committee

# Regional Partnership Board Update

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 6.3.1 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19/08/2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Matt Jenkins, Regional Integrated Services Director, CTM Regional Partnership |
| Cyflwynydd yr Adroddiad / Report Presenter: | Claire Thompson, Executive Director of Strategy & Transformation |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Claire Thompson, Executive Director of Strategy & Transformation |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | The Committee is asked to:<br>• Note the current position and priorities of the Regional Partnership Board, including the links to development of the Clinical Services Plan;<br>• Note the approach to risk assessment of the Regional Integration Fund portfolio;<br>• Note the review initiated by the Welsh Government to examine legislative options to strengthen regional partnership working. |

## 1. Situation /Background

The Cwm Taf Morgannwg Regional Partnership Board (RPB) has a statutory and practical role in bringing together CTMUHB, local authorities, the Third Sector and other partners to plan and deliver integrated health and social care across the region. The Partnership's current focus is to move from agreed regional models into practical delivery, with clearer accountability, performance oversight and investment discipline.

This combined report updates the Strategic Development Committee on the RPB programme including the Integrated Community Care System (ICCS). The previous SDC updates were presented separately; this report brings the two strands together.

## 2. Specific Matters for Consideration

### RPB Update – Current Position and Priorities

### 2.1 Overall position

The RPB continues to progress integrated health and social care across Cwm Taf Morgannwg, with a stronger focus on turning agreed models into delivery. Current priorities include proactive care, implementation of our strategy for babies, children and young people called Whole System: Whole Heart, capital programme grip and future funding readiness.

The Regional Partnership's emphasis remains prevention, community-based care, clearer accountability and practical action with partners. Joint work has commenced with the Public Services Board (PSB) to develop the next Population Needs Assessment, creating a shared evidence base for future priorities and planning. Alongside the ICCS demand and capacity modelling work, this will provide important intelligence to support development of the CTMUHB Clinical Services Plan and joint commissioning intentions with the three local authorities in the region.

The Regional Partnership also notes the Welsh Government's review of Regional Partnership Boards as one of its 'First 100 Days' commitments. The review is being undertaken independently by the Institute of Public Care, with a report due to Ministers at the end of August. Its overarching intent is to examine legislative options to strengthen joint working across health, social care and wider public services, ensuring partnership structures are better aligned to delivery and improved outcomes for citizens.

From the RPB's perspective, the review also presents an opportunity to simplify a complex partnership landscape, reducing duplication, clarifying accountability and creating a more coherent framework through which organisations can collectively plan, commission and deliver services. The RPB will continue to engage with the review process and consider the implications for regional governance and system leadership as further detail emerges.

### 2.2 Key workstreams

*Adult Services Programme Board*

The Adults Board is being reset around a draft Strategic Delivery Plan 2026–2031. The draft plan will set out ambitions covering access, rights-based support, prevention, integrated pathways, housing and workforce, with a focus on delivery priorities and measurable impact. Once the draft is agreed through Adults Board this Autumn, the next steps are to test the draft through engagement with

citizens, unpaid carers, staff, housing, voluntary sector partners, Llais and the Older People's Commissioner.

Alongside, the Care Homes Group is developing a new regional contracting approach and data dashboard, the Unpaid Carers Group is being re-established, and a new regional Mental Health & Wellbeing Group is being created.

*Implementing the Integrated Community Care System (ICCS) model*

The ICCS model is currently focused on older people and people living with frailty. Its core intent is to provide care through integrated community pathways, supported by local integrated teams, digital enablement, legal (through the Regional Partnership Agreement signed last summer by the Health Board) and financial architecture for joint working, stronger links between the Clinical Navigation Hub and Single Points of Access, and a joint approach to commissioning intentions, market intelligence, market management and shared outcomes.

Current activity is focused on development of the Proactive Care Pathway for Frailty, which seeks to identify people at risk of deterioration earlier and provide coordinated multidisciplinary intervention in community settings. The pathway is intended to support a more consistent region-wide approach to proactive care, bringing together primary care, community health services, social care, housing and the Third Sector around the needs of the individual. This work is being embedded within the Health Board's Clinical Services Plan development. A paper describing the Pathway in outline was agreed at the last RPB meeting and testing of certain aspects of the model is taking place in the Taf Ely area. An implementation plan is being drafted over the Summer.

Alongside this, work is progressing on development of a Demand and Capacity Model for community-based services. This is being taken forward with the CTMUHB Informatics Team and will use population, activity, workforce and pathway data to improve understanding of current and future demand across health and social care services. The intention is not simply to model existing provision, but to test future service configurations and support evidence-based workforce, service and investment decisions. The outputs will form an important component of the evidence base informing the future development of ICCS and the Health Board's Clinical Services Plan, particularly where decisions are required regarding capacity, service configuration and the balance of care between acute hospital and community settings.

A further priority is ensuring that ICCS contributes to actions addressing Pathway of Care Delays. This includes strengthening links between discharge planning and community capacity, improving coordination between hospital and community services, and identifying opportunities to intervene earlier through proactive care. Together, the Proactive Care Pathway and Demand and Capacity Model will help partners better understand constraints within community pathways and target improvement activity where delays and system pressures are greatest.

*Children's Services Programme Board*

The Children's Services Board is focused on implementation of Whole System: Whole Heart, with a clearer line of sight from the shared strategy into delivery groups, performance and accountability. Recent Joint Overview Scrutiny Committee (JOSC) scrutiny has reinforced the importance of partnership working, prevention, children's rights, lived experience and practical examples such as CTM Connect and parental wellbeing, which demonstrate the strategy beginning to translate into delivery.

*Capital Board*

The Capital Board is strengthening oversight of the regional capital programme and its alignment with the 10-Year Strategic Capital Plan. Recent work includes approval of Housing with Care Fund (HCF) Objective 3 minor capital recommendations, refreshed programme-management arrangements, the Integration and Rebalancing Capital Fund (IRCF) revenue plan and further feasibility work.

Due to ongoing uncertainty about HCF funding beyond the current financial year it has been challenging to develop a pipeline of projects and there is currently a significant underspend on the programme. Opportunities to redeploy this resource are being explored.

The Board's focus remains ensuring that capital investment supports agreed regional service models, including accommodation, community hubs and infrastructure that enable care closer to home.

*Population Needs Assessment*

Joint work has commenced with the Public Services Board to develop the next Population Needs Assessment. This will create a shared evidence base for future priorities and planning, helping partners understand current and future care and support needs, carers' needs, inequalities and demand trends. The PNA will then inform a regional Market Stability Report (MSR) and Market Position Statement (MPS), giving a clearer basis for shaping the social care market - judging sufficiency and shaping future commissioning intentions jointly between partners.

## 2.3 Regional Integration Fund (RIF): Risk Assessment and Future Funding Considerations

As reported to the SDC at its previous meeting, in the context of uncertainty about the Regional Integration Fund (RIF) beyond the current financial year, the RPB has initiated a structured assessment of the existing RIF portfolio to strengthen assurance and support future investment decisions. The RIF currently brings approximately £22 million of investment into the region and makes a significant contribution to community-based health and care services, including support for the Hospital at Home model and wider preventative and integrated care activity.

*Current Position and Next Steps*

The preparatory assessment work is now reaching its conclusion. An initial read-out of findings and emerging considerations is scheduled to be presented to the Regional Partnership Board at its October 2026 meeting.

The assessment is intended to provide a stronger evidence base for future prioritisation decisions and to support a more transparent approach to identifying:

- Activity that should be prioritised for continuation or transition into recurrent commissioning;
- Activity that may require adaptation, consolidation or redesign; and
- Areas where investment may need to be concluded or reshaped to better align with population need, strategic priorities and available resources.

While this work will improve the region's readiness for future decision-making, there remains significant uncertainty regarding the funding position from 2027-28 onwards. The findings from the assessment will help ensure that future decisions are informed by a clear understanding of impact, affordability, strategic fit and alignment with agreed regional models of care.

This work strengthens assurance that RIF investment is being actively and consistently scrutinised at a regional level, with a focus on long-term value, affordability and alignment to agreed service models rather than short-term delivery alone.

## 3. Key Risks

3.1 Funding uncertainty: Uncertainty about future revenue, capital funding and indeed the role of the RPB going forwards, affects medium-term planning and delivery confidence. Mitigated through a strengthened revenue risk assessment process, capital investment approach, preparation for future funding decisions, and engagement with the Welsh Government review. *(RAG: Red).*

3.2 Partner capacity and sustained engagement: System pressures may reduce partner capacity for shared delivery. Mitigated through clearer governance, quarterly cycles, targeted engagement and stronger links between strategy, delivery and accountability. *(RAG: Amber)*

3.3 System pressures affecting regional focus: Operational pressures may draw partners back into organisational priorities. Mitigated through agreed regional plans, disciplined governance and continued focus on prevention and integrated care. *(RAG: Amber)*

3.4 ICCS delivery complexity: ICCS depends on alignment across governance, workforce, data, legal, finance and locality delivery. Mitigated through the RPA, demand and capacity modelling, strengthened local governance and phased implementation. *(RAG: Amber)*

## 4. Next Steps

4.1 The next steps are:

- Continued delivery of regional work programmes and develop the effectiveness of RPB governance to this end;
- Progression of the Population Needs Assessment programme in line with agreed timetable;
- Progressing the RIF funding risk assessment; and
- Further updates to the Strategic Development Committee as sufficiency judgements, market analysis and commissioning implications become clearer.

## 5. Assessment

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

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

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

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

| Asesiad Effaith<br>Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg | Outcome for Equality (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE | If no, please select a reason below.<br>Choose an item. |

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

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group /Forum Individuals | Date | Outcome |
| Regional Partnership Board | 10/06/2026 | Noted |
| CTM Joint Overview Scrutiny Committee | 16/07/2026 | Noted |
| CTM Public Services Board | 23/07/2026 | Noted |

| Acronyms / Glossary of Terms | |
|---|---|
| HCF | Housing with Care Fund |
| ICCS | Integrated Community Care System |
| IRCF | Integration and Rebalancing Capital Fund |

| | |
|---|---|
| MPS | Market Position Statement |
| MSR | Market Stability Report |
| PNA | Population Needs Assessment |
| RPB | Regional Partnership Board |
| WBA | Well-being Assessment (Public Services Board) |

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Version 1 June 2026

# Strategic Development Committee

## Public Services Board Update

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 6.3.2 |
| Dyddiad y Cyfarfod / Date of Meeting: | 06.08.26 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Kate May Assistant Director of Public Health CTMUHB<br><br>Helen Hammond, CTM Public Services Board |
| Cyflwynydd yr Adroddiad / Report Presenter: | Philip Daniels Executive Director of Public Health |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Philip Daniels, Executive Director of Public Health |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | For noting |
| Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol Strategic Context: This report aligns to the following Strategic Pillars* | Creating Health<br>If more than one applies please list below: |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | Not applicable – partnership update |

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

| Executive Summary of what the report is describing:<br>Start by <u>summarising briefly</u> the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and evidence to support that position etc)* | The Cwm Taf Public Services Board (CTM PSB) Board brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas, as mandated by the Wellbeing Of Future Generations Act (2015). Its purpose is to improve the economic, social, environmental and cultural well-being in our area by strengthening joint working<br><br>Following the PSB meeting on the 23rd of July, the most recent update shared by the CTM PSB is included in this paper. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | Updates against each key workstream has been provided including;<br><br>- Climate Change Risk Assessment<br>- Workforce Well-being Sub-board<br>- Active Travel Charter<br>- Young Voices Project<br>- Community Cohesion<br>- Health Inequalities<br>- Wellbeing Assessment<br>- Food Resilience sub board<br><br>CTM UHB are supporting work across all areas.<br><br>The work of the PSB contributes to the Creating Health Strategic pillar within the health board and is relevant to strategic risk No 8. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*<br><br>What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | CTM UHB is a key partner in the PSB and will continue to contribute across all workstreams, seeking opportunities to work together across the region and improve outcomes for residents of CTM. |

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| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* | The committee is asked to note the update and support ongoing work of the PSB |

| Recommendation (Linked to the "What Next" section above). | |
|---|---|

## 1. Background / Context

1.1 The Cwm Taf Public Services Board (CTM PSB) Board brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas, as mandated by the Wellbeing Of Future Generations Act (2015). Its purpose is to improve the economic, social, environmental and cultural well-being in our area by strengthening joint working.

1.2 It published an assessment of well-being in 2022 that is available along with a series of summary reports and published the Well-being Plan for 2023-2028. A highlight report of current activities pursuant to its wellbeing plan is provided below:

| Workstream | Update | RAG |
|---|---|---|
| Climate Change Risk Assessment | The Data Map Wales tool has been further developed reflecting flooding, infrastructure, utilities, community facilities and services and applied a hexagon to identify where most services are in flood zones. Further maps on wildfire risk will be included. Discussions with decision makers are being scheduled to incorporate their need into development. A bid to fund a full-time support in WG to this project is being prepared. Longer term support to maintain and enable automated updates to be discussed with PSB WG rep. RCT Resilient Communities group is trialling the engagement approach with RCT CAN on 19th August and working with RCT Flood team to be part of their consultation programme. A press release has been shared with partner organisations to inform on the PSB work on climate risk. A review of the workstreams is being undertaken to join up better to focus on areas that add value, communicate better and avoid duplication. | |
| Workforce Well-being Sub-board | The group had their quarterly meeting on the 8th July. They discussed the neurodivergence work being led by the task group, including the event planned for later in the year to raise awareness of neurodivergence in the workplace, and they discussed further links with the Regional Partnership. They shared issues related to aging workforce and workplace heat. Details were shared on BCBC's 'Try before you Buy' scheme for promoting bicycle ownership among its staff. | |
| Active Travel Charter | Sustrans is helping organisations complete a review of current work to feedback into the network on actions within the charter. | |
| Young Voices Project | Reverse Mentoring - we still have a good representation of willing partners from the PSB who are keen to be mentees. However, we have experienced some setbacks with young volunteers, due to confidence and uncertainty to participate, so this area needs more work and a review of partners who can identify interested young people. | |

| | | |
|---|---|---|
| | CYP Network has been running on a bi-monthly basis for just over a year, and we are currently undertaking an annual review through a survey of members to ensure that the network remains relevant and resourceful moving into it's second year. | |
| Health Inequalities | The third meeting of the sub board set up to drive this workstream took place in late June. This is being led by the Chief Executive of MTCBC, which ties in with their Marmot Place work. The sub board agreed to set up a small working group to look at data capture and mapping of existing services and delivery, so that gaps can be identified in relation to the data for CTM. This is underway and will culminate in a workshop to finalise the information and approach in early September. | |
| Community Cohesion | An update was provided to the PSB on clear, hold build approach in Merthyr, Neighbourhood policing in Bridgend and a focus on organised crime in RCT. Hate crime reports are down but with national issues such as Ann Widecome murder monitoring of the community cohesion and briefings are being given to political figures. This work is led by the chief executives strategic meeting. | |
| Well-being Assessment | A proposed focus on life course to be an ongoing framework for sharing intelligence, research and evidence was agreed by the PSB and RPB. A joint group on data and one on engagement have been established to bring together partners to feed into the PNA and WBA. Health Determinants Research Collaborations (HDRC) are supporting work on evidence base and analysis around the PSB priority areas with workshops in the Autumn. | |
| Food Resilience sub board | A video on food resilience was shared with the PSB to highlight the important roles of different partners is promoting a resilience food system in CTM. The sub board is bringing together work from the 3 partnerships to support further planning for the joint action plan and the well-being assessment. | |

## 2. Strategic Insights

2.1 CTM UHB continue to work closely with the PSB to contribute across all workstreams

2.2 The first meeting of the Inequalities in Health subgroup took place at the end of June. A mapping exercise is underway to review partner objectives and activities associated with inequalities, aligned to the Marmot principles. These will be reviewed collectively in a workshop in September to help establish the opportunities for cross organisational support to address gaps in current programmes and any regional gaps that would benefit from new work being developed.

## 3. Risks and Opportunities

3.1 There are no immediate or specific risks for CTM UHB arising from PSB Update or activities within.

3.2 CTM UHB (and partners) are actively supporting the PSB work to progress the WBA and PNA through representation on all the relevant working groups

3.3 As part of the PSB Inequalities in Health work, an opportunity exists to map the CTM UHB Wellbeing objectives associated with the Wellbeing of Future Generations Act, to those of our partners. This was a recommendation of the most recent CTM UHB audit from the Future Generations Commissioner.

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

| | |
|---|---|
| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /<br>Link to Wellbeing of Future Generations Act – Wellbeing Goals | A Prosperous Wales |
| | If more than one applies please list below:<br><br>All |

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

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

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

| | | |
|---|---|---|
| Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE<br><br>Summary of impact:<br>N / A | member sign off for no EWLIA completion:<br><br>Philip Daniels |
| Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | N / A | |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report | |
| Enw da / Reputational | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report | |
| Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report | |

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

| Acronyms / Glossary of Terms | |
|---|---|
| PSB | Public Services Board |
| BCBC | Bridgend County Borough Council |
| RCT | Rhondda Cynon Taf |
| WG | Welsh Government |
| PNA | Population Needs Assessment |
| WBA | Wellbeing Assessment |
| CYP | Children and Young People |
| RPB | Regional Partnership Board |

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

# Strategic Development Committee

## Cwm Taf Morgannwg Area Planning Board

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 6.3.3 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19/08/2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Rob Green – Consultant in Public Health |
| Cyflwynydd yr Adroddiad / Report Presenter: | Philip Daniels, Executive Director of Public Health |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Philip Daniels, Executive Director of Public Health |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | N/a |
| Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* *Strategic Context:* *This report aligns to the following Strategic Pillars* | Not applicable<br>If more than one applies please list below: |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | N/a |

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

| | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and evidence to support that position etc)* | The Cwm Taf Morgannwg Area Planning Board (APB) has responsibility for strategic planning and commissioning of services for the treatment and prevention of substance misuse across the Cwm Taf Morgannwg region. (Outside of those provided for clients within the criminal justice system).<br><br>The APB commissioning team provide a regular highlight report to inform partners of the current status of the Area Planning Board.<br><br>Questions were raised regarding workstream progress, risks and mitigations at the previous Strategic Development Committee (May 2026)<br><br>Key risks/issues as reported by the Area Planning Board are:<br>- Failure of commissioning of Police and Crime Commissioner/HMPPS substance use services, and current interim provision by CTMUHB Community Drug and Alcohol Teams (CDAT), due to appointing an unregistered provider.<br>- Change to a dispersed service model for new Tier 2 commission.<br>- Higher waiting times in Young Persons Drug and Alcohol Service (YPDAS)<br>- Lack of Primary Care capacity impacting on secondary care provision. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | Work is being undertaken across the Area Planning Board on mitigations of key risks, including:<br><br>- Temporary integration of criminal justice services into mainstream services (CDAT), while the appointed provider goes through the HIW registration processes.<br>- Monitoring the implementation of new dispersed model for Tier 2 services.<br>- New nursing capacity brought into YPDAS, though service currently impacted by sick leave.<br>- Developing Primary Care capacity included in MHLD IMTP planning for 27/28, will need collaborative approach between APB, Commissioning team, MHLD and Primary and Community Care partners. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* | Work is planned to develop a strategic plan for the Area Planning Board, in the absence of any national strategy for drugs or alcohol. |

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| What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | A review of governance structures and processes, including the assessment and management of risk within the Area Planning Board is currently underway.<br>This work will include defining the scope of APB risk, identifying what sits with a strategic and commissioning Board, and what lies with providers, and reciprocal expectations.<br><br>CTMUHB, as a key member of the Area Planning Board, largest recipient of funding, and provider of clinical services for children's, young people's and adult's substance use services will be essential to the delivery of this work. |

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|---|---|
| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | - Note the current APB status update.<br>- Support the developments in strategic planning and governance processes, recognising the key role CTMUHB have to play in this. |

| Area Planning Board | Led by: Philip Daniels | Date: |
|---|---|---|

**SUMMARY STATEMENT- CURRENT POSITION - FUTURE PRIORITIES**

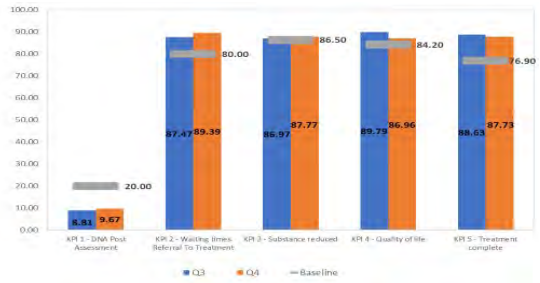
- Oversight of the New CTM Substance Use Contract 2026-31
- Oversight of the CTMUHB Clinical Services currently supporting Criminal Justice appointments. (cover currently up to 14 weeks)

**OVERALL RAG**

**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

| Workstream | Status Update | RAG |
|---|---|---|
| Drug Related Deaths (DRD's) | The development of the national ISP for non-fatal Incidents continues and has gone out to services across Wales for sign-up. The HRC continues to liaise with the CTM Public Health team and the UHB Unscheduled Care Directorate to explore a non-fatal OD information sharing pathway with the Emergency Departments. | |
| Buvidal | It is anticipated that there will be a £175k overspend in 2026/7. The APB approved £100k underspend from supervised consumption to be vired to cover these costs. | |
| Operational Practices and data reporting | Consistency of practice remains a challenge, with differing operational practices across CDAT localities. A review of the CDAT Standard Operational Policy is taking place to address the inconsistencies across the region. | |
| Co-occurring Mental Health and Substance Use | A revised Standard Operating Procedure is being developed in relation to this service for consideration within the Care Groups Policy Committee by April 2026. Discussions have continued with CTM UHB regarding commencement of the APB Co-occurring Sub Group, have been delayed. | |
| Tier 4 – Residential Rehab | Demand continues to exceed budgetary capacity. New eligibility and prioritisation criteria in place. A new Recovery & Compliance Officer in post in Qtr1 who will review the outcomes of those in Tier 4 placements. | |
| Ketamine Task & Finish Group | A Welsh Government Led National Ketamine Group is to be arranged in response to a paper submitted by APB Leads, which acknowledges the varying degrees of progress across Wales. Representatives from Health, APB leads, Harm Reduction will be in attendance. | |
| Hartshorn House | The Board agreed to support the extension of the G4S Hartshorn House contract by 6 months (until end of September 2026) to allow BCBC time to do some work around future sustainability and alignment with other community developments in the area. **There has been no progress made with this.** | |

**KEY METRICS: Qtr 4 - KPI Performance compared to the previous Qtr**




**RISKS/ ISSUES:**

| Risk Issue | Description & Mitigation | RAG |
|---|---|---|
| PCC / HMPPS/DrPA | Due to a delay in the registration of a new Criminal Justice prescriber with the HIW, OST treatment for individuals is being temporarily managed by CTM UHB and CDAT clinics. **The impact on the service continues to be monitored.** | |
| Delivery of the New Contract | Barod have moved to a dispersed model and have limited bases for appointments and the provision of needle exchange provision/BBV Testing. **The impact of change on service provision will be monitored.** | |
| Young Person Drug & Alcohol (YPDAS) | Waiting lists are still in place. APB approved band 6 nurse who was appointed during Q4, but is currently on sickness absence, no change to current waiting times. | |
| Primary Care Drug & Alcohol Service (PCDAS) | Lack of Primary Care capacity continuing to impact on discharge pathways for CDAT | |

## 6. Conclusion

### 6.1: Committee are asked to

Note the current APB status update.

Support the developments in strategic planning and governance processes, recognising the key role CTMUHB have to play in this.

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

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

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

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

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

| | | |
|---|---|---|
| Equality & Welsh Language Impact Assessment Outcome<br>*(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Summary of impact: | Philip Daniels |
| Canlyniad Asesiad Effaith Ansawdd<br>*(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome<br>*(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | Not applicable – partnership update | |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report | |
| Enw da / Reputational | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report | |
| Effaith Adnoddau<br>*(Pobl /Ariannol) /*<br>Resource Impact<br>*(People / Financial)* | There is no direct impact on resources as a result of the activity outlined in this report | |

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

| Acronyms / Glossary of Terms | |
|---|---|
| APB | Area Planning Board |
| MHLD | Mental Health and Learning Disability Care Group |
| YPDAS | Young People's Drug and Alcohol Service |

Version 1 June 2026

# Strategic Development Committee

## Board Assurance Framework Report – July 2026

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 7.1 |
| Dyddiad y Cyfarfod / Date of Meeting: | Wednesday 19 August 2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Louise Stait, Interim Assistant Director Governance and Risk |
| Cyflwynydd yr Adroddiad / Report Presenter: | Gareth Watts, Director of Corporate Governance / Board Secretary |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Gareth Watts, Director of Corporate Governance/Board Secretary |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | The Committee is asked to:<br>• NOTE the risks under its remit*, and confirm that the updates provide adequate assurance and reflect recent discussions.<br><br>**SDC oversees Risks 4,5,7,8,10,11.* |
| Cyd-destun Strategol:<br>*Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol*<br>*Strategic Context:*<br>*This report aligns to the following Strategic Pillars* | All Strategic Pillars<br><br>*If more than one applies please list below:*<br><br>This report relates to the Board Assurance Framework as a whole and therefore aligns to all CTMUHB Strategic Pillars. |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)*<br>Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan *(Reference relevant priority)* | The Board Assurance Framework supports delivery of the Integrated Medium Term Plan and Annual Delivery Plan by identifying, monitoring and reporting the principal strategic risks that may affect delivery of the Health Board's objectives, priorities and statutory duties.<br>The report supports oversight of whether these risks remain appropriately articulated, scored, |

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| | treated and aligned to the organisation's strategic priorities. |

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

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| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | Summary of risks under the remit of the Strategic Development Committee<br>The SDC has oversight of the following risks:<br><br>**No. / Strategic / Principal Risk**<br>4. Effective Community and Partner Engagement in service changes and developments<br>5. Delivery of a digital and information infrastructure to support organisational transformation *(Joint oversight with Operational Delivery Committee)*<br>7. Fulfilling our Environmental and Social Duties and ambitions<br>8. Prevention and early Intervention to support Healthy Life Expectancy<br>10. Ability to develop a fit for the future estate to reflect our future clinical service model<br>11. Delivery of an Integrated Care Model<br><br>*Summary information on target risk scores and approach*<br>The enhanced summary table is intended to support more active strategic scrutiny of the Board Assurance Framework by making the current position, planned approach and expected trajectory of each risk more visible at a high level.<br><br>By including target scores, target dates and risk treatment / status information, readers are better able to assess not only the current level of risk, but also whether the risk has been articulated appropriately, whether the proposed mitigation approach is likely to deliver the intended reduction in risk, and whether the anticipated timescales are realistic.<br><br>As part of this exercise, the target score for two risks has been increased from 8 to 12 to reflect a more realistic and deliverable position:<br><br>- Risk 6: Ability to maintain a safe and fit for purpose estate infrastructure *(not under SDC remit)*<br>- Risk 11: Delivery of an Integrated Care Model |
| Beth Nesaf *(crynodeb o'r camau gweithredu a* | Further work will continue to enhance the readability and assurance value of the BAF. This includes testing |

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| *fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*<br><br>What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | whether key strategic risk entries can be reduced in length while retaining clarity, evidence and assurance.<br><br>The next presentation of this report to the Board will be on 24 September 2026. |
| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | The Committee is asked to:<br>• NOTE the risks under its remit*, and confirm that the updates provide adequate assurance and reflect recent discussions.<br><br>**SDC oversees Risks 4,5,7,8,10,11.* |

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

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

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

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| Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs) | Yes - Applicable<br><br>The report itself does not propose a new service change or operational decision with a direct environmental impact. However, the Board Assurance Framework includes strategic risks relating to environmental and social duties, estate infrastructure, financial sustainability, population health and service transformation, all of which may have environmental and sustainability implications. These are considered within the relevant strategic risk entries. |

| Asesiad Effaith Impact Assessment | |
|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | A separate Equality Impact Assessment has not been undertaken for this covering report, as it provides an assurance update on the Board Assurance Framework rather than proposing a new policy, service change or decision. Equality implications are considered within individual strategic risks and associated programmes where relevant.<br><br>A separate Welsh Language Impact Assessment has not been undertaken for this covering report, as it provides an assurance update on the Board Assurance Framework. Welsh Language implications are considered within individual strategic risks and associated programmes where relevant.<br><br>If no, please select a reason below: Not required — assurance report only / no new policy, service change or decision proposed.<br>Named Executive/Board member sign off for no EWLIA completion: Director of Corporate Governance / Board Secretary |
| Canlyniad Asesiad Effaith Ansawdd | A separate Quality Impact Assessment has not been undertaken for this covering report, as it provides an assurance update on the Board Assurance Framework rather than |

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| *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome<br>*(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | proposing a new service change or operational decision. Quality implications are captured within individual strategic risk entries where relevant, particularly where risks relate to patient safety, experience, outcomes, workforce, access, estates, digital infrastructure and service sustainability. |
| Cyfreithiol / Legal | Yes (Include further detail below)<br>Legal and regulatory implications are captured within individual strategic risk entries where relevant. |
| Enw da / Reputational | Yes (include further detail below)<br>The Board Assurance Framework is a key public assurance document and may influence internal, external and national understanding of the Health Board's principal strategic risks. Reputational implications are therefore relevant. |
| Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)* | Yes (include further detail below)<br>This report does not request additional resource. However, workforce, financial and other resource implications are captured within individual strategic risk entries where relevant. The Board Assurance Framework supports oversight of whether resource-related risks are appropriately reflected, treated and monitored. |

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

| | | |
|---|---|---|
| | | that the BAF should more clearly report the impact of actions taken to mitigate strategic risks. |

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

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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 7. | Sustaining our Future, Creating Health<br>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.<br>We are actively managing this risk and expect reduction over time through delivery of the Climate Action Plan and strengthened governance arrangements; however, progress is constrained by workforce and financial capacity, limiting the pace at which environmental ambitions can be realised. |
| 8. | Creating Health, Sustaining our Future<br>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.<br>We are actively managing this risk through prevention and population health programmes; however, progress is dependent on wider system alignment, funding and capacity, and current delivery constraints limit the pace at which improvement in outcomes and inequalities can be achieved. |
| 9. | Sustaining our Future<br>Click Here for Risk 9 | Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) | Executive Director of Finance | Operational Delivery Committee | 20 (C4xL5) | 12 (C4xL3) | TBC | Treat.<br>We are actively managing this risk and expect progress through delivery of the IMTP and savings programmes; however, the level of financial challenge and delivery risk remains significant. |
| 10. | Sustaining our Future, Improving Care<br>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.<br>We are actively managing this risk and expect improvement over time through development of the estate strategy and capital schemes; however, progress is dependent on funding availability and the pace of infrastructure investment. |
| 11. | Creating Health, Sustaining our Future, Improving Care<br>Click Here for Risk 11 | Delivery of an Integrated Care Model | Chief Operating Officer | Strategic Development Committee | 16 (C4xL4) | 12 (C4xL2) | TBC | Treat.<br>We are actively managing this risk and expect reduction over time through delivery of transformation programmes and strengthened partnership working across the system, although progress is dependent on alignment across organisations. |

## Section 2 Strategic Risk Heat Map

Current risk scores in black

Target risk scores in *grey italic*

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

## SECTION 3 – STRATEGIC RISKS

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

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

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

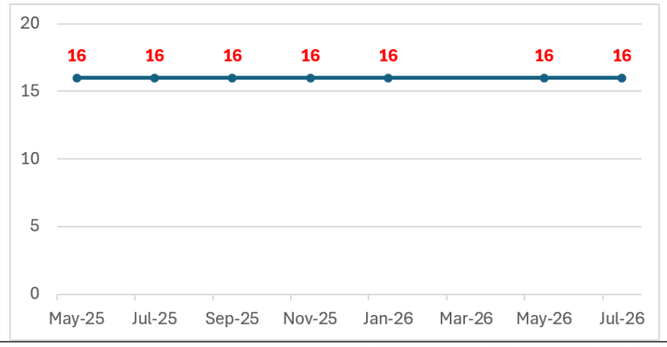
| Risk Lead | • Chief Operating Officer<br>• Executive Director of Strategy & Transformation | Assurance committee | • Quality, Safety & Experience Committee<br>• Operational Delivery Committee (Performance Targets) |
|---|---|---|---|

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory




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

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

| | |
|---|---|
| | • Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics and neurology<br>• The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds.<br>• All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC. (High Volume Low Complexity)<br>• Endoscopy recovery plan commencing August 2026 to maintain the improved position.<br>• PIT (Productivity, Improvement and Transformation) Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS.<br><br>• There has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities.<br>• The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected.<br>• The large-scale capital programme at PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this.<br>• Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH (Additional Hours) and WLI (Waiting List Initiative) activity attributed to standardisation of pay.<br>• Regional working continues and the positive and negative impact of this will be continuously reviewed.<br><br>Advancements have been made in achieving elective targets and implementing a comprehensive system approach to capacity management through improved system flow, but the Health Board continues to face routine operational pressures—especially during peak periods—that constrain elective capacity. These challenges necessitate regular monitoring and ongoing continuous improvement efforts to address rising demand. |
| Risk Treatment Assessment<br>*i.e. Treat, Tolerate, Transfer etc.* | It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section. |

## Current Control Measures

Productivity, improvement and transformation programme (PIT)

- Increase Planned Care Capacity
- Transform the way Planned Care is delivered
- Prioritise both diagnosis and treatment
- Provide better information and support to patients

Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve.

In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource.

The key areas for improvement each Health board are expected to incorporate into their improvement programme are:

1. Effective Waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatient & Preoperative Modernisation: utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics
3. Theatre Capacity: reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity

4. ~~g~~GiRFT (Getting It Right First Time) & Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery
5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

All areas of the programme are focusing on the following crosscutting themes:

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

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

Planned Care Recovery Programme

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

## Current Control Measures Cont.

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

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

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

Recovery Planning post critical incident at POW.

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

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

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

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

~~Specific Improvement Groups/Boards~~

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

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

~~Annual Planning Process~~

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

Escalation Status programme work

Regional Working

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

Governance Structures

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

Operational Processes

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

## Sources of Assurance (Internal and External)

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

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

## Linked National Priority Measures

*Access to Timely Planned Care*

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

## Current Performance Highlights

| | | |
|---|---|---|
| Latest RTT Performance not available at time of reporting – will be included in future BAF iterations when available. | | |
| Were there any significant incidents affecting this strategic Risk this period: | | |
| None | | |
| Associated Risks escalated to the Organisational Risk Register | | |
| 4491 | Failure to meet the demand for patient care at all points of the patient journey (this risk is currently under review with the care group) | 20 |
| 6280 | Suspension of the Regional Hepato-Pancreato-Biliary service model. | 16 |

| Strategic Goal(s): | | Risk score |
|---|---|---|
| Improving Care<br>• Delivering safe and compassionate care<br>• Developing new models of care<br>• Digital transformation for patients and staff<br>• Ensuring timely access to care<br>• | Sustaining Our Future<br>• Becoming a green organisation<br>• Ensuring our Services financial sustainability Embedding value-based healthcare<br>• Ensuring our estate is fit for the future | 20 |

| Strategic Risk: Enough capacity to meet emergency demand - (Risk No.1b) | | |
|---|---|---|
| *If* the Health Board is unable to meet demands for services at all points in the patient journey. | *Then* its ability to provide high quality and affordable care and to meet access targets will be reduced | *Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends. |

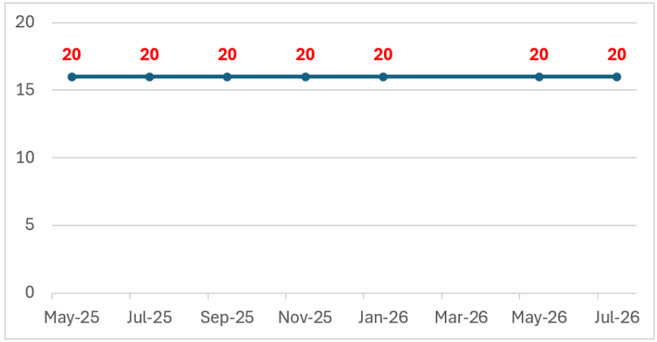
| Risk Lead | • Chief Operating Officer | Assurance committee | • Quality, Safety & Experience Committee<br>• Operational Delivery Committee (Performance Targets) |
|---|---|---|---|

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory




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

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

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

## Current Control Measures

Urgent & Emergency Care Programme:

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

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

~~Six Goals for Urgent and Emergency Care Programme (signed off by Executive Leadership Group (ELG) on 5 June 2023):~~
- ~~Admission Avoidance~~
- ~~Integrated Front Door~~
- ~~Acute Hospital Flow and Discharge~~
- ~~Integrated Discharge~~

~~In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for urgent care with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource.~~

The key areas for improvement each Health board are expected to incorporate into their improvement programme are:
1. Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services
3. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice
4. GiRFT/SEDIT:

Clinical Implementation Networks: Emergency Medicine

All areas of the programme will focus on the following crosscutting themes:
1. Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays. Ensuring patients receive the care in the lowest acuity setting for their needs.
2. Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services. Reducing overcrowding within the UEC system to reduce harm and improve patients and staff experience.

3. Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste. Lowering the number of avoidable attended to ED by directing patients to more appropriate urgent and community settings.
4. Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed.
5. Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent high-quality care and minimising harm.
6. Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement.
7. Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.

Programme Governance

- Urgent & Emergency Care Programme Board Diabetes Programme Board
- ~~6 Goals Programme Board~~
- Diabetes Programme Board
- Stroke Programme Board. South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.
- Orthogeriatric Programme
- MTC Programme Board
- Urgent and Emergency Care Collaborative (previously UNITE), incorporating Strategic Transformation of Acute Medicine (STAMP)
- ~~Strategic Transformation of Acute Medicine (STAMP)~~
- Improving Care Board
- Operational Management Board
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

~~All updates feed into the~~ Improving Care Board is the overarching governance framework

Annual Planning Process

Recovery Planning post critical incident at POW

Lessons learnt from Seasonal Winter Planning process forms part of business as usual ~~currently being analysed from a lesson learnt perspective.~~

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

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

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

Escalation Status programme work

Regional Working

- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.

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

Governance Structures

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

Operational Processes

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

**Sources of Assurance (Internal and External)**

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

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

| | | | |
|---|---|---|---|
| | o GIRFT recommendations<br>o SDEC Review<br>o Ambulance Patient Handover Guidance<br>o ED Quality Statement<br>o Ministerial Advisory Group (MAG) Report (April 2026)<br>• Whole system learning through engagement and collaboration across the health board to mitigate the impact other factors may have on emergency demand, such as flow and discharge.<br>• ED Flow Action Cards (45-minute handover, 12-hour ED waits, time to triage and time to first assessment) live in draft June 2026. Wider Care Group collaboration underway to target ED 12-hour performance.<br>• Sprint learning analysis to understand if this has an impact on emergency demand capacity.<br>• Engagement in a health board session reflecting on resilience/seasonal ~~winter~~ planning, site flow teams, and extraordinary Business Continuity Incident (BCI) actions.<br>• Ambulance escalation cards live.<br>• ED 12-hour Action Plan completed<br>• CTM Safe Transfer of Patients Policy to be implemented alongside action plan.<br>• Action plan to review long waits for patients to be seen in ED in development within directorate.<br>• Review of all patients in ambulatory areas over 24 hours. Planning meeting to be established across Care Groups to facilitate all GP expected patients not attending via ED and establish ambulatory pathways to improve 12-hour waits.<br>• Strategic Transformation of Acute Medicine Programme (STAMP) roll out across all sites including remodelling of acute medicine footprint/flow in POW and implementation of a Same Day Emergency Care (SDEC) First model for GP expected patients at PCH – Quarter ~~2~~1 2026/27<br>• Unscheduled Collaborative (Unscheduled Care Transformation Programme, formally UNITE) ~~Unite~~ Programme Launch to provide a robust governance framework for all Unscheduled Care transformation projects.<br>• UTC Pilot PCH extended until July 2026<br>• Single Point of Access Board<br>• Reconfiguration of ED footprint – ambulatory footprints at POW<br>• Re-alignment of clinical pathways<br>• Internal Professional Standards<br>• Re-alignment of ward capacity<br>• Establish un-commissioned capacity with agency staff to support winter pressures/BCI. | • Reduced Length of Stay (LoS) in the Emergency Department<br>• Reduced harm associated with increased waiting times<br>• Improved patient experience | |

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

## Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

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

*Access to Timely Planned Care Services in USC*

As per Planned Care BAF

## Current Performance Highlights

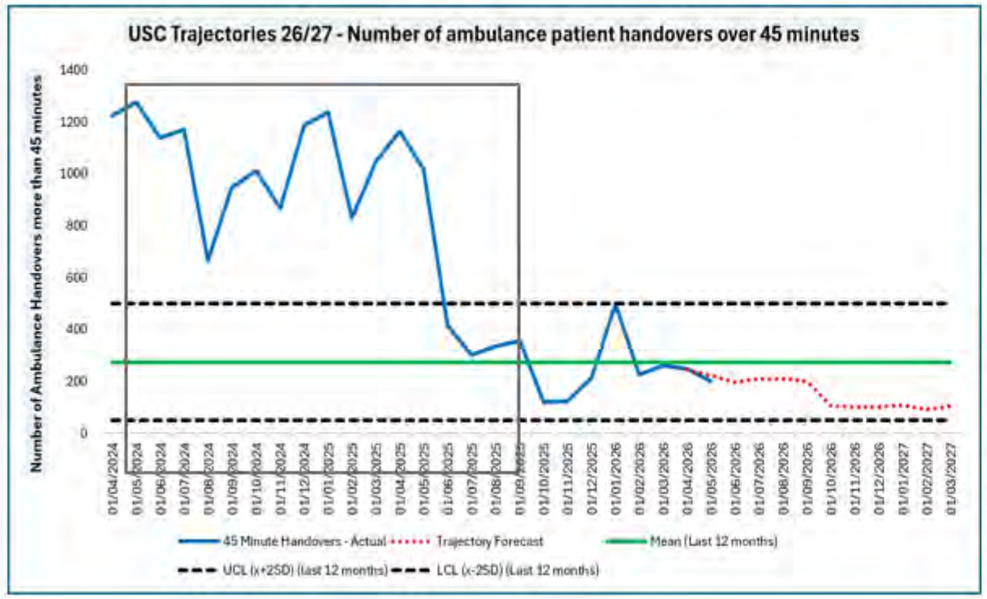
# Handover 45 Report
# (Hospital Emergency Department Handovers)

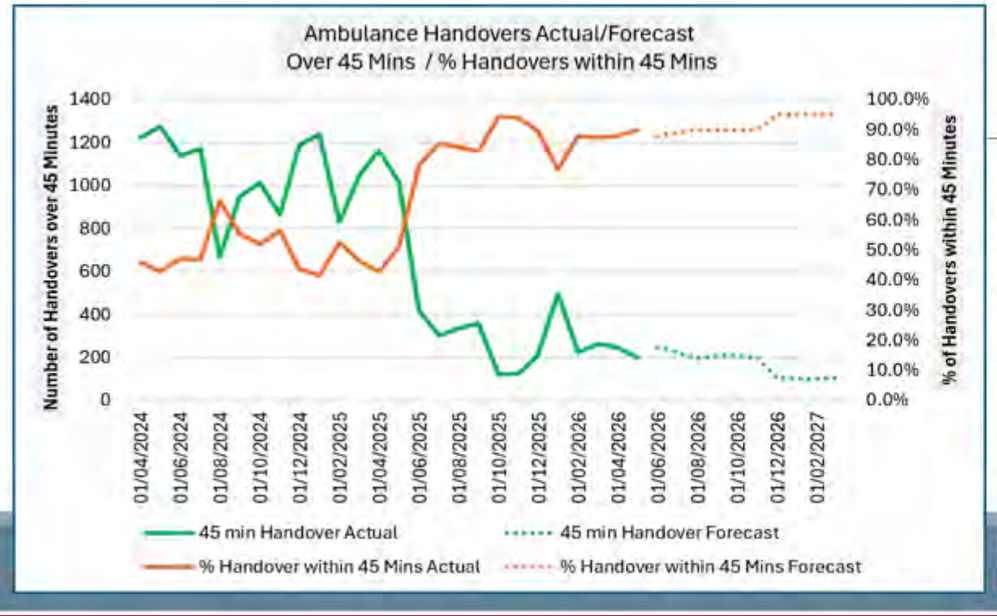
## Monthly Handovers Within 45 Minutes % by Hospital - Previous 12 Months to Date (May 2025 to May 2026)

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

* part month

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



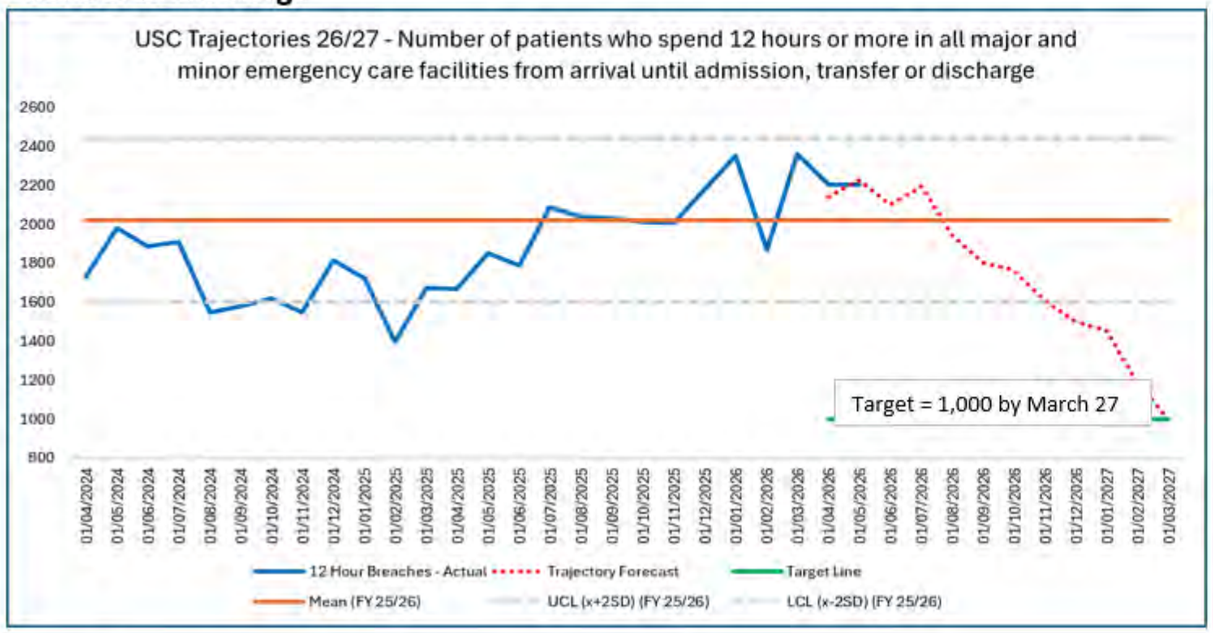

Number of ambulance patient handovers over 45 minutes by Site

| MonthDate | Prince Charles Hospital Merthyr | Princess Of Wales Hospital Bridgend | Royal Glamorgan Hospital Pontyclun | Grand Total |
|---|---|---|---|---|
| 2024-04 | 529 | 331 | 364 | 1224 |
| 2024-05 | 524 | 351 | 400 | 1275 |
| 2024-06 | 470 | 367 | 311 | 1138 |
| 2024-07 | 462 | 328 | 381 | 1171 |
| 2024-08 | 337 | 194 | 136 | 667 |
| 2024-09 | 377 | 218 | 353 | 948 |
| 2024-10 | 490 | 164 | 357 | 1011 |
| 2024-11 | 392 | 161 | 313 | 866 |
| 2024-12 | 457 | 246 | 483 | 1186 |
| 2025-01 | 452 | 187 | 598 | 1237 |
| 2025-02 | 307 | 138 | 384 | 829 |
| 2025-03 | 366 | 192 | 488 | 1046 |
| 2025-04 | 423 | 201 | 540 | 1164 |
| 2025-05 | 440 | 118 | 458 | 1016 |
| 2025-06 | 248 | 98 | 70 | 416 |
| 2025-07 | 90 | 96 | 116 | 302 |
| 2025-08 | 27 | 115 | 192 | 334 |
| 2025-09 | 7 | 142 | 207 | 356 |
| 2025-10 | 37 | 25 | 57 | 119 |
| 2025-11 | 20 | 52 | 51 | 123 |
| 2025-12 | 75 | 70 | 66 | 211 |
| 2026-01 | 165 | 120 | 211 | 496 |
| 2026-02 | 71 | 43 | 111 | 225 |
| 2026-03 | 114 | 75 | 72 | 261 |
| 2026-04 | 45 | 78 | 123 | 246 |
| 2026-05 | 22 | 136 | 42 | 200 |

Actual v Forecast

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

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




### Actual v Forecast

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

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

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

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

| Strategic Goal(s): | | | Risk score 16 |
|---|---|---|---|
| Improving Care<br>• Delivering safe and compassionate care<br>• Developing new models of care<br>• Digital transformation for patients and staff<br>• Ensuring timely access to care | | Sustaining Our Future<br>• Becoming a green organisation<br>• Ensuring our Services financial sustainability Embedding value-based healthcare<br>• Ensuring our estate is fit for the future. | |
| **Strategic Risk: Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)** | | | |
| *If* the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations | *Then* we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality | *Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence | |

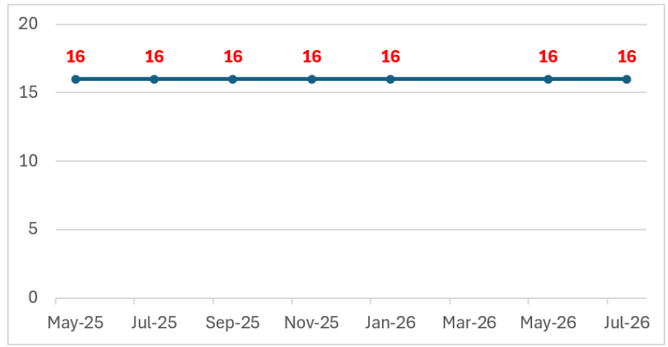
| Risk Leads | • Executive Nurse Director<br>• Executive Medical Director | Assurance committee | • Quality, Safety & Experience Committee<br>• Operational Delivery Committee |
|---|---|---|---|

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory




| Rationale for assessment of risk score:<br>*Including where risk score remains unchanged and for any changes* | The Executive Director of Nursing, Midwifery and Patient Care, will be leading a strategic reconfiguration of the Board Assurance Framework for this section to enable more meaningful and measurable objectives that directly influence our ability to reduce the current Duty of Quality risk score to an organisationally tolerated level. This work is essential to ensure that our approach to quality is not only compliant but impactful supporting the delivery of safe, timely, compassionate and effective care. Without this shift, we risk avoidable harm to patients, poor experience, diminished staff morale, increased regulatory scrutiny and erosion of public trust. The revised framework will provide a clearer pathway to improvement, accountability and assurance.<br>Work on the revised framework is ongoing, with progress continuing beyond the original March 2026 deadline to ensure a comprehensive and effective outcome. Upon completion, the framework will provide an enhanced structure for improvement, strengthened accountability, and clearer assurance arrangements. |
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|---|---|
| Risk Treatment Assessment<br>*i.e. Treat, Tolerate, Transfer etc.* | CTM is seeking to achieve a treated risk score of 12, reflecting a level that is organisationally tolerated and aligned with our commitment to safe, effective and compassionate care. |

## Current Control Measures

1. Strategic Frameworks & Governance
   a) Duty of Quality Annual Report, Duty of Candour Annual Report, Strategic Plan and supporting Workplan in progress
   b) Infection Prevention & Control Strategy (2024–2027): Fully implemented with quarterly progress reports to QSEC and annual Board assurance. Work plan and new operating model in place.
   c) Safeguarding Strategy (2024–2027): Endorsed and embedded with compliance monitored through annual audits and safeguarding dashboards.
   d) Clinical Governance Frameworks:
      i. Clinical Guidelines and SOPs are maintained with an annual review cycle.
      ii. CTM Learning Academy launched with four strategic aims: workforce development, governance, sustainability, and interprofessional learning.
   e) Clinical Effectiveness Committee: Oversight of clinical audit programme, NICE guideline compliance, and escalation of issues to QSEC and Board.
   f) Advanced Clinical Practice Board: Governance for advanced practice professionals.

2. Assurance & Improvement Mechanisms
   a) Ward Accreditation Programme: Rolling programme across all wards, maternity, and mental health. Targets: 100% accreditation by Dec 2026. Quarterly progress reporting.
   b) Mortality Governance: Mortality Board operational with standardised dashboard, monthly mortality reviews, and integration of Medical Examiner reports.
   c) Harm-Free Care Programme: groups included are: hydration, nutrition, falls, and pressure damage. A comprehensive review of the Harm Free Care Programme is currently underway and will be progressed through established internal governance processes to ensure robust oversight and strengthened assurance arrangements are enhanced, with reporting to the QSEC on a bi-annual basis together with any areas of concern escalated by exception. The proposed revised oversight arrangements have been presented to OCB and are due to be scheduled for presentation to EMB for final ratification.
   d) Risk Assessment, Delivery and Assurance Review (RADAR) Committee: Training standards and compliance monitored quarterly. Framework under review for enhanced governance.
   e) End-of-Life Care Plan: Managed by Primary Care and Palliative Care teams with assurance through Care Group governance.
   f) Duty of Quality & Candour:
      i. Annual Duty of Quality Report with measurable improvement actions.
      ii. Duty of Candour training embedded in ESR; monitoring of compliance shared with the Care Groups
   g) Medicines Management Group chaired by the Assistant Medical Director

3. Learning from Experience & Engagement
   a) People's Experience Framework: Operational forums with bi-annual reports to QSEC.
   b) A revised schedule of Listening and Learning events is being developed for 2026/27, with sessions planned on an organisation-wide basis to support shared learning and continuous improvement. The programme will deliver two events annually, comprising one in-person session and one virtual event, ensuring accessibility and broad engagement across services.
   c) Executive Patient Safety Walkabouts: Monthly walkabouts with documented findings and improvement actions logged and monitored.
   d) Citizen Voice (Llais): Monthly meetings and outreach clinics with escalation within 5 working days.
   e) Real-Time Feedback (PREMS/PROMS):
      i. Patient Reported Experience Measures (PREMs) live in Emergency Departments.
      ii. Patient Reported Outcome Measures (PROMS) piloted in Heart Failure/Cardiology and now feature areas such as support for victims of domestic violence, rollout plan in development.
      iii. Quarterly dashboard reporting to QSEC.
   f) Staff Ideas Scheme: >1,800 staff registered, >270 ideas generated; quarterly reporting on implementation and impact.
   g) Launch of the new visiting policy on 1 April 2026
   h) A pilot launch of the Carers Passport took place 1 April 2026
   i) Regular touch point meetings with partners, for example, Coroner's Office, Welsh Risk Pool

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

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

5. Research, Flow & Productivity
a) Research & Development Strategy: Approved and embedded; oversight at Operational Management Board.
b) Optimise Flow Programme: Rolled out across all acute sites to improve patient flow.
c) Workforce Productivity Programmes: Medical and Nursing workforce productivity frameworks established with performance monitoring.

## Sources of Assurance (Internal and External)

External Reports

Royal Glamorgan Hospital:

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

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

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

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

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

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

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

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

Quarterly Reports

- Quality Dashboard.
- Integrated Performance Dashboard.
- Quality Governance – Regulatory review progress updates.
- IPC Highlight reports.
- Care Group reports.
- High level update on mortality indicators.
- Research and Development Update.
- National Clinical Audit and NCEPOD studies.
- Maternity and Neonatal Improvement Programme Highlight Report.
- RADAR Reports.
- Improvement portfolio report.

Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- A strengthened approach to the governance of Healthcare Inspectorate Wales (HIW) Inspections and subsequent Improvement plans has been implemented through the development and full embedding of a centralised HIW tracker using the electronic platform of AMaT, this provides improved oversight and consistency of monitoring.
  This approach supports enhanced organisational oversight and reinforces the Health Board's commitment to robust governance and continuous improvement.
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- Medication Prescription and Administration incident update, which reports into the Medication Steering Forum.
- All Safeguarding Hubs working collaborative across CTM population.
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); partially complete. New Directors now require training, safeguarding team leading a short review to ensure appropriate level of training, L2/3 for clinical and non-clinical directors (completed May 2025).
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3.
- Harm Free Care Agenda
- Patient Safety Solutions – safety alerts and notices.
- Mental Capacity Act (LPS).
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- Staff survey closed. Higher response rate received than in previous years. The final CTM response rate was 26.7% which equates to 3553 members of staff. This is the highest rate among the Health Boards of our size in Wales and CTM's highest response rate to date.
- Ward Accreditation Programme is embedded across the Health Board in Inpatient Areas.
- Medical Workforce Delivery Group for Medical Workforce Matters.
- Action Plan is in place to address the backlog of open coroner cases caused by a significant increase of number of inquests of the last 12 months. The OCP is now complete and was implemented on 5 May 2026 with this being fully recruited to and complete by 31 July 2026.
- Legal Services Recovery Plan in place which will consider if there is enough capacity to manage all legal activity and if internal processes and systems need to be revisited to make changes and identify areas for further improvement. An Organisational Change Process (OCP) has concluded and will be implemented start of May 2026
- CTM Pathology services accredited to ISO 15189:2022 the international standard that specifies requirements for quality and competence in medical laboratories, ensuring accurate and reliable test results essential for patient diagnosis and treatment.

- Cardiac Physiology services in PoW are accredited by the ~~to~~ British Society of Echocardiography for Transthoracic Echocardiography (TTE), training, stress echocardiography, and Transoesophageal Echocardiography (TOE).
- New group being constructed which supports Physician Associates in line with new National Guidance.
- All Wales Medical Directors Meeting has discussed requirement to implement a more robust process for Professional Standards. Professional Advisory Group (PAG) and Responsible Officer Advisory Group (ROAG) to commence imminently as part of the process in CTM with Medical Directorate Office to support.
- Implementation of weekly Learning from Events Panels

Qualitative Intelligence
- Monthly PREMS qualitative feedback received.
- Ongoing weekly Quality and Safety huddles take place with the three Deputy Directors, Assistant Director of Quality & Safety, and the Quality and Safety Team to review concerns and complaints compliance across the Health Board with a weekly brief shared with all three clinical Executive Directors for assurance, awareness as well as an escalation being noted
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators.
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers.
- Service User and Staff Stories.
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed clinical area visits.
- Improvement case studies.
- Social Media feedback and intelligence.
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio.
- CTM now have access to the All-Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey.
- The Health Board is represented at the National Duty of Candour Safety & Learning Network, including currently chairing the Network meetings.
- Partnership Working with Cardiff & Vale University Health Board re. South Central Regional Stroke Network.
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance
- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.
- External audit in June 2024 in collaboration with Arjo Huntleigh regarding pressure ulcer prevalence has been completed and considered at the January 2025 Quality, Safety & Experience Committee.
- Health Education Improvement Wales (HEIW)– undertake regular reviews of services with respect to medical training of resident doctors.
- Ombudsman's Annual Letter.
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance.
  The AmAT Inspection Module is fully implemented for assurance and monitoring of HIW Inspection Recommendations with bi-monthly reports received at the Quality, Safety & Experience Committee~~,~~
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) governance and incident management.
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Maternity and Neonatal SI closures.
- Annual Undergraduate Review.
- General Medical Council National Survey Feedback.
- A Medical Education Governance Meeting has been constructed to monitor Health Education Improvement Wales (HEIW) visits and recommendations. The first meeting commenced 27/10/2025.
- Submission of bi-annual Nurse Staffing Act (Wales) Compliance and Assurance Reports to Board and Welsh Government.

| Gaps in Controls / Assurances | Actions taken to Mitigate Gaps | Intended Impact of Mitigating Actions | Indicators of Success (following implementation of mitigating actions) |
|---|---|---|---|
| 1. Roll out of the Clinical Ward/Department Accreditation and Assurance Programme.<br><br>Ward assurance provides ongoing confidence that core standards of care and safety are being met, identifying risks and areas for improvement. There are regular point prevalence audits conducted on a regular basis. | Rolling programme commenced. This will now extend into a yearly assurance programme which will encompass all data repositories.<br><br>Ward Accreditation programme: This program is currently on hold as there is an All Wales implementation program to allow for a consistent approach across Wales. | Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024.<br><br>The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards) | Currently 35 wards completed.<br><br>8 White (This means that focus work is required to reach the minimum data sets required) and 19 reaching Bronze accreditation.<br>There is a review of the assurance framework being undertaken. While this is completed, the team has continued to undertake targeted short assurance visits focused on key quality and safety indicators. While these visits are not scored for |

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

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

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

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

**Linked National Priority Measures**

Care Closer to Home

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

Patient Safety Solutions

Infection Prevention and Control

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

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

Children's Charter

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

Safeguarding

- National Improvement Plan.

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

Chief Nursing Officer's Launch of the 2025-2030 Strategic Vision – We are ensuring full alignment with CTM's Nursing Strategic Plan, and the Executive Director of Nursing and Midwifery is working collaboratively with peers across Wales to support the implementation of the Chief Nursing Officer's 2025–2030 Strategic Vision
National Patient Experience Framework.
New national nurse education standards
Dementia Standards - which include standards for inpatient hospital admissions.
NHS Wales Quality and Safety Framework: Learning & Improving. Published by WG September 2021.
The Health & Social Care (Quality & Engagement) (Wales) Act 2020 - Improving quality and public engagement in health and social care.
National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities.

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

## Current Performance Highlights

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

- Quality Dashboard
- Maternity & Neonatal Dashboard
- Cancer Standards.
- Unscheduled Care.
- Six Goals Programme (Emergency & Urgent Care, D2RA).
- Waiting List Delays.
- Mortality Indicators.
- Tier 1 IP&C Indicators.
- Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration.
- Sepsis.
- Mental Health Measures.
- Putting Things Right Compliance. From 1 April 2026 Listening To People (LTP) has been introduced and therefore compliance reporting will move to LTP compliance
- Patient Safety Solutions compliance

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

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

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

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

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

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

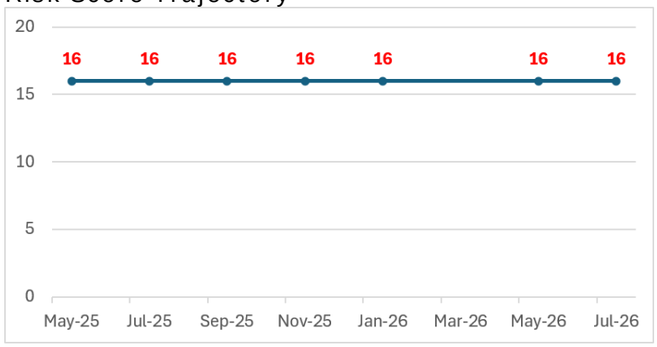
| Risk Lead | • Executive Director for People | Assurance committee | • Quality, Safety & Experience Committee<br>• Operational Delivery Committee |
|---|---|---|---|

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory




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

~~This~~ The workforce risk remains significant due to ongoing recruitment challenges, national supply constraints, sickness absence, variable pay reliance and workforce implications linked to service change. While turnover and sickness are showing improvement, gaps remain in hard to fill roles, job planning compliance and sustainable workforce models. The score remains unchanged at 16 because workforce challenges continues to affect service resilience, staff wellbeing, delivery of planned activity and a reliance on temporary staffing.~~risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. There are also workforce challenges and risks aligned to Health Visitor industrial action, proposed shift patterns changes and Llantrisant Health Park (regional workforce model agreement and outcome of the demand and capacity model for South East Wales). The latter is potentially impacting on timelines and delivering a multi-disciplinary workforce in a sustainable and affordable workforce plan. Therefore, although we are "treating" this risk it is recognised that significant progress on this will not be achieved in the short term.~~

| | |
|---|---|
| | ~~Patient safety and quality could be compromised or delayed, increasing waiting times, because of workforce gaps due to lack of available skilled workers either in local or national labour market to meet demands and to avoid and reduce high-cost variable pay. This could also impact on the delivery of planned activity to meet targets leading to increased performance scrutiny. Staff wellbeing and morale is still a concern~~Sickness rates continued to decrease from 8.79% in December 2025 to 8.32% in January 2026 to 7.55%~~7.50% in April 2026~~ in February 2026. This is an increase of 0.48~~57~~% on the ~~February~~ April ~~2025 rate of 7.07~~6.93~~%.~~ The rolling 12 month~~s~~ sickness rate ~~was~~ to April 2026 was 7.41~~02~~%. ~~7.~~50% and is slightly higher than the equivalent rolling 12 month period of the previous year (6.93%). The in-month April 2026 sickness rate is 7.02% which is higher than April 2025 (6.61%).<br><br>~~Forecasted~~M&D ~~-~~agency ~~agency~~ spend for ~~M12~~ M2 ~~2025~~2026/~~2026~~ ~~202~~7 is £~~9.42~~2.~~1~~889k with a year to date spend of £1.473m~~m~~ ~~which is a 3.8% for M&D~~. For Nursing and Midwifery agency spend, ~~(bank and agency)~~ including HCSWs, the position for the year to date at M2 ~~is a forecasted reduction of 38% £13.3m at M12 2025/2026~~was reported as ~~££2.39~~1.652m.<br><br>Turnover ~~reduced further~~continues to fall, being 8.09% in May 2026, compared to 9.23% in May 2025 ~~from 8.50% in January 2026~~. Job Planning compliance as at May 2026 was 47%, a slight increase on April 2026's~~s~~ 44%. There is considerable variation between C~~c~~care G~~g~~roups and efforts to increase Job Planning figures continue to be addressed via the Medical Workforce Productivity Programme and new Recruitment Controls linking authorisation of Consultant Recruitment to speciality job planning rates~~.~~. ~~This is being addressed by the Medical Workforce Productivity Programme~~<br>~~Turnover has continued to steadily fall over the last 12 months increasing our retention, and while our approach to recruitment has been strengthened, we still have areas to improve, including solutions for hard to fill posts and improved time to hire. High sickness rates also continue to significantly impact on workforce The workforce risk remains significant and remains at 16 based on the following:~~<br>~~Late delivery of key objective/service due to lack of staff – waiting list and capacity issues~~<br>~~Unsafe staffing level (>1 day)/competence.~~<br>~~Low staff morale.~~<br>~~Sickness rates~~<br>~~Poor staff attendance for mandatory/key professional training.~~<br>~~Reliance on temporary workforce usage and spend~~ |
| Risk Treatment Assessment<br>*i.e. Treat, Tolerate, Transfer etc.* | This risk is being treated through ~~will continue to be treated through targeted action under~~ the CTM People Plan, ~~working with Care Groups and professional leads to strengthen~~ workforce planning, recruitment, retention, and wellbeing, and ~~embed improvements into business-as-usual~~productivity programmes.~~.~~<br><br>~~Key activity includes improving access to workforce data and dashboards, building workforce planning capability, delivering targeted and international recruitment, strengthening retention through employee experience and career development, supporting wellbeing and reducing sickness absence, and reducing agency reliance through sustainable workforce productivity measures.~~<br><br>A reduction is expected over time, but remains constrained by factors noted above including ~~-~~national workforce supply, sickness absence, temporary spend, affordability pressures and the pace of service model change. ~~These actions are expected to progressively reduce the risk, though progress remains influenced by national workforce supply constraints. Work is also underway with staff and Trade Union colleagues to agree consistent nursing, midwifery and HealthCare Support Worker shift patterns that support patient safety, staff wellbeing, workforce availability and financial sustainability.~~ |

## Current Control Measures

Strategic ~~Alignment~~workforce controls

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

Recruitment and Resourcing

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

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

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

Workforce Productivity and Temporary Staffing

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

~~Workforce Planning~~

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

Culture, Values and Behaviours (CVB)

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

## Sources of Assurance (Internal and External)

Workforce Data and Analytics

*Internal assurance*

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

*External assurance*

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

Medical Workforce Productivity Programme Board

*Internal Assurance*

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

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

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

Nursing and Midwifery Productivity Programme Board

*Internal Assurance*

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

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

Workforce Planning

*Internal assurance*

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

*External assurance*

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

~~Attraction, Resourcing and Recruitment~~

~~*Internal assurance*~~

- ~~Recruitment & Selection Policy (under review) and SOPs; monitored compliance via People governance.~~
- ~~Time-to-Hire performance: reduced from 80.1 days in Jan-26 to 78.9% in March 2026 vs target 71; Year-to-date (YTD) 2025/2026 increased from 74.3 in January 2026 to 26 days (AfC + M&D combined).~~
- ~~Recruitment action plan in place~~
- ~~Attraction & Resourcing Working Group; senior oversight for key/critical posts.~~
- ~~Pathways to Employment (Project Search/Supported Internships, apprenticeships, Network75, JGW+, graduate schemes).~~

~~*External assurance*~~

- ~~Attraction questionnaire (125 AfC new-starter responses) to inform strategy; extension to M&D starters.~~

~~Retention~~

~~*Internal assurance*~~
- ~~Monthly Retention Dashboard (turnover, attrition, stability) March 2026 turnover 8.29% (down from 8.50% January 2025).~~
- ~~Lateral Moves Scheme monitoring: 370 eligible applications at April 2026. Time to hire has reduced significantly from 77 days (August 2025) to 51 days (April 2026).~~
- ~~Reasons-for-leaving data quality actions (definitions, guidance) via intranet; Retention pages updated regularly.~~

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

Culture, Values and Behaviours

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

*External assurance*

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

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

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

## Linked National Priority Measures

Workforce

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

## Current Performance Highlights

Key Progress Highlights:

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

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

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

Strategic Goal(s):

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

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

Risk score
16

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

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

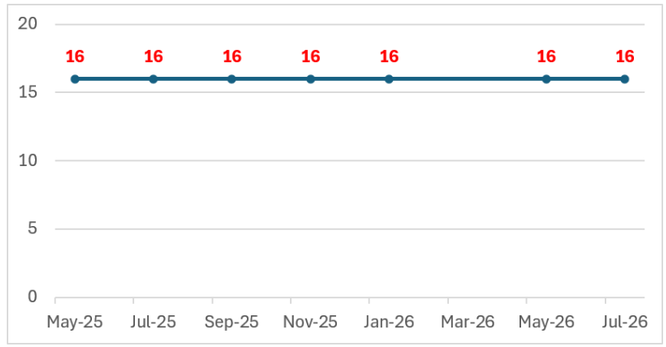
| Lead Director | Director of Communications, Engagement & Fundraising. | Assurance committee | Strategic Development Committee |
|---|---|---|---|

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

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory




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

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

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

**Current Control Measures**

Strategies & Plans

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

Engagement Forums

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

**Sources of Assurance (Internal and External)**

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

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

| | | | |
|---|---|---|---|
| | | management of change, resulting in greater credibility and effectiveness of engagement activities and more useful insight.<br><br>• Earlier development and implementation of engagement plans will enable more effective prioritisation of resources and capacity. | |
| Capacity within engagement function | Securing funding with Public Health to recruit additional engagement role. Role developed and recruitment anticipated to take place summer 2026. | • Improved understanding and engagement response to population health priorities, enabling insight- and intelligence-led planning and delivery.<br><br>• 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.<br><br>• 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.<br><br>• Additional capacity to manage unexpected engagement need, e.g. for urgent service change, will lead to more effective, meaningful and timely engagement that maintains credibility and trust. | • |
| Technical ability and capacity to coordinate engagement efficiently, manage insights and manage social media as a resource for engagement. | Identification of platform for social media management, social listening and public engagement: Orlo | • Significantly enhanced ability to produce, manage and monitor social media will enable health board to use these key channels to engage with, target, influence, understand, and respond to public and stakeholders. | • |

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

**Linked National Priority Measures**

Nil

**Current Performance Highlights**

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

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

None identified.

**Associated Risks escalated to the Organisational Risk Register**

Nil

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

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

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

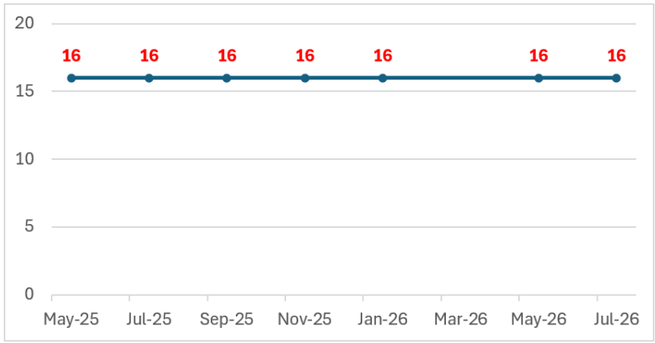
| Risk Lead | Director of Digital | Assurance committee | • Operational Delivery Committee<br>• Strategic Development Committee |
|---|---|---|---|

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory




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

Trajectory and Next Steps - The risk score remains unchanged this period due to the balance between progress and persistent vulnerabilities. However, the trajectory is cautiously optimistic, with mitigating actions underway:

- Renewal of CTMUHB's strategy for AI, data and digital transformation,
- Continued implementation of the Cyber Improvement Plan and Information Security Policy.
- Strengthening of governance frameworks for AI, supplier management and digital inclusion
- Ongoing collaboration with NHS Wales organisations and internal stakeholders to refine strategic oversight and assurance.

Improvements - CTMUHB continues to make tangible progress across several dimensions of digital transformation:

- Digitisation of Medical Records: Ongoing rollout and integration across sites.
- Cyber Resilience and Security: Deployment of a new network monitoring tool and enhanced reporting functionality. Enhancements to automated cyber threat alert classification and response, with a

| | |
|---|---|
| | particular focus on strengthening out-of-hours capability. Monthly reviews by the Cyber Security & Availability Board ensure proactive threat management.<br>• Advanced Technologies: Operational use of 15 AI applications across the UHB such as Dragon Medical One, IBEX, Heartflow, and CTMUHB's own CCLLM (Clinical Large Language Model) and ED Attendance Prediction tools. Interim Governance frameworks for AI are in place, prior to formal endorsement by the Board.<br>• Infrastructure and Standardisation: Improvements in digital infrastructure across sites, consolidation of clinical systems post-Bridgend disaggregation, and standardisation of digital tools and processes.<br>• Strategic Enablers: Mobilisation of contracts for e-prescribing, formalisation of shared care record agreements, and development of a patient-centred contact programme.<br><br>Remaining Vulnerabilities and Risk Justification<br>Several factors justify maintaining the current risk score:<br>• Cyber Threats: The cyber threat landscape continues to evolve, with persistent reconnaissance activity and attempted phishing providing ongoing indicators of increased and changing risk. Although managed without service disruption, the National Cyber Security Centre continues to advise caution. The risk of cyber-attacks remains high and is scored at 20.<br>• Resource Constraints: The Digital & Data team is required to balance the increasing organisation demand and expectation, against the current financial envelope for capital and revenue allocations. Staffing challenges persist, and some national programmes do not have approved business cases or funding alignment.<br>• Operational Sustainability: While strategic clarity is improving, gaps remain in asset registers, policy adherence, and workforce capacity to fully embed digital culture and agility.<br>• Low Maturity Against International Benchmarks: CTMUHB remains at a low level of maturity and capability when assessed against international benchmarking frameworks such as HIMSS for Electronic Patient Records (EPR), and similarly for AI and Business Intelligence. This limits our ability for our patients to interact with us digitally, for our staff to work digitally and thus is limiting the expected returns and benefits we anticipate from our digital programme. |
| Risk Treatment Assessment<br>*i.e. Treat, Tolerate, Transfer etc.* | It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk. |

**Current Control Measures**

- Population Health Strategy – Aligns digital infrastructure with population health priorities.
- Digital & Data Delivery Programme – Oversees implementation of digital initiatives and transformation projects.
- IT Infrastructure Review – Ongoing assessment of infrastructure resilience, availability, and scalability.
- Digital Investment Fund – Supports strategic digital projects and innovation.
- Information Security, Records Management and Information Governance Policies & Improvement Programmes – Includes the Cyber Improvement Plan, Information Security Policy, and governance frameworks for AI and data protection.
- Project Portfolio Board – Monitors delivery of digital projects and ensures alignment with strategic goals.
- Cyber Security & Availability Board – Monthly review of threat landscape and mitigation actions.
- AI Governance Framework – Endorsed by SIRO (Senior Information Risk Owner), Caldicott Guardian, and DPO (Data Protection Officer); supports safe deployment of AI tools.
- Digital Maturity Benchmarking – Recognition of low maturity against international standards such as HIMSS for EPR, AI, and BI; informs capability development planning.
- E-Prescribing Mobilisation – Contract and project mobilisation underway.
- Shared Care Record Agreements – Formalised data controllership arrangements for NHS Wales.
- Non-Corporate Communication Channels Policies – Strengthens governance of informal digital communications.
- Bridgend Clinical Systems Consolidation – Supports operational continuity post-disaggregation.
- Patient-Centred Contact Programme – Development of digital tools to improve patient engagement and communication.

- Risk-Based Management of Digital Debt – Prioritised approach to legacy systems and technical debt.
- Incident Response Capability – Proven ability to manage cyber incidents without service disruption (e.g. May 2025 hostile actor compromise).
- Digital Inclusion and Accessibility Workstreams – Ensures equitable access to digital services across communities.

**Sources of Assurance (Internal and External)**

Reports to Operational Delivery Committee incorporating

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

Reports to other committees

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

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

| | | | |
|---|---|---|---|
| | Additional business change facilitators will support this activity.<br><br>~~The Chief Nursing Information commenced on 1 April 2026.~~<br><br>~~Working within the Digital Clinical Network and Digital Transformation function the CNIO will support the development of a plan for digital and data clinical skills.~~ | practice to ensure that our colleagues feel confident in the increased reliance of technology in their day-to-day practice. | |
| 3. Maintaining a healthy cyber posture | Delivery of the cyber improvement plan (business sensitive)<br>Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint. | Reduction in risk exposure scores across key management platforms | |
| 4. Tested and integrated cyber incident management plan | All Wales Cyber Incident Response exercise has been developed and was undertaken in September 2025. Lessons learnt report has been presented to CTM Civil contingencies/ EPRR group.<br><br>The CTM Cyber Incident Response plan is under review from the Emergency Planning Response & Resilience (EPRR) team with a view to ensuring it links to organisational plans and terminology in a consistent manner.<br><br>Testing of the Cyber Response Plan remains ongoing, including monthly scenario-based exercises and targeted ad-hoc testing of specific systems. A forward testing schedule has been agreed for the next three months | Improved cyber posture via greater insight into digital assets and understanding of risk profile | |
| 5. Develop a baseline Asset Register and product catalogue. | Architectural components (including digital applications) are being captured on the all Wales Ardoq system - a centralised repository that continuously connects and updates data about our business strategy, processes, software systems and integrations. (A digital plumbing map)<br><br>The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network and contributes to the Ardoq system.<br><br>A replacement to our current IT Service Management tooling (Service Point) noted in Internal Audit - CTMUHB-2324-18 - is needed to fully manage this in the most | Improved cyber posture via greater insight into digital assets and understanding of risk profile | |

| | | | |
|---|---|---|---|
| | effective way. Procurement activity is underway. | | |
| 6. Poor adherence to policies | Recognised requirement for policies to balance enablement with protection and for national digital strategies to place greater value on indirect clinical risk.<br><br>National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the Organisational Change Process (OCP).<br><br>Through the implementation of new digital solutions, the Health Board will aim to reduce unwarranted variation.<br><br>Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure. | Standardisation and reduction in variation in working practises and processes across CTMUHB | |
| 7. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements. | Prioritise existing resources and available funding to meet the highest risk areas.<br><br>The 2025/26 Digital & Data capital programme was delivered on time and to budget, with a total outturn of c£14.3m (£13.7m internal digital spend and £0.65m supporting wider capital schemes). The discretionary allocation increased from £1.88m to £3.64m due to slippage elsewhere, enabling further investment in cyber security, network resilience and server capacity. In addition, Welsh Government funding (including c£7.98m of All-Wales slippage funding) supported significant improvements to core digital infrastructure, networks, devices and clinical digital enablement. Commissioning of these assets will continue at pace during 2026/27, particularly core network switch replacements at acute sites, with resourcing pressures in the Voice and Data team being mitigated through additional contract support.<br><br>Timeframe: N/A - Rolling Annual Replacement. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider | Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation. Leading to:<br><br>Improved project and programme delivery timeframes.<br>Improved user experience with BAU digital services.<br>Reduction in number of digital incidents and problems.<br>Faster rollout of equipment purchased via capital. | |

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

| | | | |
|---|---|---|---|
| | Unable to recruit some technical roles to support programme roll out. | | |
| 11. Delayed delivery of the digital patient notes programme | ~~Resourcing required to increase activity and accelerate completion of the programme.~~<br><br>~~The current contract for patient record scanning (Cito) has been renewed on a like for like basis.~~ Legacy scanning for historical records remains an ongoing issue exacerbated by a renewed destruction embargo as part of the Infected Blood.<br><br>We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability.<br><br>Timeframe: 2-3-year programme of work. | Large volumes of paper are still required to be stored. Historical records are not being scanned and there for will still require accessible storage areas. | |
| 12. Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record. | Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record.<br><br>National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards.<br><br>~~Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards.~~<br><br>Patient Centred Contact Transformation has continued at pace. The procurement for the technical solution has commenced, with contract award planned within Q1 26/27.<br><br>Timeframe: 2-3-year programme of work. | Improved productivity, and reduction in paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow.<br>Reusable digital data to enhance decision making. Reduction in errors associated with paper-based records and processes. | |

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

| Linked National Priority Measures |
|---|
| Digital and Technology<br>National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),<br>Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)<br>Value Based Health and Care<br>Coding standards |

## Current Performance Highlights

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

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

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

## Associated Risks escalated to the Organisational Risk Register

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

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

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

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

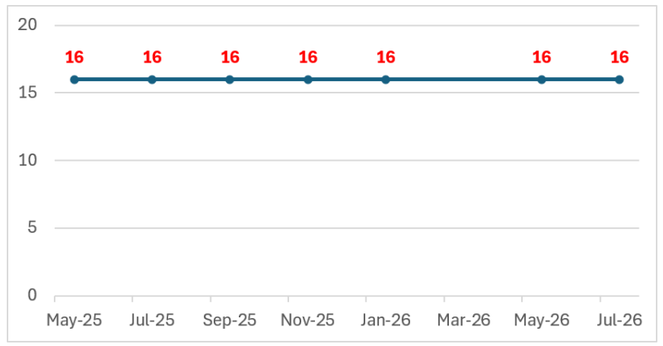
| Risk Lead | Executive Director of Finance | Assurance committee | Operational Delivery Committee |
|---|---|---|---|

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory




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

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

**Current Control Measures**

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

**Sources of Assurance (Internal and External)**

Internal

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

External

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

| Gaps in Controls / Assurances | Actions taken to Mitigate Gaps | Intended Impact of Mitigating Actions | Indicators of Success (following implementation of mitigating actions) |
|---|---|---|---|
| 1. National Skills shortage in Estates Roles *(Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions.* | • The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend.<br>• Concerns have been raised at a national level.<br>• Ongoing activity continues with the support of the People Directorate to explore routes to further promote and attract candidates | • Improved recruitment and retention across Estates roles, increasing capacity to deliver core maintenance and compliance activity and supporting a more stable and sustainable estates function. | *This column to be left blank for now, and populated once actions are complete.* |

| | | | |
|---|---|---|---|
| | to roles advertised particularly around the Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge. | | |
| 2. Increasing Backlog Maintenance position. | • Secured Targeted Estates Funding (TEF)<br>• Proactive in securing additional funding from Welsh Government when available. | • Reduction in backlog maintenance and estate-related risks through delivery of prioritised schemes, resulting in a safer, more compliant estate and an improved environment for patients and staff. | |
| 3. Secure Funding to deliver Capital Schemes | • Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes. | • Securing capital investment to modernise infrastructure, reduce backlog maintenance and address statutory compliance risks. | |
| 4. Deliver schemes within a live environment | • Dialogue with service leads.<br>• Secure decant where appropriate. | • Safe delivery of capital works with minimal disruption to services, ensuring continuity of care and operational resilience during construction activity. | |

**Linked National Priority Measures**

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

**Current Performance Highlights**

Please refer to the Estates Performance Report submitted to the Operational Delivery Committee in April 2025 available here: 29 April 2025 - Cwm Taf Morgannwg University Health Board
The next submission will be shared with the Operational Delivery Committee on 30th April 2026.

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

**Associated Risks escalated to the Organisational Risk Register**

| | | |
|---|---|---|
| 6235 | Insufficient funding to address backlog maintenance across the estate. | 16 |
| 4417 | Management of Security Doors in all Hospital settings. | 16 |

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

| 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 |

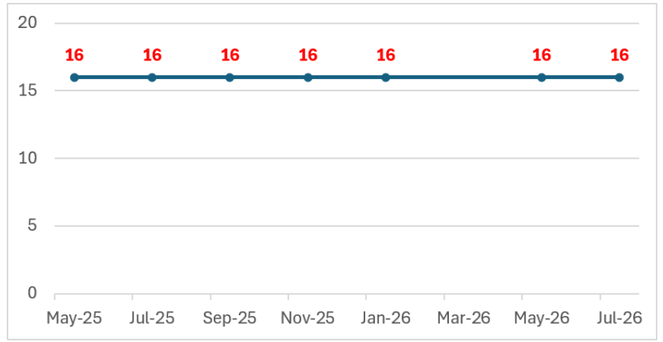
| Risk Lead | Executive Director of Strategy and Transformation | Assurance committee | Strategic Development Committee |
|---|---|---|---|

| | 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:<br>*Including where risk score remains unchanged and for any changes* | It is anticipated that the risk score may remain quite static as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure. |
| Risk Treatment Assessment<br>*i.e. Treat, Tolerate, Transfer etc.* | It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan. |

## Current Control Measures

Environmental Sustainability Group

The Governance and assurance arrangements for Environmental Sustainability have been overhauled and the ESG now reports directly into the Strategic Development Committee and is chaired by an Executive Director.

Wellbeing and Socio-economic duties

- Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.

- ‘CTM 2030’ delivery focusses on community developments, employment and local procurement where possible.
- CTM becoming established as an Anchor Organisation, i.e. using its role as a major local employer and purchaser to support the local economy and improve population wellbeing.

Socio-economic duties are also considered as part of the controls and impact captured within the following Strategic Risks: 3 (Workforce); 4 (Engagement) and 8 (Prevention and early intervention)

Environmental Sustainability – Net Zero

- Climate Action Plan will be presented to March 2026 Board for approval and was formally endorsed.
- ‘CTM 2030’ seeks to ensure that services take account of the impact on the environment.
- All-Wales approach to sustainable procurement
- Green CTM Staff Forum
- Waste management – elimination of landfill for foodstuffs.
- Use of less environmentally impactful anaesthetic gases
- Workshop delivered to Board Members in 2025. ~~The Board will be provided with regular briefings through SDC updates and future briefings.~~
- High level adaptation risks have been approved with a plan developed to address some of the challenges we will face – these are included in the Climate Action Plan
- The programme is managed by a Sustainability Manager
- REFIT Programme – Funding of £11.4m received to improve energy efficiency, including solar panels (PV), LED lighting, building energy controls (BMS optimisation), and small-scale heat pump and battery storage project

Public Services Board Climate Change Action Group (Director Level) has been established.
The Targeted Estates Fund (TEF) application for “Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture” has been awarded. Project manager has been assigned to oversee the works. The project is scheduled to be complete within the 2025-2026 financial year.

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

## Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan
- Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement
- Building Healthier Communities Steering Group
- Healthy Housing Alliance

Environmental Sustainability – Net Zero

- Environmental Sustainability Annual Report
- ISO 14001 (Certified Environmental Management System) accreditation
- NWSSP Internal Audit Services – Decarbonisation (Follow Up) Internal Audit Review.

Board / Committee Assurance mechanisms
The Decarbonisation programme updates are assigned to the Strategic Development Committee for reporting and assurance / scrutiny purposes. The Climate Action plan was received and approved at the Board meeting held on the 26 March 2026.

Independent Assurance
NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery has been undertaken. All Health Boards are subject to this review. Outcomes have been reported to the appropriate committee and associated actions added to the strategic risk as appropriate. Copy of the report available upon request from the Corporate Governance Team. Requirements for the audit have been incorporated into the new climate action programme to ensure compliance.

| Gaps in Controls / Assurances | Actions taken to Mitigate Gaps | Intended Impact of Mitigating Actions | Indicators of Success (following implementation of mitigating actions) |
|---|---|---|---|
| 1. Climate Action Plan. Plan to be produced in line with the Welsh Government Climate Adaptation strategy due to be published April 2026. | Board sessions have been presented to the board to increase awareness and knowledge. The Public Service Board (PSB) have developed a Climate Change Risk Assessment (CCRA) for the region. Climate Action requirements are being established and risks developed in line with WG policy. | The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to the current and expected impacts of climate change. | |
| 2. Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation. | The procurement team are included within the Environmental Sustainability Group and wider decarbonisation networks. This is ongoing, however, pace of progress likely to be slowed as financial considerations become more dominant. | Procurement processes always consider the carbon impact as part of the decision-making process. | |
| 3. Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021. | To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing. | Tackling inequality is a focus of decision making. | |
| 4. Global energy crisis will impact on service delivery for our communities and staff; this is being closely monitored, as it will impact upon health and wellbeing. | CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Working alongside community partners to access identify and access opportunities for community support. Ongoing. | Impact of cost of living rises are reduced where possible. | |
| 5. Access to the necessary capital needed to deliver decarbonisation plan is limited | Climate Action Plan will be costed. Access to alternative funding streams utilised when appropriate | Capital works set out within the Climate action plan are completed when funding is secured. | |
| 6. There are organisational policies which will be required (i.e. building and estates strategic plan) to feed into the decarbonisation programme | This has been flagged as a risk; however, policies will be managed under alternative programmes. | Through flagging these risk the aim is to influence the development of plans which impact on the decarbonisation programme. | |

## Linked National Priority Measures

Economy and Environment

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

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

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

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

## Current Performance Highlights

- Decarbonisation Reporting has taken place of the course of the year.
- The annual CTMUHB Annual Report & Accounts have captured the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).
- CTMUHB won 2 NHS Wales Sustainability awards and was shortlisted for several others. Significant funding was secured through national innovation programmes (SBRI and SFIS) programmes to develop solutions to waste sustainability challenges.
- All 3 of the emergency departments (EDs) across the organisation have achieved Bronze GreenED accredited status.
- The Solar Panel Installation at Coed Ely Solar Farm is complete. This will help lower CTMUHB's emissions as it will receive 1MW of low-carbon power through an innovative power purchase agreement. The Coed Ely Solar Farm will provide enough energy to power approximately 8,000 homes annually while supplying low-carbon electricity directly to the Royal Glamorgan Hospital via a private wire network spanning three kilometres. Project is also underway to connect a direct wire to Prince Charles Hospital from a local school in Merthyr providing their surplus renewable energy. This innovative

| |
|---|
| approach ensures that up to 15% of the hospital's annual electricity demand is met sustainably rising to 100% on peak summer days. Funding has been awarded through the ReFIT programme to fund efficiency and carbon reduction activities across the Health Board. |
| **Were there any significant incidents affecting this strategic Risk this period:** |
| |
| **Associated Risks escalated to the Organisational Risk Register** |

| | | |
|---|---|---|
| 5374 | Fulfilling our environmental and social duties. | 16 |

| Strategic Goal(s): | | Risk score 20 |
|---|---|---|
| Creating Health<br>• Reducing health inequalities<br>• Equal focus on mental and physical health<br>• Supporting our communities<br>• Being a healthy organisation | Sustaining our Future<br>• Becoming a green organisation<br>• Ensuring our Services financial sustainability Embedding value-based healthcare<br>• Ensuring our estate is fit for the future | |

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

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

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

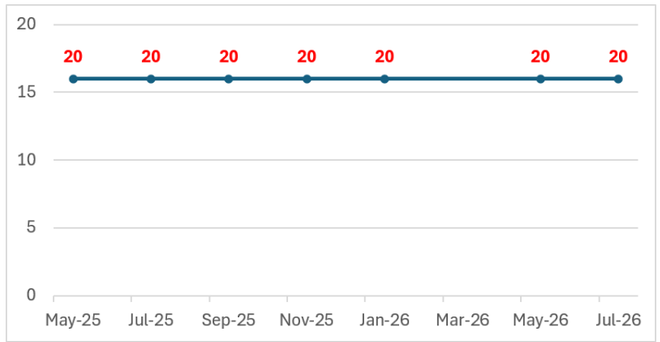
| | Consequence | Likelihood | Score |
|---|---|---|---|
| Initial | 5 | 4 | 20 |
| Current | 5 | 4 | 20 |
| Target | 4* | 2 | 8 |
| Risk Appetite | Cautious *(quality and safety; trust and confidence; legal and regulatory)* | | |

Risk Score Trend this Period:

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

No change to risk scores this period.

Risk Score Trajectory




| | |
|---|---|
| Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes* | The risk score has remained unchanged. ~~Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change, For example, due to delays to the funding of the children's weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited.~~<br>The most recent data published in June 2026 by Public Health Wales shows that:<br>• 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).<br>• Healthy life expectancy has been decreasing in recent years across CTM and Wales, for both males and females.<br>• In 2022-2024, the gap in Healthy life Expectancy at birth between the most and least deprived across Wales has increased from 15.3 years to 18.1 years for males, and from 18.5 years to 19.0 years for females. |

**Figure: Healthy life expectancy at birth, years, males and females, Wales, Health Board, 2022-24**

Produced by Public Health Wales using data published by ONS


Recent analysis from the Office of National Statistics (ONS) shows the following:
Healthy life expectancy at birth by sex across local areas of the UK, between 2011 to 2013 and 2022 to 2024

| | 2011/12 Males | 2022/24 Males | 2011/12 Females | 2022/24 Females |
|---|---|---|---|---|
| Bridgend | 60.1 | 57.9 | 60.7 | 57.2 |
| RCT | 57.3 | 56.0 | 57.5 | 54.9 |
| Merthyr Tydfil | 55.7 | 51.7 | 55.6 | 50.1 |

HLE has dropped in all males and all females over this period. In particular, the drop in female HLE is now lower than males in each LA. Since this is represents the whole population, this is important in relation to the sustainability of the NHS.

The current data demonstrates that Healthy Life Expectancy in CTM is reducing, leaving people living a longer period in ill health, utilising additional health care services and raising further questions about the sustainability of effective health care within the limited budget available. Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change, for example, due to inability to fund the children's weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited. The level 2 and 3 adult weight management service cannot meet the demand, with excessive waiting lists of many years.

Also, despite funding being made available via the IMTP for the continuation of Children's services such as Pipyn, a gap still remains in the wider provision of weight management services and has resulted in a slower than anticipated start to the programme.

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

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

| | |
|---|---|
| | growth in healthcare demand may be higher than in the rest of Wales. Both life expectancy and healthy life expectancy in CTM are ~~is~~ below the Welsh average. The gap in life expectancy at birth between the most and least deprived in CTM is now estimated at 6 years for males and 5.3 years for females. With regards to Healthy life expectancy, the gap is greater, at 10.7 years and 12.1 years for males and females respectively (PHW 2024).<br><br>In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services and health board budgets<br><br>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.<br><br>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<br>*i.e. Treat, Tolerate, Transfer etc.* | This risk is being treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health. |

## Current Control Measures

Strategies & Plans

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

Engagement Forums

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

Needs Assessment & Consultation Processes

- Population Segmentation & Risk Stratification
- Pharmaceutical Needs Assessment
- Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing
- Wellbeing Assessment (PSB)
- Population Needs Assessment (Regional Partnership Board)

- Formal consultation processes for service reconfiguration, e.g. vascular

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

Services:
- Integrated Level 2 and Level 3 Weight Management Services – established since 2022.
- Smoking Cessation Service
- All hazards Health protection Service
- Pipyn Service
- Making Every Contact Count

## Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties
- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan

Reports to Board
- Creating Health Programme
- Annual Director of Public Health Annual Report
- Creating Health Portfolio Board reports to the transformation board

Reports to Population Health & Partnerships Committee
- Population Health Management Programme
- Health Protection Programme
- Vaccination Programme Reports
- Regional Partnership Board Annual Report
- Transformation Fund and Leadership Board Updates
- Mental Health Strategic Update
- ACSP updates provided to the Committee.

| Gaps in Controls / Assurances | Actions taken to Mitigate Gaps | Intended Impact of Mitigating Actions | Indicators of Success (following implementation of mitigating actions) |
|---|---|---|---|
| 1. Delay in developing health protection / immunisation capacity. | Recurrent funding for 24/25 onwards ~~now~~ secured. Increase in allocation of £1.06ms, however, total allocation remains below the Welsh “Fair Shares value”. All Hazards Health Protection plan signed off for implementation. ~~Development of a HP strategy and associated priorities.~~ ~~Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for 2025-2026.~~ | The funding for Health Protection would be sufficient to deliver all key priorities in the Health Protection strategic plan. | Priority areas allocated identified and fully funded.<br><br>Any residual gaps in funding the strategic plan identified.<br><br>An uplift in funding to a sufficient level to enable full delivery of the Health Protection strategic plan for 26/27 onwards. |

| | | | |
|---|---|---|---|
| | An unsuccessful case made to Welsh Government for additional funding to further close the gap in funding per head between CTM and the rest of Wales. | | |
| 2. Strategic Focus on prevention/ inequalities | CTM2030 strategy; Creating Health Portfolio board.<br>Creating Health Delivery Plan drafted in Q4 2023/24.<br>Creating Health Delivery Plan refresh completed and submitted to board for approval<br><br>Health Protection Strategy.<br>Vaccine equity strategy<br><br>CTM Population Health Framework no longer under development but to be included in the refresh of CTM 2030. | Decreased variation in access and outcomes across the population of CTM.<br><br>Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.<br><br>Clear focus and strategic aims to help develop CTM as a Population Health Organisation<br><br>Improved understanding of requirements for change<br><br>Embedding of Marmot principles in all core activities of the health board | Delivery of the outcomes associated with the Health Protection strategic plan.<br><br>Delivery of the milestones in the Creating Health Delivery Plan<br><br>Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.<br><br>Measurable increase in investment in prevention activities/programmes across the Health Board.<br><br>Deliverables articulated related to CTM Population Framework with performance monitored against them. |
| 3. Capacity for population health management | Population health management programme maturing alongside primary care clusters; implementation within health board.<br>Work to pilot a shared clinical record yet to be prioritised. | The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised. The current focus is on pilots in primary care clusters. | PHM priorities defined as part of the Local Public Health Team portfolio.<br><br>A clearly defined strategic plan for the delivery of PHM in CTM.<br><br>A robustly resourced PHM function in CTM. |
| 4. Impactful action to address health inequalities | • Whole system approach to Healthy weight<br>• Help me quit/ hospital programme.<br>• WISE<br>• Cancer inequalities group<br>• Implementation of Stroke equity Audit recommendations.<br>• HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events.<br>• Vaccination equity strategic plan in place<br>• Diabetes Strategic Plan | Decreased variation in access and outcomes across the population of CTM.<br><br>Increased focus and alignment of resources to meet the needs of vulnerable groups | Measurable improvements in outcomes for vulnerable groups.<br><br>Less variation in access and outcomes across the CTM population.<br><br>Improvement in outcomes associated with the Vaccine Equity Plan.<br>Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan.<br>Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard. |

| | | | |
|---|---|---|---|
| 5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as diabetes, cardiovascular disease, etc | Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.<br><br>A business case submitted as part of the IMTP to fund a children's weight management service. With insufficient funding approved for the service across CTM, the uplift was directed to expanding the Pipyn programme. | Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease.<br><br>Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate.<br><br>Resources moving into prevention strategies | CTM representation at all relevant partnership boards and programmes of work.<br><br>Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio<br><br>Improvement in outcomes for patients with chronic disease<br><br>A funded child weight management service agreed.<br><br>A funded child weight management service in place |
| 6. Ability to influence wider system partners/ determinants of health | Engagement in partnership fora: Regional Partnership Boards (RPBs), Public Service Boards (PSBs), Leaders groups. | Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population. Adoption of the Marmot Nation Principles across the PSB. MTCBC successful as as a Marmot National Pilot and RCTCBC as an early adopter. | CTM representation at all relevant partnership boards and programmes of work.<br><br>Collaborative projects delivered in partnership influence wider determinants. |

## Linked National Priority Measures

Population Health – Ministers Measures Phase One

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

NHS Performance Framework Quadruple aim one:

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

## Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

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

No

## Associated Risks escalated to the Organisational Risk Register

| | | |
|---|---|---|
| 6179 | High and increasing prevalence of overweight and obesity in children and adults | 20 |

| | | |
|---|---|---|
| 5579 | Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes. | 16 |
| 5820 | Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding. | 12 |

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

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

| | | |
|---|---|---|
| *If* the Health Board fails to deliver and sustain an approved Integrated Medium-Term Plan and manage its revenue resources within the 'Revenue Resource limits' set by WG. | *Then* we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3-year period) | *Resulting in* Breach of statutory duties, application of the escalation framework by Welsh Government, trust and confidence in the Health Board (reputational impact). |

| Risk Lead | Executive Director of Finance | Assurance committee | Operational Delivery Committee |
|---|---|---|---|

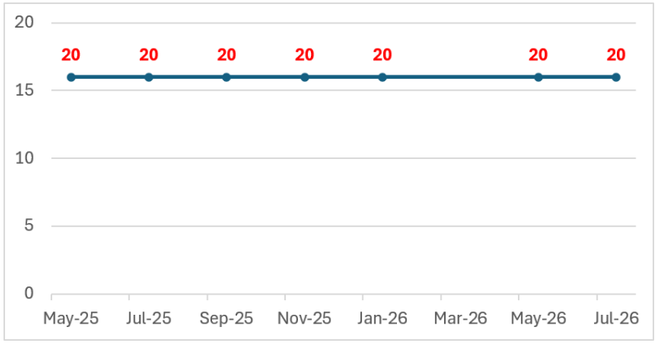
The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory




| | |
|---|---|
| Rationale for assessment of risk score:<br>*Including where risk score remains unchanged and for any changes* | As part of the 2026-2029 IMTP, the Health Board has submitted a balanced financial plan for 26/27 for both Capital & Revenue resource. Both of these plans include risks, particularly the Revenue Plan which includes the delivery of £31.3m of savings together with £38.6m of risks and an assumption that WG will support the £18.4m Welsh Risk Pool pressure if the HB delivers a break-even financial position.<br><br>The HB awaits the formal response of the submitted IMTP and if the plan is approvable, development of robust savings plans will be critical to provide WG with confidence upon the deliverability of the IMTP financial plan.<br><br>The financial outlook for 2027/2028 and beyond looks very challenging and there is a significant risk to achieving a recurrent balanced financial plan.<br><br>The month 2 year to date position is reporting a £5.2m deficit with a savings shortfall of £4.4m. Further cost pressures of £1.2m have been partially offset by £0.3m of unplanned additional income relating to the EPMA programme. |

| | |
|---|---|
| | The recurrent position will be reviewed following month 3 reporting. |
| Risk Treatment Assessment<br>*i.e. Treat, Tolerate, Transfer etc.* | The financial plan highlights a high level of risk for in year achievement but with a far more significant level of risk for 2027/2028 and beyond. This risk will therefore be *treated* until there is confidence that the Health Board can achieve the planned break-even position. |

## Current Control Measures

Financial Management

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

## Sources of Assurance (Internal and External)

Financial Management

- Annual Report and Accounts
- Monthly Finance Reports
- Monitoring Returns to Welsh Government
- Internal Audit Programme
- External Audit Programme
- Losses and Special Payments Report to Audit & Risk Committee

| Gaps in Controls / Assurances | Actions taken to Mitigate Gaps | Intended Impact of Mitigating Actions | Indicators of Success (following implementation of mitigating actions) |
|---|---|---|---|
| 1. Understanding of budgetary control and procurement processes in some services | • Deliver budget holder training within Care Groups/Directorates – *Ongoing throughout 2026/2027.*<br>• Deliver procurement training to departments where compliance with procurement processes is low - *Ongoing throughout 2026/2027.* | Budget holders, through regular training, will be better informed in terms of process and best practice.<br><br>Greater focus on compliance.<br><br>Informed decision making through confidence gained through training and experience. | Improved Budget Management.<br><br>Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver effective and efficient financial management and accountability. |
| 2. A recognised risk of shortfalls in savings delivery | • Develop a more streamlined ~~project and~~ programmatic approach to planning and delivery of efficiency savings schemes, with a focus on cost reductions and managing expenditure within allocated budgets for 26/27 as well as identifying pipeline schemes in delivery for 27/28.<br>• Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward.<br>• Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. | A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables.<br><br>Shared learning across directorates will identify areas of best practice and what has worked well. | Improved financial resilience and sustainability. |

## Linked National Priority Measures

| |
|---|
| 1. YTD position<br>2. Savings plan position |
| **Current Performance Highlights** |
| ~~• The M1 YTD position yet to be reported~~<br>• The M2 YTD position is reporting a £5.2m deficit against plan.<br>• Latest savings plans have only identified ~~£14m~~ £14.5m of the £31.3m savings plan required.<br>• There is a high risk to delivering a balanced financial plan for 2026/27 |
| **Were there any significant incidents affecting this strategic Risk this period:** |
| ~~To be confirmed – awaiting Month 1 reporting.~~<br>Non delivery of savings remain the most significant cause for the year to date deficit and the forecast remains significantly below the planned level. |
| **Associated Risks escalated to the Organisational Risk Register** |

| | | |
|---|---|---|
| 6596 | Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27 | 20 |
| 6597 | Failure to achieve the planned break-even position in 2026/2027 | 20 |

| Strategic Goal(s) | | | Risk score 16 |
|---|---|---|---|
| Improving Care<br>• Delivering safe and compassionate care<br>• Developing new models of care<br>• Digital transformation for patients and staff<br>• Ensuring timely access to care | | Sustaining Our Future<br>• Becoming a green organisation<br>• Ensuring our Services financial sustainability Embedding value-based healthcare<br>• 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*<br>• 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.<br>• Impact on environment for patients and staff<br>• Future site development plans may not be fit for purpose.<br>• Less ability to ascertain NHS capital or alternative financial support for the future development of its sites.<br>• Lack of digitally enabled facilities<br>• High carbon footprint | |

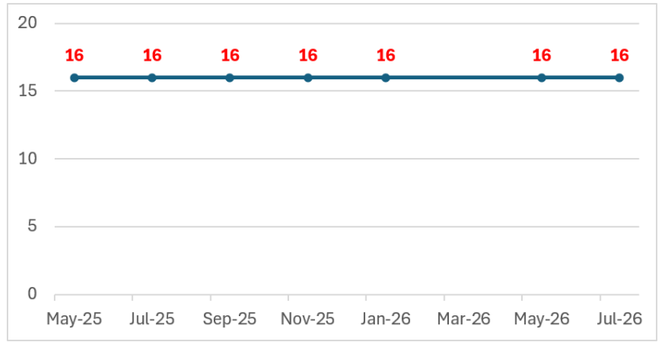
| Risk Lead | Executive Director of Finance | Assurance committee | Strategic Development Committee |
|---|---|---|---|

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

**Current Control Measures**

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

**Sources of Assurance (Internal and External)**

Internal

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

| Gaps in Controls / Assurances | Actions taken to Mitigate Gaps | Intended Impact of Mitigating Actions | ~~Indicators of Success (following implementation of mitigating actions)~~ ~~Actual Impact of Actions (following implementation)~~ |
|---|---|---|---|
| 1. Estate strategy to be developed on completion of the Clinical Service Strategy. | Delivering against IMTP priorities in the interim. | Continued investment targeted at highest-risk areas to maintain safe, operational estate infrastructure and support delivery of services while the longer-term estate strategy is being developed. | *This column to be left blank for now, and populated once actions are complete.* |
| 2. Enough Funding to deliver Capital Schemes. | Delivering against IMTP priorities in the interim. | More effective use of available capital funding to progress priority schemes, supporting improvements to estate condition and enabling services to operate from safe and appropriate facilities. | |

**Linked National Priority Measures**

**Current Performance Highlights**

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

**Associated Risks escalated to the Organisational Risk Register**

| | | |
|---|---|---|
| 6235 | Insufficient funding to address backlog maintenance across the estate. | 16 |

| Strategic Goal(s) | | | | Risk score |
|---|---|---|---|---|
| Improving Care<br>• Delivering safe and compassionate care<br>• Developing new models of care<br>• Digital transformation for patients and staff<br>• Ensuring timely access to care | Sustaining Our Future<br>• Becoming a green organisation<br>• Ensuring our Services financial sustainability Embedding value-based healthcare<br>• Ensuring our estate is fit for the future | Creating Health<br>• Reducing health inequalities<br>• Equal focus on mental and physical health<br>• Supporting our communities<br>• 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:*<br>• A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served.<br>• Failure to wrap around robust community services which are responsive to patient needs around the GP practice teams.<br>• A negative impact on Primary Care teams and demand for services resulting in instability of Primary Care services.<br>• A negative impact on productivity and value for money; and<br>• 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. | |

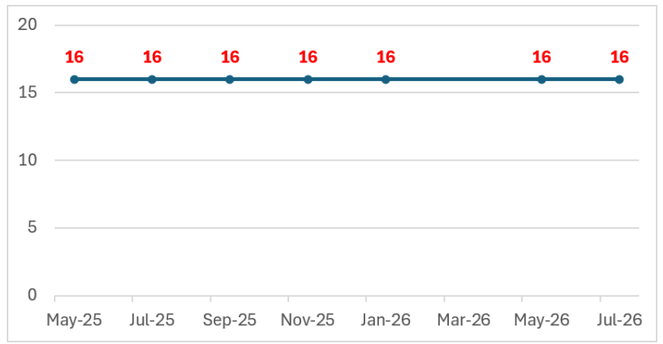
| Risk Lead | Chief Operating Officer | Assurance committee | Strategic Development Committee |
|---|---|---|---|

| | 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:<br>*Including where risk score remains unchanged and for any changes* | The current score remains unchanged, although there has been progress with control measures since the risk was originally scored. This includes the establishment of Hospital at Home, the Regional Partnership Agreement and progressing Locality delivery options. |
| Risk Treatment Assessment<br>*i.e. Treat, Tolerate, Transfer etc.* | This risk will be treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners |

## Current Control Measures

The Integrated Community Care System Program – work to support the development of an integrated services set of metrics in order to progress building of performance score cards, which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed, outline plan circulated for comments and development. A Regional Partnership (Section 33) Agreement has just been signed off by CTMUHB and the three local authorities, has been signed and sealed by all organisations.

Commissioned National Association of Primary Care to work with key stakeholders to develop a clear model for delivery. Current work includes preparing narrative to incorporate into CM and Regional Strategy documents, awaiting written document from National Association of Primary Care (NAPC).

Established Primary Care & Community Transformation Board with high Executive leadership.
Strengthening cluster clinical leadership capacity to help inform, influence and engage others on future models.
Continuously reviewing leadership capacity in Primary Care and Community Care Group. Strong medical leadership structure now in place.
Reviewing Locality delivery options and governance as complex regional landscape. The intention is to commence engagement amongst front-line teams about closer joint working. Work to refine Joint Partnership Board structures is ongoing.

Primary and Community Care Transformation Programme established. Its main purpose is to establish a sustainable model for primary and community care that underpins the future model of care across the Cwm Taf Morgannwg region under the Strategic Clinical Services Plan (SCSP). The programme will incorporate the principles and output of the community by design national programme. The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

Alignment and integration opportunities will be explored in relation to mental health and substance misuse services, children's and families' services as the work matures. The Service Director of Mental Health is also a member of the Board, as are Clinical Director for Therapies and the Chief Pharmacist.

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

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

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

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

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

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

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

## Sources of Assurance (Internal and External)

Reports

- Integrated Performance Report
- Regional Partnership and Integrated Leadership Board – highlight reports.
- Strategic Development Committee reports
- Regional Integration Fund reports
- WG Integration accountability meeting report on 12 February 2026 which identified areas of strength and pointed to areas where further focus is advised, as noted in the March iteration of the Board Assurance Framework and has now been responded to by the RPB chair.

Board and Committee Assurance
The Board and the Strategic Development Committee are provided with updates on the developments with regards the Integrated Care Model as required within their respective cycles of business.

| Gaps in Controls / Assurances | Actions taken to Mitigate Gaps | Intended Impact of Mitigating Actions | Indicators of Success (following implementation of mitigating actions) |
|---|---|---|---|
| Data and digital solutions will be needed alongside strategic ambitions | Scoping for new community care digital record which is integrated with GP practices and interface with social care. Work with Local Authorities on the introduction of 'MOSAIC' which is replacing WCCIS as the social care records platform.<br><br>Established a connecting care programme board to mirror the national programme, this incorporates implementation of a single clinical mental health record, a community care system record as well as alignment of those and the primary care and local authority systems. | The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the different population groups and the drivers of health inequalities. | Integrated records and data sharing agreements in place |
| Evidence base for alternative delivery models for practices | Commissioned to address gap.<br>Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK. The Primary Care & Community Transformation Board is providing the system leadership and governance needed to move the Health Board with an evidence-led approach to alternative delivery models for integrated community service. | To support sustainability of GP practices and support robust primary care services | Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care.<br>A Strategic plan for primary and community services |
| There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist. | Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models.<br>Workforce and Digital leads to be convened to support progress. | To create more of a single system approach. | The outcomes and performance framework in the RPA contain leading measures which will indicate if we are chancing the shape of our system to get better results. |
| Achieving a sufficiency of social care provision is essential. We need to build on our initial steps and develop a strategic commissioning approach for example for care home places. The re-setting of Joint Partnership Boards as county-level planning and doing fora is critical to effective delivery though local integrated teams. | JPBs being reset through the Primary and Community Care Transformation Program. Development of Regional Needs Assessment and evolution of the Regional Area Plan is an opportunity to gain agreement across the partnership. | Shared space for decision making and constructive challenge.<br>A regional Area Plan with shared commissioning priorities, objectives and outputs. | Primary care transformation programme<br>Joint working with local authority and regional development of integrated approach |
| Necessary prioritisation of internal transformation activity within the health board has knocked onto the planned timeline for structural integration. | Continued discussion with partner agencies and reprofiling/reassignment of action owners within the integration plan. | Greater internal coherence in terms CTMUHB transformation and reworked for programme for next steps on structural integration. | Greater confidence in CTMUHB's ability to deliver the programme. |

| Linked National Priority Measures |
|---|
| Ministerial Priorities<br>• Timely access to care<br>• Population health and prevention<br>• Building community capacity<br>• 6 Goals for Urgent and Emergency Care |

- Community by Design

## Current Performance Highlights

Focus has been on integrating health services within the Rhondda Cynon Taf (RCT) and Merthyr Tydfil localities as they are separate services at present. Commenced Organisational Change Process August 2025 to integrate health services in the first instance to create intermediate care services to prevent patients from entering acute hospitals where not appropriate and supporting discharge, is now complete. The next stage to create closer joint working with local authority front-line teams is scheduled to commence in 2026.

In October 2025 the Hospital@Home team were mobilised. This involved:

- A comprehensive workforce plan aligning staff across previously separate services into one unified model.
- Continued strengthening of professional leadership across medical, nursing, therapy, pharmacy, and operational functions.
- A whole-system governance structure embedding Hospital@Home into the Six Goals UEC Programme Board and Improving Care Board, ensuring strategic alignment.

In collaboration with the other Care Groups and Local Authorities there has been a focus on reducing Pathways of Care Delays and a Home First approach

- Sustaining strengthened governance arrangements across Integrated Discharge Board and the Discharge Operational Group to provide shared accountability and remove system barriers.
- Continued digital enhancement of eToC, SDN, and ward-level tools to improve timeliness, accuracy and consistency of discharge information.
- Maintaining a strong focus on earlier identification, proportionate assessment, and standardised escalation, ensuring patients are supported home safely and promptly.

CTMUHB has significantly strengthened both Hospital@Home and POCD management, embedding consistent processes, strong governance and maturing digital enablers. Hospital@Home is now and operational discharge solution delivering measurable reductions in delays, while POCD oversight has become more robust, data driven and multidisciplinary. Future plans will scale these models further, expanding workforce capability, improving digital integration and deepening partnerships working – positioning CTM to deliver safer, timelier discharge and a fully realised Home First system. The next focus is other community services such as specialist nursing.

Focus on the development of the Navigation Hub for admission avoidance, e.g. virtual ward for Same Day Emergency Care and Respiratory; oversight of the Wales Ambulance Service Trust stack to intervene where patients can be triaged and signposted to Primary Care and Community; Care Home intervention service (87% success rate); and also falls service in collaboration with RCT Local Authority. SPOA continues to mature as a central mechanism for demand management, early redirection and clinically led triage. Key achievements include reduced care-home conveyances, full rollout of the falls pathway across all CTM areas, expansion of the virtual ward respiratory cohort and development of multiple new pathways via Navigation Hub (urgent bloods, community nursing, podiatry prescribing, head injury and 111-to-UTC diversion).

CTMUHB expanded its multi-agency Level 1 & Level 2 falls response across all localities, ensuring 8am-8pm coverage, 7 days a week. The model provides safer alternatives to ambulance conveyance, improves responded capability and support early intervention closer to home. Rollout progressed locality by locality, supported by Navigation Hub clinicians and Welsh Government pump-prime funding. Additional investment also enabled training sessions and provision of lifting equipment across community teams.

- Series of engagement & learning events taken place with GPs. Summary of key actions has been included in a communication newsletter to Primary Care.
- Mapping exercise of all the community services completed and shared with NAPC to inform their written document.
- CTM Regional Partnership has defined a target model an Integrated Community Care System (ICCS) for our older population. An implementation plan, program delivery team and clear governance route is in place.
- Regional Partnership structures provide the main governance fora for integration with social care. There are generally good working relationships and there have been successes for example in retendering domiciliary care in RCT aligned to D2RA pathways.
- A Regional Partnership (Section 33/Part 9) Agreement signed by CTMUHB and the three Local Authorities - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard. The Regional Integrated Services Director along with the regional team will collaborate with the two Local Authorities and Health Board to create Local Authority level dashboards of key metrics, providing integrated managers with essential information to support statutory agency deliverables and regional priority measures.
- Impact from the actions and work of the transformation programmes.
- Integrated Manager post developed in conjunction with BCBC colleagues with a view to advertise June 2026.

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

The growth of the ageing population relative to the working-age population, the rise of multimorbidity, and persistent health inequalities, particularly for preventable illness, are all issues that the National Health Service (NHS) will face in the years to come. The greatest contributors to ill health and social care needs include cardio- vascular disease, musculoskeletal disorders, cancer, mental health, dementia and chronic respiratory disease. As a result, the health and social are system will need to be more joined up to enable an increased focus for an integrated model to transform the way we work and care for people, whilst building on community resilience to meet the demand and timely access to care.
Typically, the winter months present additional pressure on the local authority and health board, because of increased rate of acuity, attributed to winter, which includes RSV and the biggest impact norovirus. As a result, the health board had a period of Business Continuity Incident declared and whilst the sustained operational pressure experienced through the Discharge Sprint and Business Continuity Incident (BCI) these periods acted as a critical opportunity for strengthened system wide working.

| | | |
|---|---|---|
| The Sprint enabled a step change in how the Health Board and Local Authority partners worked together, creating a heightened, shared focus on whole system flow, timely decision making and collective ownership of risk. Through daily multidisciplinary engagement, shared oversight of patient cohorts, and more frequent joint problem solving, partners were able to operate in a more co-ordinated and responsive way, particularly in relation to discharge planning, community capacity and support for people with complex needs.<br>Although good examples of working relations were noted and made a difference to patients and the whole system approach, there is a notable learning that the health board and partners have identified. This learning will be reflected in a health board and local authority session and work towards plans for next winter, and a whole system review. | | |
| **Associated Risks escalated to the Organisational Risk Register** | | |
| 4491 | Failure to meet the demand for patient care at all points of the patient journey | 20 |
| 6179 | High and increasing prevalence of overweight and obesity in children and adults. | 20 |
| 3826 | Emergency Department (ED) Overcrowding | 20 |
| 5753 | Inadequate Special School Nurse Provision | 20 |
| 5045 | Access to Neurology Inpatient and Outpatient Services for CTM Residents | 16 |
| 5579 | Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes. | 16 |

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

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL
SUSTAINING OUR FUTURE
YSBRYDOLI POBL
INSPIRING PEOPLE
GWELLA GOFAL
IMPROVING CARE
CREU IECHYD
CREATING HEALTH

| | |
|---|---|
| Meeting Name: | Strategic Development Committee |
| Report Title: | Strategic Clinical Services Plan – SCSP (fragile services) |
| Agenda Item: | 7.3 |
| Date of Meeting: | 19 August 2026 |
| Publication Status: | Open |
| Report Prepared by: | Claire Thompson, Executive Director of Strategy & Transformation |
| Report Presenter: | Claire Thompson, Executive Director of Strategy & Transformation |
| Report Executive Sponsor | Claire Thompson, Executive Director of Strategy & Transformation |
| Report Purpose: | For noting |
| Action / Decision Required: | |
| Strategic Context: This report aligns to the following Strategic Pillars | All strategic pillars are reflected |
| Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan (Reference relevant priority) | This is a core strategic initiative within the IMTP and will continue to be so in future years |

Executive Summary :

| | |
|---|---|
| What (summary of current position / issue & why it matters and evidence to support that position etc) | This is a regular update to Committee on work to secure fragile services. Given issues of sustainability across a number of specialties this remains a key element of the SCSP |
| So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these) | Since the last update there has been a requirement to temporarily consolidate gastroenterology services reported to Board.<br><br>This paper outlines timescales, deliverables and resourcing associated with the SCSP over the coming 2 years (slides 4-7) |
| What Next | Delivery of the milestones outlined in the 26/27 plan (slides 10-11) |

| | |
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| **Recommendation (Linked to the "What Next" section above).** | Endorse the approach |
| Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk) | BAF 2 (ability to deliver improvements which transform care & enhance outcomes)<br>This relates to all strategic risks as relates to the deployment of our overall strategy |
| **Link to Wellbeing of Future Generations Act – Wellbeing Goals** | Links to all Wellbeing Goals |
| Environmental Sustainability Impact (5Rs) | Links to all 5 Rs as relates to our ability to implement our strategic direction **in relation to sustaining our future** |
| Link to Enablers of Quality | **Links to all enablers of quality** |

| **Impact Assessment** | |
|---|---|
| Equality & Welsh Language Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required) | Individual changes will be subject to impact assessments |
| Quality Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required) | as above |
| Cyfreithiol / Legal | The Health Board service changes are governed by legal requirements which this programme aims to meet |
| Enw da / Reputational | The number of temporary service changes has impacted the reputation of the Health Board and the need to have a solid foundation of a case for change and strategic vision seeks to address this |
| Resource Impact (People / Financial) | To be determined in line with individual option assessments |

# Strategic priorities

## Strategic initiatives – multi year whole organisation priorities – 26/27 deliverables

| Sustaining our future | Inspiring people | Improving care | Creating health |
|---|---|---|---|

### Digital & data

| | | |
|---|---|---|
| Patient contact transformation | Mental health single record | EPMA, RISP & LIMs |
| Proactive care solution roll out | Modular EPR development (ED) | Data sharing capability |
| Re-platforming of legacy systems | Maternity / Open Eyes optimisation | |

### Strategic clinical services plan

**PCCT & ICCS:** Q1 NHS locality leadership teams, Q3 Maesteg OBC, Q4 integrated locality leadership teams
**Mental health transformation:** Older Adult service redesign (inpatient and dementia intensive support team), Over 18 Unscheduled Care Review, Adult Community Open Access redesign phase 1, Adult Rehabilitation Model
**Fragile services:** Q1 baseline case for change and priority areas (temporary changes) Q2 pre-consultation engagement & workstreams, Q3 options and model development, Q4 public consultation activity

### SE Wales Regional working

**Llantristant Health Park :** Q1-4 construction of diagnostic centre; Q1 orthopaedic hub FBC, Q3-4 orthopaedic hub construction
**Clinical programmes:** Q2 FBC cellular pathology; Q3 regional model endoscopy units, single regional cataract service & shared cancer PTL.

### Working in partnership

**Public Services Board:** Community cohesion, climate adaptation & health inequalities workstreams
**Regional Partnership Board:** Commence delivery of Children's Strategy Q1; re-set Adults Board programme of work Q2; scenario plans for revenue & capital Q2; new population needs assessment (delivery 2027)

STARTING WELL
GROWING WELL
LIVING WELL
AGEING WELL
DYING WELL

# Proposed approach for fragile (secondary care) services

| Thematic area | 2026/27 | 2027/28 | 2027/28 |
|---|---|---|---|
| Unscheduled care | Temporary change & long term options appraisal by specialty; complete case for change and commence engagement | Consultation on proposals (NB pre-election period Q1), decision & implementation | Further integration with regional and national work to consolidate specialist and acute services |
| Planned care | | | |
| Long term conditions (ologies) | Design a candidate out of hospital model (diabetes) | Include this and other specialties in engagement activities to support overall vision for future services & implement | |

Continue to implement integrated community services at cluster level, create load-bearing locality leadership architecture to support transformation and 'pull' for out of hospital services

# Programme timeline

| | Phase | Dates | Content |
|---|---|---|---|
| 0 | Scoping & mobilisation | Q2<br>26/27 | Complete case for change (5)<br>Complete model and strategic vision (6&7)<br>Learning from elsewhere<br>Governance, strategic engagement plan, design principles |
| 1 | Pre-consultation engagement | Q3/4<br>26/27 | Engagement with partners & communities on the future model of care; health needs assessment; finance / activity / workforce model; commence evaluation of temporary service changes |
| 2 | Options development | Q4<br>26/27<br>and Q1<br>27/28 | Visioning of temporary to permanent change and long term models for planned / unplanned / LTCs; options development; impact assessment |
| 3 | Public consultation | Q2<br>27/28 | Formal public consultation period (3 months noting the local elections in May 2027) |
| 4 | Decision, implementation plan & delivery | Q3<br>27/28 | Review feedback; revision of models; decision making and implementation |

# Programme resourcing

| | Phase | Resourcing |
|---|---|---|
| 0 | Scoping & mobilisation | Programme management resource (Tektology); third party engagement lead; comms & engagement to provide collateral |
| 1 | Pre-consultation engagement | Programme management (handover to pivoted internal resource); expert 'critical friend'; finance/workforce/informatics leads to build underpinning model; public health support for assessment of temporary changes |
| 2 | Options development | As above plus care group release to develop models; corporate quality team support to impact assessments |
| 3 | Public consultation | As above plus pivoted resources to consultation |
| 4 | Decision, implementation & delivery | As above |

# Programme deliverables

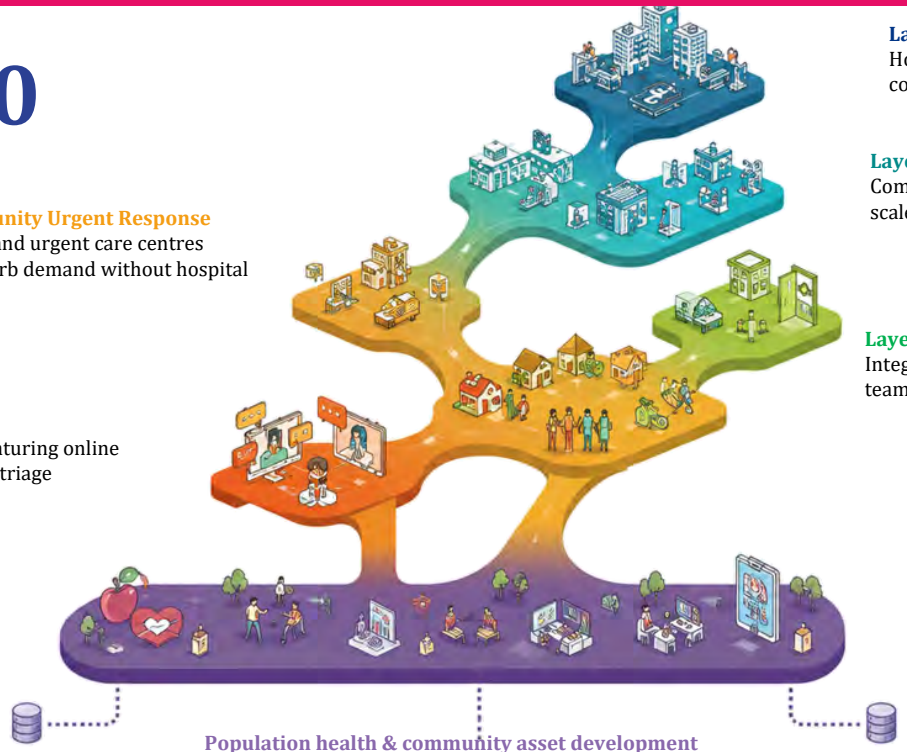
| | Phase | Deliverable |
|---|---|---|
| 0 | Scoping & mobilisation | Governance structure; case for change; public/stakeholder and staff facing model of care and strategic vision; strategic engagement plan; design principles |
| 1 | Pre-consultation engagement | Engagement report; health needs assessment; underpinning activity model; |
| 2 | Options development | 'Issues paper' outlining future state options |
| 3 | Public consultation | Multilingual consultation documents; detailed comms and engagement plan; formal consultation events; digital survey tools |
| 4 | Decision, implementation and delivery | Consultation outcome report; recommendation report; final business case; monitoring & evaluation framework; post implementation review |

# CTM 2030

**Layer 5: Specialist and Emergency Hospital Care**
Hospitals transition from the "default location" to a component reserved for complex and critical care.

**Layer 4: Diagnostic and Treatment Platforms**
Community diagnostic centers and facilities operating at scale outside of traditional hospital infrastructure.

**Layer 3: Community Urgent Response**
Rapid response and urgent care centres designed to absorb demand without hospital admission



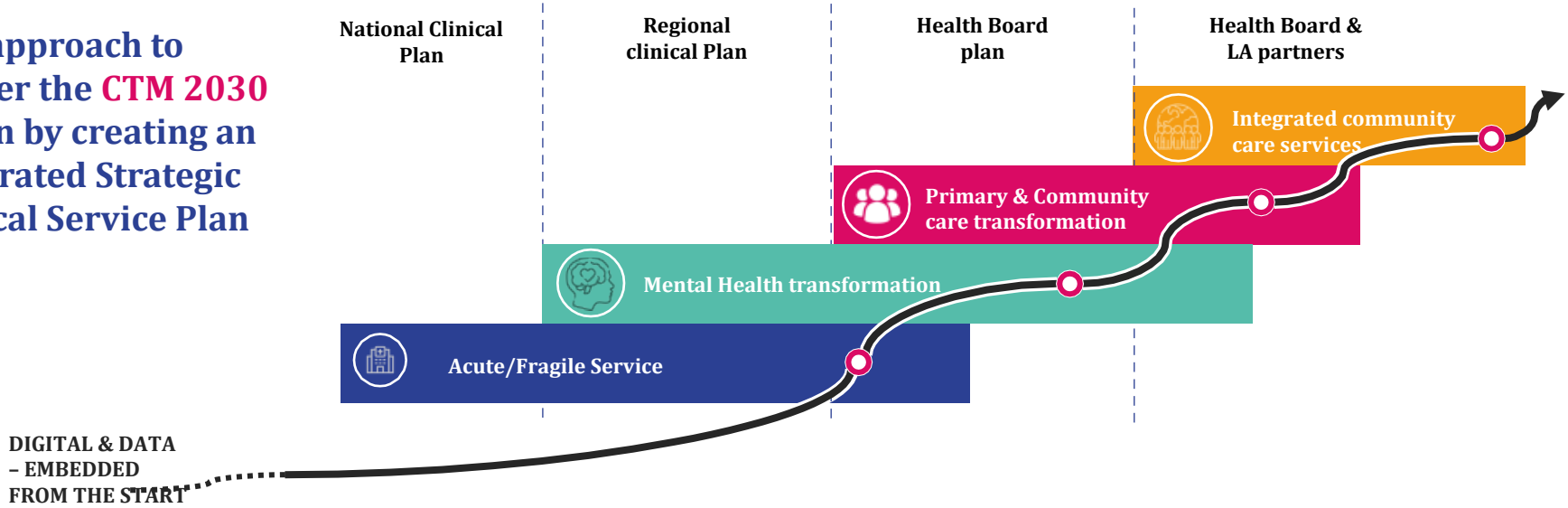
**Layer 2: Locality Care**
Integrated primary, social, and preventative care teams supporting patients in their own homes.

**Layer 1: Virtual Response**
The system's 'front door' featuring online advice, digital GPs and early triage

**Layer 0: Prevention**
Proactive, personalised and population-based prevention to keep people well for longer and reduce future demand.

**Population health & community asset development**

# Our approach to deliver the CTM 2030 vision by creating an integrated Strategic Clinical Service Plan



# Delivering the strategic vision and case for change

**Q2 26/27** (1) — **Strengthen the foundations**

- Gather evidence supporting case for change and direction of strategic vision

**Q3–Q4 26/27** (2) — **Engage and refine**

- Engage with staff
- Engage with partners
- Engage with communities
- Capture and refine priorities

**Q4 26/27 – Q1 27/28** (3) — **Develop future options**

- Develop future models of care respect to clinical areas
- Identify preferred options for consultation and impact assessment

**Q2 27/28** (4) — **Public consultation**

- Formal consultation Consult on proposed options
- Test and refine proposals
- Report back what we heard

**Q3 27/28** (5) — **Board decisions & implementation**

- Final recommendations to Board
- Agree the plan for implementation
- Transition to delivery

**Our immediate focus**

# Our journey for next 6 months

Building on the work completed to date and undertaking the engagement

**Our phased delivery**

## Our next 3 months will focus on

building the evidence and shaping the direction

| | July(WS1) | August (WS2) | September (WS3) | Oct-Nov- Dec'26 | |
|---|---|---|---|---|---|
| **What we will be working on** | **Mobilising the teams**<br>• Confirm scope, governance, evidence needs and key questions.<br>• Agree ways of working and key decision points. | **Reviewing the Evidence**<br>• Bring together existing evidence, insight and service material.<br>• Clarify why change is needed and where current pressures sit. | **Shaping Strategic Vision**<br>• Develop the emerging strategic direction into a clearer future model of care.<br>• Define the role of digital and data in enabling more joined-up care. | **Testing and refining**<br>• Test the emerging Case for Change and Strategic Vision with stakeholders.<br>• Identify areas of support, concern and refinement. | **Preparing for options development**<br>• Finalise the Case for Change and Strategic Vision.<br>• Set out implications, priorities and next steps for the Strategic Clinical Services Plan. |
| **What to expect?** | **A clear starting point and delivery route** | **A stronger evidence base for why change is needed.** | **A draft Strategic Vision and emerging Case for Change** | **A tested and refined narrative, ready to inform future choices** | **A clear platform to move into options development** |

**Tektology : Our Strategic Thought Partners**

# Service Design Principles

- **System Design & Scope**
  - Life Course Fit
  - Whole System Approach
  - Care Proximity
- **Inclusive & Preventive Care**
  - Preventive Focus
  - Equity & Access
  - Person-Centred Care & Partnerships
- **Evidence, Innovation & Digital Transformation**
  - Evidence Base
  - Digital Enablement & Innovation
- **Safe, Accountable Care**
  - Quality & Safety
  - Governance & Assurance
- **Resilient & Sustainable Delivery**
  - Sustainability
  - Environmental Sustainability

# Strategic Development Committee

# South East Wales Regional Joint Committee Progress Highlight Report – Cover Paper

| | |
|---|---|
| Eitem yr Agenda / Agenda Item | 7.5 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19/08/2026 |
| Statws Cyhoeddi / Publication Status: | Open/Public.<br>Not Applicable. |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Elizabeth Beadle, Assistant Director of Transformation |
| Cyflwynydd yr Adroddiad / Report Presenter: | Claire Thompson, Executive Director of Strategy & Transformation |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Claire Thompson, Executive Director of Strategy & Transformation |
| Diben yr Adroddiad / Report Purpose: | For Noting |
| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | Noting that the report has been considered by the SEWRJC, the committee is requested to<br>- Note the progress set out in the highlight report<br>- Note the associated implications of the regional programmes for the health board. |

## 1. Introduction

1.1 This cover report accompanies the report prepared by the Regional Director to provide the SEWRJC with details of the progress of the regional workplan between February and June 2026, both of which are supplied to provide assurance to the Strategic Development Committee.

1.2 Health Boards are working together across the Southeast to build stronger, more sustainable services shaped by our region's health needs. The report highlights three key aims:

1. Demonstrating delivery on our regional service developments

2. Creating the conditions for future regional working

3. Identifying opportunities for collaboration including in clinical service planning.

1.3 The update focuses on the first element - demonstrating delivery.

## 2. Summary of Progress

2.1 The report highlights progress across the range of programmes in the portfolio, and highlights the following.

### Orthopaedics

2.2 Highlights in the delivery of the regional orthopaedics programme includes;

- Completion of the Regional Orthopaedic Plan for Lower Limb Arthroplasty alongside completion of Full Business Case (FBC) for Llantrisant Health Park Phase two, which is due for consideration by the committee and accompanied by a further supporting paper.
- The FBC paper sets out specific points of note for CTMUHB, notably that the site is owned by CTMUHB, purchased in February 2023, and the capital construction works will be undertaken by CTMUHB in contract with the main contractor. This means that the capital funding risk will sit with CTMUHB throughout the programme and capital expenditure performance will be recorded against CTMUHB's CRL.

### Regional Diagnostics

2.3 Highlights in the delivery of the regional diagnostics portfolio include progress with the regional strategic outline case for cellular pathology and the progress towards the Community Diagnostic Hub – Llantrisant Health Park (LHP), phase one development.

2.4 Again, the key additional points of note for the health board are that the Health Board owns the LHP site and is the lead for the independent service provider (ISP) and will hold the associated additional risk. This is mitigated by commitments from health board partners to the regional contract and will be supported by formal commissioning agreements.

2.5 The Health Board also bears the responsibility for the regional diagnostics portfolio facilitation, and this is provided through a combination of existing Health Board roles and some additional support to the Pathology programme from the NHS Wales Performance and Improvement team. The sustainability of the programme functions is highlighted on programme risk registers for endoscopy and radiology.

Ophthalmology

2.6 The report highlights the significant regional cataract procedure delivery which achieved 25,633 cases and progress with digital developments including Open Eyes and Opera – an electronic referral system.

Cancer

- Highlights in the development of the Cancer programme include the commissioning process for the new Velindre Cancer Centre.

3. Assessment

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

| | |
|---|---|
| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /<br>Link to Wellbeing of Future Generations Act – Wellbeing Goals | A Healthier Wales |
| | If more than one applies please list below: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales |

| | |
|---|---|
| Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality | Whole-Systems Perspective |
| | If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research. |

| | |
|---|---|
| Effaith Amgylcheddol/ Cynaliadwyedd (5R) / | Yes - Reduce |

| | |
|---|---|
| Environmental Sustainability Impact (5Rs) | If more than one applies please list below:<br>As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle |

| Asesiad Effaith<br>Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg<br>*(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome<br>*(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Outcome for Equality (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE<br><br>Not applicable<br><br>Summary of impact:<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE<br><br>Not applicable<br>Summary of impact: | If no, please select a reason below.<br>Choose an item.<br><br>Named Executive/Board member sign off for no EWLIA completion: |
| Canlyniad Asesiad Effaith Ansawdd<br>*(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)*<br><br>Quality Impact Assessment Outcome<br>*(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes | |
| Cyfreithiol / Legal | Yes (Include further detail below)<br>There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations | |
| Enw da / Reputational | Yes (include further detail below)<br>There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation | |
| Effaith Adnoddau<br>*(Pobl /Ariannol) /*<br>Resource Impact<br>*(People / Financial)* | Yes (include further detail below)<br>There is a requirement to resource the committee in terms of programmes of work and this will need to drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards | |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group / Individuals | Date | Outcome |
| Regional Development Group | 10/07/26 | Approved |

| Acronyms / Glossary of Terms | |
|---|---|
| SEWRJC | South East Wales Regional Joint Committee |
| FBC | Full Business Case |
| ISP | Independent Service Provider |

CTMUHB Public Board

# Highlight Report from the South East Wales Regional Joint Committee

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

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

## 1. Introduction

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

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

## 2. Purpose of this Meeting

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

## 3. Highlight Report

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

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

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

## 3. Assessment

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

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

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

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

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

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

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

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

Strategic Development Committee

# CTMU HB People and Patient Strategic Plan 2026–2028

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| Eitem yr Agenda / Agenda Item | 7.6 |
| Dyddiad y Cyfarfod / Date of Meeting: | 19/08/2026 |
| Statws Cyhoeddi / Publication Status: | Public |
| | Committee paper for approval and endorsement |
| Adroddiad wedi'i baratoi gan / Report Prepared by: | Jenny Oliver, Head of People's Experience |
| Cyflwynydd yr Adroddiad / Report Presenter: | Jenny Oliver, Head of People's Experience |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Richard Hughes, Executive Director of Nursing, Midwifery & Patient Care |
| Diben yr Adroddiad / Report Purpose: | Approve / Endorse |
| Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required: | The Committee is asked to endorse the People and Patient Strategic Plan 2026–2028 and approve the proposed direction of travel for embedding people's experience as a core measure of quality across CTMUHB. |
| Cyd-destun Strategol:<br>*Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol*<br>*Strategic Context:*<br>*This report aligns to the following Strategic Pillars* | Strategic pillar alignment: delivering safe and compassionate care; reducing health inequalities; promoting diversity and inclusion; embedding value-based healthcare; digital transformation for patients and staff; supporting communities; becoming a green organisation. |

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| | The plan supports the Integrated Medium-Term Plan / Annual Delivery Plan through its focus on compassionate, person-centred care; listening and learning from feedback; reducing variation in experience; improving access and inclusion; strengthening use of digital insight; and using experience data to inform quality improvement, service design and assurance. |
| Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)*<br>Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan<br>*(Reference relevant priority)* | The People and Patient Experience Strategic Plan supports delivery of the IMTP and ADP by ensuring that patient, carer, community and staff experiences inform service planning, quality improvement and decision-making across the Health Board. It contributes to key priorities including person-centred care, quality and safety, reducing health inequalities, digital transformation, staff engagement and continuous improvement, while supporting the ambitions of CTM2030, the Duty of Quality and Value Based Healthcare |

| Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:<br>Dechreuwch drwy grynhoi'r wybodaeth bwysicaf yn fyr. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:<br>Executive Summary of what the report is describing:<br>Start by summarising briefly the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report: | |
|---|---|
| Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)*<br><br>What *(summary of current position / issue & why it matters and* | The People and Patient Strategic Plan 2026–2028 sets out CTMUHB's commitment to listen to, learn from and act on the experiences of patients, families, carers, communities, volunteers and staff. It positions people's experience as a core component of quality alongside safety, effectiveness and equity. The plan aligns with the National People's Experience Framework, Value-Based Healthcare, STEEEP domains and the Health Board's wider strategic goals. |

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| *evidence to support that position etc)* | It recognises the diversity of the CTM population, including Welsh language needs, deprivation, ageing communities, long-term conditions and the need for accessible, inclusive routes for feedback. |
| Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)*<br><br>So, what *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)* | This plan strengthens CTMUHB's commitment to a proactive "Listening to People" approach where experience is everyone's responsibility. It promotes transparency, inclusion and accountability by ensuring concerns, compliments, stories, feedback, staff insight and community voices are valued equally and used to inform service redesign and improvement. The strategic implication is that experience must become business as usual within Care Groups and corporate services, supported by digital tools, real-time insight, co-production and clear "You said, we did" feedback loops. |
| Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)*<br><br>What Next *(summary of intended action and benefits supporting the choices and recommendation(s)being made)* | The next phase will implement the plan through a structured delivery model. Care Groups and corporate services will embed responsibilities for capturing, analysing and acting on feedback; report consistently through quality and experience forums; strengthen the use of PREMs, PROMs and lived experience; increase inclusion of seldom-heard voices; and demonstrate clear evidence of improvement. The Committee is asked to endorse the strategic plan and support delivery as an organisational priority. |

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| Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).*<br><br>Recommendation (Linked to the "What Next" section above). | The Committee is asked to:<br>• ENDORSE the People and Patient Strategic Plan 2026–2028.<br>• NOTE the alignment with CTMUHB strategic goals, National Experience Framework, Value-Based Healthcare, STEEEP domains and Listening to People 2026. |

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| | • SUPPORT implementation through Care Group and corporate service delivery plans, with assurance reporting on progress, impact and learning. |

## 1. Background / Context

### Purpose and intent

1.1 The People and Patient Strategic Plan 2026–2028 sets out CTMUHB's approach to listening to people, learning from their experiences and acting on what is heard. It confirms that experience is a core component of quality, alongside safety, effectiveness, equity and person-centred care.

### Whole-system approach

1.2 The plan applies across the life course: Starting Well, Growing Well, Living Well, Ageing Well and Dying Well. It recognises that every interaction shapes how care is experienced, including communication, environment, respect, involvement and emotional support.

1.3 The population context is important. CTMUHB serves Bridgend, Merthyr Tydfil and Rhondda Cynon Taf, including communities affected by deprivation, an ageing population, long-term conditions, frailty and different cultural, language and access needs. The plan therefore places strong emphasis on equity, inclusion and Welsh language "Active Offer".

## 2. Strategic Insights

2.1 A key strategic insight is that people's experience must be embedded as a core measure of quality, not treated as a separate engagement activity. This requires CTMUHB to listen earlier, act sooner and demonstrate how feedback is influencing decisions, service design and improvement.

2.2 The plan highlights the need to understand experience at individual, family/carer and community levels. This has strategic implications for shared decision-making, carer involvement, co-production and how services reflect the needs of the population they serve.

2.3 The breadth of feedback routes creates an important opportunity to move from data collection to actionable insight. Triangulating PREMs, PROMs, surveys, QR codes, feedback cards, patient stories, lived experience, PALS, compliments, concerns, incidents, staff feedback and clinician experience will strengthen

assurance and provide a richer view of quality, safety, equity and outcomes.

2.4 Digital innovation is a strategic enabler for real-time listening, analysis and learning, but it must be implemented as digital choice rather than digital default. Maintaining accessible non-digital routes is essential to avoid exclusion and ensure that seldom-heard voices continue to shape improvement.

## 3. Risks and Opportunities

3.1 Key risks relate to inconsistent feedback capture, limited triangulation, under-representation of seldom-heard voices, digital exclusion and insufficient visibility of action taken in response to feedback.

3.2 The plan provides an opportunity to strengthen trust, transparency and accountability by embedding experience within Care Group assurance, quality improvement, real-time insight and clear “You said, we did” reporting.

3.3 Implementation should focus on a practical, measurable delivery model so the Committee can see how feedback is informing planning, improvement and outcomes.

## 4. Compliance and Governance

### Framework alignment

4.1 The plan aligns with key national and local frameworks, including the Health and Social Care (Quality and Engagement) (Wales) Act 2020, Quality Standards, Clinical Quality Statements, the People’s Experience Framework and Toolkit, CTM 2030, Listening to People 2026, Value-Based Healthcare, Health and Care Principles, the Digital and Data Strategy for Health and Social Care in Wales, the Mental Health and Wellbeing Strategy 2025–2035 and relevant engagement frameworks.

### Statutory and quality duties

4.2 It supports duties relating to equality, Welsh language, person-centred care, openness, learning and improvement. These duties should be reflected in how feedback is captured, analysed, acted upon and reported.

### Governance and assurance

4.3 Governance will be strengthened through clear ownership, timescales, measures of progress, escalation routes and evidence of impact, with routine reporting through Quality, Safety, Risk and Experience structures, Care Group assurance routes and Board / Committee reporting where strategic oversight is required.

## 5. Benchmarks

### Current benchmark position

5.1 The plan is currently benchmarked against national expectations and frameworks, rather than numerical comparative data. This confirms alignment

with national direction on experience, quality, engagement, value-based healthcare and Listening to People.

Future development

5.2 The next opportunity is to develop comparative measures across Welsh Health Boards and internal Care Groups. This will support assessment of maturity, consistency, innovation and impact in how experience is captured, analysed, acted upon and reported.

## 6. Conclusion

6.1 In conclusion, the People and Patient Strategic Plan 2026–2028 provides a clear and timely framework for embedding people's experience as a core measure of quality across CTMUHB. It brings together listening, learning, inclusion and action to support safer, more equitable, compassionate and person-centred care.

6.2 The paper demonstrates strategic alignment, identifies the key risks and opportunities, and sets out the governance and delivery requirements needed to translate the plan into measurable improvement. The Committee is therefore asked to endorse the plan and support implementation as an organisational priority.

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| Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)* | Relevant to strategic risks associated with quality, safety, experience, access, equity, reputational confidence and organisational learning. Specific Board Assurance Framework risk numbers can be inserted once confirmed. |
| Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk) | Risk no. 4 |

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

| | |
|---|---|
| Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality | Whole-Systems Perspective |

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|---|---|
| | If more than one applies please list below: |

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

| Asesiad Effaith Impact Assessment | | |
|---|---|---|
| Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)*<br><br>Equality & Welsh Language Impact Assessment Outcome *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)* | Outcome for Equality: POSITIVE<br>Summary of impact: The plan aims to increase representation of minority and seldom-heard voices, improve accessibility of feedback routes, reduce variation in experience and strengthen inclusion in service design.<br><br>Outcome for Welsh Language: POSITIVE<br>Summary of impact: The plan recognises the Active Offer and the importance of Welsh language services being proactively offered, particularly for vulnerable groups. | EWLIA completion / sign-off to be confirmed as part of final approval route. |
| Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* Quality Impact Assessment Outcome *(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)* | Quality Impact Assessment Outcome: POSITIVE. The plan directly supports Duty of Quality principles by embedding experience as a core measure of quality alongside safety, effectiveness, equity and person-centred care. | |
| Cyfreithiol / Legal: | There are no specific legal implications related to the activity outlined in this report | |

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| | Neutral / positive. The plan supports statutory and policy expectations relating to quality, engagement, listening, equality and Welsh language. |
| Enw da / Reputational: | Yes (include further detail below)<br><br>Positive. Visible action from feedback strengthens trust, transparency and public confidence. This plan outlines the strategic intent to ensure the community voice of CTMU HB footprint is a necessity across the HB. |
| Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial): | Yes (include further detail below)<br><br>Moderate. Implementation will require leadership time, analytical capacity, engagement support and consistent Care Group participation. The plan also supports more efficient use of feedback by reducing duplication and improving triangulation. This will require an internal working framework to support the implementation from a people's experience perspective across the Care Group footprint |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|---|---|
| Committee / Group / Individuals | Date | Outcome |
| People's Experience Forum | 10/03/2026 | Comments received and reflected in Plan |
| Richard Hughes, Executive Director of Nursing & Midwifery | April, 2026 | Plan Approved |
| Becky Gammon, Interim Deputy Director of Nursing & Midwifery | April, 2026 | Plan Approved |
| Professional Nursing Forum | July 2026 | For noting. |
| Claire Thompson, Executive Director of Strategy & Transformation | 28/07/2006 | Comments received and reflected in Plan |

| Acronyms / Glossary of Terms |
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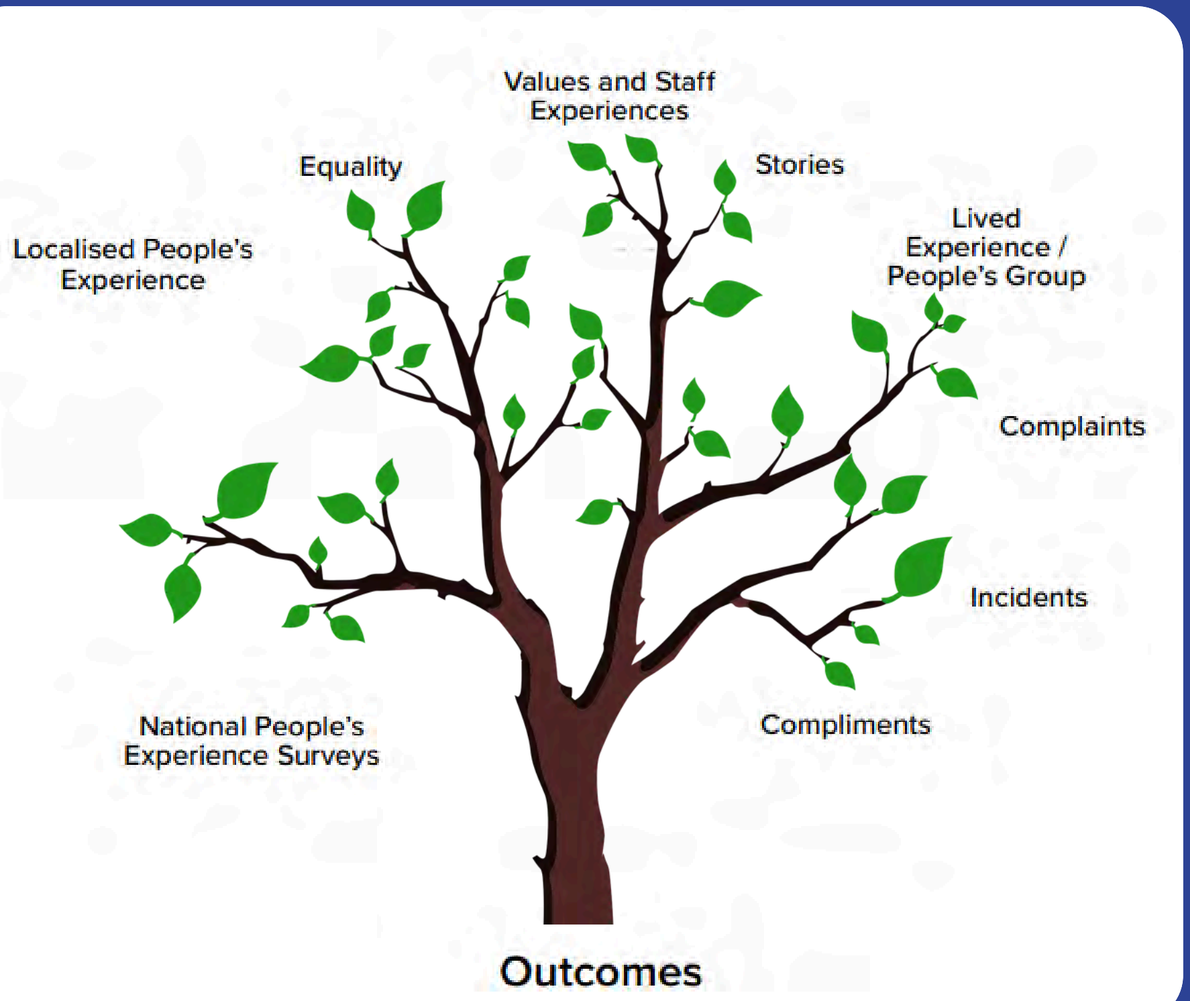
|---|---|
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| PALS | Patient Advice & Liaison Service |
| PREMs | Patient Reported Experience Measures |
| PROMs | Patient Reported Outcome Measures |
| STEEEP | Safe, Timely, Effective, Efficient, Equitable and Person-centred |
| LTP | Listening to People 2026 |
| PTR | Putting Things Right |
| Active Offer | Proactive offer of Welsh language services so people do not have to ask |
| VBHC | Value-Based Healthcare |

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board




# Cwm Taf Morgannwg University Health Board People and Patient Strategic Plan 2026/28

March 2026 Version 1.2.2

# Foreword

At Cwm Taf Morgannwg University Health Board, we know that every interaction shapes how people feel about their care. The People's Experience Strategic Plan 2026–2028 is our commitment to paying attention to those moments by listening to what people tell us, learning from it, and doing something meaningful with it.

Experience isn't a "nice to have". It sits right alongside safety and clinical outcomes. How people are spoken to, how involved they feel, whether they feel respected and supported, all of that matters just as much as the treatment itself. This plan strengthens our focus on compassion, inclusion, and genuine partnership with the people who use and deliver our services.

We also recognise that our communities are varied, with different backgrounds, languages, and needs. Everyone deserves to feel that their voice counts. By using real-time feedback, honest conversations, and clear follow-up actions, we'll make sure people can see how what they tell us leads to change.

Above all, this plan is a promise: to be open when things go wrong, to learn from every experience, to celebrate what's going well, and to keep improving. By listening closely and acting together, we can build a health system that is safe, equitable, and centred on the people at the heart of it.

Every time, for everyone.

**Richard Hughes**
Executive Director of Nursing, Midwifery & Patient Care
Cwm Taf Morgannwg University Health Board

# Introduction

**A roadmap for compassionate, person-centred care**

**Our commitment to listening, learning and improving care.**

- The People's Experience Strategic Plan (2026–2028) sets out how CTMUHB will listen to, learn from, and act on experiences of those who receive and deliver care.
- Aligned with the National Experience Framework and Value-Based Healthcare principles (VBHC), experience is positioned as a core component of quality alongside safety, effectiveness, and equity.
- We serve a diverse and evolving population, recognising that meaningful engagement with patients, families, carers, and staff is key to delivering compassionate and responsive care.
- Feedback will be embedded in service design, planning, and improvement, ensuring it becomes a catalyst for change.
- When care falls short, we will respond with openness, empathy, and a commitment to improvement.
- Through structured engagement and co-design, we will build a culture where every voice shapes a health system that is safe, timely, efficient, effective, equitable, and person-centred (STEEEP).

# Glossary

## This glossary provides definitions for the key terms, acronyms, and frameworks mentioned in the Cwm Taf Morgannwg University Health Board (CTMUHB) People and Patient Strategic Plan 2026-2028

| | | | |
|---|---|---|---|
| **CTMUHB** | Cwm Taf Morgannwg University Health Board. | **EPMA** | Electronic Prescribing and Medicines Administration; a system used to improve safety and reduce the need for patients to repeat their stories. |
| **PALS** | Patient Advice & Liaison Service; provides information and support to resolve concerns informally and quickly. | **Active Offer** | A commitment to a fully bilingual health system where Welsh language services are proactively offered so the patient does not have to ask for them. |
| **PREMs** | Patient Reported Experience Measures; digital tools and feedback platforms used to capture how patients feel about their care. | **PROMs** | Patient Reported Outcome Measures; feedback tools used before, during, and after treatment to what matter most to the patient. |
| **People's Experience** | Defined as how care feels and is perceived by patients, families, carers, and staff. It includes communication, environment, respect, involvement, and emotional support. | **STEEEP** | A strategic alignment framework ensuring care is Safe, Timely, Effective, Efficient, Equitable, and Person-centred. |
| **Value-Based Healthcare** | An approach that positions patient outcomes and experience as a core component of quality alongside safety, effectiveness, and equity. | **Whole System Approach** | A vision for care that recognises what matters to an individual at every stage of life, from "Starting Well" to "Dying Well". |
| **SMS** | Short Message Service is a text messaging service component of most telephone, Internet and mobile device systems. | **QR** | Quick Response, a type of two-dimensional matrix barcode |

# Population Context

## Understanding the communities we serve.

### Valuing Every Person

**Our population reflects both the opportunities and challenges of serving mixed urban and valley communities.**


**449K** **Total Population**

Serving Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf.

**56.5%** **High Deprivation**

Residents living within the most deprived two-fifths of Wales.

**54.0%** **Rhondda Cynon Taf**

Represents the largest local authority share of our diverse community.


Our services must adapt to an ageing population with higher rates of long-term conditions and frailty, shaped by post-industrial geography and socioeconomic factors.

# VALUING CULTURE & LANGUAGE

**The "Active Offer"**

We are committed to a fully bilingual health system. We proactively offer Welsh language services so the burden is never on the patient to ask.

**Why it Matters?**

Receiving care in a first language helps patients feel safe, respected, and understood. This is critical for vulnerable groups, particularly older people and those living with dementia.

**Our Goal**

To ensure access to services in the language of choice is a standard, fundamental part of equitable care.

**Looking Ahead:**

We are expanding bilingual digital tools, strengthening compliance monitoring, and upskilling our workforce to grow Welsh language capacity across all roles. This work will also support our 5-Year Strategy on Clinical Consultations under Welsh Language Standard 110 and the More Than Just Words Agenda.


5-Year Strategic Plan for Offering Clinical Consultations in Welsh in Cwm Taf Morgannwg University Health Board 2024-2029

# Our Vision: A Whole System Approach

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

CTM 2030
Our Health Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER

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

**CREATING HEALTH**


**IMPROVING CARE**

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

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

**SUSTAINING OUR FUTURE**

**INSPIRING PEOPLE**

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

## Starting Well

Supporting the best start in life for every child.

## Growing Well

Nurturing physical and mental health through childhood.

## Living Well

Empowering adults to live healthy, independent lives.

## Ageing Well

Supporting dignity and quality of life in later years.

## Dying Well

Ensuring compassionate end-of-life care.

Care that recognises what matters at every stage of life.

# Strategic Alignment (STEEEP)

Our plan aligns with the National Experience Framework and Value-Based Healthcare to deliver care that is:

S 01

## Safe

Avoiding harm to patients from the care that is intended to help them.

T 02

## Timely

Reducing waits and sometimes harmful delays for both those who receive and give care.

E 03

## Effective

Providing services based on scientific knowledge to all who could benefit.

E 04

## Efficient

Avoiding waste, including waste of equipment, supplies, ideas, and energy.

E 05

## Equitable

Providing care that does not vary in quality because of personal characteristics.

P 06

## Person-Centred

Providing care that is respectful of and responsive to individual

# Shift from PTR to LTP

## Putting Things Right (PTR)

Cwm Taf Morgannwg University Health Board is committed to adopting the principles and standards of Listening to People as the foundation of how it hears, responds to, and learns from the experiences of those who use and deliver its services.

- **From PTR**
  - Reactive, complaints-focused
  - Triggered once something has gone wrong
  - Learning often siloed within formal processes

- **What Listening to People (2026) Means**
  - Listening is everyone's responsibility, not just a process
  - Experience is treated as a core measure of quality
  - Openness, compassion and learning are central
  - People can see how feedback leads to action

## Listening to People (LTP - 2026)

At every level of the organisation, the Health Board is committed to listening earlier, more openly and more inclusively, and to ensuring that what it hears drives meaningful improvement.
This commitment reflects the Health Board's core values: that listening is a shared responsibility, all feedback is treated with equal importance, and people can see how their experiences lead to action and change.

- **To LTP (2026)**
  - Proactive, experience-led and inclusive
  - Focused on listening early and acting sooner
  - Values concerns, compliments, stories and feedback equally

- **What's Changed**
  - From resolution-led to learning and improvement
  - From siloed to shared accountability
  - From reactive to proactive and early listening
  - From process-owned to everyone's responsibility

**Why It Matters**

- **Moves from resolution to learning and continuous improvement**
- **Strengthens trust, transparency and meaningful involvement**
- **Embeds a culture of listening, accountability and improvement across CTMUHB**

# How do we achieve this?

**What Strategies do we use to achieve this?**

**Alignment**
How this links with wider national and local frameworks.

**Objectives**
What we aim to achieve

**Goals**
Practical steps that will help deliver the objectives.

**01**

- Quality Standards
- Clinical Quality Statements
- People's Experience Framework & Toolkit (2025)
- CTM 2030
- Health & Social Care (Quality and Engagement) (Wales) Act 2020
- Listening to People (2026)
- Value-Based Healthcare
- Health and Care principles
- Digital & Data Strategy for Health & Social Care in Wales (2023)
- Mental Health and Wellbeing Strategy (2025-2035)
- All Wales Perinatal Engagement Framework

**02**

- Embed experience as a core measure of quality
- Strengthen mechanisms to capture real-time feedback
- Improve consistency in how experience data is analysed and shared
- Support co-design and involvement
- Ensure transparency in actions taken
- Reduce variation in experience across services

**03**

- Improve accessibility of feedback routes
- Increase representation of minority and seldom-heard voices
- Strengthen links between experience data and service planning
- Ensure feedback informs quality improvement
- Promote a culture of listening and accountability
- Use digital tools to support experience collection and analysis

# Digital & Learning: Enabling Our Plan

Using innovation to listen better, learn faster, and act effectively.

## The Strategic Commitment

We will use digital innovation to listen to people, learn from their experiences, and demonstrably improve care, ensuring technology enhances, rather than replaces, compassionate connection.

### 1. Listening at Scale (Digital Insight)

Using digital PREMs, stories, and feedback platforms to hear from more people, faster.

Triangulating data to move from "collecting feedback" to "real-time insight".

**People feel heard and taken seriously.**

### 2. User-Centred & Accessible (Person-Centred)

Give people access to their digital health records on the device of their choice.

Ensure every digital service is built with inclusivity and accessibility at its core.

Engage service users and staff from the start to design solutions that truly work for them.

**Joined-up services designed with people, not just for them.**

### 3. Inclusion by Design (Access & Safety)

"Digital Choice, not Digital Default": Ensuring traditional routes remain for those who need them.

Using systems (i.e. EPMA & shared records) to improve safety and reduce the need for patients to repeat their story.

**Equitable access and safer, more coordinated care.**

### 4. A Learning Culture (Action)

Closing the feedback loop: Telling patients "You said, we did".

Empowering staff with the digital skills and confidence to use experience data for improvement.

**Visible improvement driven by lived experience.**

# Supporting Work Across Our Sites

Our People's Experience Strategy does not stand alone. Below are the key workstreams running across the Health Board that together make it real.

### Women's Health

https://ctmuhb.nhs.wales/patient-advice/ctm-womens-health-hub/

Dedicated focus on improving services and experience for women across all pathways.

### Equality, Diversity & Inclusion

https://ctmuhb.nhs.wales/news/latest-news/strategic-equality-plan-sep-2024-2028/

Embedding EDI principles into every aspect of care and staff experience.

### Maternity & Neonatal Voices

https://ctmuhb.nhs.wales/services/maternity/womens-and-families-experiences/

Ensuring the voices of mothers, families and neonatal patients actively shape maternity services.

### People's Plan

https://ctmuhb.nhs.wales/about-us/jobs-accordion/people-plan-2025-2030-pdf/

Aligning staff experience with patient experience — how we work together shapes the care we give.

### STEEP(S) & Sustainability

https://www.gov.wales/sites/default/files/consultations/2022-10/the-duty-of-quality-statutory-guidance-2023-and-quality-standards-2023.pdf

Linking person-centred care targets to social, environmental and long-term sustainability goals.

### Charity Funding & Impact

https://ctmuhb.nhs.wales/about-us/our-charity/

Connecting charitable fundraising, donations and funding to tangible improvements in people's experience of care.

# What is People’s Experience?

People’s Experience is how care feels and is perceived by patients, families, carers, and staff.  Every interaction from administration to clinical care, contributes to that experience and shapes improvement across CTMUHB.

## Individual

Shared decision-making

## Familial

Supporting carers and family voices

## Collective

Community involvement and co-production

**Experience includes communication, environment, respect, involvement, and emotional support.**

# What matters at the individual level

**Individual** **Familial** **Collective**

Empowering people to have a voice in decisions about their own care and treatment.

## Key Points

- Focuses on shared decision-making between patients and healthcare professionals.
- Encourages people to express what matters most to them at every stage of care.
- Uses feedback tools such as PROMs and PREMs to understand needs and outcomes.
- Builds confidence, trust, and transparency through open communication.
- Supports inclusion ensuring every individual, regardless of background or ability, has a voice in their care journey.

### Why it Matters?

Individual engagement strengthens accountability and safety by ensuring that decisions reflect the person's values, goals, and lived experience.

# The role of families and carers

**Individual** **Familial** **Collective**

Supporting carers, families and friends to advocate for those they care for, ensuring their perspectives shape care delivery.

## Key Points

- Involves families, carers, and close supporters as partners in planning and reviewing care.
- Ensures carers' insights help identify early changes in a person's condition or wellbeing.
- Provides carers with clear information, emotional support, and access to resources.
- Values their lived experience as part of shared learning and improvement.
- Promotes a culture of openness, ensuring families can raise concerns or compliments safely.

### Why it Matters?

When families and carers are included, care becomes more holistic, communication improves, and (clinical/emotional) outcomes are stronger.

# The Collective Perspective

Individual

Familial

## Collective

Enabling communities to co-produce services through active involvement in the design, planning, commissioning, and evaluation of healthcare.

## Key Points

- Engages communities, third-sector partners, and representative groups in designing and evaluating services.
- Builds trust and transparency through ongoing dialogue, surveys, and listening events.
- Focuses on reducing inequalities and ensuring seldom-heard voices are represented.
- Encourages collective ownership of health improvement initiatives.
- Shares findings from engagement activity openly to show “You said, we did.”

## Why it Matters?

Collective engagement ensures CTMUHB services reflect the real needs of the population, supporting fairness, sustainability, and long-term partnership between the Health Board and its communities.

# People's Experience Engagement

## (Who we speak to)

### Minority & Priority Communities

- Ensures fair, accessible care.
- Highlights unique barriers.
- Shapes culturally respectful services.

### Volunteers

- Provides a unique non-clinical perspective.
- Acts as a bridge between patients and staff.
- Enhances patient experience through direct support.

### Carers & Families

- Reveals wider impacts of care.
- Shows where communication can improve.
- Highlights practical challenges and unmet needs.

### Partners & Third Sector

- Strengthens joined-up working.
- Brings community expertise.
- Ensures consistent support across

### Patients & Public

- Everyday experiences shape care.
- Stories highlight what works and what doesn't.
- Feedback improves safety, access, and dignity.

### Staff & CTM Services

- Insights reveal system pressures.
- Identifies service improvements early.
- Strengthens internal culture and learning.

# Engagement with our Community

## (Methods we use)

### Feedback & Surveys

- Short insights into everyday experiences.
- Highlights trends and pressure points.
- Shows where support feels strong or fragile.

### Compliments & Positive Experience

- Messages highlighting what worked well.
- Shows strengths worth protecting.
- Helps teams learn from success.

### Stories & Lived Experience

- Personal accounts shared by patients and families.
- Reveals the emotional journey behind care.
- Helps teams understand impact, not just process.

### Concerns & Incidents

- Formal routes for reporting when things go wrong.
- Essential for identifying risks and failures.
- Guides systematic learning and improvement.

### STRATEGIC ENGAGEMENT & ORGANISATIONAL VOICE

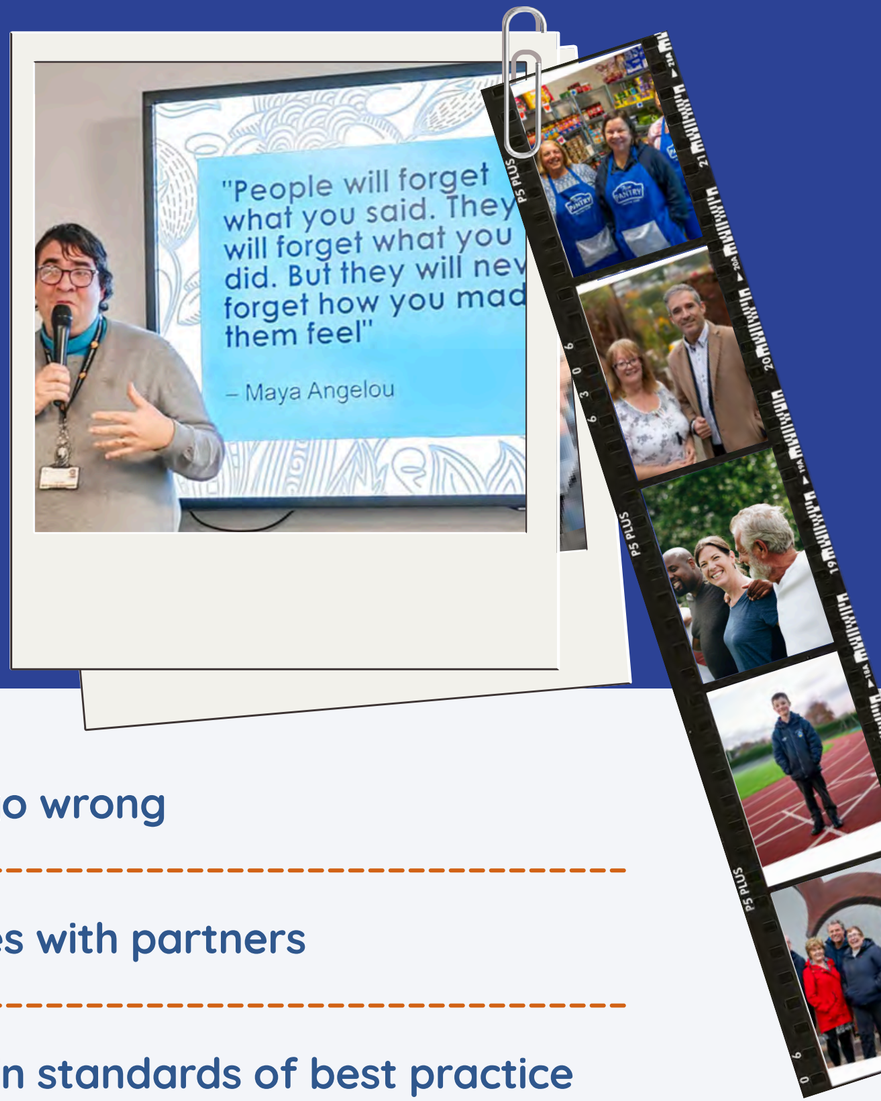
- Long-term conversations about future direction.
- Shapes big-picture decisions.
- Ensures planning reflects real needs.

### PALS (Patient Advice & Liaison Service)

- Provides information, advice, and support.
- Resolves concerns informally and quickly.
- Acts as a guide through the healthcare system.

# Key Principles

## Empowering communities through collaboration




Provide multiple ways to collect people's experiences

Listen to patients, carers, staff, and communities

Use feedback to support shared decision-making

Identify opportunities for improvement and learning

- Act when things go wrong
- Co-design services with partners
- Meet and maintain standards of best practice

# Ways You Can Share Your Experience

The routes people use to tell us what's working and what needs to improve

## Patient, Family & Carer Feedback

**Patient, family, unpaid carers, and the public can share feedback in multiple ways so every community can be heard.**

- PROMs & PREMs used before, during and after treatment.
- Supports shared decision-making
- Can be completed via SMS, paper or with staff/family support.
- Feedback cards & QR codes available across all CTM sites ("Have Your Say").

## Stories & Lived Experience

**We capture experiences in the person's own words to understand what truly matters to them.**

- Digital recorded stories (video or audio).
- Art-based storytelling.
- Poems, letters and other creative expressions.

## Staff Feedback & Clinician Experience

**Staff insights help us understand pressures, highlight risks early, and shape service improvements.**

- Annual staff survey.
- Workforce Experience Measures after service changes.
- Helps identify what works in practice and where support is needed.

## Compliments & Positive Experience

**Positive feedback helps teams recognise strengths and maintain what works well.**

- Thank-you letters.
- Compliments recorded through feedback systems.
- Posts on social media.
- Triangulated alongside learning from concerns.

## Concerns, Incidents & PALS

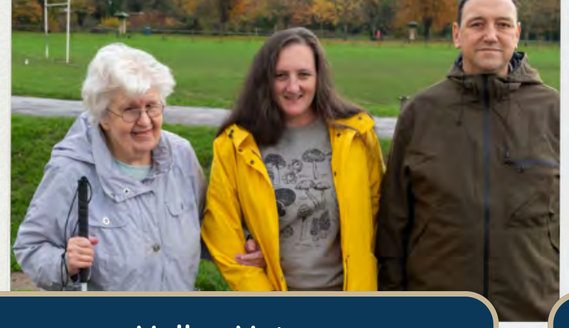
**Teams across CTMUHB support patients, families and staff in raising concerns safely, respectfully, and constructively.**

**PALS**

- Advice/support/signposting.
- Ward-based "Care to Share" clinics.
- Supports families/staff with communication.
- Identifies themes to improve services.

***Concerns**

The Health Board have a team in place to support anyone raising a concern under the 'Listening to People' 2026 process.




### Valley Veterans

Connecting ex-service personnel through peer-support groups and community integration activities.

### Flu Campaigns

Coordinating accessible vaccination clinics and health education to prepare for the winter season.

### Hope After Loss

Facilitating safe, compassionate spaces for bereavement counseling and shared grief processing.

# PEOPLE'S EXPERIENCE PROGRESS.
# THE JOURNEY SO FAR

### Alcohol Services

Delivering harm reduction strategies and one-on-one counseling for sustainable recovery.

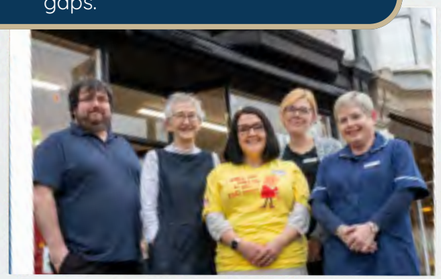
### Partnership and planning

Collaborating with local agencies and stakeholders to align resources and identify service gaps.

### Additional Work

Remaining agile and responsive by adapting our services to feedback and new challenges.



# THANK YOU

| Agenda Item | 8.1.1 |
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# Unapproved Minutes of the Strategic Development Committee

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| Date and Time of Meeting | Tuesday 12th May 2026 13.00 -16.00pm |
| Venue | Virtual via Microsoft Teams |

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| Members Present | Kath Palmer | Committee Chair / Health Board Vice Chair |
| | Carolyn Donoghue | Independent Member |
| | Neil Mesher | Independent Member |
| | Kathy Mason | Independent Member |
| In Attendance | Claire Thompson | Executive Director of Strategy and Transformation |
| | Gethin Hughes | Chief Operating Officer |
| | Sally May | Executive Director of Finance |
| | Hywel Daniel | Executive Director for People |
| | Stuart Morris | Director of Digital |
| | Lauren Edwards | Executive Director of Allied Health Professionals and Health Science |
| | Angela Jones | Deputy Director for Public Health |
| | Elle McNeil | Head of Planning and Commissioning for Starting Well and Growing Well |
| | Dale Stolzenburg | Assistant Director for Transformation |
| | Clare Williams | Service Director for Mental Health and Learning Disabilities |
| | Sam Roberts | Senior Public Health Practitioner (in part) |
| | Maura Matthews | Senior Public Health Practitioner (in part) |
| | Louise Stait | Interim Assistant Director of Governance & Risk |
| | Emma Walters | Head of Corporate Governance & Board Business (in part) |
| | Kathrine Davies | Corporate Governance Manager |
| Observing: | Farhan Naqib | Aspiring Board Member |
| | Kelly Hallett | Executive Assistant to Executive Director of Strategy & Transformation |

| Agenda Item | Meeting Business |
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| 1. | PRELIMINARY MATTERS |
| 1.1 | Welcome and Introductions |

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| | K Palmer, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items.<br><br>The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.<br><br>The Committee Chair advised that at the end of the meeting, she would be seeking Members' views as to how the meeting went. |
| 1.2 | Apologies for Absence |
| | Apologies were received from:<br>• Rachel Rowlands – Independent Member<br>• Rhys Goode – Independent Member<br>• Philip Daniels – Executive Director of Public Health (A. Jones Deputising) |
| 1.3 | Declarations of Interest |
| | There were no interests declared |
| 2. | CONSENT AGENDA BUSINESS |
| | K. Palmer reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 9) that the Committee Members wished to bring forward to the main agenda for discussion.<br><br>There were no items raised. |
| 3. | COMMITTEE GOVERNANCE ARRANGEMENTS |
| 3.1 | Action Log |
| | K. Palmer noted that the Committee had been asked to note the Action Log and confirmed that they were content to close the actions proposed for closure.<br><br>The Committee acknowledged that the action log was well-maintained and agreed closure of completed items with no outstanding issues requiring escalation. |
| Resolution | The Committee NOTED the Action Log and confirmed that they have received suitable assurance to close the actions proposed for closure. |
| Action | None identified |
| 3.2 | Matters Arising Not Captured on the Action Log<br>There were none identified. |
| 4. | SHARED LISTENING AND LEARNING STORY |
| 4.1 | Population Health Management (PHM)<br>S. Roberts and M. Matthews provided a presentation to the Committee on Population Health Management and in particular a pilot project focussing on patients at risk of frailty using the Health Board's data driven population segmentation model.<br><br>The pilot demonstrated proactive identification and intervention for at risk patients with referrals to a range of services including mental health and social |

support. Staff feedback had indicated reduced GP demand and improved patient outcomes with evidence of preventative benefits such as avoiding falls.

K. Mason referred to the need for stronger, quantified evidence of impact and particularly linking costs to measurable outcomes such as reduced demand on services alongside clearer methods for tracking benefits at scale such as falls and admissions into A&E. She emphasised that the challenge was not a lack of evidence for population health management as a concept, but rather how to demonstrate value locally and embed the approach in practice.

K. Mason also stressed the importance of alignment with national policy and evidence ensuring that Cwm Taf Morgannwg (CTM) is leading collaboratively rather than developing approaches in isolation.

G. Hughes supported the concerns raised by K. Mason. He focussed more explicitly on the need for quantifiable data, driven evidence of impact and system level integration of data to support decision making and scale and that it would be helpful to understand the before and after, emphasising that without clear data showing before-and-after outcomes, it would be difficult to evidence effectiveness or support scaling, especially with smaller cohorts of patients.

G. Hughes also highlighted the importance of better integrating PHM data with existing datasets such as frailty scoring to strengthen analysis and avoid duplication, ensuring the approach is both data-driven and operationally efficient.

S. Roberts agreed with the points made with regard to the need for quantitative evidence and advised that some groundwork already exists from previous projects undertaken. She added that data limitations currently constrain full evaluation with further work planned to address this.

N. Mesher strongly endorsed the PHM approach but emphasised a focus on the need to prove value, scale the model effectively and embed it as a sustainable, repeatable system rather than a pilot initiative.

M. Matthews, in response to the points raised, advised that the Public Health team have produced a strategic development plan for the next 3 to 5 years and emphasised that whilst the PHM approach is promising, limited funding capacity and data infrastructure currently restricts full evaluation, follow up and scalability and advised that future progress would depend on embedding the model into routine services with better data and resources.

S. Morris emphasised that data access and governance were the key barriers, and that work was underway to unlock this through structured collaboration with PHM positioned as a core component of the organisations broader digital and data strategy.

S. Morris advised that a workshop was planned for the 9th June 2026 with the Public Health team to bring stakeholders together to address these issues and define next steps and he suggested that the outputs from the workshop be

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| | brought back to the Committee to set out clear plans for the remainder of the year, linking PHM to the wider digital and data roadmap and strategic delivery if the Committee were happy to receive.<br><br>C. Thompson, in response, agreed to the proposal and suggested that this should be brought back as one item and not as part of the Strategic Clinical Services Plan.<br><br>C. Thompson queried whether there was an international evidence base for accountable care. S. Roberts confirmed that there was.<br><br>C. Donoghue expressed support for the PHM work and the progress made to date. She highlighted, however, that further work would be needed to move beyond pilot approaches and accelerate wider implementation, emphasising the importance of drawing on existing evidence and embedding the approach at scale.<br><br>K. Palmer thanked S. Roberts and M. Matthews for their presentation and commented that she was highly supportive of the PHM work and that it was something the Committee had been keen to see in practice for some time. She added that the presentation was really interesting and exciting to see it actually put into practice.<br><br>K. Palmer acknowledged the strong level of interest and support from the Committee, recognising that further work was needed to address the points raised. She confirmed that PHM would come back to the Committee via a strategic plan for the Committee to have oversight. |
| Resolution | The Committee NOTED the Presentation |
| Action | To bring an update back to the Committee on the outputs of the June workshop. |
| 5. | STRATEGIC PILLAR: INSPIRING PEOPLE |
| 5.1 | People Plan – Verbal Update<br>H. Daniel provided a high-level update on the People Plan, explaining that it is a five-year plan to 2030 aligned to the Health Board strategy and developed through extensive staff engagement, including over 4,000 staff contributions and survey data.<br><br>H. Daniel outlined the four core themes: getting the basics right, great leadership, an inclusive and healthy environment, and a modern skilled workforce and confirmed these remain relevant following the latest staff survey, with some new targeted actions such as addressing staff mistreatment.<br><br>H. Daniel emphasised that the Plan is iterative, with annual reviews and ongoing engagement to ensure priorities remain aligned to staff needs, and that delivery is shared across the organisation and not just the People Directorate.<br><br>He also highlighted progress to date, including a presentation to the Operational Delivery Committee on improvements in recruitment approaches, |

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| | flexible working policies, leadership development programmes, staff support initiatives, and workforce analytics.<br><br>H. Daniel advised that a written report would be provided to the next meeting, outlining key pieces of work and snapshot of what has been undertaken to date.<br><br>K. Palmer supported the progress made and was interested in the People Plan being clearly aligned to future workforce transformation and strategic workforce planning, rather than just current delivery, for example. |
| Resolution | The verbal update was NOTED. |
| Action | None identified |
| 6. | STRATEGIC PILLAR: IMPROVING CARE |
| 6.1 | Board Assurance Framework (BAF)<br>L. Stait presented the report which provided a structured overview of the BAF.<br><br>L. Stait highlighted the following key matters:<br><br>• No significant changes had been made to the risks this cycle, risk scores, titles and overall status remained unchanged, which is not unexpected for long-term strategic risks.<br>• All risks are actively being managed with mitigations in place, though many have elements that are being "tolerated" due to their long-term or systemic nature.<br>• Most risks sit at a score of 16, with the highest being prevention and early intervention (score 20), reflecting slower progress in implementing mitigations.<br>• Progress in digital and data (e.g., new leadership roles, capital programme delivery)<br>• Strengthened environmental governance<br>• Ongoing work on integrated care and community models such as the Connecting Care programme and Hospital at Home.<br><br>K. Palmer thanked L. Stait for her comprehensive summary. |
| Resolution | The Committee NOTED the updates captured in section 3 that were being progressed for the May iteration of the Board Assurance Framework Report. |
| Action | None identified |
| 6.2 | Strategic Clinical Services Plan (SCSP) – Our Strategy Deployment<br>C. Thompson presented the report and advised that there were four elements to the SCSP which represented a large scale, system wide transformation programme focussing on prevention, sustainability, integration and digital enablement.<br><br>C. Thompson highlighted that further work was needed to better articulate how all the components fit together and demonstrate progress in a clear, accessible way. |
| Resolution | The Committee NOTED the direction of travel and the suggested approach. |
| Action | None identified |

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| 6.2.1 | SCSP Update – Focus on Primary and Community Care Transformation and Community by Design<br>D. Stolzenburg provided a presentation that outlined a system-wide transformation programme for primary and community care, focused on integration, prevention, and delivering more care in community settings, while acknowledging that successful delivery will depend on aligning resources, infrastructure, and partnerships.<br><br>K. Palmer welcomed the overview and advised that it was important to ensure there is a clear, joined-up strategic narrative and vision, bringing together multiple programmes, funding streams and teams into a coherent, Board-level understanding of transformation in community services. She advised that the Board would be looking at this at their Development Session in June 2026.<br><br>G. Hughes highlighted the need to clarify the specific focus and expectations for the Board Development Session and suggested a follow-up discussion to ensure alignment on scope and intended outcomes. |
| Resolution | The Presentation was NOTED. |
| Action | To have a further discussion regarding the expectations and scope for the Board Development Session in June. |
| 6.2.3 | SCSP Update - Integrated Community Care System (ICCS)<br>C. Thompson presented the update.<br><br>C. Thompson advised that ICCS was a whole system model of care across health and social care rather than a digital system focusing on integrated of services and partnership working. She acknowledged the importance of digital enablers with ongoing work to link ICCS with developments such as the Connecting Care Programme and Shared systems.<br><br>C. Thompson advised that the overall transformation landscape was complex and interconnected and that efforts were underway to ensure programmes are better aligned and co-ordinated, rather than operating in silos.<br><br>K. Palmer highlighted the importance of understanding timelines and deliverables, and that seeing when things will be achieved is helpful for Committee oversight.<br><br>K. Palmer referred to the need to understand market dynamics in social care such as care home capacity, demand and supply as part of the whole system approach.<br><br>K. Mason queried how ICCS links to the digital system agenda and specifically how it connects with developments in the wider digital Connecting Care Programme.<br><br>S. Morris, in response, confirmed that Connecting Care is a key national investment priority with funding allocated to support integration across health and social care systems. He advised that this work will link the Health Board's mental health system with a wider community care solution, enabling a more joined-up, integrated care record across organisations. He advised that the |

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| | aim is to support the ICCS model through shared digital infrastructure rather than being a digital system itself.<br><br>N. Mesher queried how all the different programmes are linked due to multiple overlapping areas including primary, community, transformation and population health management.<br><br>Members discussed the complexity of the overall transformation landscape, noting the interdependencies between multiple programmes including primary and community care, transformation and population health management. The Committee emphasised the importance of clearly articulating how these elements align, including the links, dependencies and boundaries between them, to support a coherent understanding at Board level.<br><br>In response, C. Thompson acknowledged the complexity of the system and advised that further work was required to strengthen how the overall model is described and visualised. She highlighted the role of the strategy deployment framework as a key tool to support this, noting that this approach continues to develop and will be refined to improve clarity, tracking and communication. |
| Resolution | The Presentation was NOTED. |
| Action | None identified |
| 6.2.4 | Mental Health Transformation Programme<br>C. Williams outlined national and local mental health transformation priorities and highlighted a comprehensive, system-wide programme focused on improving quality, safety, and access, with a strong emphasis on shifting care towards community-based, preventative models and integrating services across pathways.<br><br>C. Williams advised that central to this is the development of digital enablers, including a single patient record, alongside new models such as open access services, earlier intervention, particularly for children and young people, and redesigned community and inpatient care.<br><br>C. Williams added that there was also a clear focus on partnership working and incorporating lived experience, with recognition that while progress is being made, delivery remains complex and dependent on workforce, data, and digital infrastructure.<br><br>K. Palmer commented that it was great to see the progress made to date and queried whether there was an update on the mental health digital system and escalation on staff sickness and vacancies.<br><br>S. Morris, in response to K. Palmer, advised that the mental health digital programme is progressing through a national approval process with Welsh Government. He advised that early signals for the funding were encouraging with confirmation expected imminently, but advised that any ongoing funding was uncertain, particularly around revenue.<br><br>In relation to workforce, C. Thompson advised that there were no significant concerns from a strategic perspective at this stage and confirmed that current |

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| | levels of vacancies and sickness were being managed and were not impacting delivery of the overall mental health transformation programme.<br><br>C. Donoghue noted that the strategy deployment framework (as discussed above) was helpful in providing greater clarity on delivery, including what is being progressed, how this is being tracked and the expected timescales. |
| Resolution | The presentation was NOTED. |
| Action | None identified. |
| 6.3 | South-East Wales Partnership Working for Clinical Services<br>C. Thompson presented the report that provided an overview of the work being undertaken to deliver regional clinical services and an overview of the 2026/27 work programme for the clinical programmes that are being taken forward by the Regional Joint Committee (RJC).<br><br>C. Thompson advised that it was important for the Committee to note the delay in the orthopaedic programme which could impact progress on the Llantrisant Health Park and associated business cases and could have an effect on wider strategic delivery.<br><br>C. Thompson indicated that while regional ambitions remain, stroke transformation is currently on hold at a regional level with the priority being to stabilise and improve upon existing services locally whilst options were still being considered.<br><br>C. Donoghue raised concerns about the pause in the regional stroke programme where a significant amount of work had already been undertaken on stroke services, particularly at a regional level, and questioned what this pause would mean for future progress.<br><br>G. Hughes, in response, confirmed that the organisation is not pursuing a large scale regional configuration at this stage which had previously been considered. He added that instead, the current approach is operational with the focus on improving resilience and performance within existing services including ongoing collaboration with Cardiff & Vale UHB to explore practical improvements such as shared on call arrangements.<br><br>K. Palmer commented that there was a need to ensure that there is clear evidence of measures of impact and a well-defined vision, particularly from a patient outcomes perspective rather than just a description of activities.<br><br>C. Thompson acknowledged that measuring impact is challenging and often long-term and advised that some outcomes could be measured through specific deliverables such as the Business Case for Llantrisant Health Park or establishing shared services such as a single pathology service, however, these are intermediate outputs rather than immediate patient outcomes.<br><br>A Jones advised that transformation is evidence-led and quality-driven with impact best measured through service improvements and patient outcomes over time rather relying solely on high level or short term metrics. |

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| Resolution | The Committee NOTED the report and the work that has commenced. |
| Action | None identified. |
| 7 | STRATEGIC PILLAR: CREATING HEALTH |
| 7.1 | Work Plans of the Strategy & Transformation Work Groups to support Building Healthier Communities Together – Starting Well and Growing Well – Focus on Diabetes<br>E. McNeil provided a presentation to the Committee. The presentation demonstrated strong early progress and innovation in diabetes care, particularly in prevention, digital solutions, and primary care delivery, while highlighting that long-term success depends on tackling obesity and sustaining a whole-system, prevention-focused approach.<br><br>Members discussed the scale and complexity of the challenge, including the need to address population health issues such as obesity through sustained, system-wide approaches. The Committee emphasised the importance of ensuring that the various programmes and workstreams are clearly aligned and form a coherent, integrated approach.<br><br>E. McNeil reassured Members that although the reporting may appear separate, the work is operationally integrated and co-ordinated across services, supporting a whole system approach. |
| Resolution | The Committee:<br>• NOTED the presentation, including the identified risks to future service delivery and spend associated with the increase in prevalence of Type 2 Diabetes Mellitus (T2DM) within our population.<br>• Supported the Diabetes Strategic Programme Board approach to improving diabetes services across the region. |
| Action | None identified. |
| 7.2 | Strategic Initiative: Regional Working |
| 7.2.1 | Regional Partnership Board (RBP) Update<br>C. Thompson presented the report highlighting the following key matters:<br>• The RPB was refocusing and strengthening its governance arrangements, particularly by clarifying delivery responsibilities through the Adult and Children's Boards to ensure clearer oversight of priorities<br>• The development of a Population Needs Assessment, which will provide a single, shared evidence base across the Health Board, Local Authorities and all local partners including the voluntary sector to inform planning and decision-making.<br>• A strong focus on market sufficiency and care home capacity, recognising this as a critical issue for system sustainability and service delivery.<br>• Ongoing review of the Regional Integration Fund (RIF) which is circa £20m, including assessing value for money and impact ahead of future funding decisions, with the expectation that funding will continue in some form.<br><br>K. Palmer thanked C. Thompson for the comprehensive update. |

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| Resolution | The Committee NOTED the report |
| Action | None identified. |
| 7.2.2 | Public Services Board Update<br>A Jones presented the Public Services Board update and highlighted good progress and strong partnership working, with a clear emphasis on system-wide approaches to inequalities, coordinated population intelligence, and collaborative delivery across organisations.<br><br>A Jones advised that the workstreams were progressing effectively and that the climate change assessment has been taken up by the Fire and Rescue Service.<br><br>In terms of health inequality, A Jones advised that the PSB has now adopted a "Marmot" principle-based approach, focusing on addressing the wider social determinants of health (such as education, employment, housing and environment) to reduce health inequalities. |
| Resolution | The Committee NOTED the report |
| Action | None identified |
| 7.2.3 | Area Planning Board Update<br>A Jones presented the report and highlighted the following key matters:<br>• The Area Planning Board is generally performing well against its indicators, but members noted that substance misuse and associated harms remain significantly high, with CTM having higher death rates than the Wales average.<br>• There is increased emphasis on identifying at-risk individuals earlier, linking services such as unscheduled care and public health to provide more preventative, upstream support.<br>• Demand is outstripping capacity in key areas, including treatment services (e.g. Buvidal – a long-acting treatment for opioid dependence) and Tier 4 rehabilitation services.<br>• Primary care capacity constraints are impacting discharge pathways and service flow.<br><br>A. Jones highlighted an issue relating to a prescribing service within the criminal justice system, where a loss of licence had required temporary support from CTM services. Work is ongoing to resolve the situation and address associated impacts.<br><br>K. Palmer commented on the high number of red/amber risks and questioned how these would improve over time.<br><br>N. Mesher echoed K. Palmer comments on the red risks and questioned how the organisation will move out of this position as it was not clear within the report what actions were being taken to lead to improvement.<br><br>C. Donoghue also raised concern in relation to the red risks and advised that her key concern was the tension between funding immediate demand and |

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| | investing in prevention. She highlighted that without new resources it would be difficult to improve performance or move out of high risk (red) status.<br><br>A Jones, in response, advised that they recognised the significant system pressures and limitations and highlighted that, ongoing efforts were being made to improve through prevention and service review. She acknowledged that progress will be challenging without additional capacity or resources and suggested that it may be helpful to bring a more detailed breakdown back to the Committee to better understand where improvements can be made and where challenges are likely to persist.<br><br>K. Palmer advised that the Committee would monitor this routinely with an expectation of visible progress over time and the option to escalate to the Board if required. |
| Resolution | The Committee NOTED the report |
| Action | To bring a further detailed breakdown back to the Committee setting out the key areas of red/amber risk within the Area Planning Board update, including substance misuse harms, demand and capacity pressures across treatment, Tier 4 rehabilitation and primary care discharge pathways; the actions being taken to improve performance through prevention, earlier identification of at-risk individuals and service review; the areas where improvement is expected over time; and the areas where challenges are likely to persist due to capacity or resource constraints. |
| 7.2.4 | Creating Health Annual Report (including Delivery Plan Refresh) |
| | A Jones presented the Creating Health Annual Report as a key component of the Health Board's ambition to become a population health focused organisation, aligned with the Marmot principles and wider strategic objectives.<br><br>The Committee acknowledged the breadth and scale of activity, noting the importance of continued focus on prevention and upstream interventions, while also recognising resource constraints as a key risk. |
| Resolution | The Committee:<br>• NOTED progress during 2025/26<br>• NOTED changes to programmes within Creating Health Programme from 2026 onwards<br>• APPROVED the Creating Health Delivery Plan 2026-29<br>• NOTED the risks of resource availability to support ongoing delivery |
| Action | None identified. |
| 8. | STRATEGIC PILLAR: SUSTAINING OUR FUTURE |
| 8.1 | Three Year Financial Outlook – IMTP Years 2 and 3 Indicative Plan<br>S. May presented the report and presentation and highlighted the following key matters:<br>• The plan assumes modest funding growth at around 1.2% and continued Welsh Government support for pay awards, but S. May highlighted ongoing uncertainty in future allocations. |

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| | • There is a continued requirement to deliver significant recurrent savings of circa 2–3% per annum, to maintain financial balance, although she acknowledged this may be challenging to achieve.<br>• The financial position has deteriorated compared to original expectations, shifting from a planned surplus to a notable deficit, reinforcing the need for strong delivery and cost control.<br>• Significant and growing pressure from the Welsh Risk Pool (clinical negligence costs) was highlighted as a major long-term financial issue impacting future sustainability.<br>• Investment assumptions include planned developments such as Velindre, diagnostics, however, some areas (e.g., orthopaedics) are still uncertain or not yet fully costed.<br><br>N. Mesher asked whether there was any update on how the Welsh Risk Pool will be managed going forward given that it is a huge and significant issue. S. May confirmed that a meeting had been held this week to discuss a plan moving forward and suggested that she shares the Shared Services paper which would be helpful for the Committee to have oversight on.<br><br>K. Palmer sought an update on how the Care Group savings were being progressed and governed, particularly the balance between immediate savings delivery and longer-term transformation-driven financial improvement.<br><br>In response, S. May advised that savings are being managed through existing processes with some enhanced oversight, however, delivery remains challenging and the distinction between operational and strategic savings is not easily separated in practice.<br><br>C. Thompson advised that it was important that savings should be driven through a planned, strategic pipeline of transformation opportunities over time and not just short-term cost-cutting, with alignment to the wider organisational strategy and long-term change agenda. |
| Resolution: | The Committee NOTED the report |
| Action: | To share the Shared Services report with the Committee. |
| 8.2 | Healthy Weights Strategic Plan<br>A Jones presented the report and Plan that aligns to the national Healthy Weight: Healthy Wales Strategy, addressing a significant and growing challenge around obesity across the CTM population.<br><br>L. Edwards referred to service delivery challenges within weight management services, particularly around demand and engagement. She highlighted that the uptake and completion rates for Level 2 weight management services are low despite the scale of the need. As a result of this there is a review underway with some resources being temporarily redirected to Level 3 services where demand and waiting lists are significantly higher.<br><br>K. Palmer queried whether there was a link between trauma which was a significant underlying driver of obesity and impacts engagement with services. |

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| | A Jones confirmed that there is a strong, well-established link between trauma and particularly adverse childhood experiences and obesity and this had already been recognised in the evidence base.<br><br>K. Palmer thanked the team for the excellent work undertaken. |
| Resolution | The Committee NOTED the report and ENDORSED FOR BOARD APPROVAL |
| Action | None identified. |
| 9. | CONSENT AGENDA |
| 9.1 | ITEMS FOR APPROVAL |
| 9.1.1 | Unconfirmed Minutes of the meeting held on 11th February 2026<br>The minutes were APPROVED. |
| 9.2 | FOR NOTING |
| 9.2.1 | Committee Annual Cycle of Business 2026<br>Was NOTED |
| 9.2.2 | Forward Work Plan (Non-Routine Committee Business)<br>Was NOTED |
| 10. | CLOSE OUT BUSINESS |
| 10.1 | Any Other Urgent Business |
| | None identified on this occasion. |
| 10.2 | Committee Highlight Report to Board |
| | The Committee discussed areas of escalation and confirmed that the Corporate Governance team would circulate the draft report to Members for comments and consideration |
| 10.3 | Meeting Feedback |
| | K. Palmer encouraged members to provide feedback during the meeting or at a later time if they wished. |
| 11. | PRIVATE / CLOSED SESSION BUSINESS |
| | K. palmer advised that a private closed session will commence at 4pm to discuss the following item:<br>Maesteg Community Hospital |
| 12. | DATE AND TIME OF NEXT MEETING |
| | Date and Time of Next meeting: 19th August 2026 at 13:00 pm |

| Agenda Item | 8.1.2 |
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# Unapproved Minutes of the Strategic Development IN-Committee

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| Date and Time of Meeting | Tuesday 12th May 2026 16.00pm |
| Venue | Virtual via Microsoft Teams |

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| Members Present | Kath Palmer | Committee Chair / Health Board Vice Chair |
| | Carolyn Donoghue | Independent Member |
| | Neil Mesher | Independent Member |
| | Dilys Jouvenat | Independent Member |
| | Kathy Mason | Independent Member |
| | Jonathan Morgan | UHB Chair |
| | Helen Lentle | Independent Member |
| | Hayley Proctor | Independent Member |
| In Attendance | Sarah Medlicott | Associate Board Member |
| | Claire Thompson | Executive Director of Strategy and Transformation |
| | Sally May | Executive Director of Finance |
| | Paul Mears | Chief Executive |
| | Hywel Daniel | Executive Director for People |
| | Stuart Morris | Director of Digital (In part) |
| | Gethin Hughes | Chief Operating Officer (In part) |
| | Dom Hurford | Executive Medical Director (In part) |
| | Lauren Edwards | Executive Director of Allied Health Professionals & Health Sciences |
| | Gareth Watts | Director of Corporate Governance |
| | Louise Stait | Interim Assistant Director of Governance & Risk |
| | Simon Blackburn | Director of Communications, Engagement & Fundraising |
| | Dale Stolzenburg | Assistant Director of Transformation |
| | Emma Walters | Head of Corporate Governance & Board Business |

| Agenda Item | Meeting Business |
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| 1. | PRELIMINARY MATTERS |
| 1.1 | Welcome and Introductions |
| | K Palmer, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted. The Committee Chair also advised that this meeting had been |

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| | opened up to the wider Board given the focused discussion taking place regarding the Future of Health Services in the Llynfi Valley. |
| 1.2 | Apologies for Absence |
| | Apologies were received from:<br>• Rachel Rowlands – Independent Member<br>• Rhys Goode – Independent Member<br>• Philip Daniels – Executive Director of Public Health |
| 1.3 | Declarations of Interest |
| | S Medlicott declared an interest regarding the Llynfi Valley Programme as she was currently working as a GP in that area. |
| 2. | MAIN AGENDA |
| | Options appraisal Future of Health Services in the Llynfi Valley<br><br>C. Thompson and D. Stolzenburg presented the paper outlining the strategic case for developing;<br><br>• Llynfi Valley Integrated Health and Wellbeing Centre.<br>• Community pre-engagement feedback<br>• Summarise the options appraisal undertaken to date and identified a preferred site (Option 4)<br><br>Members noted that this was not yet a full business case, but an options appraisal ahead of a future Board decision.<br><br>The main themes raised in discussion were:<br><br>• Public confidence and engagement – concern that some local people feel decisions may already have been made, and a need to widen engagement beyond a small group.<br>• Communication and clarity – especially around the future of community beds, access to services, transport, and the difference between the new site proposal and the future of the existing hospital site.<br>• Financial clarity – members supported the direction of travel, but felt the financial assumptions and narrative needed to be strengthened before the matter goes to Board.<br><br>Overall, the Committee supported the preferred option and endorsed progression, while asking for:<br><br>• further refinement of the financial case<br>• clearer messaging on beds and service provision<br>• and stronger, broader public engagement. |
| Resolution | The Committee NOTED the case and outcome.<br>The Committee SUPPORTED the preferred option and;<br>ENDORSED the progression of the Business Case. |

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| Action | There were none |
| 3. | ANY OTHER BUSINESS |
| 3.1 | None identified on this occasion. |
| 4. | DATE AND TIME OF NEXT MEETING – CLOSE MEETING |
| 4.1 | The next In Committee meeting will be held on the 19th of August 2026 at 16:00 pm |

Archwilio Cymru
Audit Wales

# Digital Transformation

Cwm Taf Morgannwg University Health Board

May 2026

# About us

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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# Contents

# Audit snapshot

## What we looked at

1 We looked at how Cwm Taf Morgannwg University Health Board's (the Health Board) approach to digital transformation is supporting service improvement. This included the approach to strategy, leadership and skills development. And we considered how the organisation manages risks around digital infrastructure, cyber resilience and artificial intelligence.

## Why this is important

2 Digital technology is a key enabler to many of the aims of A Healthier Wales. That plan says that new technologies and digital approaches will be an important part of the future whole system approach to health and care.

3 However, achieving digital transformation is challenging. It requires investment, the right infrastructure, and staff engagement and training. Systems need to communicate with one another and organisations must manage ever-growing risks around cyber resilience.

4 Digital transformation isn't just about technology, it's about culture and leadership. The boards of NHS bodies have a key role in approving and owning the organisation's digital strategy. Boards also need assurance that digital transformation is being managed safely and effectively, and that investment is securing the intended benefits.

## What we have found

5 The Health Board has clear digital ambitions and strong leadership, but its Digital and Data Plan does not include clear milestones, resources or an up-to-date view of digital maturity. Digital priorities are not yet fully linked to workforce, estates, finance, or its strategic clinical service planning. The partnership with Tektology is helping to strengthen digital foundations, but the Health Board still lacks the detail needed to show that its digital plans are realistic or achievable.

6 The Board receives regular updates on digital work, but these reports mainly describe activity rather than progress or results. The Health Board has improved its cyber security work, but several important gaps remain. While the Health Board is developing and testing AI, the governance around this needs to be stronger.

7 The Health Board's commitment to developing digital skills within its workforce needs to be accompanied by a stronger approach to digital skills assessment, staff training, and workforce planning. Staff and service users are involved in some major digital projects, but not consistently across all programmes. Digital exclusion is recognised as an issue, but there is no clear plan in place to address this.

8 The Health Board is delivering a range of digital projects locally, regionally, and nationally, but oversight is fragmented and updates do not always include timelines, milestones, or information on partnership working. Future investment needs are unclear, and the benefits framework is still being developed, meaning the Health Board cannot yet show whether its digital plans are affordable or will deliver value.

9 The Health Board is delivering a range of digital projects locally, regionally and nationally, but oversight is fragmented, and updates do not always include timelines, milestones or information on partnership working. This is made more difficult by ongoing delays to national digital programmes, which are largely outside the Health Board's direct control. These delays limit the Health Board's ability to plan confidently, manage digital risks, and progress wider digital transformation that depends on national delivery. Separately, future investment needs are unclear, and the benefits framework is still being developed, meaning the Health Board cannot yet show whether its digital plans are affordable or will deliver value.

## What we recommend

10 We have made nine recommendations to the Health Board which focus on:

- 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.

# Key facts and figures

Of the Health Board's workforce of approximately 12,000 employees, only 245 have completed the Health Education and Improvement Wales (HEIW) interactive self-evaluation tool as part of the Digital Capability Framework.

Since March 2025, the Health Board has had two reportable cyber incidents per the Network and Information Systems Regulations 2018.

16 serious cyber incidents were reported in quarter 3 2025-26, although none were reportable under the Network and Information Systems Regulations 2018.

In 2022, the Health Board was assessed at Stage 0 of the Health Information and Management Systems Society (HIMSS) Electronic Medical Records Adoption Model (EMRAM) meaning only early digital capabilities were in place.

The Health Board now considers itself to be at Stage 1 of HIMMS EMRAM meaning core digital systems are in place.

From 2021-22 to 2024-25, the Health Board invested approximately £68 million in digital revenue and £25 million in capital.

# Our findings

## Strategy, Planning and Leadership

**There is a clear strategic direction for digital transformation supported by strong leadership and partnering with external experts. However, a more consistent approach to the reporting and oversight of digital developments is needed.**

### Digital strategy and plans

11 The Health Board has not created a separate digital strategy. Instead, its Digital and Data Plan is set out within the Integrated Medium-Term Plan (IMTP) 2025-28. The Digital and Data Plan outlines the Health Board's aim to become a leading digital organisation in NHS Wales, by using new digital technologies to improve care, involve patients more, and support sustainable services. To deliver this vision, the Health Board has set out eight clear digital and data themes[1], which link to its four overarching strategic goals[2] within its long-term strategy - CTM 2030: Building Healthier Communities Together. The plan aligns to national priorities, including the Welsh Government's digital agenda, A Healthier Wales, and the NHS Wales Digital and Data Strategy.

[1] Its eight digital and data themes are: Digital Health Board, Insights-Driven Healthcare, Single Patient View, Intelligently Integrated Healthcare, Digital Workforce, Adoption and Exploitation, Managing Innovation, and Digital Enablers.

[2] Its four goals are: Creating Health, Improving Care, Sustaining Our Future, and Inspiring People, focus on prevention, equity, and sustainability.

12 The Digital and Data Plan explains that digital transformation is important for providing joined-up care focused on the patient. It also highlights how better information can help the Health Board understand the value and impact of different interventions on the health and wellbeing of people in Cwm Taf Morgannwg. It focuses on seamless working across hospital and community boundaries, with joined up services between health, social care, and other professionals. By setting out these aims, the plan shows a clear ambition to use digital tools and better data to improve communication, reduce duplication, and strengthen decision-making. It also highlights a desire to use data more effectively to support prevention and early intervention.

13 The Health Board has created a workplan and roadmap to deliver its Digital and Data Plan, covering both national and local priorities. While the workplan includes both important improvements and forward-looking initiatives, it would be more effective if it had clearer milestones, more details about resources, and specific ways to measure progress. This would help make sure the plan is managed well and can be properly monitored.

14 The Health Board has a good process for developing its IMTP, which involves feedback from staff, patients, and stakeholders. However, it is not clear how this feedback influenced the Digital and Data Plan. This makes it harder to be confident that the digital priorities match what people actually need. Furthermore, while the Digital and Data Plan suggests digital maturity is an important goal through the areas it focuses on, it does not set out the Health Board's actual level of digital maturity. A HIMSS EMRAM assessment completed in 2022 shows the Health Board was at Stage 0 at that time, meaning only early digital capabilities were in place. The Health Board now considers itself to be at Stage 1, meaning core digital systems are in place. However, this has not yet been confirmed through a further formal reassessment. Without a clear view of the Health Board's current digital maturity, it is hard to understand the size of the digital gaps, why certain priorities were chosen, or how progress will be measured.

15 The Digital and Data Plan in the IMTP connects to some clinical services, for example maternity, mental health, and diagnostics, but its alignment with the Health Board's emerging Strategic Clinical Services Plan is only at a high level. This reflects the fact that the Strategic Clinical Services Plan is still being developed. As both plans progress, further work will be needed to show clearly how digital priorities will support and integrate with future clinical service developments across the organisation. Additionally, links to workforce, estates, and finance remain under-developed, meaning digital requirements are not yet fully embedded across all planning areas.

16 The Health Board is working with a strategic partner – Tektology - to develop a digital and data strategic roadmap and help deliver its long-term digital and data goals. This partnership supports the organisation by strengthening its digital foundations, improving the way data is managed and shared, and helping staff use new systems more effectively. It also brings extra skills and capacity at a time when the Health Board is delivering several major digital programmes.

## Board ownership of digital transformation

17 The Board has a reasonable understanding of the Digital and Data Plan and supports its aims. Senior leaders recognise that digital transformation is important for delivering the Health Board's long-term strategy. There is evidence of digital matters being discussed at committees (see paragraph **29**) and during a recent Board development session with the Health Board's strategic digital partner, Tektology. However, while Board members recognise and discuss digital risks, they would benefit from more focused digital training and awareness so they can provide stronger challenge, scrutiny and strategic leadership as the Health Board continues its digital transformation journey.

## Roles, responsibilities and accountability

18 The Health Board has strong digital leadership. It includes a Director of Digital who has overall responsibility for the digital strategy. Day-to-day delivery is led by four assistant directors, covering Digital Intelligence, Data Science and Compliance, Digital Systems, Digital Delivery and Digital Transformation. The Health Board has recently appointed a new Independent Member for Digital after the previous independent member's term ended. Both take part in Board and various internal and external committees and groups relevant to their respective roles. The Health Board also continues to take part in the All-Wales Directors of Digital and IM Digital Network meetings, which allows organisations to share learning, good practice, and take part in national digital discussions that support the Health Board's digital transformation.

19 The Board has a reasonable understanding of how digital work is progressing. In January 2025, the Health Board introduced a new committee structure that reduced the number of committees and closed the Digital and Data Committee. Digital updates are now provided every quarter through highlight reports to the Operational Delivery Committee and the Strategic Development Committee, which respectively oversee both operational and strategic digital work.

20 The reports are reasonably clear and provide regular updates, but they mostly describe activities rather than explaining what has been achieved. Key information, such as progress against milestones, changes in risk, and whether programmes are on track is not always included. Some areas are covered in detail while others are brief, making it hard to get a complete picture of progress. Using clearer measures, consistent reporting, and simple visuals would help the Health Board monitor delivery more effectively.

# Identifying and managing risks

## The Health Board is managing a number of significant digital risks but it needs to report progress more clearly and urgently strengthen its governance around the use of AI.

### Strategic digital risks

21 The Health Board's Board Assurance Framework includes one digital-related risk: delivering the digital and information infrastructure needed for transformation. This risk is rated high at 16 and is regularly reviewed by the Board and its key committees. Overall, the Board has reasonable visibility of the digital risk, but it would benefit from clearer reporting on how well controls and actions are working, and what impact they are having on managing the risk.

### Digital infrastructure risks

22 While the Digital and Data Plan recognises the need to keep technology up to date, it does not set out clear timelines, milestones, or costed plans for doing so. This potentially limits the plan's usefulness as a tool for prioritising actions in response to digital risks.

23 As discussed in paragraph **16,** the Health Board has begun developing a digital and data delivery roadmap with support from its strategic partner. This work remains in the early stages, and as a result, formal delivery plans have not yet been produced. The Health Board recognises that several core elements need to be in place first, including a reliable network, secure data storage, strong security measures, stable power and environmental controls, and improved integration between systems. Completing this initial work will help the Health Board set out a clearer plan for strengthening its digital foundations and supporting future digital transformation.

24 The Health Board is making some progress in modernising parts of its digital infrastructure. There have been updates to Citrix software, the Wi-Fi network, Windows 10, and the move to a single Welsh Patient Administration System (WPAS). However, several weaknesses remain. There is still no clear, combined view of the main infrastructure gaps and no plan showing how these will be fixed. Asset management is also not yet developed enough to give the Board a single, reliable list of equipment or a clear plan for replacing and updating it.

25 The Operational Risk Register shows that the Health Board understands the main risks linked to its digital infrastructure and the pressures these create. It has several controls in place, such as established governance boards, an improvement programme for service and asset management, and regular oversight from the Risk, Audit, Governance and Cyber Security Board. Recent updates also show progress in identifying capital needs and securing Welsh Government funding for important end-of-life systems. However, ageing equipment, limited capital, workforce shortages, weak disaster recovery plans, and a reliance on short-term fixes are all risks which will need continued management and mitigation.

## Cyber resilience

26 The Health Board has appropriate arrangements in place to manage its cyber security risks. In October 2024, the Health Board was audited by the Welsh Government's Cyber Resilience Unit (CRU), using the Cyber Assessment Framework (CAF) which found several principles had either partially or not met the required maturity level. Following the assessment, the Health Board agreed an improvement plan with the CRU. It also meets monthly with the CRU to discuss progress and address issues raised in the audit. Updates on the Health Board's cyber security improvement plan are provided regularly to the Operational Delivery Committee in private.

27 In October 2025, the CRU re-audited the Health Board. The review highlighted that it has made considerable progress in resolving and closing past audit issues. However, it also found key gaps in threat monitoring, responsiveness, and back-up arrangements. The Health Board recognises these weaknesses and is taking a range of mitigating actions to address them.

28 The Digital and Data Highlight Reports to the Operational Delivery Committee also cover day-to-day cyber issues. In January 2026, the committee was told that there had been 16 serious cyber incidents in the last quarter, and that all of them were being dealt with properly. None of these incidents were notifiable to the CRU under the Network and Information Systems (NIS) Regulations.

29 While these reports appropriately set out day-to-day cyber incidents, the technical language used means many Board members may struggle to understand the risks or challenge the actions being taken. Terms such as “ransomware artefacts”, “software deployment controls”, and “endpoint management” may require a level of technical expertise to interpret. Without clearer, plain-English explanations, non-experts may find it hard to grasp the key risks or why certain actions matter, which in turn can limit effective scrutiny. Our observations of the meetings show that although cyber resilience is discussed, there was little questioning of the detail in the reports, suggesting that the complexity of the subject may be a barrier.

## Artificial intelligence

30 The Health Board knows that Artificial Intelligence (AI) could offer important benefits, such as supporting clinical decisions, helping with early diagnosis and screening, and making administrative tasks more efficient. But in its current Digital and Data Plan, AI is only mentioned in one area, digital pathology, where it could help improve how test results are analysed. There is no wider plan yet for how AI could be used across other Health Board’s services. However, the Health Board’s emerging digital and data strategic roadmap (see paragraph **16**) recognises that AI will need to be considered more fully in the future, suggesting that wider plans may develop as the organisation strengthens its core digital foundations.

31 Despite this, the Health Board is already developing and testing a range of AI tools. However, none of this AI activity is reflected in the Board Assurance Framework or the Organisational Risk Register. As a result, the Health Board is using AI within operational practice without formally recording or assessing the associated risks. This limits the organisation's ability to demonstrate that AI use is safe, that it protects patient confidentiality, and that it meets required standards. The lack of documented oversight also reduces the Board's ability to identify potential issues at an early stage or provide effective scrutiny and challenge regarding the deployment of AI technologies.

# Digital skills

## Further action on skills assessment, training, and workforce planning is needed to ensure Health Board staff are adequately prepared for digital transformation.

### Assessing digital skills

32 Although the Health Board recognises the importance of digital skills, it does not yet make consistent or comprehensive use of available tools, such as the HEIW Digital Capability Framework, to assess the digital skills, capacity, and capability of its workforce. At the time of our review, only 245 staff had completed the HEIW Digital Capability Framework, which is a very small number for an organisation of approximately 12,000 staff. However, the tool measures basic IT confidence and does not assess the wider digital skills needed to support digital transformation. There is no evidence that the Health Board has carried out its own assessment of these broader skills. Without a good understanding of its digital capability, the Health Board risks slowing down its digital transformation because it cannot accurately target training, allocate resources, or plan organisational change.

### Developing digital skills

33 The Health Board is committed to developing a digitally skilled workforce but lacks a comprehensive digital skills training programme to achieve this. While the Digital and Data Plan and the People Plan 2025-2030 recognise that many staff still need to improve their digital and data skills, there are only limited arrangements in place to achieve this. For example, the Health Board is working with universities to offer some cyber security e-learning courses and AI focused training modules to staff.

34 At the time of our work, the Health Board reported 188.37 whole time equivalent staff in digital roles, with additional short-term posts in place for specific projects and workstreams. We were also told that the digital structure had been strengthened in recent years through appointments to key roles, such as the Assistant Director of Digital Transformation and Head of Digital Business Change and Benefits. However, without a baseline or a strategic workforce plan, it is unclear whether staffing levels are sufficient to meet the Health Board's digital needs.

## Collaboration and involvement

**While the Health Board engages users in some digital programmes, involvement is inconsistent and there is no clear, organisation-wide approach to digital inclusion.**

## Staff and service user involvement

35 The Health Board engages with staff and services users in the design of some major programmes and services, for example, the patient centred contact programme and electronic prescribing and medicines administrations system (ePMA). It also shares regular updates on digital and data topics at the Cwm Taf Morgannwg (CTM) Leadership Forum and staff Q&A sessions and has engaged external groups like Llais and the Welsh Centre for Deaf People. However, these were the only examples provided, and this level of involvement does not appear to happen across all digital projects. The Board recognises that it needs to understand more about what service users think of digital transformation and plans to develop its approach further with support from its strategic partner.

## Reducing digital exclusion

36 The Health Board's Digital and Data Plan sets an aim to prevent digital exclusion and ensure that its online services are accessible to all users. The plan also highlights a project that supports pregnant women and families who may struggle to access digital technology. This work forms part of the Health Board's wider goal to strengthen its digital systems, including introducing a new digital maternity record and expanding virtual care. Together, these developments are intended to make digital services easier to use, fair, and responsive to the needs of all service users.

37 Whilst this represents a clear commitment to improving digital inclusion and some initial targeted activity, there is limited evidence that digital exclusion is being reduced in practice. While digital inclusion is part of the Assistant Director for Digital Transformation's role, the Health Board has not yet developed a dedicated digital inclusion plan to set out its objectives, actions, and measures of success in this area. The Board Assurance Framework mentions digital inclusion and accessibility, but provides very little detail, so it is hard to understand what activity is actually taking place. The Digital and Data Highlight Reports make only brief reference to digital exclusion as a risk, and do not describe any actions or progress. The Board has said that digital exclusion is discussed regularly, especially when developing new services like the patient centred contact programme, but there is little evidence that these discussions lead to clear actions. As a result, it is unclear if digital exclusion is being addressed in a consistent and meaningful way across the Health Board.

## Using digital developments to support service transformation

**The Health Board is progressing digital developments, but unclear funding, national programme delays and limited benefits evaluation create uncertainty over whether digital plans are affordable and deliver value.**

### Investment in digital transformation

38 The Digital and Data Plan includes some funded programmes, such as the digital maternity system, ePMA, and the single clinical record for mental health services. However, most of the wider digital ambitions in the plan do not yet have confirmed funding. The plan highlights that further investment will be needed for the Health Board to deliver its full digital vision, but it does not set out the expected costs or when key investment decisions will be made. This makes it difficult to judge whether the plan is achievable within the Health Board's financial position.

39 **Exhibits 1** and **2** show that the Health Board's digital spending has increased over recent years. Capital expenditure varies between financial years, rising and falling between £2.5 million and £9.4 million; largely reflecting changes in discretionary capital allocations, and annual increases and decreases in other Welsh Government capital funding streams. The Health Board's 2026-27 IMTP includes a planned IT discretionary capital spend of £2.068m, out of a total of £13.274m. Revenue investment has grown each year and is expected to continue to remain high in future years. The Health Board's Discretionary Capital allocation is issued annually by Welsh Government. Therefore, capital allocations for 2027/28 and beyond have not yet been notified. The Health Board has an established capital planning formula which allocates available discretionary capital across priority headings, including digital. However, the lack of confirmed future discretionary allocations and uncertainty in respect of other Welsh Government capital funding streams, makes it difficult to assess whether future digital plans are affordable, or whether the Health Board will have enough funding to replace ageing systems and invest in the improvements it expects to deliver.

**Exhibit 1: Annual capital and revenue investment in digital (2021–22 to 2024–25)**

| Financial Year | Capital (£m) | Revenue (£m) |
|---|---|---|
| 2021-22 | 6.6m | 14.8m |
| 2022-23 | 2.5m | 16.7m |
| 2023-24 | 6.5m | 17.8m |
| 2024-25 | 9.4m | 19.0m |

Source: Health Board supplied data

**Exhibit 2: Planned levels of capital and revenue investment in digital (2025-26 to 2027–28).**

| Financial Year | Capital (£m) | Revenue (£m) |
|---|---|---|
| 2025-26 | 3.5m | 24.3m |
| 2026-27 | TBC | 23.2m |
| 2027-28 | TBC | 23.0m |
| 2028-29 | TBC | 23.1m |

Source: Health Board supplied data

## Local digital projects

40 The Health Board is working on several local digital projects to make services easier to use, more efficient, and productive. These projects include the patient centred contact programme, medical record digitisation, emergency department huddle application, creating a digital consent form for school vaccination, and as discussed in **paragraph 31** developing and using AI tools.

41 However, despite the positive momentum, the Health Board does not have a coordinated approach to oversee and monitor delivery of local digital projects. Updates to the Operational Delivery Committee show what has been done and what is planned, but they don't always give clear delivery schedules and dates. This makes it hard to see when these digital projects will be finished or to track their progress against set milestones.

## Adopting national digital systems

42 The Health Board is actively adopting national digital solutions as part of the 'Once for Wales' approach. It works closely with key partners including Digital Health and Care Wales (DHCW), Welsh Government, and neighbouring Health Boards. The Health Board is involved in major digital projects such as Digital Maternity Cymru, diagnostics systems such as the radiology informatics system (RISP), and the Welsh patient referral system.

43 At a regional level, the Health Board is working with neighbouring Health Boards on shared national projects. This includes using the ‘open eyes’ digital ophthalmology system to improve eye care across South-East Wales and introducing the laboratory information management system (LIMS) for Cellular Pathology.

44 Despite this, the Health Board has raised concerns that roles and responsibilities are not always clear between itself, DHCW and Welsh Government, especially when it comes to how national digital programmes are delivered and supported. The Digital and Data Highlight Reports to the Operational Delivery Committee show that delays to national digital programmes are ongoing and significant. These delays make it harder for the Health Board to manage digital risks and move forward with wider digital transformation.

45 The reports show delays in key national programmes, including LIMS, and ePMA. The reports also show pressure on other all-Wales programmes, such as Digital Maternity Cymru, where competing national priorities are affecting delivery times. Many of these delays are outside the Health Board’s direct control and depend on national partners and system-wide capacity. As a result, the Health Board’s progress in modernising digital services and delivering wider digital transformation depends heavily on how quickly and effectively national programmes are delivered.

46 While the highlight reports give a reasonable overview of progress and risks for national digital programmes, they do not always include clear timelines or detailed plans for dealing with challenges. This makes it hard to understand when projects will be finished or how risks will be addressed if they arise. The reports reference partnership working on individual programmes but provide only limited insight into how effectively these arrangements operate overall. Because of this, it is difficult for the Board to see if partnership issues might slow down progress, or to be sure that joint working is strong enough to support major digital programmes.

## Evaluating digital solutions

47 At the time of our review, the Health Board did not have a benefits framework and an Internal Audit review in May 2025 gave only limited assurance in this area. By January 2026, a draft benefits framework and toolkit had been developed, with new benefits registers for major digital projects. It is important for the Health Board to finish this work at pace so it can clearly show if digital investments are making a difference and delivering value for money. This will also help the Board use resources better, make informed decisions based on reliable evidence, and show the impact of its digital investments to stakeholders.

# Recommendations

49 The following table details the recommendations arising from our work.

**R1** The Health Board should strengthen the Digital and Data Plan by setting clear milestones and resource requirements, defining and tracking digital maturity, and fully integrating digital priorities across workforce, estates, finance, and clinical service planning. **(Paragraphs 12-14)**

**R2** The Health Board should strengthen its digital performance reporting by including clear milestones, progress measures, risk updates and consistent information across programmes, supported by simple visuals to improve Board oversight. **(Paragraph 20)**

**R3** The Health Board should develop a comprehensive, costed infrastructure replacement plan that includes clear timelines, milestones, asset information and long-term investment needs, supported by clearer reporting on the effectiveness of controls and actions. **(Paragraph 24)**

**R4** The Health Board should develop a clear AI governance framework, ensuring all AI activity is formally recorded, risk-assessed and reported through the Board Assurance Framework and Organisational Risk Register. **(Paragraph 31)**

R5 The Health Board should develop a structured approach to understanding and building its digital workforce capability by:

R5.1 maximising the use of HEIW's Digital Capability Framework to understand the basic IT confidence of staff and developing a local assessment tool to understand the wider digital transformation skills needed to deliver its digital ambitions. **(Paragraph 32)**

R5.2 developing a digital skills training programme, ensuring staff have access to targeted, role-specific learning beyond basic e-learning, including data skills, digital change capability, and transformation skills. **(Paragraph 33)**

R5.3 creating a strategic digital workforce plan that sets out required staffing levels, roles, competencies, and future capacity needs, informed by a clear baseline of current digital workforce capability. **(Paragraph 34)**

R6 The Health Board should develop an organisation-wide approach to user engagement and digital inclusion by:

R6.1 introducing an engagement framework to ensure staff and service users are routinely involved in the design and development of all digital programmes. **(Paragraph 35)**

R6.2 creating a digital inclusion plan setting out priorities, actions, measures and how digital exclusion risks will be addressed across all service areas. **(Paragraph 37)**

R6.3 ensuring that digital inclusion and user engagement activity is clearly reported, with regular updates on actions, progress, and impact to support better oversight and accountability. **(Paragraph 37)**

R7 The Health Board should set out clear, costed investment requirements, including capital needs beyond 2026-27, timelines for key decisions, and the affordability of major digital priorities. This will allow the Board to judge whether its digital ambitions are realistic within its financial position. **(Paragraphs 38-39)**

R8 The Health Board should introduce a coordinated approach to overseeing all digital projects to clearly assess progress and dependencies across local, regional and national work. **(Paragraphs 41 and 46)**

R9 The Health Board should complete and embed its benefits framework, ensuring that benefits registers are routinely maintained and reported to demonstrate whether digital investments are delivering improvements, value for money and better use of resources. **(Paragraph 47)**

# Appendices

# 1 About our work

## Scope of the audit

The goal of this audit is to find out if the Health Board is using digital technology to support service modernisation and efficiency. This included the approach to strategy, leadership and skills development for digital transformation, and how risks around digital infrastructure, cyber resilience and artificial intelligence are being managed.

## Audit questions and criteria

### Questions

Our audit addressed the following questions:

- Does the Health Board have a well-led and appropriately resourced approach to digital transformation?
- Is the Health Board developing the digital skills, capacity, and capability of its workforce?
- Does the Health Board have a clear plan for managing its cyber resilience arrangements and digital infrastructure and how they will need to change to support its digital transformation ambitions?
- Does the Health Board engage effectively with staff, partners, patients / service users to deliver its digital transformation ambitions and minimise digital exclusion risks?
- Is the Health Board actively utilising new digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services?

### Criteria

Our audit questions were shaped by:

- External reference input from the Welsh Government, all-Wales NHS Directors of Digital, and Digital Health & Care Wales.
- Relevant Welsh Government strategies and plans.
- Relevant NHS Digital Transformation review reports completed by the National Audit Office and House of Commons Health and Social Care Committee.
- NHS England Department of Health & Social Care: A plan for digital health and social care policy paper.
- NHS England Transformation Directorate: What good looks like framework.

## Methods

We asked Cwm Taf Morgannwg University Health Board (the Health Board) to:

- Complete a self-assessment to help us understand how the organisation is undertaking digital transformation.
- Give us facts and figures about its spending on digital technology, staff digital skills, cyber resilience, and how it involves people in digital transformation.

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Digital and Data Highlight Reports, and the Cyber Improvement Plan
- Key strategies and plans, including the Digital and Data Plan, and IMTP
- Key risk management documents, including the Board Assurance Framework and Organisational Risk Register.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies, including the HIMSS EMRAM Assessment (2022), and Cyber Security Assurance Report (October 2025)

We interviewed the following key stakeholders:

- Director of Digital
- Chief Executive

- Assistant Director, Data and Digital Transformation
- Senior Finance Manager

We observed Board meetings as well as meetings of the following committees:

- Operational Delivery Committee
- Strategic Development Committee

# 2 Key terms in this report

| Term | Description |
|---|---|
| **Integrated Medium Term Plan** | An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval. |
| **Health Information and Management Systems Society (HIMSS)** | The Healthcare Information and Management Systems Society (HIMSS) is a global non-profit organisation dedicated to improving health through the best use of information technology and management systems |
| **Electronic Medical Records Adoption Model (EMRAM) Assessment** | The Electronic Medical Record Adoption Model (EMRAM) is a strategic, eight-stage (0–7) framework developed by HIMSS to measure, benchmark, and improve a hospital's digital maturity. It guides organizations from paper-based systems to a fully electronic, paperless environment, aiming to enhance patient safety, clinical outcomes, and efficiency. |
| **Tektology** | Tektology is an international consulting organisation that specialises in digital health, innovation, strategy, and operational improvement. |
| **Board Assurance Framework** | A Board Assurance Framework (BAF) in the NHS is a structured, strategic tool used by boards to monitor risks that threaten the achievement of corporate objectives |
| **Organisational Risk Register** | A Organisational Risk Register sets out the organisation’s significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them. |

| Term | Description |
|---|---|
| **Citrix Software** | Citrix allows staff to work from home or different sites without storing sensitive data on laptops. Everything stays inside the organisation's secure network. |
| **Welsh Patient Administration System (WPAS)** | WPAS is the national hospital administration system used across Wales to manage patient pathways and core administrative processes in secondary care. |
| **Cyber Resilience Unit (CRU)** | The NHS Wales Cyber Resilience Unit (CRU), established in 2021 and hosted by Digital Health and Care Wales (DHCW), is an independent team responsible for implementing and monitoring NIS regulations to boost cybersecurity across the Welsh health sector |
| **Cyber Assessment Framework (CAF)** | The Cyber Assessment Framework (CAF) is a National Cyber Security Centre (NCSC) tool designed to help organisations, particularly those in critical infrastructure like energy, health, and transport, assess their cyber resilience. |
| **National and Information (NIS) Regulations 2018** | The National and Information (NIS) Regulations 2018 aim to improve the cybersecurity and resilience of systems that provide essential services. |
| **Artificial Intelligence** | Artificial intelligence (AI) is the ability of machines, computer systems, or robots to mimic human intelligence, learning, and decision-making to perform specific tasks. |
| **HEIW's Digital Capability Framework** | A national model outlining the digital skills, behaviours and confidence health and care staff need, organised into six capability domains with a self-assessment tool for development |

| Term | Description |
|---|---|
| **Patient Centred Contact Programme** | The Patient Centred Contact Programme is a digital initiative aimed at making patient communication more efficient and personalised, using digital tools and data-driven redesign to improve both patient and staff experience as part of the Health Board's wider digital transformation strategy. |
| **Electronic Prescribing and medicines administration (ePMA)** | The Electronic Prescribing and Medicines Administration System is designed to improve patient safety through better documentation, streamlined workflows, and more efficient access to medication records as part of NHS Wales' Digital Medicines Programme. |
| **Llais** | Llais is the national citizens voice body for health and social care in Wales. |
| **Open Eyes** | Electronic patient record (EPR) system designed specifically for ophthalmology services. |
| **Laboratory Information Management System (LIMS)** | The Laboratory Information Management System (LIMS) in NHS Wales is a unified digital system designed to manage pathology data and sample workflows across all health boards and hospitals. |
| **Once For Wales** | National approach in NHS Wales where a digital system, process or standard is designed, procured and implemented once at a national level, rather than each Health Board creating its own version. |
| **Digital Maternity Cymru** | Digital Maternity Cymru is a national digital programme to replace paper maternity notes with a single electronic maternity record used across all Health Boards in Wales. |
| **Radiology Informatics System Procurement (RISP)** | Radiology Informatics System Procurement (RISP) is a national digital programme designed to replace and modernise all core radiology informatics systems across every Health Board. |

| Term | Description |
| --- | --- |
| **Welsh Patient Referral System** | The Welsh Patient Referral System is a national digital system that supports the electronic management of patient referrals in NHS Wales |

# About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out his work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

CYNNAL EIN DYFODOL | YSBRYDOLI POBL | GWELLA GOFAL | CREU IECHYD

| | |
|---|---|
| Meeting Name: | Strategic Development Committee |
| Report Title: | Primary and Community Care Development |
| Agenda Item: | 8.2.2 |
| Date of Meeting: | 19 August 2026 |
| Publication Status: | Open/Public |
| Report Prepared by: | Sarah Bradley Service Director |
| Report Presenter: | Gethin Hughes Chief Operating Officer |
| Report Executive Sponsor | Gethin Hughes Chief Operating Officer |
| Report Purpose: | To Provide and overview of key aspects of developments in Primary Care and community services to enable a Board discussion |
| Action / Decision Required: | Note |
| Strategic Context:<br>This report aligns to the following Strategic Pillars | Improving Care, Sustaining our future, Creating Health |
| Please indicate how this aligns to the Integrated Medium Term Plan / Annual | Priority is to develop integrated teams to delivery high quality care at a neighbourhood level |

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

| | |
|---|---|
| What (summary of current position / issue & why it matters and evidence to support that position etc) | Cwm Taf Morgannwg University Health Board is progressing an ambitious programme of Primary and Community Care transformation designed to shift care away from traditional hospital-based models towards integrated, neighbourhood-based services that are personalised, accessible and centred on community need. The programme is being overseen by the Primary Care and Community Transformation Board and is aligned to the national Community by Design agenda, which seeks to improve population health, strengthen the management of chronic conditions, and ensure more care is delivered closer to home. Evidence of progress to date includes the appointment of three GP Clinical Leads, establishment of Hospital@Home and a Single Point of Access (Navigation Hub), development of integrated leadership arrangements, and expansion of community-based services |
| So, what (provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks<br>etc and any options for addressing these) | Significant challenges remain, including inconsistent integration across partner organisations, limited digital interoperability, which is underpinned by the absence of a comprehensive community clinical information system and performance framework. Addressing these issues is critical to measuring success and demonstrate we are delivering sustainable services, improving health outcomes, reducing reliance on hospital care and achieving the Board's long-term strategic ambition for integrated community-based care. The primary care transformation programme provides oversight to manage, mitigate and progress the developments. |
| What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made) | The Board is asked to note the progress made to date and support the next phase of the Primary Care and Community Transformation Programme. This year will be<br>1. focused on sharing the vision with staff, partners and public and starting to put in place the leadership structure and mobilising the enablers. Also, the identification of services traditionally delivered in a hospital setting which can be transferred as part of the Community by Design Principles.<br>2. 2027 onwards will focus on delivering integrated neighbourhood health services and wider service redesign under Community by Design which focus on urgent and emergency pathways, long term conditions and health promotion. |

| Recommendation (Linked to the "What Next" section above). | Note |
|---|---|
| **Link to Strategic Risk(s) on the Board Assurance Framework**<br>**(Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)** | **Strategic risk 1a,1b and 11**<br>If more than one applies please list below: |
| **Link to Wellbeing of Future Generations Act – Wellbeing Goals** | If more than one applies please list below:<br>A Resilient Wales , A Wales of Cohesive Communities , A More Equal Wales, A Healthier Wales |
| **Environmental Sustainability Impact (5Rs)** | If more than one applies please list below:<br>Not Applicable |
| **Link to Enablers of Quality** | If more than one applies please list below:<br>Leadership, Learning, Improvement & Research, Whole Systems Perspective |
| **Impact Assessment** | |
| **Equality & Welsh Language Impact Assessment Outcome**<br>**(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)** | No Equality, Welsh Language or Quality Impact Assessments have been undertaken for this report as it provides a progress update only and does not seek approval of any service change, policy or decision. Any future proposals arising from the programme that may impact service delivery, quality, equality or Welsh language standards will be subject to the appropriate impact assessment processes and governance oversight. |
| **Quality Impact Assessment Outcome (Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)** | As above |
| **Cyfreithiol / Legal** | The Board can take assurance that delivery of the Primary and Community Care Development Programme is supported by established governance arrangements, clear executive oversight and partnership working across health, local authority and third-sector organisations. These arrangements support effective management of legal, operational and reputational risks while ensuring the programme remains aligned to national policy, statutory responsibilities and the Health Board's strategic objectives |
| **Enw da / Reputational** | The Board can take assurance that delivery of the Primary and Community Care Development Programme is supported by established governance arrangements, clear executive oversight and partnership working across health, local authority and third-sector organisations. These arrangements support effective management of legal, operational and reputational risks while ensuring the programme remains aligned to national policy, statutory responsibilities and the Health Board's strategic objectives |
| **Resource Impact**<br>**(People / Financial)** | An established transformation programme, overseen by the Primary Care and Community Transformation Board, is in place to manage workforce, financial and infrastructure requirements, providing assurance that delivery is being progressed through a planned and sustainable approach. |

# Primary Care & Community Development

## Presented by: David Andrews

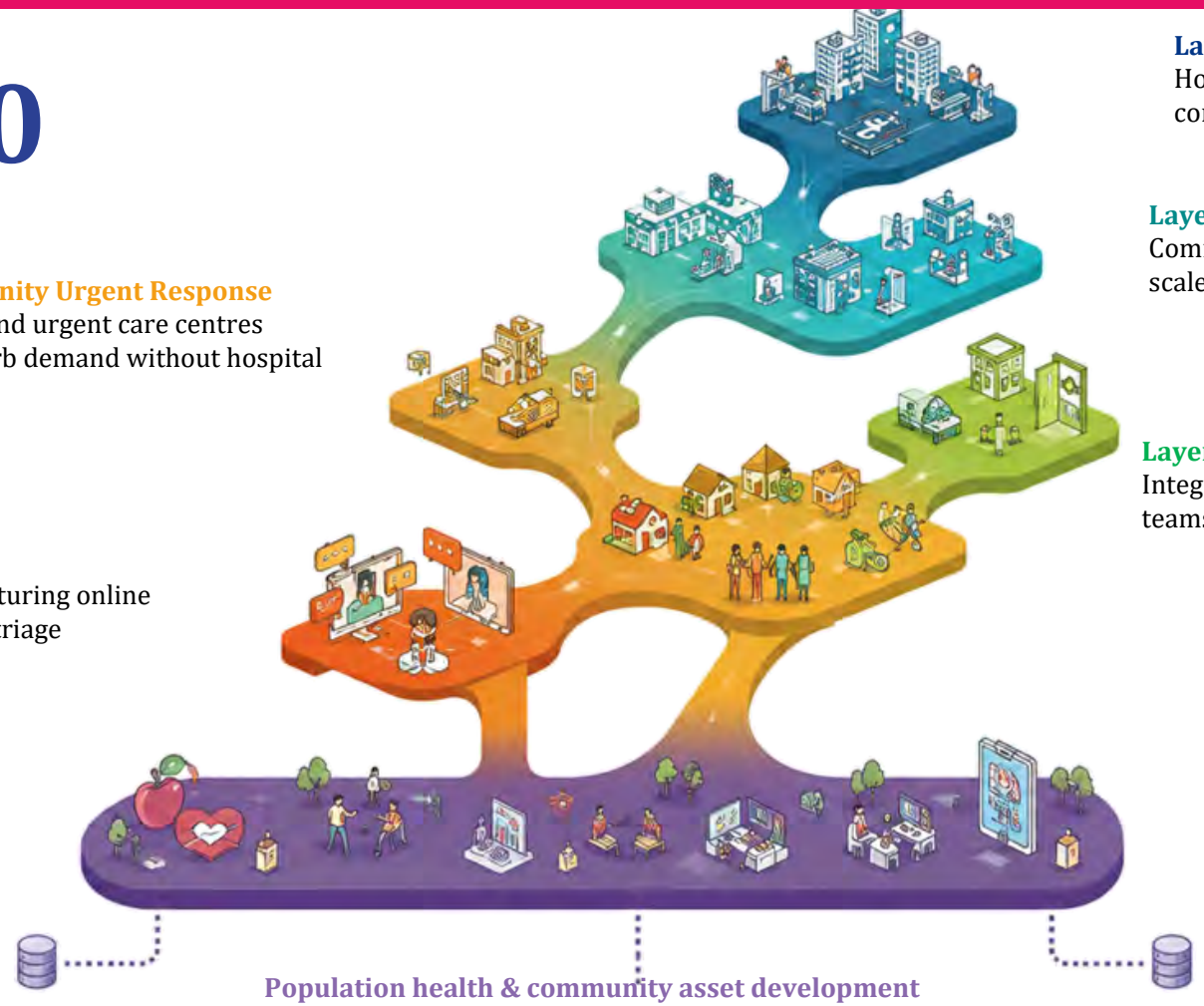
Cwm Taf Morgannwg University Health Board

# CTM 2030

**Layer 5: Specialist and Emergency Hospital Care**
Hospitals transition from the "default location" to a component reserved for complex and critical care.

**Layer 4: Diagnostic and Treatment Platforms**
Community diagnostic centers and facilities operating at scale outside of traditional hospital infrastructure.

**Layer 3: Community Urgent Response**
Rapid response and urgent care centres designed to absorb demand without hospital admission



**Layer 2: Locality Care**
Integrated primary, social, and preventative care teams supporting patients in their own homes.

**Layer 1: Virtual Response**
The system's 'front door' featuring online advice, digital GPs and early triage

**Layer 0: Prevention**
Proactive, personalised and population-based prevention to keep people well for longer and reduce future demand.

**Population health & community asset development**

# Key Aspects of Developments in Primary Care & Community

Programme of work is being overseen by the Primary Care and Community Transformation Board

Strategic Plan commissioned through the National Association of Primary Care

Our vision:

We will move from fragmented, hospital-focused services towards a more personalised, accessible model of care, with more care delivered closer to home through neighbourhood health services. These multidisciplinary teams will bring together GPs, nurses, allied health professionals, community health workers, volunteers and other primary care professionals to provide coordinated care that is centred on the needs of local communities. The development of these services will be informed by population need and designed to improve access, experience and outcomes for patients.

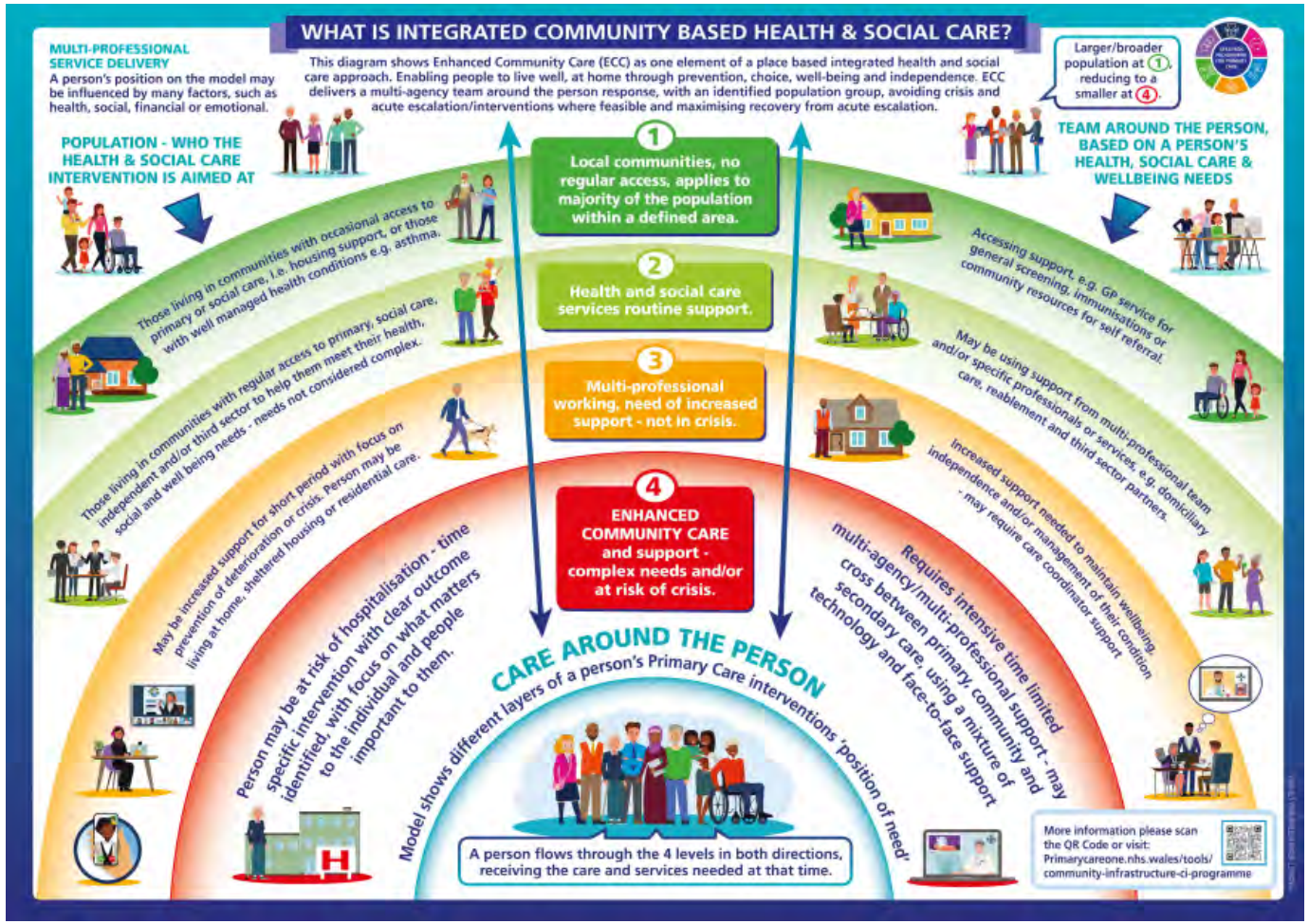
# Integrated Primary & Community Teams

## Proactive, integrated primary & community care teams built around general practices delivering joined-up, proactive care


**One team, collectively responsible for improving the health and wellbeing of everyone in the local community.**

- An **integrated primary and community team in each natural community**: GPs, community nurses, pharmacists, social workers, care coordinators, AHPs, mental health specialists and voluntary sector link workers collaborating with high levels of trust
- Team based model: **eliminate referrals between functions.**
- **Holistic care**: integrated teams address psychological and social factors as well as physical health needs through 1:1 and group interventions.
- All staff in each integrated team operate under **single leadership.**
- **Small number of specialist community services** operating at locality /CTM level; seamless access to these services for integrated teams

# Integrated Community Health and Social Care System



# Delivery



- It’s ambitious - integration of more diverse, multidisciplinary teams into community which will empower people to take ownership of their own health care while improving accessibility and equity of care across out Localities.
- To succeed we need to focus on 4 key areas, which underpin the delivery of this programme of work;
    - Community by Design
    - Integrated leadership model
    - Performance metrics
    - Dependents: workforce and estates

# Community by Design (CbD)

National Directive: A health transformation programme to deliver better outcomes through integrated services in the community and will focus on three key areas:

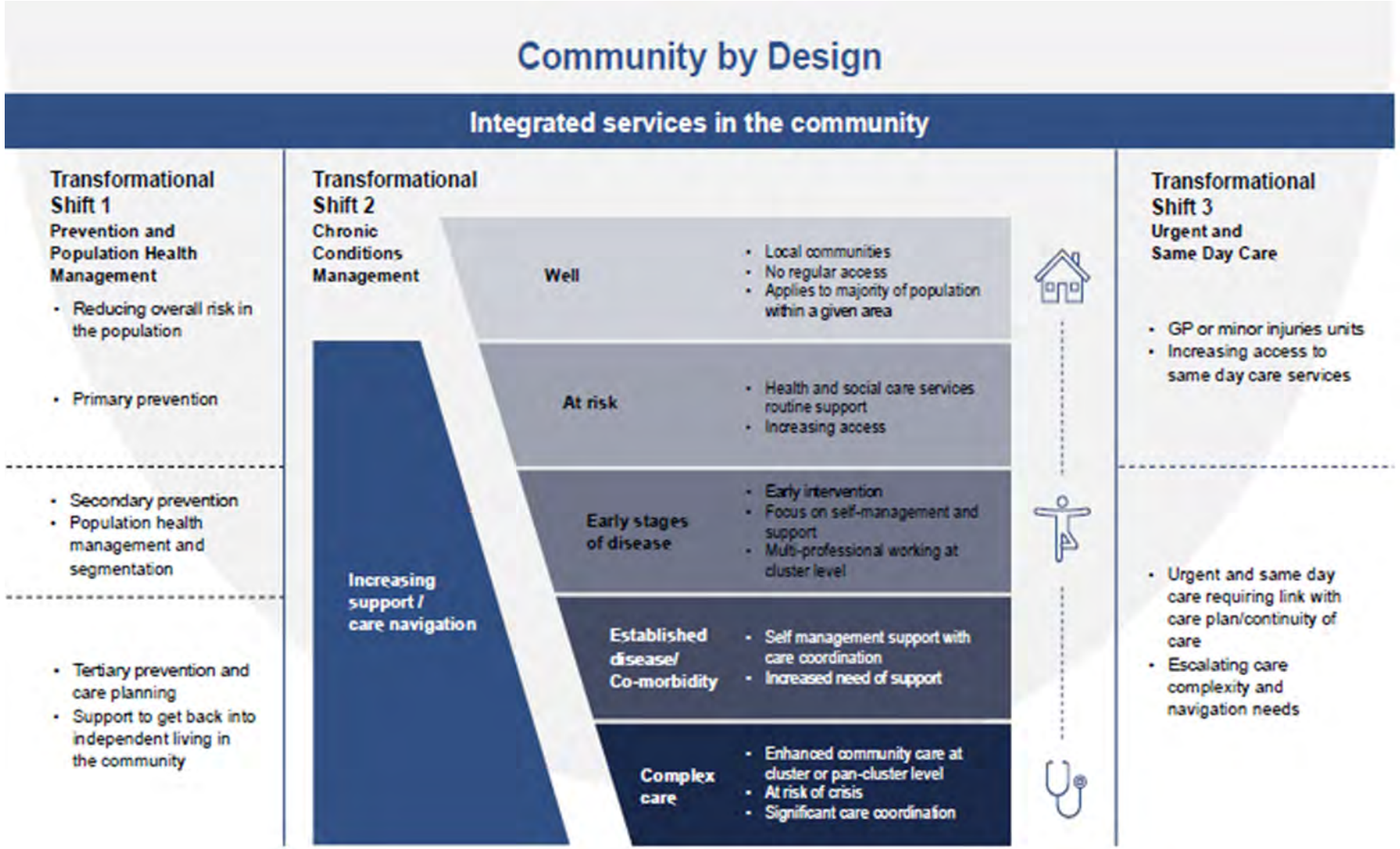
1. Developing a prevention first approach supported by a population health management approach
2. Developing a new model for the management of chronic conditions that supports people to remain well in the community
3. Ensuring that urgent and same day care needs are met in a way that strengthens the community by design approach and allows people to be supported in the community where possible and appropriate

The above key pillars will be led by:

- Chronic Conditions – Paul Mears (Chief Executive, CTMUHB)
- Urgent and Same Day Care – Phil Kloer (Chief Executive, HDUHB)
- Prevention and Population health Management – Tracey Cooper (Chief Executive, Public Health Wales)

# Community by Design



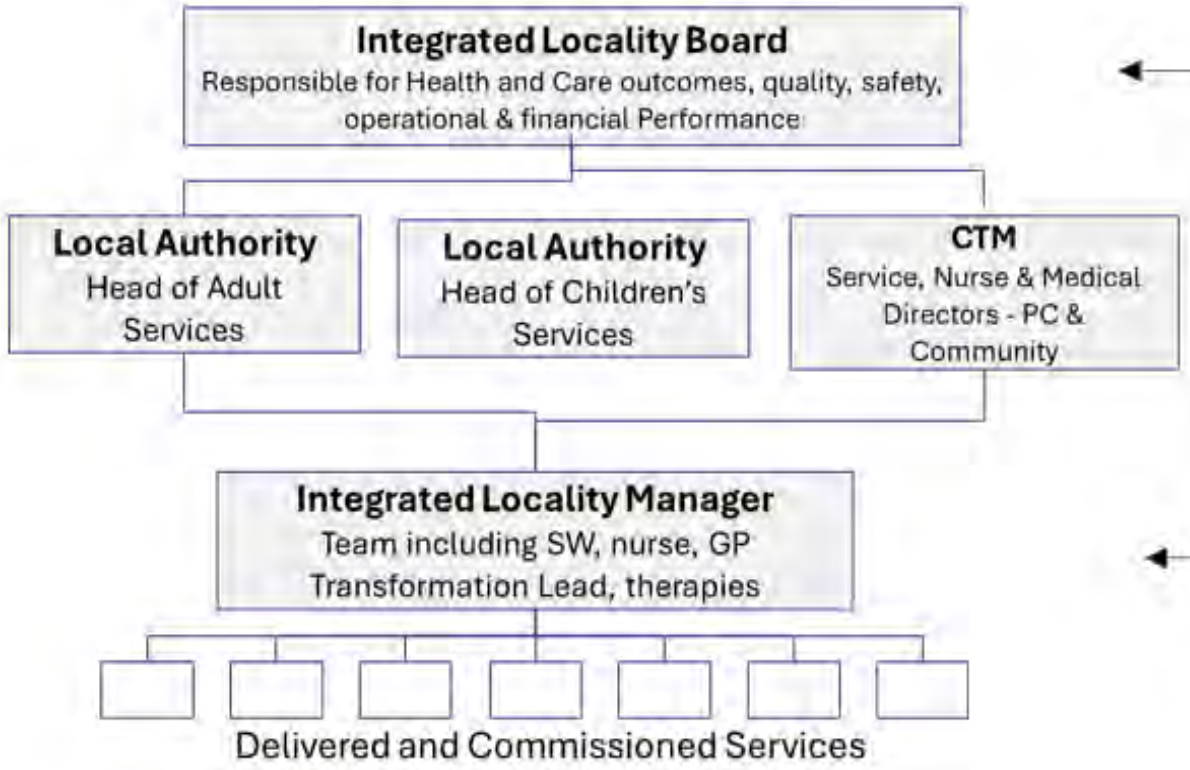


# Integrated Leadership

- There is an opportunity to strengthen integration and collaboration across NHS, Local Authority and Voluntary Sector partners.
- Mature integrated system combines each agencies responsibilities for adult and social care
- Integrated teams are not an additional service or layer – collective responsibility for improving health and wellbeing of everyone – cultural
- Integrated leadership supports teams to work together
- A shared ambition for integration, delivered through locality-specific approaches.
  - Bridgend the strengthening of joint management.
  - RCT and Merthyr Tydfil first step to increase the quality of joint-working amongst frontline teams as a precursor to any structural change.

- Leveraging the Regional Partnership Agreement (RPA)
- RPA governance architecture will drive accountability and delivery through a single partnership spine.
- Joint Partnership Boards (JPBs) at a locality level are a critical part of a partnership governance spine. Reporting on the measurement framework will be progressed with local teams and through to

# What could integrated Health and Local Authority leadership and governance look like in each locality?




- Locality Board overseeing integrated delivery.
- Agrees action to improve outcomes and performance.
- Membership includes DSS, CTM COO & Care Group Director

- Joint leadership of Integrated Delivery Model
- Each accountable to own statutory body and Locality Board
- Jointly provide leadership to Integrated Locality Manager

- Integrated Locality Manager responsible for delivery.
- Leadership Team comprising professional leads including a social worker, GP, nurse and therapist.

# Measuring Progress

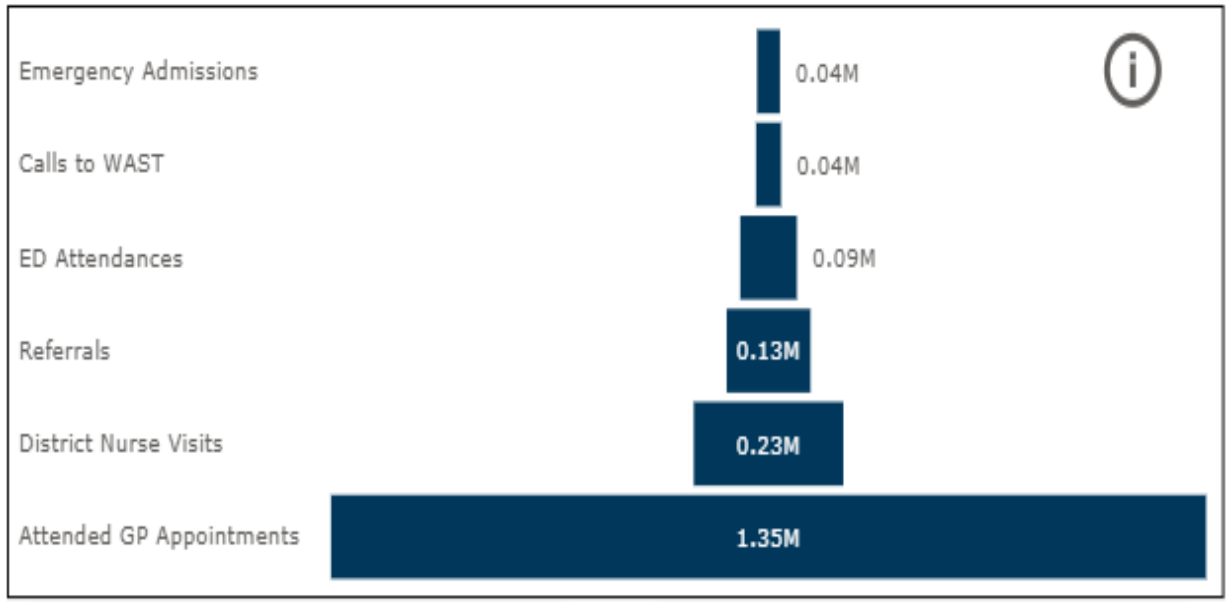
| Field | Indicator examples |
|---|---|
| **Population wellbeing outcomes**<br>*'Measures that describe the aggregate effect of our Integrated Health and Community Care System on our population'* | Healthy days at home, 'What matters to me' |
| **System shift**<br>*'Measures that describe the extent to which we are rebalancing the system, meeting needs closer to home and reducing failure demand in acute healthcare and long-term social care provision.'* | % care home conveyance without CNH input, >75 y.o. with Future Care Plan in place, Intermediate care team referral and waiting times, Pathway of Care Delays, hold or reduce the level of long-term social care packages, hold or reduce volume of commissioned care following a hospital stay, % death within 48 hrs of admission from a care home |
| **Service performance**<br>*'A selection of performance metrics for specific services in and around our optimal community model'.* | GP practices achieving all national access standards, District nursing referrals and waiting times, older people's mental health measures, waits for social care assessment, reablement, domiciliary care, residential, CHC |
| **Feedback from our population and staff**<br>*'A range of measures that describe how people experience different areas of service provision. Also, how staff in community roles feel about their work – research shows job satisfaction correlates with service quality.'* | PROMS and PREMS. Family/ carer reported outcomes<br>Social care quality/ 'what matters' measures via the national performance framework/ local surveys of everyone with a care plan<br>Survey of each person that has received intermediate care<br>Staff sickness rates and turnover in intermediate care teams |

# Performance Metrics



- Performance reporting for Primary Care and Community Services is continuing to mature
- Opportunities exist to strengthen outcome-focused measures and reduce manual data collection
- Development of a shared community electronic patient record remains a key enabler for improvement
- Greater interoperability between digital systems is required to support integrated care and performance reporting
- The  systems data is available
  - Primary Care Portal –nationally managed infrastructure by DHCW
  - Access for GP practices is Welsh Health and Care Intelligence Portal (WHCIP)
  - Primary Care Workforce Intelligence System (PCWIS)
  - Civica - national e-scheduling system but no clinical record - used by District Nursing and recently Hospital@Home
  - PAS – Patient Administration System – community hospital & palliative care wards

# Primary Care & Community Contacts




All Wales data showing activity across all services in 2025

In terms of PCC there were 1.58 million (out of 1.75 million) contacts across Primary and Community in Wales representing 90% of all contacts.

Those GP are unscheduled and planned care yet comparing to emergency attendance.

# General Medical Services (GMS) Access Activity

ctmuhb.nhs.wales

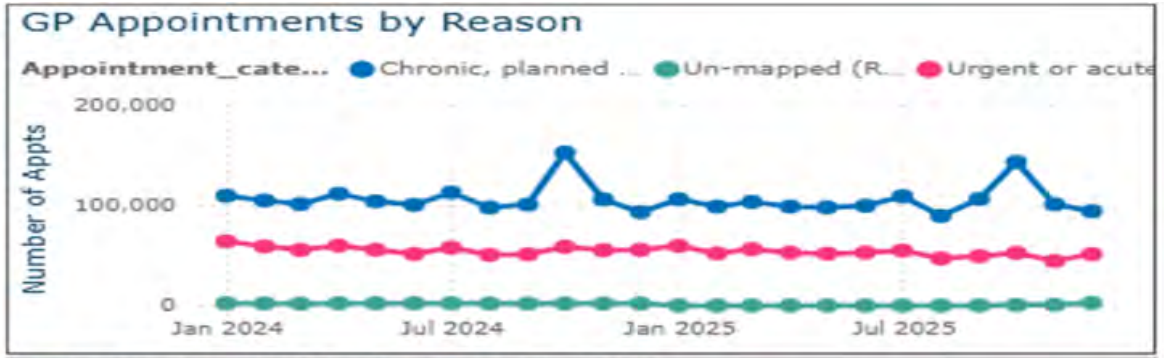
Health Board: CTMUHB

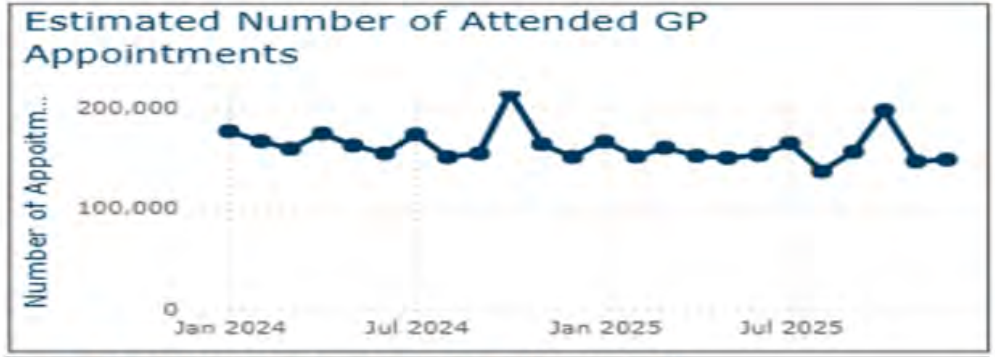
Cluster: All

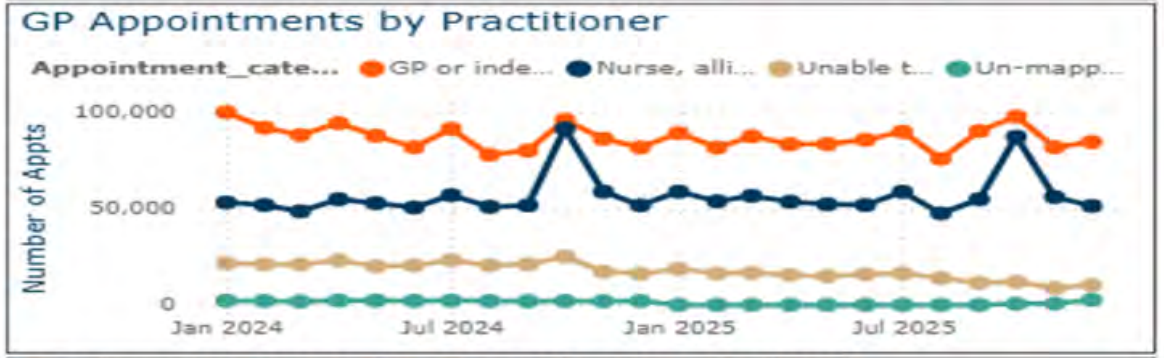
Clear all slicers

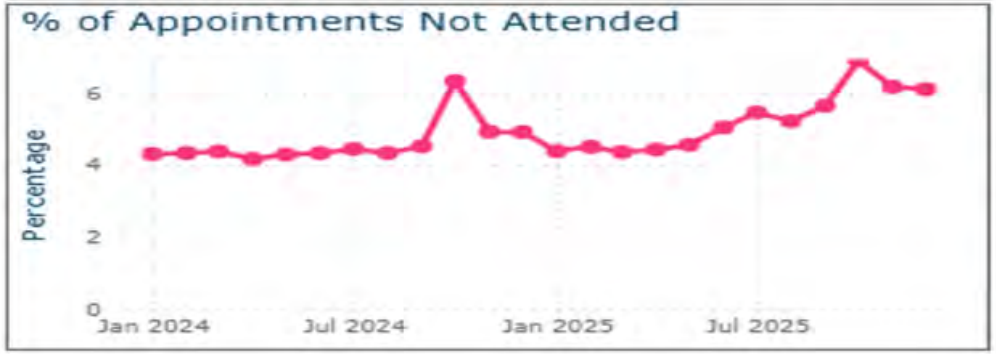
GMS data is refreshed quarterly with data currently available to December 2025

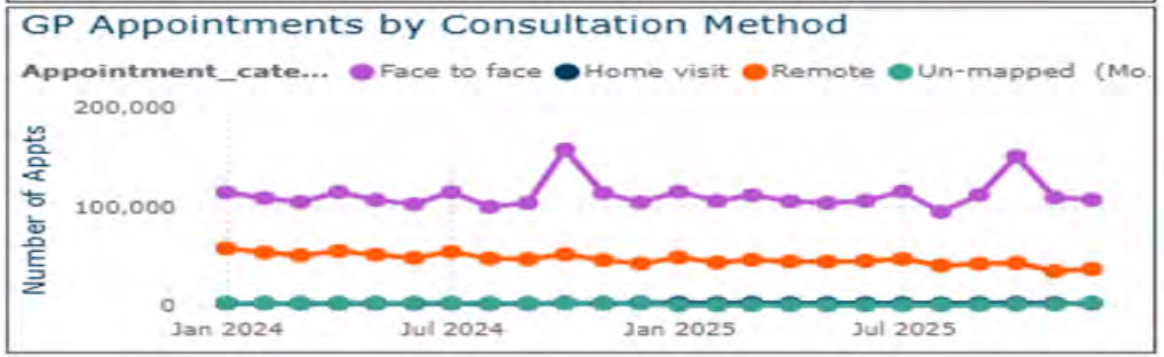
The term **'appointment'** includes all patient-related activities recorded in a general practice's appointment book. Most are traditional consultations with healthcare professionals, but it can also include non-consultation tasks (e.g. medicine reviews) if recorded. Activities not entered in the appointment book are not counted as appointments



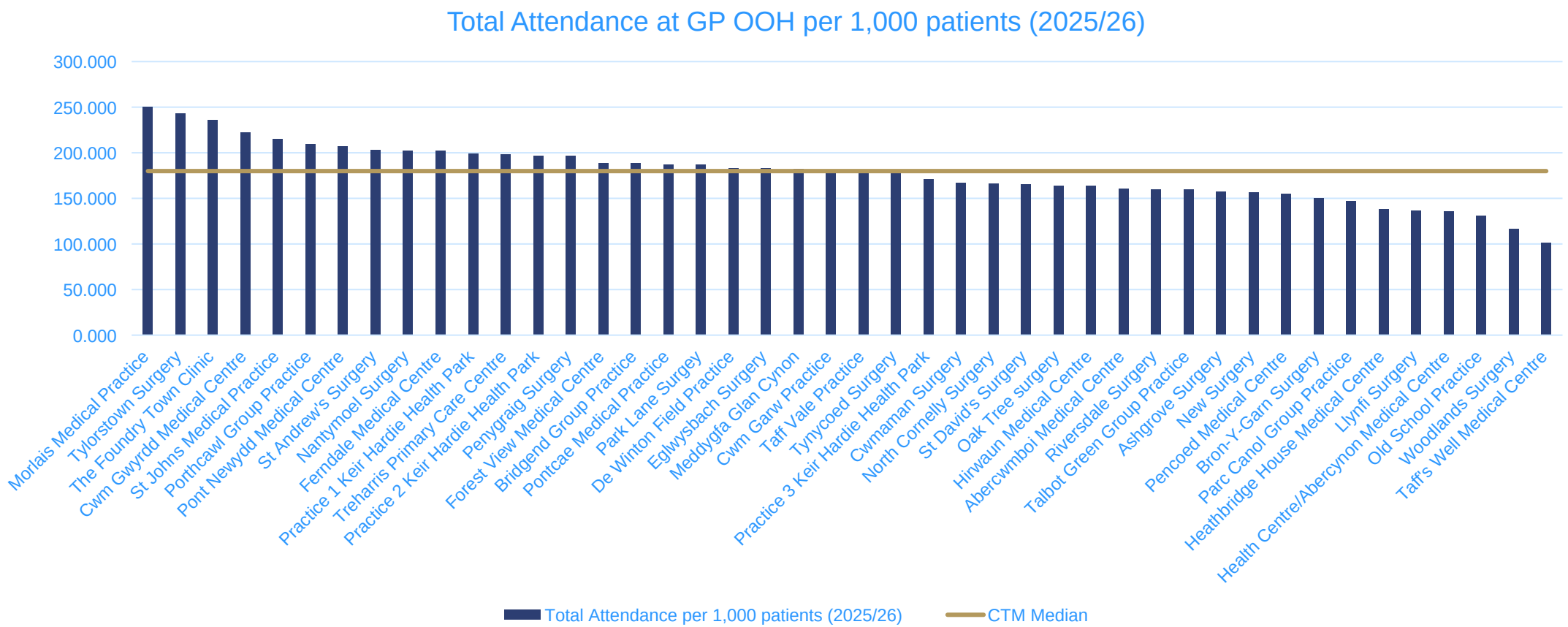



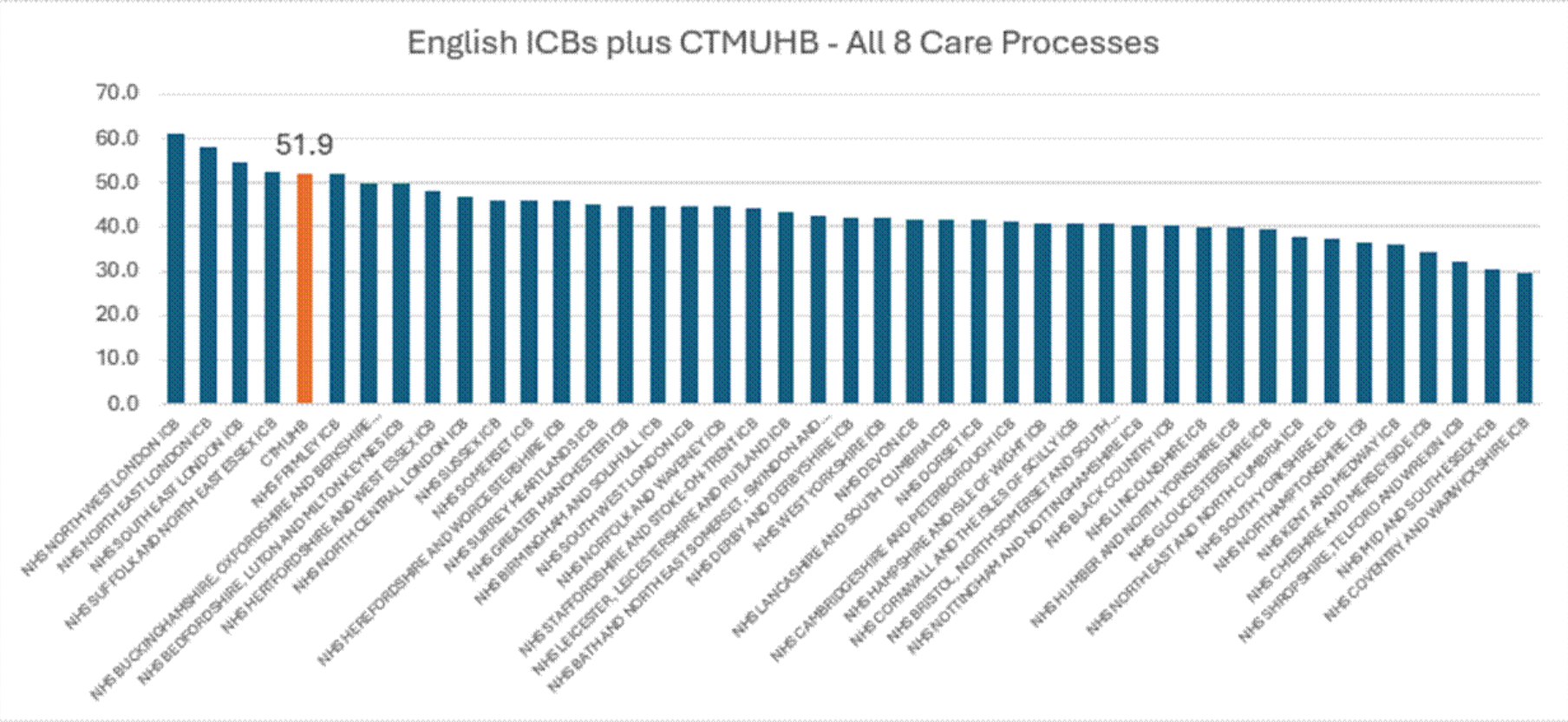



# Attendance at GP Out of Hours by GP Practice



# English ICB's plus CTMUHB – All 8 Care Processes

## 5th out of 43 Organisations in England and Wales



# Cardiovascular Risk

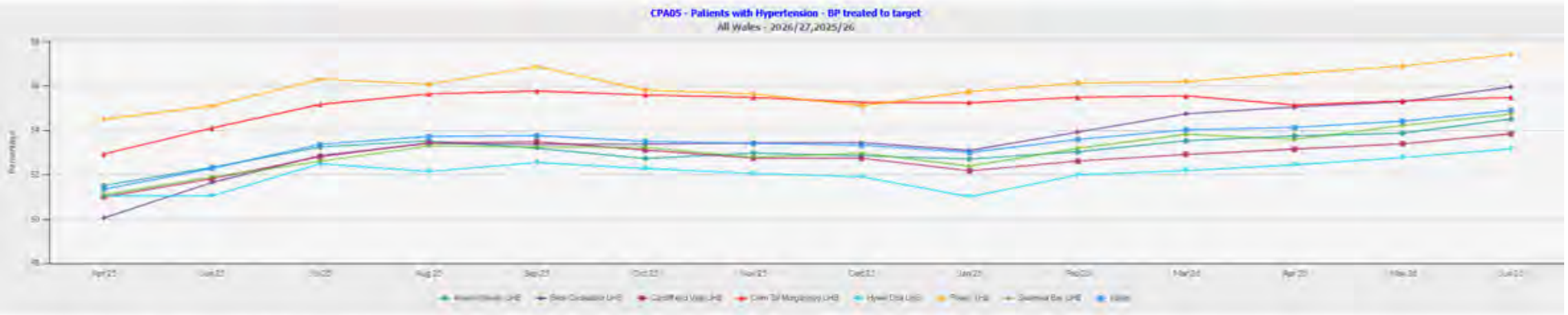


**Priority One**
BP > 180/120mmHg

**Priority Two**
2a.BP>160/100mmHg
2b BP>140/90 mmHg and comorbidities*
2c No BP reading in last 15 months

**Priority Three**
BP>140/90mmHg or >150/90mmHg if > 80 years

**Priority Four**
4a BP<140/90mmHg under age 80 years
4b BP<150/90mmHg aged > 80 years




47,713 / 86,003 (55.5%)
All-Wales 54.9%
Powys best performer 57.4% but denominator only 27k

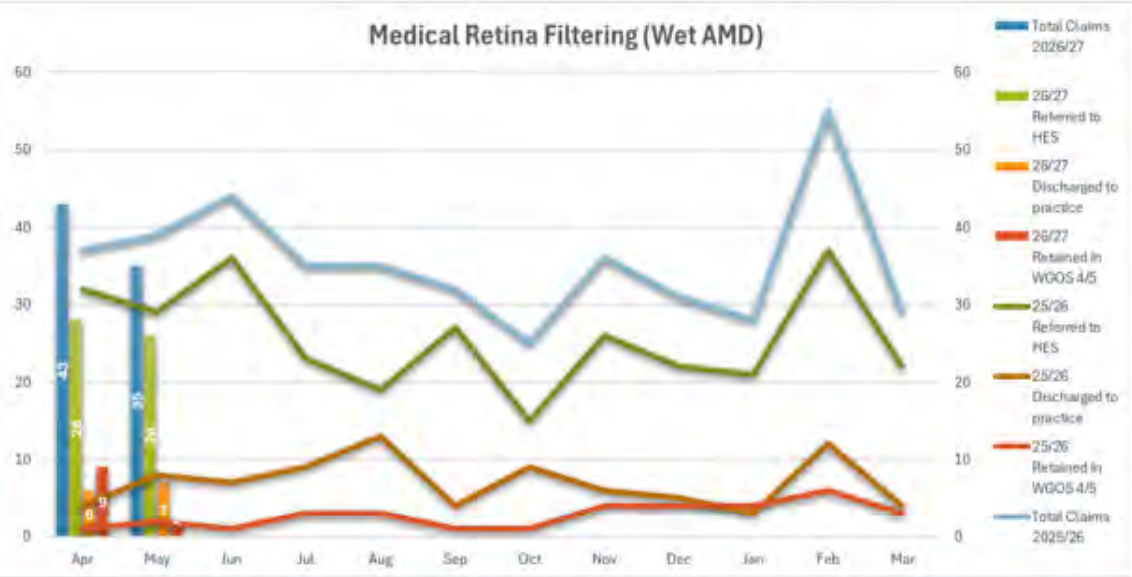
About 19% of our population in CTM (86,000 patients) have a diagnosis of hypertension.

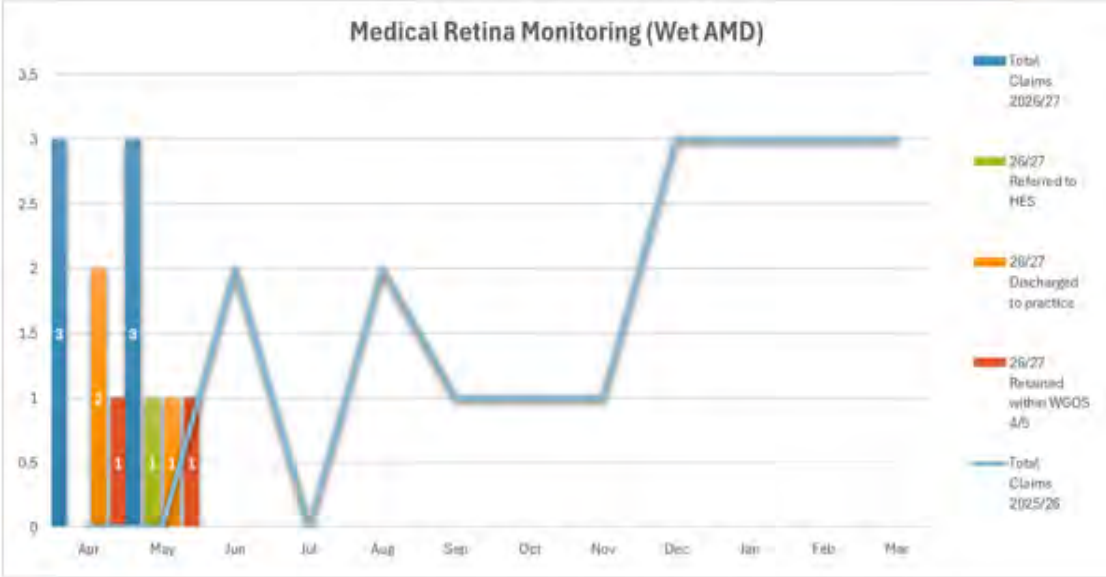
55.5% of those with hypertension are treated to target in CTM compared to 54.9% across all of Wales.
We are the third-best performing HB in Wales.

# Dental Access Portal


- From April 2026 all practices are required to accept New patients by allocation from the DAP only. Reporting will grow over the next 12 months.
- The average number of allocations has significantly increased compared to the 2025/26 average of 961 to 1,918; June allocation was 2,705, across 25 practices.
- Declined Offers reduced from 637 in May to 101 in June, 536 patients were been reallocated to an alternative practice in June.
- The PCT will monitor number of allocations, in addition to practices requesting patients to ensure compliance with the new GDS 2026 Regs.
- Due to the transitional period into the new contract, practices are still completing treatments for NP started before 31 March, this will end in June.

# General Ophthalmic Service
# WGOS 4 Claims [Medical Retina Filtering (MRF), Wet AMD



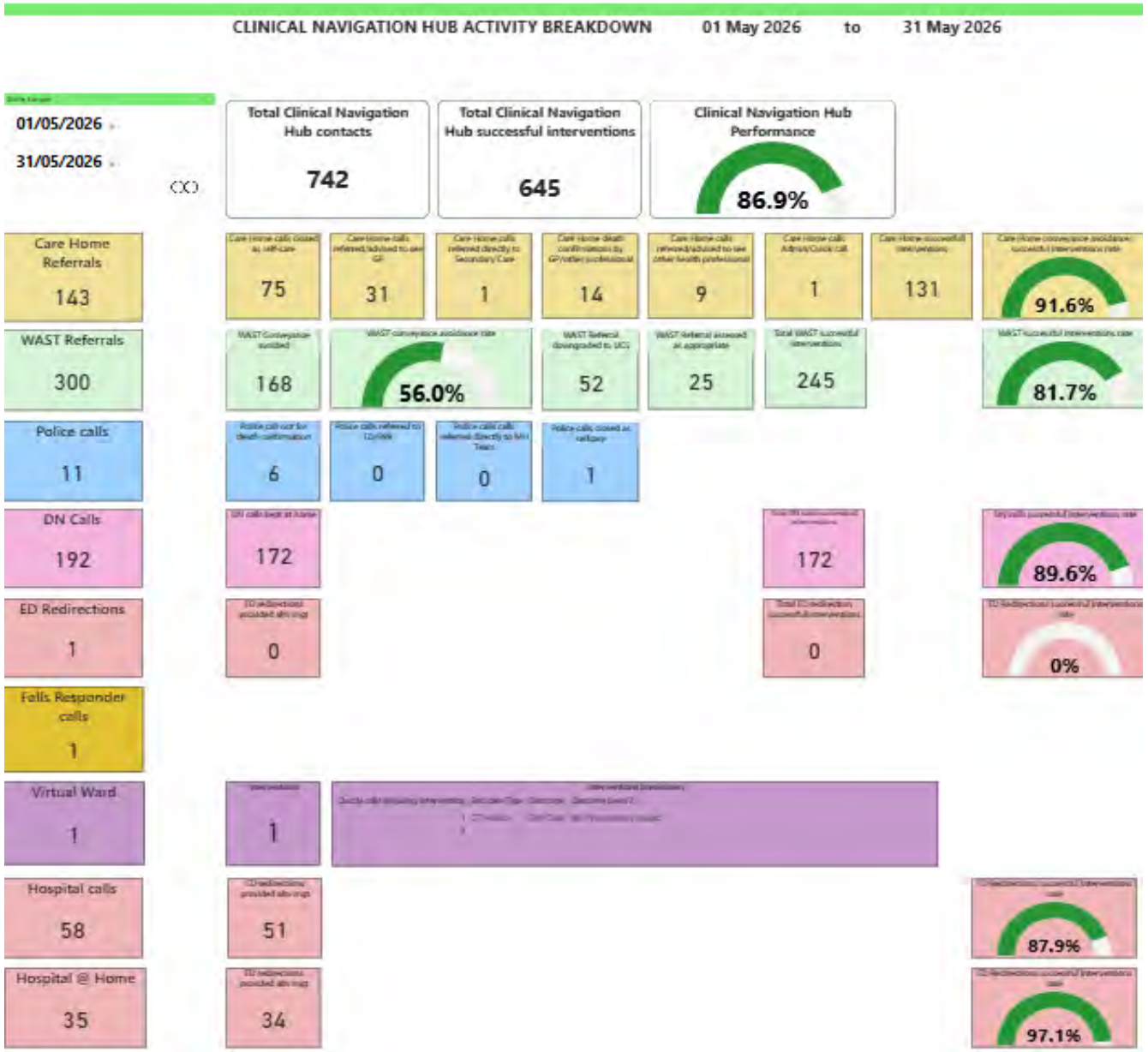




| MRF Wet AMD | Total Claims | | Referred to HES | | Discharged to practice | | Retained in WGOS 4/5 | |
|---|---|---|---|---|---|---|---|---|
| APR 25/26 | 76 | | 61 | | 12 | | 3 | |
| APR 26/27 | 78 | 26% | 54 | 11% | 13 | 8% | 11 | 267% |

# Navigation Hub

Consistent performance rate around 86% of successful intervention for admission avoidance.

Service is currently 5 days a week since April 2026 but plans are in place to increase the service to 24/7 utilising the GP OOH team.



# GP OOHs

## CTM GP OUT OF HOURS ACTIVITIES DASHBOARD

CT Advice ,PCC, Home Visits Only ( Not including Nav Hub)

Latest active date
01 July 2026

**GP Out of Hours calls**
5158

**CTM OOH Dental**
743

**CTM OOH District Nurse**
2605

**Period**
All

01/06/2026 30/06/2026

**CTM GP OOH sent by WAST**
call origin Welsh ambulance Service
4228

**CTM GP OOH sent by Others**
930

**Remote**
1604

**PCC**
2969

**HV**
585

### GP Out of Hours calls

| Report Case Type | Total Priority Calls |
|---|---|
| PCC | 2969 |
| CT Advice | 1332 |
| CT Home Visit | 585 |
| Message to Surgery | 151 |
| Prescription Fax | 72 |
| Prescription Pick-up | 46 |
| CSH | 1 |
| District Nurse | 1 |
| Investigation | 1 |
| **Total** | **5158** |


### GP Out of Hours achievements against the P1, P2 & P3

CT Advice ,PCC, Home Visits Only ( Not including Nav Hub)

| MonthYear | Total P1 calls (CT Advice,HV,PCC only) | Total P1 calls target met (CT Advice,HV,PCC only) | Total P1 performance (CT,PCC,CT Advice only) | Total P2 calls (CT Advice,HV,PCC only) | Total P2 calls target met (CT Advice,HV,PCC only) | Total P2 performance( CT,PCC,CT Advice only) | Total P3 calls (CT Advice,HV,PCC only) | Total P3 calls target met (CT Advice,HV,PCC only) | Total P3 performance(CT,PCC,CT Advice only) | Total Priority Calls | Total Priority Calls target met | Total Priority calls performance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jun - 2026 | 1440 | 1247 | 86.6% | 1428 | 1233 | 86.3% | 2290 | 2051 | 89.6% | 5158 | 4531 | 87.8% |
| **Total** | **1440** | **1247** | **86.6%** | **1428** | **1233** | **86.3%** | **2290** | **2051** | **89.6%** | **5158** | **4531** | **87.8%** |

# Forward Look…….

- The continued maturation of performance reporting remains a priority, ensuring robust oversight and assurance from frontline teams through to Board and Committee level.
- Future progress will be supported by the implementation of interoperable digital systems that improve information sharing between community and primary care services.
- Investment in business intelligence capability will enhance the Health Board's ability to monitor performance, understand outcomes and support service improvement.
- Considering further opportunities through exploring if there is capacity to SPOA to have access to real time access to capacity in ED, MIUs and SDEC

# What Has Been Achieved

- Appointment of 3 GP Clinical Leads
- Form created to enable easier collection of data from care homes re:iStumble
- Listen exercise with GPs Community Staff and Partners to understand challenges
- Identification of key components of the programme needed
- Mapping of Primary Care and Community Services
- Commenced appointment of joint leadership structure – recruitment of Integrated Directorate Manager for Bridgend
- Development of SPOA (Navigation Hub)
- Development of Hospital@Home
- Public Health pathways continuing to expand – Rabies/Measles and Scabies
- Mainstreamed services (First Contact Physiotherapy Services, Homeless Services, Frailty Nurses)
- Shift left and development of a range of intermediate care services in the Local Gender Service, Aural Care, and recently Integrated Women's Health Hub.
- Agreement with the national team to pilot Custody Suite Project

# Three-Year PCC Transformation Roadmap

- Short Term (0-6 months) – establish workstreams and support stakeholder engagement
- Medium Term (0-18 months) – the priority programmes of work that will lay the foundations for longer term ambitions and are on the critical path for large scale transformation
- Long term (12 – 36 months): the more complex and challenging aspects of the transformation programme that will require time to implement and system capabilities and infrastructure to be in place

# System Level Enablers Required to Deliver Ambition

- Ensure the digital and information systems are available
- Leadership & transformation capacity – Provide proportionate and appropriate leadership to drive progress
- Provide frontline staff with time and headspace to develop and implement change
- Provide clarity on the workforce plan required to deliver change
- Further define the metrics required
- Ensure that Primary Care and Community estates and associated infrastructure is in place to enable a new delivery model
- Targeted work with hospital colleagues to identify further services traditionally provided in secondary care which can be delivered in the community

# Diolch/Thank you

@cwmtafmorgannwg

Find us on

Strategic Development Committee – Annual Cycle of Committee Business

(1st January 2026 to the 31st December 2026)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales)

The Operational Delivery Committee meets at least 4 times per annum.

| Committee Chair: | Committee Vice Chair | Executive Leads for Agenda Planning |
|---|---|---|
| Kath Palmer, Vice Chair | Dilys Jouvenat, Independent Member (Third Sector) | • Claire Thompson, Executive Director of Strategy & Transformation |

Link to Board Assurance Framework Dashboard

Creating Health Strategic Goal aligned to Committee Business
- Reducing Health Inequalities
- Equal focus on Mental Health and Physical Health
- Supporting our communities
- Being a Healthy Organisation

| Items of Business | Executive Lead / Or External Representative | Reporting Frequency | Feb | | May | | Aug | | Nov | | Consent Agenda | Main Agenda | Prior Reporting Requirements e.g. EMB/OMB | Onward Reporting into Board *(Outside of the Highlight Report)* | Alignment to Strategic Risks On the BAF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CTM2030: Building Healthier Communities Together Strategy – Strategy Deployment Update | Executive Director of Strategy & Transformation | Twice Per Annum | ✓ | | | | ✓ | | | | x | ✓ | Yes | Yes | All Strategic Risks |
| Work Plans of the Strategy & Transformation Work Groups to support BHC Together to include Corporate Projects such as *Diabetes, Frailty Anchor Organisation (to be confirmed at Agenda Planning)* | Executive Director of Strategy & Transformation | All Regular Meetings to be agreed in agenda planning. | ✓ Health Housing & Partnership | | ✓ Starting Well and Growing Well – Diabetes | | ✓ Living Well | | ✓ | | x | ✓ | No | No | • Strategic Risk 2<br>• Strategic Risk 4<br>• Strategic Risk 8<br>• Strategic Risk 11 |
| Population Health Enabling Plan – *Deployment Update - Output Measures and Success* | Executive Director of Public Health | Twice Per Annum | ✓ | | | | | | ✓ | | x | ✓ | No | No | • Strategic Risk 8 |

| Strategic Initiatives | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Strategic Initiative: Regional Working Forward Look<br>*To include:*<br>• *Regional Partnership Board Update*<br>• *Public Services Board Update*<br>• *Area Partnership Board Update* | Executive Director of Strategy & Transformation (Supported by RCT Lead) (For RPB)<br><br>Executive Director of Public Health for APB and PSB | All Regular Meetings | ⚑ | | ⚑ | | ⚑ | | ⚑ | | X Potential for Consent depending on report detail | ⚑ | No | No | • Strategic Risk 4<br>• Strategic Risk 11 |

| Improving Care Strategic Goal aligned to Committee Business<br>• Delivering Safe and Compassionate Care<br>• Developing new models of care<br>• Digital Transformation for patients and staff<br>• Ensuring timely access to care | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Items of Business | Executive Lead / Or External Representative | Reporting Frequency | Feb | | May | | Aug | | Nov | | Consent Agenda | Main Agenda | Prior Reporting Requirements e.g. EMB/OMB | Onward Reporting into Board *(Outside of the Highlight Report)* | Alignment to Strategic Risks On the BAF |
| Board Assurance Framework<br>*Strategic risks aligned to the Committee only* | Director of Corporate Governance / Board Secretary | All Regular Meetings | ⚑ | | ⚑ | | ⚑ | | ⚑ | | X | ⚑ | Yes | Yes | N/A |
| Digital and Data Enabling Plan – *Deployment Update - Output Measures and Success* | Director of Digital | Twice Per Annum | ⚑ | | | | ⚑ | | | | X | ⚑ | No | No | • Strategic Risk 5 |
| Quality Enabling Plan – *Deployment Update - Output Measures and Success* | Executive Director of Nursing | Twice Per Annum | | | ⚑ | | | | ⚑ | | | | No | No | • Strategic Risk 2 |
| Strategic Initiatives | | | | | | | | | | | | | | | |
| Strategic Clinical Services Plan Updates:<br>*To include:*<br>• *Fragile services / reconfigurations*<br>• *Primary & community care transformation & Integrated community care services* | Executive Director of Strategy & Transformation<br><br>Chief Operating Officer | All Regular Meetings - Topics to be identified in Agenda Planning and rotated | ⚑ | | ⚑ Focus on Primary Care & ICCS | | ⚑ Focus on Fragile Services | | ⚑ Focus on MH Trans-formation | | X | ⚑ | No | No | • Strategic Risk 1<br>• Strategic Risk 2<br>• Strategic Risk 11 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| • *Mental Health Transformation* | | | | | | | | | | | | | | | | |
| Regional Working for Clinical Services Updates:<br>*To include:*<br>• *Llantrisant Health Park*<br>• *Clinical Services Plans (ortho, ophthalmology, stroke, diagnostics, pathology)* | Executive Director of Strategy & Transformation<br><br>Chief Operating Officer | All Regular Meetings – Topics to be identified in Agenda Planning | | | | | | | | | | X | | No | No | • Strategic Risk 1<br>• Strategic Risk 2<br>• Strategic Risk 4<br>• Strategic Risk 11 |
| ~~Mental Health Services Transformation~~ | ~~Executive Director of Strategy & Transformation~~<br><br>~~Chief Operating Officer~~ | ~~All Regular Meetings~~ | | | | | | | | | | ~~X~~ | | ~~No~~ | ~~No~~ | ~~• Strategic Risk 2~~ |
| Strategic Business Cases for endorsement for Board Approval | Executive Lead assigned to topic area | All Regular Meetings – Consider at Agenda Planning as to whether the item is needed. | | | | | | | | | | X | | Yes | Yes | Topic dependent. |

Inspiring People Strategic Goal aligned to Committee Business
- Visible and inspiring leadership
- Promoting diversity and inclusion
- Embedding our values and behaviours
- Encouraging local employment

| Items of Business | Executive Lead / Or External Representative | Reporting Frequency | Feb | | May | | Aug | | Nov | | Consent Agenda | Main Agenda | Prior Reporting Requirements e.g. EMB/OMB | Onward Reporting into Board *(Outside of the Highlight Report)* | Alignment to Strategic Risks On the BAF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Strategic Equality Plan Approval | Executive Director for People | Annually | | | | | | | | | X | | Yes | Yes | • Strategic Risk 2<br>• Strategic Risk 4<br>• Strategic Risk 7 |
| People Plan<br>*Deployment Update - Output Measures and Success* | Executive Director for People | Twice per Annum | | | | | | | | | X | | No | No | • Strategic Risk 2<br>• Strategic Risk 3 |

| Sustaining our Future Strategic Goal aligned to Committee Business<br>• Becoming a green organisation<br>• Ensuring our services have financial sustainability<br>• Embedding value-based healthcare<br>• Ensuring our estate is fit for the future | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Items of Business | Executive Lead / Or External Representative | Reporting Frequency | Feb | | May | | Aug | | Nov | | Consent Agenda | Main Agenda | Prior Reporting Requirements e.g. EMB/OMB | Onward Reporting into Board *(Outside of the Highlight Report)* | Alignment to Strategic Risks On the BAF |
| Financial Position update<br>(underlying position / longer term lens) | Executive Director of Finance | All Regular Meetings | ⚑ | | ⚑ | | ⚑ | | ⚑ | | X | ⚑ | Yes | Yes | • Strategic Risk 9 |
| Financial Position update<br>(Report on available benchmarking information to be shared) | Executive Director of Finance | Annually | | | | | ⚑ | | | | | | No | No | • Strategic Risk 9 |
| Integrated Medium Term Plan<br>(3 Year Do Nothing Scenario) Sign Off | Executive Director of Strategy & Transformation<br><br>Executive Director of Finance | Annually | ⚑ | | | | | | | | X | ⚑ | Yes | Yes | • Strategic Risk 2<br>• Strategic Risk 8<br>• Strategic Risk 9<br>• Strategic Risk 10<br>• Strategic Risk 11 |
| Estates Enabling Plan – *Deployment Update - Output Measures and Success* | Executive Director of Finance | Annually for 26/27 only. Twice per annum from 27/28 | | | | | | | ⚑ | | X | ⚑ | No | No | • Strategic Risk 6<br>• Strategic Risk 10 |
| ~~Decarbonisation & Waste Reduction~~<br>Climate Action Plan<br>*(Endorse Annual Plan Submission and Carbon Emissions Submission to WG)* | Executive Director of Strategy & Transformation | Twice per Annum | ⚑ Annual Plan | | | | | | ⚑ Carbon Emissions | | | | Yes | Yes | • Strategic Risk 7 |
| Healthy Travel Plan<br>*Deployment Update - Output Measures and Success* | ~~Executive Director of Public Health~~<br>Executive Director of Strategy & Transformation | Annually | | | | | ⚑ Defer to Nov 26 | | ⚑ | | X | ⚑ | Yes | Yes | • Strategic Risk 7<br>• Strategic Risk 8 |
| Annual Review of the Wellbeing of Future Generation Act | Executive Director of Public Health | Annually | | | | | ⚑ | | | | X | ⚑ | Yes | Yes | • Strategic Risk 7<br>• Strategic Risk 8 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Statement & Objectives Review and Endorsement for Board | | | | | | | | | | | | | | | • Strategic Risk 10<br>• Strategic Risk 11 |
| Business Continuity Planning (EPPR Annual Compliance Statement – Outlining Strategic Responsibility | Executive Director of Strategy & Transformation | Annually | | | | | | | | | | X | | Yes | Yes | • Strategic Risk 1<br>• Strategic Risk 4 |

| Governance /Committee Business Governance Activity<br>• To support a strong governance framework to support effective and efficient Board Business.<br>• Creating a culture of integrity, transparency, and accountability | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Items of Business | Executive Lead / Or External Representative | Reporting Frequency | Feb | | May | | Aug | | Nov | | Consent Agenda | Main Agenda | Prior Reporting Requirements e.g. EMB/OMB | Onward Reporting into Board | |
| Action Log | Director of Corporate Governance / Board Secretary | All Regular Meetings | | | | | | | | | If all actions are complete | If there are actions in progress / overdue actions | N/A | N/A | |
| Minutes of the previous meeting (Public and Closed Session) | Director of Corporate Governance / Board Secretary | All Regular Meetings | | | | | | | | | | X | N/A | N/A | |
| Non-Routine Committee Business (Forward Plan) | Director of Corporate Governance / Board Secretary | All Regular Meetings | | | | | | | | | | X | N/A | N/A | |
| Annual Cycle of Business | Director of Corporate Governance / Board Secretary | All Regular Meetings | | | | | | | | | Except for the annual review in November | Annual Review only | N/A | N/A | |
| Committee Annual Report | Director of Corporate Governance / Board Secretary | Annually | | | | | 2026 | | | | X | | N/A | Yes | |
| Outcome of Annual Committee Self-Assessment | Director of Corporate Governance / Board Secretary | Annually | | | | | 2026 | | | | X | | N/A | N/A | |
| Terms of Reference Review | Director of Corporate Governance / Board Secretary | Annually | | | | | 2026 | | | | X | | N/A | Yes – via the Committee Highlight Report | |

CTMUHB Board Assurance Framework Dashboard

| Risk no | Strategic Goal | Strategic / Principal Risk | Lead(s) for this risk | Assurance committee |
|---|---|---|---|---|
| 1. | Improving Care, Sustaining our Future   Click Here for Risk 1a Click Here for Risk 1b | a) Enough capacity to meet elective demand<br>b) Enough capacity to meet emergency demand | Chief Operating Officer | Quality, Safety & Experience Committee and Operational Delivery Committee |
| 2. | Improving Care, Sustaining our Future   Click Here for Risk 2 | Ability to deliver improvements which transform care and enhance outcomes | Executive Director of Nursing / Executive Medical Director | Quality, Safety & Experience Committee and Operational Delivery Committee |
| 3. | Sustaining our Future, Improving Care and Inspiring People   Click Here for Risk 3 | Enough workforce to deliver the activity and quality ambitions of the organisation *(Including Culture, Values and Behaviours)* | Executive Director for People | Quality, Safety & Experience Committee and Operational Delivery Committee |
| 4. | Creating Health, Sustaining our Future   Click Here for Risk 4 | Effective Community and Partner Engagement in service changes and developments | Director of Communication, Engagement & Fundraising | Strategic Development Committee |
| 5. | Improving Care, Sustaining our Future   Click Here for Risk 5 | Delivery of a digital and information infrastructure to support organisational transformation | Director of Digital | Operational Delivery Committee and Strategic Development Committee |
| 6. | Improving Care, Sustaining our Future   Click Here for Risk 6 | Ability to maintain a safe and fit for purpose estate infrastructure | Executive Director of Finance | Operational Delivery Committee |
| 7. | Sustaining our Future, Creating Health   Click Here for Risk 7 | Fulfilling our Environmental and Social Duties and ambitions | Executive Director of Strategy & Transformation | Strategic Development Committee |
| 8. | Creating Health, Sustaining our Future   Click Here for Risk 8 | Prevention and early Intervention to support Healthy Life Expectancy | Executive Director of Public Health | Strategic Development Committee |
| 9. | Sustaining our Future   Click Here for Risk 9 | Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) | Executive Director of Finance | Operational Delivery Committee |
| 10. | Sustaining our Future, Improving Care   Click Here for Risk 10 | Ability to develop a fit for the future estate to reflect our future clinical service model | Executive Director of Finance | Strategic Development Committee |
| 11. | Creating Health, Sustaining our Future, Improving Care   Click Here for Risk 11 | Delivery of an Integrated Care Model | Chief Operating Officer | Strategic Development Committee |

Strategic Development Committee – Non-Routine Committee Business Forward Plan

(1st January 2026 to the 31st December 2026)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

| Date of Request | Origin of Request | Requestor | Item Summary / Title | Nature of Request | Lead Officer | Executive Lead | Intended Meeting Date | Status |
|---|---|---|---|---|---|---|---|---|
| 31 March 2026 | Agenda Planning Session for May 2026 meeting | Chair/Director of Strategy & Transformation | Maesteg Community Hospital Development Update | Committee to receive an update ahead of the Board Meeting being held on the 21 May 2026 | Director of Strategy & Transformation | Director of Strategy & Transformation | May 2026 – (CLOSED) In Committee Session | Proposed for closure<br>This item is proposed for closure as it was reviewed at the In-Committee meeting held on 12th May 2026. |
| 31 March 2026 | Agenda Planning Session for May 2026 meeting | Chair/Director of Strategy & Transformation | Savings Opportunities | Savings Opportunities would need to be presented to future meetings of the Committee. | Executive Director of Finance | Executive Director of Finance | Consider readiness at the August 2026 agenda planning session | In Progress<br>This item is scheduled for consideration at the August 2026 Committee meeting. |
| 31 March 2026 | Agenda Planning Session for May 2026 meeting | Chair/Director of Strategy & Transformation | Strategic Engagement Plan | Suggested that this comes to the next meeting of the Committee | Director of Communications & Engagement | Director of Communications & Engagement | Consider readiness at the November 2026 agenda planning session | In Progress<br>This item is scheduled for consideration at the November 2026 Committee Meeting |
| June 2025 | SDC Agenda Item & Planning | Requested via email | Estates Strategic Plans | Deferred from October 2025 Committee Meeting | Executive Director of finance<br>Director of finance | Executive Director of finance | Consider readiness at the May 2026 agenda planning session. | In Progress<br>Defer this item as the plan needs to follow the Acute Clinical Services Plan. Unfortunately, the Acute Clinical Services Plan is not yet at a stage where we can base the estate's consequences on it. |
| April 2026 | Email | Requested via email | Strategic Workforce Planning | Suggested that this comes to the next meeting of the Committee as it will not be ready in time for May 2026 meeting | Deputy Director for People | Director for People | Deferred from May 2026 meeting. Consider readiness at the August 2026 agenda planning session | On agenda<br>This item is scheduled for consideration at the August 2026 Committee meeting. |
| April 2026 | Email | Requested via email | Healthy Travel Plan | Suggested that this comes to the next meeting as it will not be ready in time for May 2026 meeting. | Executive Director of Public Health | Executive Director of Public Health | Deferred from May 2026 meeting. Consider readiness at the August 2026 agenda planning session | In Progress<br>This item is scheduled for consideration at the August 2026 Committee meeting. Following discussion with the Executive Director of Public Health – |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | this item will be deferred to the November 2026 meeting |
| April 2026 | Email | Requested via email | Annual Review of the Well Being of Future Generations Act and Objectives | Suggested that this comes to the next meeting as it will not be ready in time for May 2026 meeting. | Executive Director of Public Health | Executive Director of Public Health | Deferred from May 2026 meeting. Consider readiness at the August 2026 agenda planning session | On agenda<br>This item is scheduled for consideration at the August 2026 Committee meeting. |
| 7 July 2026 | Email request received from the Business Manager for Patient Care & Safety for this to be added to the agenda for endorsement prior to Board approval | Patient Care & Safety Business Manager | People / Patient Experience Strategic Delivery Plan | To be added to the agenda for endorsement prior to Board approval | Executive Director of Nursing | Executive Director of Nursing | 19 August 2026 | On agenda<br>This item is scheduled for consideration at the August 2026 Committee meeting. |
| 28 July 2026 | Email | Executive Director of Public Health | Population Health Management – Enabling Plan | On Cycle of Business for August 2026 Meeting | Executive Director of Public Health | Executive Director of Public Health | Deferred from August 2026 Committee Meeting | In progress<br>This item is scheduled for consideration at the November 2026 Committee meeting. |

COMPLETED ITEMS

| Date of Request | Origin of Request | Requestor | Item Summary / Title | Nature of Request | Lead Officer | Executive Lead | Intended Meeting Date | Status |
|---|---|---|---|---|---|---|---|---|
| July 2025 | SDC Meeting | Requested at the Committee Meeting | Mental Health Transformation Programme | Provide a comprehensive update on the Mental Health Transformation Programme in six months' time. | Service Director for Mental Health and Learning Disabilities | Director of Primary, Community & Mental Health | February 2026 | Completed<br>Received at the February 2026 meeting as part of Agenda item 4.3.1 Strategic Clinical Service Plan Update |
| July 2025 | SDC Meeting | Requested at Committee Meeting | Maesteg Community Hospital Development | Provide progress updates on the Maesteg Community Hospital development, including funding, feasibility, and strategy alignment, at future committee meetings. | Dale Stolzenberg, Assistant Director of Transformation | Claire Thompson, Director of Strategy and Transformation | February 2026 | Completed<br>A verbal update was provided at the February 2026 meeting. Noting that a recent Board Briefing has been issued on Maesteg Hospital to all Board Members and an update was also provided for Public Board in January 2026. |
| June 2025 | SDC | Requested via email | PSB Annual Report | This item will be presented at the next Committee Meeting, as it was in draft stages in July 2025. | Director of Public Health | Director of Public Health | February 2026 | Completed -<br>The finalised PSB Annual Report was received at the February 2026 meeting. |
| July 2025 | SDC Meeting | Requested at Committee Meeting | Llantrisant Health Park Business Case | The Committee asked for future updates on the Business Case to be provided at Committee Meetings. | Chief Operating Officer | Chief Operating Officer | February 2026 | Completed -<br>An update was provided at the February 2026 meeting as part of Agenda item 4.3.2. South East Wales Regional Working for Clinical Services |
| March 2025 | Strategic Development Report | Requested via Email | Integrated Community Care System Plan | Deferred from July 2025 Committee Meeting. | Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board | Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board | October 2025 | Completed<br>This item was received by the Health Board at it's Public Meeting on the 25th September 2025 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| July 2025 | SDC Meeting | Requested at Committee Meeting | Enhanced Community Care Service Update | ECC to go on the forward plan to have a 2-3-year vision update and how it correlates with the CTM2030 strategy. | Service Director for Primary Care & Community | Director of Primary, Community & Mental Health | Consider readiness at the October agenda planning session | Completed<br>Regular updates on the Primary Care and Community Transformation Programme routinely received. There is an update on the agenda for the 1 October. |
| January 2025 | Strategic Development Committee | Requested at Committee Meeting | Creating Health Strategic Delivery Plan | To note further updates on the Creating Health Strategic Delivery Plan will be received as the Committee develops. | Director of Public Health | Director of Public Health | Propose to Close as captured on July 2025 agenda. | Completed – A highlight report was received at the July 2025 Committee Meeting. |
| January 2025 | On annual Cycle of Business | Committee | People / Workforce Plan - Verbal Update | Provide the Committee with an update on the People / Workforce Plans. | Director of People | Director of People | April 2025 | Completed<br>A brief verbal update will be provided at the January 2025 Committee meeting, with a full report scheduled for presentation at the April Committee. This approach was agreed upon to allow sufficient time for a more comprehensive update on the People Plan at the next Committee. |
| January 2025 | Strategic Development Committee | Requested at Committee Meeting | Digital and Data Strategy / Strategic Digital Transformation Programmes | Committee to receive the Digital Delivery Road Map and funding allocations at a future Committee. | Director of Digital | Director of Digital | April 2025 | Completed This is item was received at the April 2025 Committee Meeting |

# Long-Term Strategy

## Internal Audit Report

## 2025/26

## Cwm Taf Morgannwg University Health Board

Reasonable Assurance

Contents



| | |
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| Review Reference | CTM-2526-15 |
| Fieldwork | November - December 2025 |
| Executive Sign Off | 12 February 2026 |
| Audit Committee | May 2026 |
| Executive Leads | Gethin Hughes, Chief Operating Officer & Claire Thompson, Executive Director of Strategy and Transformation |
| Audit Team | Paul Dalton, Head of Internal Audit |
| | Emma Samways, Deputy Head of Internal Audit |

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

# Executive Summary

## Purpose

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for implementation its long-term strategy.

## Overview

The CTM2030 Strategy 'Building Healthier Communities Together' was launched in 2022 with the following strategic goals:

- Creating Health
- Sustaining Our Future
- Improving Care
- Inspiring People.

Whilst the message and branding of CTM2030 has been at the heart of the Health Board's strategic direction and is considered to be broadly understood both internally and externally, there is no single document that portrays the future vision of CTM2030 in more detail. Instead, CTM2030 is underpinned and supported by a number of strategic delivery plans.

Although the 2025-28 Integrated Medium Term Plan (IMTP) has clear and explicit references to CTM2030 and the commissioning intentions for 2025/26 are based on the four strategic goals, and routine performance reporting to the Board and the Strategic Development Committee provide a link to the goals of CTM2030, this is not in as clear and explicit a format as would be desirable. The number of supporting strategies, and the presence of a number of strategy groups (i.e. Starting Well, Growing Well, Living Well, Ageing Well, and Dying Well), lead to a very busy and complicated reporting landscape, which is partly due to needing to meet the reporting requirements of Welsh Government. Further, the strategic direction of the Health Board is impacted by the establishment of NHS Wales Performance and Improvement, the recent Ministerial Advisory Group report, and the development of the Southeast Wales Regional Joint Committee.

A paper taken to the Strategic Development Committee (SDC) in October 2025 by the recently appointed Executive Director of Strategy and Transformation sets out planned changes to the current approach, which are based on the adoption of a Strategic Deployment Framework and Improvement-based Operational Management System. The aim is to have a tighter alignment of the four strategic goals in CTM2030 and focus on a reduced number of priorities to create an environment in which staff can do their best work, which is in line with the recommendations of the Ministerial Advisory Group report. Ensuring the right culture in the organisation, one that empowers staff to raise ideas and own solutions to problems, will be critical to the Health Board's successful achievement of CTM2030. We understand that the SDC were fully supportive of the revised approach, and the paper is now being taken to the January Board for formal approval.

We have concluded reasonable assurance on this area. The matters requiring management attention are:

- The Health Board needs to produce a strategy document that set outs the aims of the strategy and the vision for the future which is then cross-referenced in the IMTP with regular updates on progress against the strategy.
- There is a need to rationalise the current approach in terms of the number of supporting strategies and strategy groups, and the reporting associated with each. We acknowledge that this is the intention of the revised approach but also understand that it may take some time to implement.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

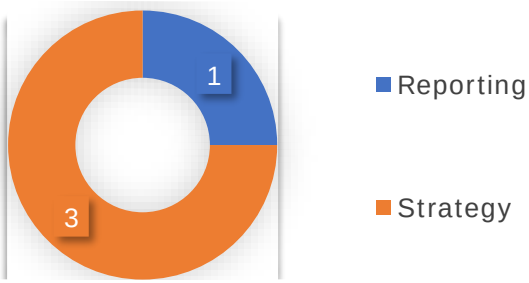
| Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.) | | Related Findings | Assurance |
|---|---|---|---|
| 1 | There is consistency between priorities in the strategy and the IMTP, with IMTP objectives providing milestones toward the long-term strategy and its strategic goals. | 1,2 | Limited |
| 2 | IMTP implementation plans align to the strategic goals with appropriate and timely key milestones and performance indicators identified that feed into the broader goals of the strategy | 3 | Reasonable |
| 3 | Resources have been identified to ensure key milestones are achieved and the priorities implemented. | - | Reasonable |
| 4 | Progress against individual implementation plans is monitored and action taken where necessary, with regular reporting to the Board and other relevant Committees and Groups. | 4 | Reasonable |
| 5 | Risks identified in the IMTP have been considered in the long-term strategy and the approach to risk mitigation supports the achievement of the long-term strategic goals. | - | Substantial |
| 6 | Clear governance structures are in place to oversee the delivery of the strategy. | - | Substantial |
| 7 | Innovations and transformation identified in the IMTP align with the strategic goals of the long-term strategy. | - | Reasonable |

### Management Actions

1 High Priority

3 Medium Priority

### Themes




### Risk Types

Financial Loss

Legal & Regulatory Non-Compliance

Choose an item.

Choose an item.

# Findings & Agreed Action Plan

| Objective 1: There is consistency between priorities in the strategy and the IMTP, with IMTP objectives providing milestones toward the long-term strategy and its strategic goals. | Limited |
|---|---|

## Overview / Summary of Observations

Currently there is not a specific document that is the long-term strategy. Instead, 'Building Healthier Communities Together' (CTM2030) is underpinned and supported by a number of strategic delivery plans, including but not exclusively:

- Creating Health
- Strategic Clinical Services Plan
- Primary and Community Services Transformation Programme
- Digital and Data Transformation
- People Plan; and
- Mental Health Transformation.

The above are at different stages of maturity but all have had some form of reporting to the Strategic Development Committee in the current financial year.

CTM2030 is also supported by strategy groups which have been in place for a number of years covering Starting Well, Growing Well, Living Well, Ageing Well and Dying Well. These also report to the Strategic Development Committee and have documented workstreams and detailed plans.

The 2025-28 IMTP has clear and explicit references to CTM2030 and the Commissioning Intentions for 2025/26 are based on its four strategic goals. Routine performance reporting (i.e. IMTP Quarterly Progress Reports and the Integrated Performance Dashboards reported to the Board) provide a link to the goals of CTM2030 but not in as clear and explicit a format as would be desirable. This is at least partly due to needing to meet the requirements of Welsh Government.

The Executive Director of Strategy and Transformation took a paper to the October 2025 meeting of the Strategic Development Committee setting out a revised approach. This is based on the adoption of a Strategic Deployment Framework and Improvement-based Operational Management System which should provide a tighter alignment of the four strategic goals in CTM2030 and focus on a reduced number of priorities to create an environment in which staff can do their best work in line with the recommendations of the recent Ministerial Advisory Group report.

There is also a recognised need to put some 'flesh on the bones' of 'Building Healthier Communities Together' (CTM2030) through articulating a vison of the future which is an easy read for the public, health care professionals and all staff to provide a platform from which the more detailed strategies and plans can hang off.

| | Key Findings | Risk & Impact | Agreed Management Action |
|---|---|---|---|
| 1 | Overall Strategy Document<br><br>There is currently no overarching strategy document that expands on the vision of Building Healthier Communities Together (CTM2030), but instead the vision is underpinned by at least six key supporting strategies and a number of further strategies. While these all support the underlying themes and | Without clarity on the specific goals required under the strategy, the chance | A summary document will be produced setting out more detail on the vision for the future which will be an easy read for the public, health care professionals and all staff, and which also provides the platform for which the more detailed strategies can hang off. |

| | | | |
|---|---|---|---|
| | strategic direction of CTM2030, the number of strategic documents makes it difficult to clearly and quickly understand the key goals that the Health Board needs to work towards in order to achieve the desired strategic outcomes. | of a successful outcome is reduced. | A dashboard recording progress at a summarised level against each of the strategic goals will also be introduced.<br><br>Expected Evidence of Implementation:<br>Building Healthier Communities Together (CTM2030) summary document and dashboard reporting.<br><br>Officer: Claire Thompson, Executive Director Strategy & Transformation<br>Target Implementation Date: end Q1 26/27 |
| | | High Priority | |
| | Theme: Strategy | Control Design | |
| 2 | Consistency with IMTP<br><br>Although the underlying themes of the current IMTP and CTM2030 are consistent, the line of sight between the IMTP and CTM2030, through its various supporting strategies, is not clear. We acknowledge that meeting the requirements of the Welsh Government can be a limiting factor in ensuring the consistency of approach. | There is a potential for duplication of effort and/or sub-optimisation of approach. | In producing the summary document outlined in Finding 1, the Health Board will ensure that there is a clear consistency of message and priorities with what is documented in the IMTP.<br><br>Expected Evidence of Implementation:<br>Building Healthier Communities Together (CTM2030) summary document and updated IMTP.<br><br>Officer: Claire Thompson, Executive Director Strategy & Transformation<br>Target Implementation Date: end Q1 26/27 |
| | | Medium Priority | |
| | Theme: Strategy | Control Design | |

| Objective 2: IMTP implementation plans align to the strategic goals with appropriate and timely key milestones and performance indicators identified that feed into the broader goals of the strategy. | Reasonable |
|---|---|

## Overview / Summary of Observations

As previously stated, there are clear references to CTM2030 in the current IMTP, and the commissioning intentions are based on the four strategic goals. There is a consistency of message between the IMTP and the various supporting strategies that underpin CTM2030. The range of reports produced to underpin performance targets in the IMTP, and the supporting strategies are again consistent in what they are trying to achieve, but the line of sight is not always clear between the various documents. This is in part due to needing to meet the requirements of Welsh Government but the clarity over milestones and performance indicators is further complicated by the large number of reporting mechanisms (at least six main supporting strategies and five strategy groups, i.e. Starting Well, Growing Well, Living Well, Ageing Well and Dying Well). There is potential for the clarity over the strategic direction of the Health Board to be further impacted by the establishment of NHS Performance and Improvement, the recent Ministerial Advisory Group report, and the development of the Southeast Wales Regional Joint Committee.

Under the revised approach set out in the Strategy Deployment Framework, CTM 2030 will continue to be supported by enabling plans which in turn are supported by strategic initiatives, corporate projects and Care Group priorities, which are reflected in strategic service plans. The strategic initiatives are must-do, multi-year programmes, involving the whole organisation. Corporate projects are in-year programmes that require resources from corporate teams to deliver and are about improving the way the Health Board does current business. Enabling plans are thematic ('people' or 'digital' and tend to run in a specific service over a number of years to enable the other elements of strategy deployment). Care Group priorities and strategic service plans will be refreshed annually, and there should be a golden thread ('Building Healthier Communities Together') that is meaningful to staff and those the Heath Board serves, running from the top to the bottom of the organisation such that everyone is contributing to the same strategic goals.

| | Key Findings | Risk & Impact | Agreed Management Action |
|---|---|---|---|
| 3 | Rationalisation of Current Approach<br><br>The Strategy Deployment Framework sets out an approach which will have fewer priorities, but which should ensure that there is a golden thread running through the organisation to ensure that all staff are aware of, and can contribute, to achievement of the strategic goals.<br><br>The current approach however appears both too complex and over-engineered, and we note the minutes of the July meeting of the Board recording that "the Chair highlighted the challenge of managing multiple frameworks and priorities and the need for a simplified and clear approach to help the Board assure progress and understand if objectives were being met". | The current approach does not provide the Board with the clarity over assurance on progress to achieve the long-term strategy, and there is therefore a danger that the required goals may not be achieved. | Current arrangements, including the role and remit of the Strategy Groups, roles supporting major transformation programmes and public health initiatives and where and how current supporting strategies are reported, will be reviewed with the aim of a long-term alignment of existing structures to provide a more unified and simplified approach.<br><br>Expected Evidence of Implementation:<br><br>Formal output of (or at least commitment to) review of existing arrangements supporting transformation |

| | | | |
|---|---|---|---|
| | | Medium Priority | Officer: Claire Thompson Executive Director of Strategy & Transformation/ Philip Daniels Director of Public Health |
| | Theme: Strategy | Control Design | Target Implementation Date: end Q2 26/27 |

## Objective 3: Resources have been identified to ensure key milestones are achieved and the priorities implemented — Reasonable

### Overview / Summary of Observations

The revised process will be driven forward at an operational level by a Strategic Delivery Unit which comprises staff from the Strategy & Transformation directorate and will link with programme and change managers from across the organisation. The role is to identify how to do things better, and more importantly, do better things, as well as resourcing work programmes that support deployment of the strategy. We understand that significant use will be made of technology, and patient views and input will be actively sought. This should result in resources being targeted at a fewer number of priorities but with a focus on addressing areas that will make a difference in helping the Health Board achieve its strategic goals. This approach is consistent with the intentions included in the recent Ministerial Advisory Group report.

The Unit will be under the management responsibility of the Executive Director of Strategy and Transformation, but the exact ways of working and reporting are still to be worked out. There is a meeting planned with these staff to set out and agree the working arrangements which could either see a centralised unit or a matrix approach.

Although we are not raising a finding, we have assessed this objective as reasonable due to the need for the working arrangements of the Strategic Delivery Unit still needing to be worked through.

| Objective 4: Progress against individual implementation plans is monitored and action taken where necessary, with regular reporting to the Board and other relevant Committees and Groups. | Reasonable |
|---|---|

## Overview / Summary of Observations

Progress against individual implementation plans is being monitored via the Strategic Development Committee, and there is evidence of required actions being taken, albeit that the various plans are at different stages of maturity. The number of supporting plans is quite large which when added to the output from the strategy groups, has led to concerns from the Board at the challenge of managing multiple frameworks and priorities. The longer-term intention, as part of the Strategic Deployment Framework, is to seek to rationalise the current approach. Directives and requests from Welsh Government often do not assist in this regard but the Ministerial Advisory Group report produced last year has suggested that the level of bureaucracy will be reduced.

| | Key Findings | Risk & Impact | Agreed Management Action |
|---|---|---|---|
| 4 | Rationalisation of Reporting<br><br>As stated under Finding 3, current reporting arrangements are complex with the increased opportunity for duplication and/or omissions. The longer-term aim is to have fewer priorities and a more unified approach, which are goals that we support. However, the review of current structural arrangements suggested at Finding 3 should also cover reporting arrangements as there may be some relatively simple and more short-term measures that could improve the clarity of current reporting to the Board and Strategic Development Committee. | Increased opportunity for duplication and/or for key information to be missed. | Current reporting arrangements for the Strategy Groups, programme groups and roles supporting major transformation programmes and public health initiatives, and the various strategies underpinning CTM2030 will be reviewed to identify opportunities for alignment and/or simplification.<br><br>Expected Evidence of Implementation: A Strategy Deployment Framework with major work programmes and organisational architecture mapped to this |
| | | Medium Priority | Officer: Claire Thompson Executive Director of Strategy & Transformation |
| | Theme: Reporting | Control Design | Target Implementation Date: end Q3 26/27 |

| Objective 5: Risks identified in the IMTP have been considered in the long-term strategy and the approach to risk mitigation supports the achievement of the long-term strategic goals | Substantial |
|---|---|

### Overview / Summary of Observations

The four strategic goals set out in CTM2030 i.e. Creating Health, Sustaining Our Future, Improving Care and Inspiring People – are used to map the strategic risks against in the Board Assurance Framework. Risk mitigation is achieved primarily through the regular review of the Board Assurance Framework at both the Board and the Audit, Risk and Assurance Committee. Strategic risks are therefore being considered, managed and monitored through the Board Assurance Framework but as previously stated the line of sight between the IMTP and the long-term strategy has not been clear. As a revised approach, with a focus on fewer priorities is implemented, the risks in the Board Assurance Framework will need to be reviewed to ensure that they remain appropriate.

| Objective 6: Clear governance structures are in place to oversee the delivery of the strategy | Substantial |
|---|---|

### Overview / Summary of Observations

The primary governance for the long-term strategy and its underpinning strategies is through the Strategic Development Committee which reports through to the Board. This will remain the case as the proposed changes are made, but the intention will be for more concise and targeted reporting of a fewer number of priorities. This will need to be supported by a network of operational meetings that ensures a golden thread which ensures that all staff and their associated tasks are directed at achieving the goals of CTM2030 Building Healthier Communities Together.

| Objective 7: Innovations and transformation identified in the IMTP align with the strategic goals of the long-term strategy. | Reasonable |
|---|---|

### Overview / Summary of Observations

There is a consistency of message between the IMTP and the supporting strategies for CTM2030 Building Healthier Communities Together, albeit that a number of the references of how the long-term strategy and its supporting and underpinning strategies were going to develop, are now subject to review. The line of sight between the IMTP and the long-term strategy has not always been clear, and as more flesh is put on the bones of the strategy, there will be a need to ensure that there is consistency in the messaging with the IMTP. This point has been raised earlier in this report, so we have not repeated it here in terms of a formal finding.

# Appendix A

## Assurance Opinion

| | | |
|---|---|---|
|  | Substantial | Few matters require attention and are compliance or advisory in nature.<br>Low impact on residual risk exposure. |
|  | Reasonable | Some matters require management attention in control design or compliance.<br>Low to moderate impact on residual risk exposure until resolved. |
|  | Limited | More significant matters require management attention.<br>Moderate impact on residual risk exposure until resolved. |
|  | Unsatisfactory | Action is required to address the whole control framework in this area.<br>High impact on residual risk exposure until resolved. |
|  | Advisory | Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.<br>These reviews are still relevant to the evidence base upon which the overall opinion is formed. |

## Prioritisation of Findings

| Priority | Explanation |
|---|---|
| High | Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance. |
| Medium | Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance. |

## Disclaimer

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

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## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership