Strategic Development Committee

Wed 11 February 2026, 13:00 - 16:00

Virtual Via Teams

Agenda

13:00 - 13:05
5 min

1. PRELIMINARY MATTERS

1.1. Wecome and Introductions

Kath Palmer, Committee Chair

1.2. Apologies for Absence

Information *Kath Palmer, Committee Chair*

1.3. Declarations of Interest

Information *Kath Palmer, Committee Chair*

13:05 - 13:05
0 min

2. CONSENT AGENDA

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

13:05 - 13:10
5 min

3. COMMITTEE GOVERNANCE ARRANGEMENTS

3.1. Action Log

Discussion *Kath Palmer, Committee Chair*

3.1 Action Log SDC 11 February 2025.pdf (7 pages)

3.2. Matters arising not captured on the action log

Discussion *Kath Palmer, Committee Chair*

13:10 - 14:10
60 min

4. IMPROVING CARE

4.1. Digital and Data Enabling Plan

Discussion *Stuart Morris, Director of Digital*

4.1 Digital and Data Highlight Report SDC 11 February 2026.pdf (9 pages)

4.2. Strategic Initiatives

4.2.1. Strategic Clinical Services Plan Updates

Discussion *Claire Thompson, Executive Director of Strategy & Transformation/Gethin Hughes, Chief Operating Officer*

To include:

- *Fragile services / Acute Service reconfigurations (Atif Ali)*

- *Primary & community care transformation (Dale Stolzenberg)*
- *Integrated community care services (Matt Jenkins)*
- *Mental Health Services Transformation (Clare Williams)*

4.2.1 SCSP cover report SDC 11 February 2026.pdf (5 pages)
4.2.1a SCSP fragile services update SDC 11 February 2026.pdf (8 pages)
4.2.1b SCSP PCCT Update SDC 11 February 2026.pdf (1 pages)
4.2.1c SCSP Integrated Community Care Services SDC 11 February 2026.pdf (1 pages)
4.2.1d SCSP Mental Health Transformation SDC 11 February 2026.pdf (11 pages)

4.2.2. South East Wales Regional Working for Clinical Services

Discussion *Claire Thompson, Executive Director of Strategy & Transformation/Gethin Hughes, Chief Operating Officer*

To include updates on:

- Llantrisant Health Park
- Orthopaedics, Ophthalmology, Stroke, Diagnostics, Pathology

4.2.2a Regional working SDC update on LHP v1.0.pdf (9 pages)
4.2.2b Regional Clinical Services SDC 11 February 2026.pdf (8 pages)

4.3. Update on the Maesteg Community Hospital Development – Verbal Update

Discussion *Dale Stolzenburg, Assistant Director of Transformation*

14:10 - 15:10
60 min

5. CREATING HEALTH

5.1. Work Plans of the Strategy & Transformation Work Groups to support BHC Together

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

- Palliative & End of Life Care
- Health & Housing

5.1a S&T Work Group Update PEoLC SDC 11 February 2026.pdf (7 pages)
5.1b ST Work Group Update Health and Housing SDC 11 February 2026.pdf (7 pages)

5.2. Population Health Management

Discussion *Philip Daniels, Executive Director of Public Health*

5.2a PHM and CTM SCR SDC 11 February 2026.pdf (8 pages)
5.2b Appendix 1 PHM 11 February 2026.pdf (8 pages)

5.3. Strategic Initiative: Regional Working

5.3.1. Regional Partnership Board Update

Discussion *Claire Thompson, Executive Director of Strategy & Transformation (Supported by RCT Lead) (For RPB)*

- Whole System Whole Heart - Children's Strategy

5.3.1a Regional Partnership Board Update SDC 11 February 2026.pdf (15 pages)

5.3.2. Regional Partnership Annual Report

Discussion *Claire Thompson, Executive Director of Strategy & Transformation (Supported by RCT Lead) (For RPB)*

5.3.2 RPB Annual Report SDC 11 February 2026.pdf (6 pages)

5.3.3. Public Services Board Update

Discussion *Philip Daniels, Executive Director of Public Health*

- 5.3.3 PSB Cover Report SDC 11 February 2026.pdf (6 pages)
- 5.3.3a Appendix 1 Leadership Governance & Accountability PSB Report.pdf (6 pages)

5.3.4. Area Planning Board Update - Drug Related Deaths and the Regional Strategic Approach to Reducing Harms from Substance Use

Discussion *Philip Daniels, Executive Director of Public Health*

- 5.3.4 APB Drug-related Deaths SDC 11 February 2026.pdf (6 pages)
- 5.3.4a CTM APB SM Highlight report - Jan 2026.pdf (1 pages)

5.4. COMFORT BREAK - 10 minutes

15:10 - 15:40
30 min

6. SUSTAINING OUR FUTURE

6.1. 2026/27 Integrated Medium Term Plan (IMTP) Financial Plan Update

Discussion *Sally May, Executive Director of Finance*

- 6.1 2026-27 IMTP Financial Plan Update SDC 11 February 2026.pdf (17 pages)
- 6.1a App A 2026-27 Draft Financial Plan v3.2.pdf (2 pages)

6.2. IMTP 5 Year do Nothing Baseline

Discussion *Claire Thompson, Executive Director of Strategy & Transformation /Atif Ali, ACSP Programme Director*

- 6.2 IMTP Do nothing Baseline SDC 11 February 2026.pdf (20 pages)

6.3. CTM UHB Climate Action Plan 2025-2030

Decision *Callum Shaw, Sustainability Manager*

- 6.3 Climate Action Plan 2026-30 SDC 11 February 2026 - Final.pdf (5 pages)
- 6.3a Climate action plan - 2026-30 v 4.pdf (23 pages)

15:40 - 15:45
5 min

7. CONSENT AGENDA

7.1. Items for Approval

7.1.1. Unconfirmed Minutes of the Meeting held on 1 October 2025

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

- 7.1.1 Unconfirmed Minutes SDC 1 October 2025 v2 CH 151025_SM.pdf (14 pages)

7.1.2. Committee Annual Cycle of Business 2026 - This item has been deferred pending discussions to be held at the February 2026 Board Development Session

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

7.2. Items for Noting

7.2.1. Board Assurance Framework

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

- 7.2.1 Board Assurance Framework -Cover Paper SDC 11 February 2026.pdf (4 pages)
- 7.2.1a Appendix 1 - Board Assurance Framework January 2026v3.pdf (61 pages)

7.2.2. Forward Work Plan (Non Routine Committee Business)

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

7.2.2 Forward Work Plan - SDC 11 February 2026.pdf (4 pages)

15:45 - 15:50
5 min

8. CLOSE OUT BUSINESS

8.1. Any Other Urgent Business

Discussion *Kath Palmer, Committee Chair*

8.2. Committee Highlight Report to Board

Discussion *Kath Palmer, Committee Chair*

8.3. Meeting Feedback

Discussion *Kath Palmer, Committee Chair*

Is there anything we should do more or less of? Have we managed our time 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?

15:50 - 15:55
5 min

9. PRIVATE/CLOSED SESSION

Kath Palmer, Committee Chair

15:55 - 15:55
0 min

10. DATE AND TIME OF NEXT MEETING

Information *Kath Palmer, Committee Chair*

12th May 2026 at 13:00 pm

OPEN ACTIONS: Strategic Development Committee Action Log (as at 20.01.26)

Name

Comm

Date o action from			itle / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Stategic Development Committee 3rd July 2025	5,1	Page 3	Mental Health Transformation Programme	Provide a comprehensive update on the Mental Health Transformation Programme at a future Committee meeting - to be added to the Forward Work Plan.	Service Director, Mental Health & Learning Disabilities	Chief Operating Officer	feb-26	Proposed for Closure	On Agenda for February 2026 meeting.
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	Proposed for Closure	Update planned for EO Public Board in March 2026 and the Committee will be provided with a verbal update at the February meeting.
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	Niovember 2025	Proposed for Closure	Update planned under Agenda Item 4.3.2 SEW Regional Working for Clinical Services for February 2026
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	The Team are in the process of finalising the Mental Health Needs Assessment, which includes CYP mental health needs/ provision. Once this is completed, we will organise a meeting with DPH, COO and Chair.
Strategic Development Committee 3rd July 2025	6.6 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	Open	Report timetable to be added to Annual Cycle of Business due to publishing times. All Annual Cycles of Business are being discussed and reviewed at the February Board Development Session.
Strategic Development Committee 3rd July 2025	7,1	Page 10	Financial Position Update	To share a report setting out what benchmarking information is available through the Committee Cycle of Business when published.	Executive Director of Finance	Executive Director of Finance	feb-26	Open	Report timetable to be added to Annual Cycle of Business due to publishing times. All Annual Cycles of Business are being discussed and reviewed at the February Board Development Session.
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	feb-26	Proposed for Closure	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 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	Proposed for Closure	Feedback provided and SDC to be updated as part of the 2026/27 IMTP
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	Proposed for Closure	The PHW team are currently compiling a report re: healthy schools and will be shared once completed.

Date of action from			Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
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	Proposed for Closure	The DPH Annual Report has been shared.
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	Open	The Annual Cycle of Business is being reviewed for all Committees at the February 2026 Board Development Session and this will be considered as part of that process.

CLOSED ACTIONS: Strategic Development Committee Action Log

Name
Comm

Date c 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 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. 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 Revisited at the Strategic Development Committee - 16 January 2025	5.2 Strategic Equality Plan Action Log	Pages 3 & 4 Page 2	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Hannah Williams, Assistant of OD and Wellbeing	Executive Director for People	apr-25	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. **UPDATE**: April 2025, an update was received outside of the meeting and circulated to Members via Email. Propose to close
Strategic Development Committee 16 January 2025	7.3 - Digital and Data Strategy / Strategic Digital Transformation Programmes	Page 11	Digital Delivery Road Map and Funding Allocations	Forward plan to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.	Stuart Morris, Director of Digital	Stuart Morris, Director of Digital	Added to forward Work Plan	Closed	Propose to close from action log as captured in Forward Work Programme
Strategic Development Committee 16 January 2025	6.5 - Healthy Travel Charter	Page 9	Future Updates	Forward work plan to include annual updates on the progress of developments under the Healthy Travel Plan agenda.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to SDC Cycle of Business for January as the annual update.	Closed	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) Director of Corporate Governance (BD Topic Planning)	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead) Director of Corporate Governance (BD Topic Planning)	Added to Board Development topic list	Closed	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.
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 •In terms of awards: the main awards are being incorporated into the pay scale (no longer as an award, including the same incremental payment points for part-time staff). Therefore, this will not impact the gender pay gap data in future. •Clinical Excellence Awards (CEAs) and the new National Clinical Impact Awards are for consultants and are allocated within England and Wales, and sifted twice at a National level. CTM does not have power of awarding these and only receives 1-2 of these awards per year. The low awarding rate means this will have little impact on the gender pay gap. As this is a national award, CTM do not
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.
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 Hywel Daniel, Executive Director For People	Philip Daniels, Executive Director of Public Health Hywel Daniel, Executive Director For People	Added to forward Work Plan	Closed	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.
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.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item
4.1

Strategic Development Committee

Digital & Data Strategic Delivery Roadmap Update

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Stuart Morris Director of Digital & Data
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Stuart Morris Director of Digital & Data
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris Director of Digital & Data

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
N/A		

Acronyms / Glossary of Terms	
AI	Artificial Intelligence
CDR	Clinical Data Repository
CTM	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health and Care Wales
ED	Emergency Department
ePMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
IMTP	Integrated Medium Term Plan
IP	Inpatients
LA	Local Authority
L&D	Learning & Development
LIMS	Laboratory Information Management System
OP	Outpatients
PIT	Productivity, Improvement and Transformation
RISP	Radiology Information System Programme
WG	Welsh Government
WPAS	Welsh Patient Administration System

Introduction

The purpose of this report is to provide the Strategic Development Committee with an update on the progress of Digital & Data Strategic Delivery Roadmap with the support of our Strategic Partner, to deliver the Health Board's Strategy, Building Healthier Communities Together.

Key Success Factors

Delivering change through technology is complex, however if executed in the right way, the benefits can be significant in terms of patient safety, staff productivity, patient and staff experience and patient outcomes.

Key to success will be:

- Strong Clinical and Operational Leadership
- Securing Funding
- Recruiting the Skilled Workforce
- Procuring the Right Solutions
- Robust Governance & Assurance

CTM 2030 clearly articulates that digital & data transformation is a key enabler of Improving Care. The Digital & Data Directorate shares this ambition and is committed to working with our leaders and teams from across CTM to drive forward and deliver the change for the betterment of our staff and communities that we serve.

1. Situation /Background

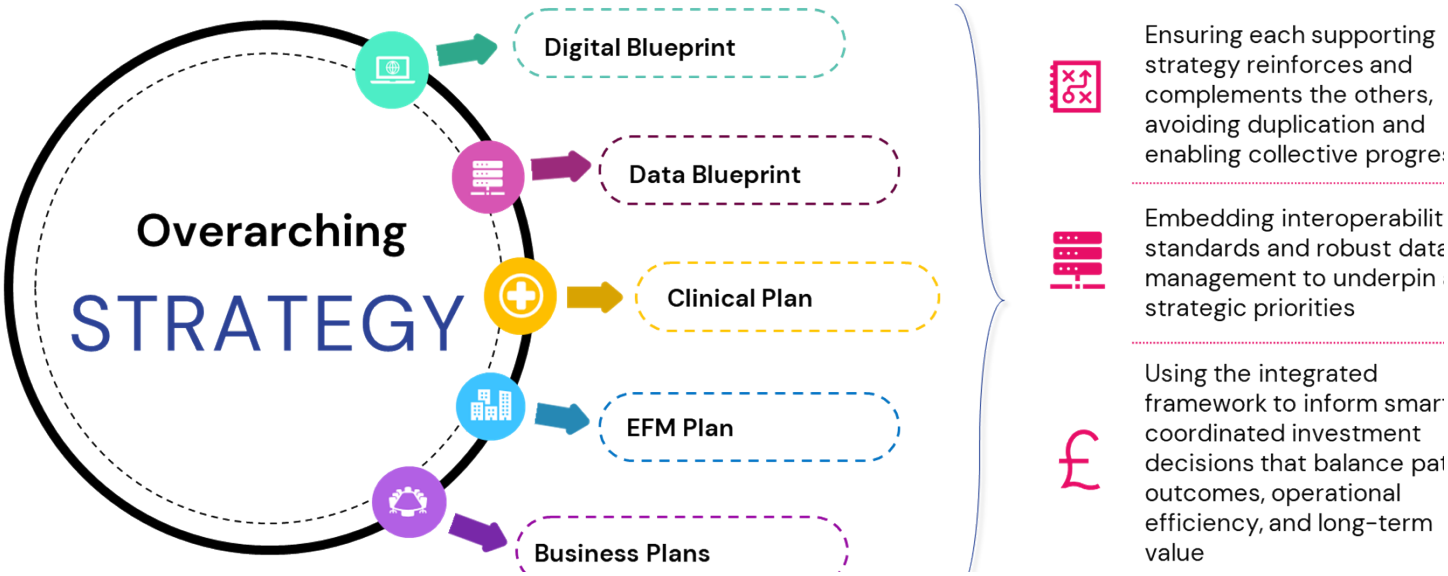
1.1 The Digital & Data Strategic Delivery Roadmap will be based upon the following core pillars:

1.2 The Roadmap will ensure the delivery of core capabilities, with a series of local, regional and national initiatives.

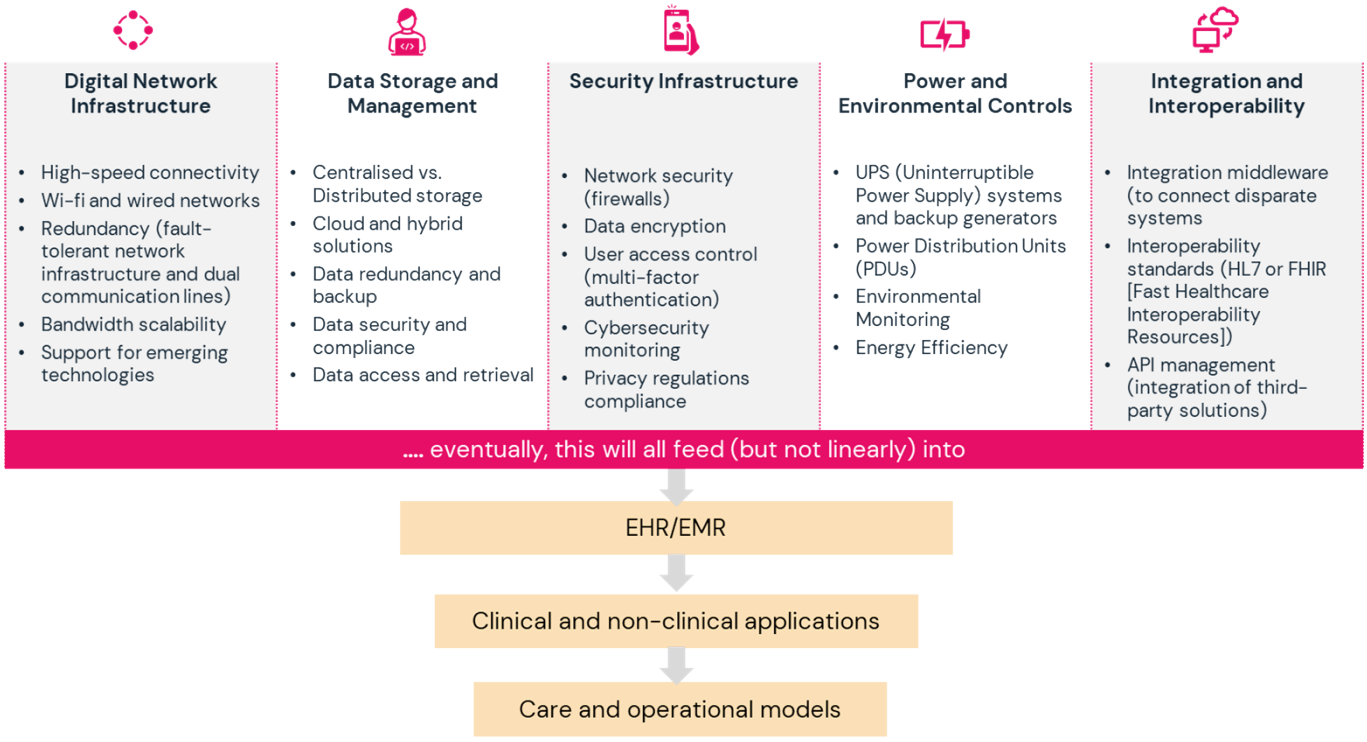
1.3 To support the Digital & Data Roadmap, a number of key considerations and principles need to be formally agreed by the Board. Some of these principles are introduced below.

2. Specific Matters for Consideration

2.1 There is only one Health Board Strategy. The key will be how Digital & Data programmes run through our transformation work.



2.2 Delivering Digital & Data Technologies is not just about Systems or Applications. Some foundational capabilities will also need to be implemented at the outset.



2.3 The Health Board's success depends on a joined-up strategic delivery framework where all plans work cohesively rather in isolation.

Actions Underway

- Formalise an **Integrated Strategy Framework** linking all strategic and enabling plans to CTM's overarching vision and pillars.
- Introduce a **strategic alignment annual review cycle** validating how each plan contributes to the corporate strategy.
- Develop a **shared taxonomy and reporting structure** so all plans use common terminology, performance measures, and dependencies.
- Engage the **Board and Strategic Development Committee** in defining strategic initiatives vs. operational projects to ensure clarity of purpose and resourcing.

2.4 Existing and Planned Programmes of work that will be delivered under the Roadmap (as we know today):

- Continued rollout of electronic prescribing
- Delivery of core solutions for Diagnostic Services
- Implementation of a new digital solution for Mental Health Services
- Development of a programme of work for Proactive Care
- Transformation of Patient Contact Services
- Evolution of our Modular Electronic Patient Record
- Development of core capabilities to support seamless data sharing across organisational boundaries and care settings
- Re-platforming / development of legacy systems

2.5 Key considerations and principles the Board will need to agree to underpin the Strategic Roadmap delivery for Digital & Data Transformation (this is not an exhaustive list):

- Digital & Data First by Design
- Development of Digital & Data Capabilities: Buy v. Build
- Local & Regional Autonomy
- Local v. National Integration of Data
- Broader adoption of existing capabilities
- Rationalisation of Digital & Data Technologies
- Embracing AI technologies and the role AI plays in our services

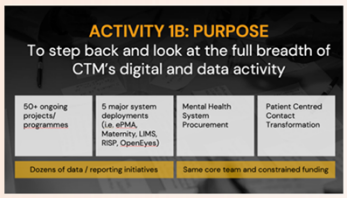
Digital & Data Workshop

2.6 In the Autumn of 2025, the Health Board conducted a Board development session that considered the following:

As part of the workshop, participants were divided into mixed breakout groups bringing together representatives from different directorates, care groups, and corporate functions.

Each group reflected on CTM's major digital and data activities, sharing what is working well, identifying challenges or overlaps, and discussing guiding FOUR questions to explore current priorities, capacity, and overall direction.

Through these discussions, the groups identified key themes and insights that informed the overall workshop reflections



Focus on Left-shift delivery:
Participants noted that current digital efforts remain concentrated on secondary and tertiary care. There is a need to expand digital enablement across prevention, primary, and community care to support earlier intervention and continuity of care.

Standardise, Repurpose, and Scale
Address variation by standardising and streamlining clinical and non-clinical workflows. Remove duplicate systems, automate processes, and align local initiatives with national priorities to drive efficiency, quality, and scalability.

Enhancing Patient Experience
Patient experience and communication remain central to CTM's digital priorities. Ensuring smooth rollout of the Patient Contact Programme will improve accessibility, coordination, and overall satisfaction.

Digital literacy and Workforce
Continuous clinical involvement and digital change champions are essential for adoption. Ongoing investment in training, role design, and access to tools will play an important role in embedding digital-first thinking in everyday operations.

Aligning Strategy, Policy, and Funding
Leverage regional and national assets to ensure CTM is utilising shared capabilities effectively, while prioritising diversified funding sources to build a coherent and sustainable digital portfolio.

2.7 In terms of the 4 key questions the Board considered, the following was captured:

1 Which of these initiatives feel most critical to CTM's current strategic goals?

- Participants noted that while helpful, CTM's most critical digital priorities are the foundational system deployments including EPMA, LIMS, Maternity, OpenEyes, and the Mental Health system, which are not in and of themselves transformational.
- There was shared recognition that digital infrastructure (Wi-Fi, devices, cyber-security) is still fragile and must be strengthened before more complex projects can succeed.
- There was broad support for embedding research governance into digital governance, ensuring ethical data use and alignment of analytics priorities with national health research goals.
- Members highlighted that the Patient Contact Transformation Programme represents a major opportunity to improve patient experience, streamline communication, and reduce administrative workload, acting as an anchor for wider citizen digital enablement.
- Participants also emphasised the need for a unified analytics and insight environment to connect operational, clinical, and research data for better decision-making thus turning data into evidence and insights.

Suggested recommendation from the participants

- Define CTM's Top 10 Digital & Data Priorities.
- Implement an Infrastructure Improvement Plan.
- Establish an Insight Hub integrating analytics, research, and reporting.

2 Are there areas where we might be duplicating effort or spreading too thin?

- It was noted that CTM is currently managing multiple small-scale digital pilots that often duplicate similar functions or reporting tools.
- Participants identified the need for stronger portfolio discipline to ensure resources are focused on initiatives that deliver system-wide value and interoperability.
- As CTM progresses, it was suggested projects and programmes should be selected based on their alignment with an overarching strategic aim and first assessed for opportunities to leverage national or regional assets before being developed solely within CTM.

- CTM must create a single Digital & Data Portfolio Register capturing all ongoing programmes and their dependencies.
- All new proposals should pass through a Digital & Data Funnel process to confirm alignment, priority, and resourcing.
- It is important to have data governance in place and is unified under a single CTM Data governance overarching body to remove overlap and strengthen assurance.

3 **Are we confident that our current digital portfolio reflects the right balance between ambition and capacity or are there areas where we may be spreading effort too widely?**

- Participants acknowledged that CTM's digital ambition is greater than its current efforts in practice, and current delivery capacity is stretched, with five national implementations scheduled by March 2026.
- It was stressed that digital transformation must remain ambitious but sequenced and realistic, with delivery phased in line with workforce and vendor readiness.

Suggested recommendation from the participants

- Develop a phased digital roadmap focused first on stabilising core systems and infrastructure, then expanding into analytics, automation, AI, and precision health.
- Introduce a Delivery Heatmap for quarterly Board oversight of workload versus capacity.
- Invest in a dedicated change-management and adoption function to support staff through transitions.

4 **Where do we see the biggest value — for patients, for staff, for system flow?**

- Participants noted that the greatest value for CTM will come from digital initiatives that simplify everyday experiences for patients, staff, and the wider system.
  - For patients, a digital front door and improved contact systems can enhance access and communication.
  - For staff, reliable devices, intuitive systems, and unified data views can reduce administrative burden and support decision-making.
  - For the system, integrated analytics and real-time dashboards can strengthen flow, capacity management, and prevention.
- It was also emphasised modernising back-office functions through automation, smart rostering, and predictive workforce analytics can drive productivity, reduce waste, and improve overall system resilience.

- Accelerate implementation of the Patient Contact Transformation Programme as a flagship initiative.
- Deploy real-time operational dashboards across acute and community sites to improve visibility and flow.
- Develop a Digital & Data Value Scorecard tracking measurable benefits for patients, staff, and system performance.

3. Key Risks / Matters for Escalation

With any programme of work there are key risks regarding structure, appetite for change and appropriate allocation of resources that could prevent the successful delivery of the Digital and Data Roadmap.

The Roadmap has a core principle which aims to keep the organisation safe, secure and resilient, enabling our clinicians and colleagues to be at their most productive, modernize the way we deliver care and ultimately **improve care**.

When considering risks for delivery of the Roadmap:

3.1 Adoption and embedding long term sustainable change enabled by technology

3.2 Closing the gap on Digital Exclusion for our Staff, Patients and wider Communities

3.3 Dependency on third parties to deliver the requirements of each project and programme within the set delivery milestones

3.4 Ability to recruit the right skillsets & capabilities to meet the evolving technology needs.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below: All
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below: All
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below: All
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Individual Project level
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality: POSITIVE Outcome for Welsh Language: NEUTRAL	If no, please include rationale below: Individual Project level

Impact Assessment		
Cyfreithiol / Legal	Yes (Include further detail below)	
	Procurement / Partnerships	
Enw da / Reputational	Yes (Include further detail below)	
	Delivery / Approach / Safety	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Recurrent funding identified in the IMTP for 2025/2026	

5. Recommendation

5.1 The Committee are requested to **NOTE** the contents of the report and how this will form the cornerstone of our Strategic Plan for Digital & Data.

6. Next Steps

6.1 Delivery of key milestones & application deployments

6.2 Confirmation of scope for Patient Contact Transformation.

6.3 Completion of procurement activities for Patient Contact Transformation.

6.4 Completion of a plan for financial years aligned to our three-year IMTP.

6.5 Agreement of key principles for Digital & Data by Design.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item
4.2.1

Strategic Development Committee

CTM UHB Strategic Clinical Services Plan (SCSP)

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Atif Ali, Programme Director Matt Jenkins, Regional Programme Director Dale Stolzenberg, Assistant Director Clare Williams, Care Group Director
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Atif Ali, Programme Director Matt Jenkins, Regional Programme Director Dale Stolzenberg, Assistant Director Clare Williams, Care Group Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
As outlined in report front sheets	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM UHB	Cwm Taf Morgannwg University Health Board
IMTP	Integrated Medium Term Plan

1. Background

1.1 The Strategic Clinical Services Plan (SCSP) is the umbrella programme that sets the overall direction for how acute, primary and community services should evolve over the coming years. It builds directly on the work of the Acute Clinical Services Plan (ACSP), which established the initial foundations and evidence base for acute services, and it now brings those foundations together with wider system transformation so that change is planned, joined up and focused on outcomes for patients, carers and staff.

1.2 The SCSP provides a single framework to align work across urgent and emergency care, planned care, diagnostics, mental health, community services and primary care transformation, alongside regional programmes and partnerships. It supports CTM 2030: Our Health, Our Future, keeping the focus on people and communities, not just buildings.

2. Matters for consideration

2.1 Fragile services

2.1.1 Work to assess fragile services has progressed, including a recent RAG review through the relevant clinical governance route which confirmed a pipeline of potential reconfiguration cases.

2.1.2 The next phase is to strengthen the evidence base through the Case for Change and do-nothing baseline work, and then apply the standard service reconfiguration framework to explore options for each priority service, with a focus on safety, sustainability and deliverability over the coming years.

2.2 Primary and Community Care Transformation (PCCT)

2.2.1 PCCT continues to develop the future direction for primary and community care. The Health Board was briefed in Q3 2025 on the overall vision and proposed trajectory. Current activity is focused on shaping a clear draft ambition and vision, informed by engagement to date, and supported by development of a draft "Vision and Ambition" paper (including outcomes and measures to determine success). Stakeholder engagement continues through Q1 2026 to finalise the ambition and vision, alongside strengthened engagement with local authority social services leadership.

2.2.2 From Q2 2026, the intention is to apply agreed service redesign principles to the development plans for primary and community care, with workstreams and implementation timelines then flowing from that. Short-term priorities remain in place to support early progress, including Hospital@Home and improving the primary/secondary care interface, alongside continued development of urgent care options, including primary

care/Same Day Emergency Care (SDEC) discussions reflecting national direction. PCCT is also linking closely with CTMUHB mental health programmes currently in progress to support integrated community-based care. Resource and staffing constraints remain a key delivery risk.

2.3 Integrated Community Care (ICCS)

2.3.1 ICCS is progressing through regional partnership arrangements and practical delivery priorities. The Regional Partnership Agreement has been approved by CTMUHB and the three local authorities and has now been signed, providing a platform for stronger joint planning, strategic commissioning, performance accountability and data sharing, including information sharing opportunities and alignment through a revised Regional Area Plan. Development of the ICCS demand and capacity model is proceeding, with the specification completed and the model build proposal to follow, supported by CTMUHB informatics.

2.3.2 Hospital@Home has now been launched, and this is informing the timing and approach for integrating community teams with social care, with planning underway to commence integration on a local footprint in early 2026. Joint working continues to strengthen through the Clinical Navigation Hub, including increased support to care homes and closer working with local authority access points and mobile responder arrangements. An ICCS business case is also in development to inform Regional Investment Fund decisions and wider investment planning.

2.4 Mental Health Transformation

2.4.1 As previously briefed to the Committee, this programme of work as well as being part of our overall SCSP, responds to the national strategy, launched last year.[1]

2.4.2 This report updates on progress locally related to strategic goal 2, the implementation of a flexible open access model, with local tests of change.

3. Purpose of this paper

3.1 The purpose of this paper is to update the Committee on the work of these distinct but inter-related programmes of work.

4. Key Risks / Matters for Escalation

4.1 The relationships between these programmes are complex and the interdependencies will need to be explicitly managed for changes to be coherently deployed, which is a risk that is being managed.

[1] Mental health and wellbeing strategy 2025 to 2035

4.2 The resourcing of these programmes is being prioritised alongside other in year projects within the IMTP and currently there is no dedicated resource supporting mental health transformation, which is a risk that is being managed as part of prioritisation within the emergent Strategic Delivery Unit in the Strategy & Transformation directorate.

5. Assessment

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

Impact Assessment

Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Specific schemes would be subject to quality impact assessments as required.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: There is no impact from a Welsh language perspective. Specific schemes would be subject to Equality & Welsh language impact assessments as required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There is significant reputational risk to the organisation if it does not progress work under the SCSP	
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.	
	It should be noted that the requirement to work on these programmes will require internal resources currently deployed on other activity and therefore prioritisation of activity will be required on an individual and departmental basis.	

6. Recommendation

6.1 It is recommended the Strategic Development Committee notes the work of the SCSP

7. Next Steps

7.1 As outlined in the attached reports.

Agenda Item 4.2.1a	11 February 2026	Strategic Development Committee	SCSP – Fragile Priority Services

Report Details:	
FOI Status:	Open/ Public
Prepared By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Dr Atif Ali ACSP Programme Director
Presented By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Dr Atif Ali ACSP Programme Director
Approving Executive Sponsor:	Claire Thompson Executive Director of Strategy & Transformation
Report Purpose	For Noting
Engagement undertaken to date:	EMB 24th November 2025 ICB 12th November 2025

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Standardise pathways, improve access, reduce variation and improver overall quality of care
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Not at this stage – will be required for any specific change proposals
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Not at this stage
Link to Strategic Goals	Please Select: Improving Care

SCSP – Fragile/Priority Services SDC update

February 2026

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

Foundational Components

- Vision & strategic pillars – agreed
- Design principles – agreed and being tested
- Priority areas & Case for Change framework – in development
- Strategy deployment framework & operational management system – in design
- Metrics & reporting – core SCSP dashboard to be designed and agreed
- Change management tools & culture / corporate identity – to be aligned with SCSP roll-out
- Engagement, co-production and clinical voice – framework to be developed with clinical leaders

Fragile services – A priority area within the SCSP

- Fragile services are symptoms of wider system pressure, not isolated service issues.
- They provide early insight into sustainability risks across:
  - Workforce availability and resilience
  - Patient flow and operational stability
  - Quality and safety assurance
  - Financial sustainability
- The Strategic Clinical Services Plan provides the safe and coherent route to move from temporary mitigation to longer-term decisions.
- Fragile services are treated as part of the SCSP evidence base, not as a parallel programme.

What we mean by "fragile services"

Indicative scope – for context only

- Gastroenterology
- General Surgery (Emergency)
- Cardiology
- Children & Families (Pead's. Maternity, neonatal)
- Mental Health (adult inpatient)
- Diagnostic, imaging
- Urgent and emergency care (flow)
- Cancer (pathway, acute oncology)
- Critical Care (ITU)
- Chronic conditions (diabetes, Kidney disease)

Services in italics are temporary service change

- *Trauma & Ortho.*
- *Palliative & end of life care*
- *Urology*
- *Stroke*
- *Head & Neck (Max. Fax.)*

Fragile services are those where delivery is increasingly dependent on short-term mitigations and where sustainability risks are emerging or persistent.

This definition focuses on risk characteristics, not individual service labels.

Key characteristics:

- Persistent workforce fragility
  - rota gaps, reliance on locums or goodwill, recruitment and retention challenges
- Operational dependency on temporary measures
  - service consolidations, temporary relocations, short-term staffing solutions
- Service quality and resilience risk
  - increased escalation, reduced flexibility, vulnerability to shocks

Temporary service changes: risk and concerns

Context:

- Temporary service changes have been necessary to maintain safety and continuity
- Many have been implemented due to POW estate issues or workforce pressure

Current risk:

- Evaluation of temporary changes particularly to evaluate
  - Clinical impact
  - Operational performance
  - Workforce sustainability
  - Financial consequences
- As temporary changes persist, risk accumulates
- Without a consistent framework, decisions become harder to evidence and assure

From fragility signals to structured options within the SCSP

A structured, consistent approach is required before any longer-term conclusions are drawn.

Suggested flow:

- Fragility signal identified
  - → Standardised evaluation (safety, workforce, activity, finance)
  - → Comparison against the Do-Nothing baseline
  - → Options developed through the SCSP framework
  - → Board Development before any reconfiguration consideration

Key reassurance:

- Fragility does not equal pre-determined outcomes
- Sequencing and governance are explicit and controlled

Recommendation

The Committee are asked to

- Note the role of fragile services as part of the SCSP evidence base.
- Note the risks associated with unmanaged temporary-to-permanent solution
- Support the use of a single SCSP framework to structure future options work

Primary Care & Community Transformation (PCCT) Programme

- Primary Care and Community Services 'Vision and Ambition Paper' currently being drafted by the National Association of Primary Care (NAPC):
  - sets out service vision and care model
  - includes outcomes and measures to determine success
- Plans on a page agreed and key activities, such as governance and finance, will be underpinned by above paper currently in draft
  - PCCT engaging positively with Directors of Social Services from Bridgend, Merthyr and RCT
- February 2026 PCCT Board to consider Urgent Care and Primary Care Same Day Emergency Care – reflecting current discussions at a national level
- PCCT linking closely with CTM UHB mental health programmes currently in progress

Integrated Community Care System (ICCS)

Portfolio Item: Claire Thompson, Strategy and Transformation

SUMMARY REPORT

Date: 26/01/26

KEY HIGHLIGHTS / SUMMARY STATUS:

The Regional Partnership Agreement (RPA) which was approved by Cwm Taf Morgannwg University Health Board (CTMUHB) and the three Local Authorities at respective Board and Cabinet meetings in July has now been signed and sealed. The development of a demand and capacity model, to help shape services within the ICCS, is also proceeding on plan. CTMUHB Hospital at Home Service has been launched - this has had an impact on the timing of integration of community teams with social care, however planning to commence this in February. The Clinical Navigation Hub (CNH) is supporting Care Homes and there has been increased joint working between the CNH and the Rhondda Cynon Taff County Borough Council (RCTCBC) Single Point of Access (SPA) in the Ty Elai site and a pathway has been established for local authority Mobile Responders in RCT and Merthyr Tydfil.

RISKS, ISSUES & OPPORTUNITIES:

- Issue 1 – Changes to local delivery structures creates disruption. This risk has been reduced with a timeline to commence work on integrating teams on a local footprint currently being developed between service leads.
- Opportunity 1 – seize the new opportunities created by the Regional Partnership Agreement (RPA) in terms of joint planning, strategic commissioning, performance accountability, data sharing and more efficient operating approaches.

ESCALATIONS / DECISIONS REQUIRED:

- No escalation at this stage.

WORKSTREAM TIMELINE (MILESTONES, SCHEDULE, ETC.)

- Executive Director Workshop held on 28 October to agree priorities going forwards. Meet with Chief Execs early in February 2026.
- Putting Regional Partnership Agreement into practice through to support governance, strategic commissioning and exploring information sharing opportunities. Aligning plans and joining up through a revised Regional Area Plan.
- Demand and capacity model specification completed as planned during October. CTMUHB informatics have provided support. Model build proposal to follow.
- ICCS Business Case is under development. Will shape Regional Investment Fund decisions and wider.

DOCUMENT ATTACHMENTS

- None

4.2.1d	11 February 2026	Strategic Development committee	SCSP – mental Health Transformation

Report Details:	
FOI Status:	Please select: Open (Public)
Prepared By:	Clare Williams, Care Group Director
Presented By:	Clare Williams, Care Group Director
Approving Executive Sponsor:	Claire Thompson, Executive Director Strategy & Transformation and Gethin Hughes, Chief Operating Officer
Report Purpose	For Noting
Engagement undertaken to date:	Community Leaders Network October 2025

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Improved model of care
Related Health and Care Standard	Duty of Quality
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes (include date) No (Explain why)
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Not in this report
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

Llywodraeth Cymru
Welsh Government

The Mental Health and Wellbeing Strategy

2025–2035

gov.wales

Strategic Programme For Mental Health – Strategic Goals 26/27

- **Strategic Goal 1: Improve performance against the national mental health performance metrics**
- **Strategic Goal 2: Improve access, experience and outcomes across all mental health services by starting to implement the Flexible Open Access Model (Stepped Care 2.0)**
- **Strategic Goal 3: Improve safety in secondary care mental health**
- **Strategic Goal 4: Co-produce a plan to improve the physical health of people with long term mental health problems**
- **Enablers: digital, data, finance, research & evidence, co-production, communications and engagement, and quality management systems**

Strategic Goal 2: Improve access, experience and outcomes across all mental health services by starting to implement the Flexible Open Access Model (Stepped Care 2.0)

Stratified Models

People are assigned to a level of care based on symptom severity and functioning (e.g. low symptom severity = low intensity intervention).

(National Institute for Health and Clinical Excellence, 2011).

Progressive Models

People start with lowest level of intervention and progress to higher levels of intensity as required.

(National Institute for Health and Clinical Excellence, 2011).

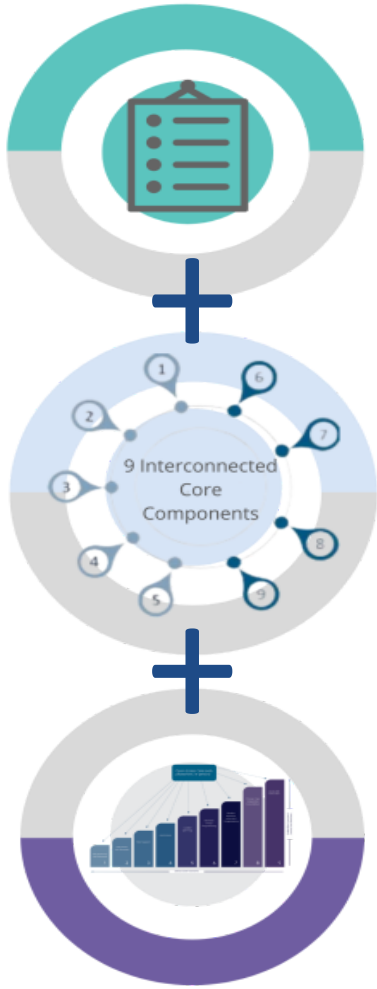
A Flexible, Open Access Model

Decision making about service is based on the person's readiness, preferred level of autonomy and investment.

(Cornish, P., 2020)

STEPPED CARE SOLUTIONS

Stepped Care Models



Guiding Principles

Core Components

Planning Framework

Guiding Principles

Social justice drives effective care systems transformation and is an intervention in itself

Multiple and diverse care options are required as one approach will not work for everyone

All individuals and communities have strength and capacity

Gold standard intervention are what best fits the service user at any given time

Professionals do not carry all the wisdom; people often know what is best for them

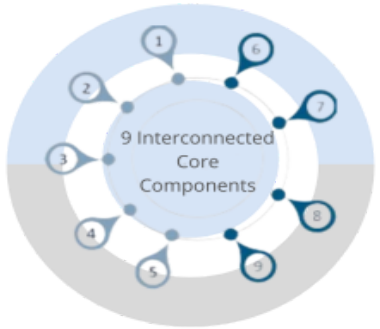
Mental health literacy is required for people to make informed decisions

An effective care system ensures people have access to care when and where it is needed

The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration

Minimal interventions can produce powerful results

There is no ideal solution; trial-and-error leads to growth and change



Components that support system design

- Co-designed with people holding diverse perspectives
- A range of diverse services are included
- Distributed management of risk
- Continuous improvement
- Recovery-oriented

Components that support people's experience

- Care is person-centric and collaborative (not a one-size fits all approach)
- Services are flexible, and data-informed
- Access to same-day support
- A one-at-a-time approach, ensuring a helpful intervention at each interaction

Core Components

Planning Framework

Flexible, Person-centric access

Open Access Care (web, phone/text, in-person)

Formal and Informal Services and Resources

1	2	3	4	5	6	7	8	9
Informational Self-Directed	Interactive Self-Directed	Peer Support	Workshops	Guided Self-Help	Intensive Group Programming	Flexible Intensive Individual Programming	Chronic Care & Specialist Consultation	Acute & Crisis Care

Stakeholder Investment
Service User Readiness

Decision-Making Autonomy

Mental Health (MH) and Learning Disabilities (LD) Transformation 25/26

Coproduced Seamless Mental Health Services
Person centred, needs let and guided to the right support first time without delay.

Care in Partnership

- Recovery College – local engagement to Health Education Improvement Wales (HEIW) business case to be submitted in Oct 25
- SPACE – no wrong front door for children in need of enhanced emotional and mental health support
- Experts By Experience – 4 posts recruited. Review options for further posts and sustainable funding.

Local Primary MH

- Open Access Pilot – engagement with SPMH team on the development of a pilot in CTM focused on creating open access build around a 'one at a time' model

Community MH

5. Community Mental Health Team Redesign: Develop, engage and commence delivery in 25/26

6. Dementia Intensive Support Team: Implement in 2025 new model of care for older people with specialist dementia needs wherever they call home.

7. Rehabilitation Redesign: Develop, engage and commence delivery in 2025

- Sustain Child & Adolescent MH Services (CAMHS) improvements
- CAMHS LD Service Review

Inpatient MH

3. Single Adult Inpatient MH model: Develop, test feasibility, engage and set timeline in 25/26

4. Older Adult Inpatient MH model Develop, test feasibility, engage and commence delivery in 25/26

- Ty Llidard Extra Care
- 136 Suite development

Continuous Quality and Safety Improvement - pilot Compassionate Leadership workshops with support from HEIW have commenced within Ward 21 and Ward 22, National Relational Safety Workstream, Ward 14 is one of five wards to participate in the Safe Wards

2. Workforce Sustainability: recruitment and retention in Nursing and Psychology staff having a positive effect; medical recruitment, retention and diversification – overseas recruitment to train consultants, Physicians Associates, Advance Nurse Practitoner

1. Single Electronic Patient Record: procurement underway, contract award Autumn 25, full implementation ambition Spring 2027

Young People and Families One At a Time Test of Change

- Referrals for psychological interventions in CTMUHB community CAMHS have historically been low.
- The aim of the test of change is to improve access to psychological interventions in community CAMHS by diversifying ways of working psychologically.
  - A One At A Time (OAAT) offer will run for up to 40-60 children and families identified by the SHINE team (all schools in-reach) over a 10-month period.
  - A single session child and family consultation will be offered using a psychological approach informed by the work of Professor Windy Dryden of Goldsmiths University of London. The session will focus on children and families' key concerns, personal goals, strengths, readiness and capacity to change.
  - OAAT offers a brief and intensive approach. It will be delivered by two Psychologists working jointly to: provide a reflecting team conversation live during the session, provide capacity and flexibility to see a child/young person and their caregiving adults separately if needed; and facilitating the rapid co-construction of a psychological formulation and change plan to share with the family.
  - OAAT sessions will involve four Psychologists working pairs, will run one day per month and be open to all children and families engaged in the test of change and.

Open Access Adult Test of Change

- 111#2 is national promoted service, locally delivered which supports individuals with a mental health concern or who are concerned about the mental health of a loved one.
- Calls received by the local 111#2 team are triaged, using the UK triage scale and offered an outcome aligned to their level of need. This is prioritised A-G, with A being the highest level of crisis and G the lowest.
- Between 1st June 25 and 30th November 2025 the CTM 111#2 team received 7319 calls. Following triage, the priority volumes for each category were:
- The highest volume of calls are for the lowest level of need where the individuals are signposted to contact a 3rd sector organisation themselves. The Wellbeing Practitioner who takes the call determines the most suitable organisation for the individuals.
- Adopting the principle of open access for calls categorised as priority F and G moves the pathway from signposting to more direct access. At present there are several barriers which: prevent direct access to parties outside of the NHS; and which require people to communicate the same information to multiple practitioners.

Priority	A	B	C	D	E	F	G
Contacts	587	51	98	60	207	2860	2855

Open Access Adult Test of Change

- The aim of this test of change is to:
  - Provide a person-centred, needs-led service for adults who are determined by 111#2 to be priority F and G and provide direct access to support, minimising the requirement for people to communicate the same information to multiple practitioners.
- CTM UHB and MIND will jointly deliver a service for appropriately prioritised individuals, which will enable direct access from 111#2 to a MIND one-at-a-time offer as follows:
  - Provides a short-term intervention (usually no more than 3 sessions) based on what might best help a client at that time. This might be just someone to talk to, provision of self-help resources, guided self-help sessions, group workshops, or talking therapies. What type of intervention is provided at each session is agreed by the client and practitioner and support can be intermittent.
- Calls will initially be directed from a small geographical area clearly aligned to a GP practice in our most deprived communities.
- A team of 3 MIND staff will support non-urgent calls to 111#2.
- Callers will get immediate support instead of a referral to another service or being sign-posted elsewhere

mind Cwm Taf Morgannwg

One at a time approach

We are intending to offer a one at a time approach, primarily for low to mild mental health, where we:

Meet a client at a drop-in clinic or self-referred, pre-booked appointment and quickly assess and support their immediate/most pressing needs.

Through partnership work, try and support with any specific issues they may have that are contributing to poor mental health (finance, housing, abuse, addiction, etc).

Provide short-term interventions (usually no more than 3 sessions) based on what might best help a client at that time. This might be just someone to talk to, provision of self-help resources, one to three guided self-help sessions, or one to three therapeutic sessions. What type of intervention is provided at each session is agreed by the client and practitioner and support can be intermittent.

Where mental health is moderate to severe or where we feel people would benefit from continued support, we will link them into more structured, higher intensity support.

Agenda Item 4.2.2a	11th February 2026	Strategic Development Committee	Llantrisant Health Park Phase 1 Update

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Rosie Cavill, LHP infrastructure programme director
Presented By:	Rosie Cavill, LHP infrastructure programme director
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Engagement planning underway as part of business case progression

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Revised model of care
Related Health and Care Standard	Duty of Quality
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Not yet as part of the programme
Are there any Legal Implications /Impact.	Yes in relation to contractual arrangements
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – as outlined in business cases progressing through Board
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

Llantrisant Health Park Programme Phase 1 FBC & Phase 2 OBC Update for Strategic Development Committee 11.02.2026

0. LHP Programme Progress and Key Milestones Achieved

- Sitewide planning application approved on 18th September, 2 further amendments have been made and approved. First for the small changes related to phasing Phase 1, approved out of committee on 11th November. Second revised application for Phase 2 redesign.
- SAB approval for the sitewide application finally received on 7th December, further applications made to support the planning amendments, low risk to programme.
- Good progress made towards discharge of pre commencement planning conditions.
- Phase 1 has completed RIBA 4 design and agreed target cost. RIBA 5 design has completed to focus on the completion of groundworks design and support an expedited start on site
- Phase 2 has completed RIBA 2 and 3 design is substantially complete. RIBA 4 has commenced. This will support production of an FBC by May 2026 which could enable a start on site by August 2026.
- Current programme plans for an overlap of building phases of 12 months (August 2026-August 2027). This provides efficiencies in terms of prelims but also ensures most of the disruptive work on phase 2 will be undertaken before Phase 1 is operational.

1.2 LHP Phase Programme key dates

	Phase 1 CDH & Supporting Infrastructure		Phase 2 - Orthopaedic Hub	
Task/Stage	Start	End	Start	End
Key Milestones				
Confirm Scope & Develop OBC	14/07/2025	21/08/2025	14/07/2025	31/10/2025
HB OBC Approval	20/09/2025	27/09/2025	20/11/2025	27/11/2025
WG OBC Review & Approval	04/09/2025	16/10/2025	05/12/2025	23/01/2026
Planning Application	11/07/2025	18//09/2025	11/07/2025	18//09/2025
RIBA 4 & FBC Prep	28/07/2025	20/11/2025	01/12/2025	20/04/2026
HB FBC Approval & WG Submission	27/11/2025	05/12/2025	21/04/2026	28/05/2026
Scrutiny & WG FBC Approval	05/12/2025	23/01/2026	05/05/2026	18/06/2026
Contractor Mobilisation	23/01/2026	26/02/2026	21/06/2026	19/07/2026
Construction Period	01/03/2026	07/09/2027	20/07/2026	25/07/2028
Supplier Fitout of CDH	07/09/2027	26/10/2027		
Commissioning	26/10/2027	01/12/2027	25/07/2028	31/10/2028

- These key milestone dates assume business case approvals by end January for the Phase 1 FBC and mid February for the Phase 2 OBC

Business Case Update

- Phase 1 Community Diagnostic Hub and Supporting Infrastructure Full Business Case (FBC)
- Approved by CTM Board on 27th November and endorsed by Cardiff and Vale and Aneurin Bevan Boards on 26th and 27th November (closed sessions)
- Submitted to Welsh Government on 7th December with a later capital cost addendum forwarded on 19th December following agreement of the total target cost (construction cost) with the Contractor
- Business Case scrutiny commenced with a scrutiny grid received on 12th January alongside technical meetings with Shared Services Specialist Estates Teams
- Scrutiny formally responded to on 15th and 22nd January and a further response from WG is awaited

- Phase 2 Regional Orthopaedic Hub Outline Business Case (OBC)
- Supported by all 3 regional Boards on 26th and 27th November
- Submitted to Welsh Government on 7th December with a later capital cost addendum forwarded on 19th December following agreement of the elemental capital cost breakdown (required by WG)
- Business Case scrutiny commenced with a scrutiny grid received on 13th January agreement on the date for technical meetings with Shared Services Specialist Estates Teams is still outstanding
- Scrutiny formally responded to on 27th January and a further response from WG is awaited

Business Case Update Cont.

- WG Infrastructure Investment Board took place on 16th January, to review both business cases. Positive meeting with a range of questions on both phases, central focus on themes such as revenue costs and "affordability", demand and capacity.
- Following IIB a letter was received from Nick Wood on 21st January:

  - Phase 1 recommended for approval but emphasis on risk around ISP scrutiny and regional imaging – confirmation of Cabinet Secretary Approval is still outstanding. Once received then works will commence on site in early February.
  - Phase 2 regional partnership working welcomed but a request for further piece of work to be completed and to cover:

    1. A more detailed assessment of the full resource requirements—both financial and workforce—and confirmation of available funding streams to establish the true additional revenue resource requirement.
    2. A clear articulation of the planned realignment of resources and services between regional partners, setting out the service model and distribution across the region.
    3. A high-level workforce plan demonstrating how staffing will be secured without destabilising other services or Health Boards in Wales.
    4. Further detail on expected operational performance and benefits delivery, particularly regarding the impact on NHS Wales waiting lists.

  - Regional Orthopaedic Programme and LHP team are working together to deliver the requested information which will be discussed further at Regional Execs on 30th January
  - Critical to complete within ca 2 weeks to enable IIB to be convened and approval prior to election period to avoid a 6-7 month delay

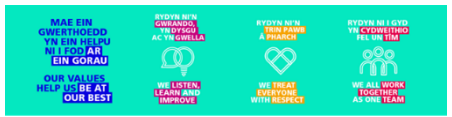
CDH ISP Procurement Update

i. Regional Procurement

- Following a detailed tender evaluation bidders were notified of the outcome of the process in late November
- During the initial standstill period 2 bidders lodged a request for a review which was responded to and triggered a second standstill period until 5th Jan
- In this period one of the bidders lodged a request for a Welsh Procurement Review Unit appeal of the procurement which means that currently the procurement remains at standstill
- CTM is working with WG and WPRU to clarify the likely timescale for a review should one be deemed necessary, they have been requested to prioritise this case but nothing has been heard
- Internally CTM is undertaking a high level independent review of the process
- Whilst the outcome of a WPRU review is advisory rather than mandatory it could support a supplier case for judicial review IF review findings indicate irregularities in the process that could materially impact on the outcome.
- However WPRU have not yet confirmed if they believe there is a case to investigate
- During this time CTM colleagues will need to consider the best way forward on a risk assessed basis

Recommendation

The Committee are asked to note the information provided within this slide deck.



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Agenda Item
4.2.2b

Strategic Development Committee

Regional Working Clinical Services

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Chris Dawson-Morris SEW RJC Director
Cyflwynydd yr Adroddiad / Report Presenter	Claire Thompson Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
RJC	Regional Joint Committee
SEW	South East Wales
CTMUHB	Cwm Taf Morgannwg University Health Board
ABUHB	Aneurin Bevan University Health Board
CAVUHB	Cardiff & Vale University Health Board
LHP	Llantrisant Health Park

JCC	Joint Commissioning Committee

1. Situation /Background

1.1 The purpose of this report is to provide an overview of the work being undertaken to deliver regional clinical services and provides an overview of the 26/27 work programme for the clinical programmes under the Regional Joint Committee (RJC).

2. Specific Matters for Consideration

2.1 The Regional Joint Committee is working together across the Southeast to build stronger, more sustainable services shaped by our region's health needs. This shared approach helps us tackle challenges, reduce inequality and improve care for everyone.

2.2 The RJC has considered how it can best ensure this approach delivers these benefits through it's existence, by:

Demonstrating Delivery
Deliver on our commitments to regional services in diagnostics, orthopaedics, ophthalmology and cancer.

Creating the conditions
Establish effective operating, financial and governance models for regional working. Build trust and confidence in the partnership. Remove barriers to regional working.

Identifying Opportunities
Develop principles and plans for future clinical services to address population need.

2.3 The workplan relates to the first element of the Joint Committees approach, 'Demonstrating Delivery'.

2.3.1 Orthopaedics

Programme vision is to provide high quality, equitable care with the best outcomes for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency, in a sustainable way. A regional plan was presented to Boards in September 2025.

Products/Actions/ Deliverables	Quarter	Impact
SE Wales primary arthroplasty clinical model (ABUHB, CAVUHB and CTMUHB	Q1	Inform LHP Full Business Case

sites) and Primary arthroplasty pathway including pre-operative and follow-up care		
Primary arthroplasty workforce model and resourcing plans	Q1	Resourcing plan for LHP and wider model
Performance monitoring & metrics (Arthroplasty)	Q1	Accountability framework to support commissioning
Finance model - including workforce and procurement (Arthroplasty)	Q1	To enable commissioner/provider model and standardisation of joints
Refresh Demand and Capacity (other Subspecialties)	Q3	Enable wider orthopaedics plan
Assess performance monitoring metrics	Q3	Enable wider orthopaedics plan
Develop plans for sub-specialty regional opportunities (other than primary arthroplasty)	Q4	Regionalisation of wider subspecialties

As a specific project, the development of the Llantrisant Health Park has its own programme management structure within the CTM UHB architecture and a report on this is provided as part of the papers to the committee this month.

2.3.2 Regional Diagnostics

The regional diagnostic programme has been established to develop and deliver plans for services sustainability across core diagnostic modalities.

Radiology – Regional plan developed in November 2025, establishing common demand and capacity position for the region and considering key challenges to address.

Products/Actions/ Deliverables	**Quarter**	**Impact**
Regional management group established	Q1	Support consistency in diagnostic provision
Workforce Plan for Sonography – priority due to immediate service risks	Q2	Address shortfalls in service
Radiology Workforce plan	Q3	Sustainable workforce model
Regional response to Lung Screening – regional offer to lung screening programme	Q2	Supporting equitable access to the roll out of screening maximising existing assets

Endoscopy- The programme aims to bring a regional service model approach to drive out variation, enable greater access and develop a collaborative training approach.

Products/Actions/ Deliverables	Quarter	Impact
Regional management group established	Q1	Support consistency in provision
Training academy model established	Q3	Collaborative approach to training staff
Operating model for regional endoscopy units	Q3	Enable LHP delivery
Repeat D&C assessment to inform LHP Opening and capacity utilisation/ Case Mix	Q3	Enable LHP delivery and regional planning
Consideration of commissioning and delivery of complex procedure model – collaboration with JCC	Q3	Utilisation of regional capacity and population equity

Pathology- To deliver, sustainable, patient-centred and value based cellular pathology services by standardising service delivery across the UHBs, integrating pathways, ensuring high-quality end-to-end services across the region

Products/Actions/ Deliverables	Quarter	Impact
Development of a Business Case for Regional Cellular Pathology Unit	**Q1**	Sustainable cellular pathology service
Agreement of the business case for Regional Cellular Pathology	**Q2**	Sustainable cellular pathology service
Following agreement of business case, site agreement and associated development	**Q2-Q4**	Sustainable cellular pathology service
Continuation of standardisation work	**Q1-Q4**	To ensure standardised service model ahead of proposed centralisation

2.3.3 Ophthalmology

The vision for the programme is that Ophthalmology Services in South East Wales are sustainable and deliver high quality care and improved outcomes to patients in a timely way.

Products/Actions/ Deliverables	Quarter	Impact
Regional Alliance Model – Cataracts Pilot	Q2	Streamlined operational model
Implementation of Open Eyes, OPERA and shared patient Treatment list model	Q2	Streamlined pathway and reduced administrative burden
Completing Cataracts – implementation of single regional pathway	Q3	Delivering efficiency gains for the region and maximising capacity
Workforce Strategy – comprehensive strategic workforce plan	Q2	Sustainable workforce model

2.3.4 Cancer

The programme is working to bring grater consistency to services to standardise governance and support arrangements enabling grater collaboration.

Products/Actions/ Deliverables	Quarter	Impact
Support consistent approach to MDTs across SEW approaches by support implementation and spread of NHS P&I's MDT Charter and associated 'Bridging Document' to be published Dec '25/ Jan '26	Q4	Consistent approach and standards across all MDTs which are auditable and support identification of resource gaps.
Regional Oncology workforce plan	Q4	Establish a regional oncology workforce baseline with an associated Workplan Plan to address any gap identified.
Shared Patient Treatment List (PTL) established	Q3	Individual cancer patients tracked in real time across their pathway with all the relevant demographic, referral, clinical and operational data visible to those responsible for patient care. Hospital Initiated Referral (HIR) from HBs into VCS will also provide an in-built validation to the PTL
Implementation (tracking of) of cancer-related Ministerial Advisory Group (MAG) actions	Q4	Consistent delivery of cancer-related MAG actions across SEW (i.e. Capsule sponge, symptomatic FIT, Unscheduled bleeding on HRT/Post-menopausal bleeding pathway, breast pain only pathway (BPOP), Tele-derm)

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Improving Care
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not at the current time
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Neutral

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	Yes (Include further detail below)
	The opportunity to enhance the collective reputation of our Health Boards through collaboration is available as a result of this work; conversely if the regional initiatives do not progress then the reputation of the wider NHS is likely to be damaged.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	Both workforce and financial implications related to individual programmes of work and the overall resourcing of regional working

4. Recommendation

4.1 The Committee is asked to note the work which has commenced.

5. Next Steps

5.1 To understand through Board updates from the RJC, the progress of the collaboration. Issues that require a specific CTM generative discussion would be cross-referred to the SDC.

5.1a Work plans of the Strategy & Transformation Work Groups to support BHC	11/02/2026	Strategic Development Committee	BHC – Health & Housing Partnership

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	Not applicable
Prepared By:	Paul Williams Head of Strategic Planning & Commissioning (Dying Well)
Presented By:	Claire Thompson Executive Director Strategy & Transformation
Approving Executive Sponsor:	Claire Thompson
Report Purpose	Please Select: For Discussion For Noting
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	N/A
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language	Yes Any changes to service delivery would include an equity and welsh language assessment
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Please Select: Creating Health

Palliative Care and End of Life Strategy – Dying well Strategy Group

National Service Specification for Wales: Palliative and End of Life Care National Specification issued October 2025. The core principles outlined in the specification include:

1) Person-Centred Care: Respecting and responding to the unique needs, preferences, and values of each individual and their families, ensuring that care is delivered with cultural sensitivity and inclusivity

2) Timely Identification and Holistic Support: Proactively identifying patients who could benefit from palliative care, addressing physical, emotional, spiritual, and social needs through comprehensive assessments and personalised plans.

3) Integration and Collaboration: Fostering seamless partnerships between the NHS, voluntary organisations, social care providers, and community groups to ensure continuity and coordination across all care settings.

4) Workforce Excellence: Equipping our healthcare professionals with the skills, knowledge, and support needed to deliver compassionate care, while prioritising their wellbeing and professional development.

5) Equity in Access: Addressing disparities in service availability to ensure that every individual, regardless of geography or socioeconomic status, can access high-quality palliative and end-of-life care.

Strategic Planning Governance structure developed for implementation of the specification across CTM UHB. Palliative and End of Life Care (PEoLC) Strategic Implementation Group objectives include:

1) Develop an implementation plan for CTM UHB in response to the National Palliative and End of Life Care Programme All Wales Service Specification.
2) Co-ordinate an overall programme of development for the network of PEoLC services across Primary Care, Community and Secondary Care Services via a series of contributing workstreams.
3) Provide regular updates and assurance to the Improving Care Board on the development of PEoLC Services and good PEoLC.
4) Ensure representation from CTM UHB into National PEoLC programmes of work, strategic and programme groups as they develop.
5) Develop Effective communication resources within CTM UHB and patient facing.
6) Ensure access to services reflecting the need of the population.
7) Ensure linkage across and between planning groups in CTM UHB through the programme of development.
8) Develop effective data for the planning, implementation and quality monitoring of PEoLC services with the development of a PEoLC dashboard.

PEoLC Portfolio Programme Progress Report

Month ending December 2025

Programme SRO	Richard Hughes Interim Exec Director of Nursing

	Programme	Lead	RAG
1	PEoLC Programme Board	Interim Director of Nursing, Midwifery & Patient Care	A
2	Advanced Care Planning Workstream	Interim Deputy Director of Nursing	A
3	Education and Training Workstream	Interim Head of Nursing Corporate Services and People's Experience	A
4	Data & Information Workstream	TBC	A
5	Patient, Family & Carers Workstream	Corporate Carers Lead	A
6	Specialist Palliative Care	Clinical Services Group Manager	A

Overall Summary

- Third meeting of PEoLC Programme Board held and agreement on scope of programme and mandate to establish portfolio
- Indicative timelines for programme plan
- Wider stakeholder involvement to embed working strategies to build on wider working models to identify unrealised benefits
- Development of associated governance
- Programme architecture established
- SRO appointed
- Programme membership agreed
- Programme methodology agreed
- Reporting framework established
- Formulisation of workstreams
- Integration with wider stakeholder interdependencies
- Ongoing matrix management of programmes
- Development of planning cycle within overall programme plan

Key Achievements

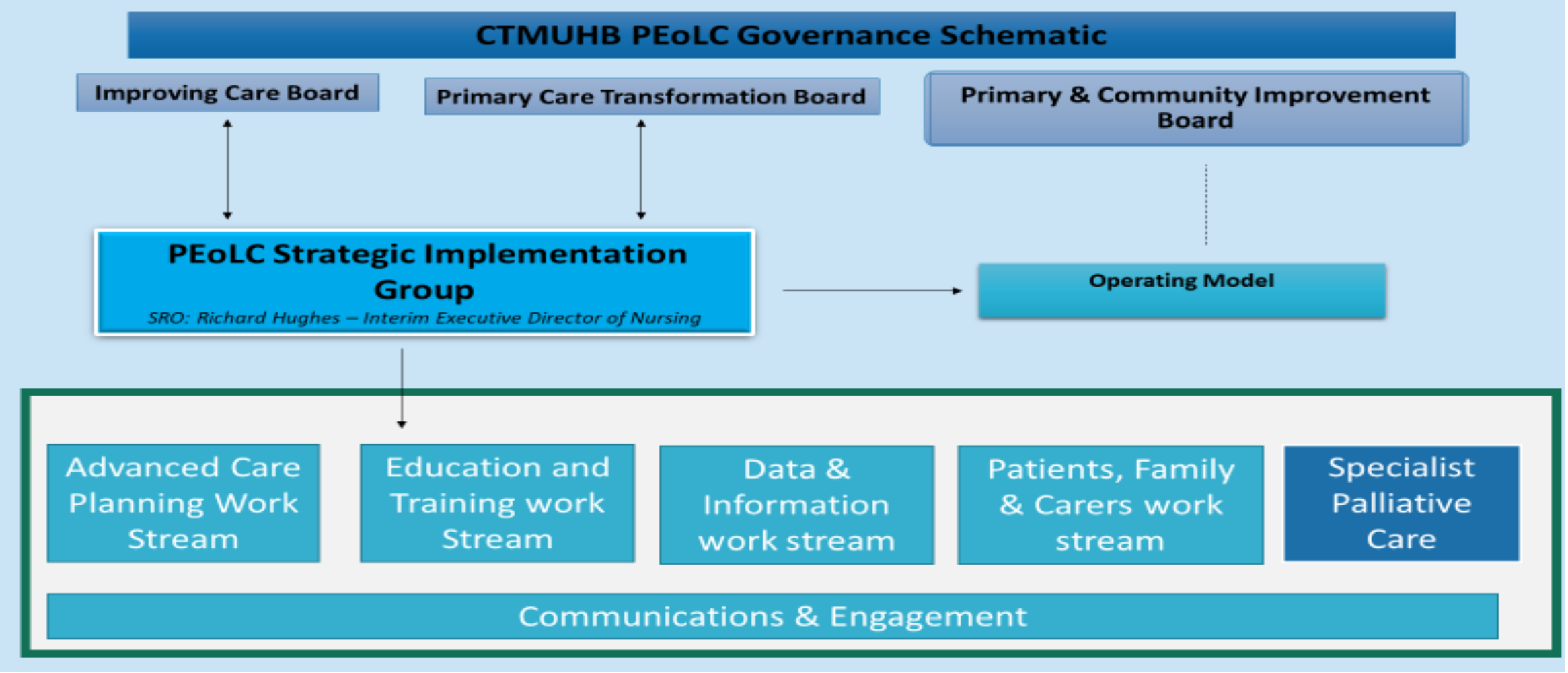
1) PEoLC Implementation Programme Board third meeting held 6 November 2025.
2) Senior Management ownership and mandate to establish programme of works
3) Links and interdependencies across other programmes within planning team and wider CTM
4) Workstream group architecture with task resource allocation.
5) National Service Specification for Palliative Care and end of life issued on 13 October 2025 and mapped to programme scope
6) Member of the national hospice programme with CTM representation
7) National competency framework introduced and shared within scope of work programme
8) Programme architecture established
9) PEoLC interactive workshop held on 2 October 2025
10) Relationships established with National team
11) Development of draft business case for bereavement support pilot
12) Indictive data modelling of utilising data to inform and underpin decision making
13) Completion of the CTM baseline analysis for national team on PEoLC current state
14) Successful additional allocation of additional hospice funding for CTM
15) Internal Audit report findings

Next Period

1) Establish the Advanced Care Planning Workstream
2) Establish the Education and Training Workstream
3) Establish the Data & Information Workstream
4) Establish the Patient, Family & Carers Workstream
5) Refine the business case for Bereavement support to take to next programme board
6) Relationship building with clinical and non-clinical colleagues
7) PEoLC Board in February 2026
8) Refinement of Programme architecture including programme plan.

Top Risks	Mitigating Actions
Workstream ownership and membership commitment	Work with workstream leads to understand workload and team development. Work with SRO to facilitate issues as appropriate
Faciliting a “strategic” overview with “operational colleagues and facilitating the difference and avoiding potential conflicts	Work with wider colleagues on developing semination on duties to allow distinct functional processes to enable seamless working patterns
Mapping gap analysis by national team and building into local programme scope of works	Work with national team and local teams to understand gaps and develop responsive solutions
Interdependencies with other programmes so that palliative care and end of life are integral to service transformation	Work with wider internal teams and others within planning, etc to optimise service transformation.

PEoLC Programme Governance Schematic



Specific Matters for Consideration:

For noting and updating

Key Risks / Matters for Escalation:

Main risks	Mitigation
1. Workstream ownership and membership commitment	1. Work with SRO/workstream leads to understand workload and team development.
2.Faciliting a "strategic" overview with "operational colleagues and processes facilitating the difference and avoiding potential conflicts	2. Work with wider colleagues on developing semination on duties to allow distinct functional to enable seamless working
3. Mapping gap analysis by national team and building into local programme scope of works	3. Work with national team and local teams to understand gaps and develop responsive solutions
4. Interdependencies with other programmes so that palliative care and end of life are integral to service transformation	4. Work with wider internal teams and others within planning, etc to optimise service transformation.

Recommendation

The Committee are asked to:

- Review the progress to date and note future developments
- Support the concept and approach to developing PEoLC across CTMUHB

Next Steps

The Committee are asked to:

- Review the progress to date and note future developments
- Support the concept and approach to developing PEoLC across CTMUHB

5.1b Work plans of the Strategy & Transformation Work Groups to support BHC	11/02/2026	Strategic Development Committee	BHC – Health & Housing Partnership

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Beth Underwood Health, Housing, Innovation Programme Manager
Presented By:	Claire Thompson Executive Director Strategy & Transformation
Approving Executive Sponsor:	Claire Thompson
Report Purpose	Please Select: For Discussion For Noting
Engagement undertaken to date:	Presentation well received at CTMUHB Executive Board Development Day Invited to present work to CTMUHB Primary/Community Transformation Board

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	N/A
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	No (Explain why) Listening to communities where over-whelming preference is to communicate in English.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Please Select: Creating Health

Building Healthier Communities: 3 Communities test beds 2024-26

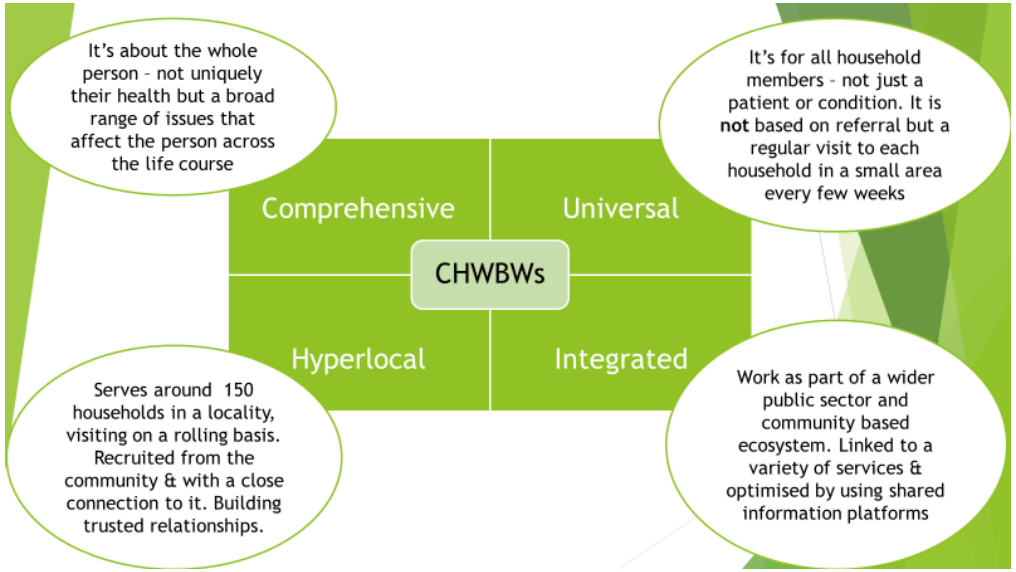
- Listening & learning at a micro neighbourhood level (Trelewis, Pennys, Blackmill - max 300 homes)
- Appreciative Inquiry Methodology & Asset Based Community Development principles
- Outcome monitoring & evaluation phase: Mixed methods
- **Outcomes data Trelewis**:
  - 1600% increased use of Trelewis Community Centre 2024-25
  - 24 groups/activities developed with local people
  - Key qualitative themes - importance of social connection and protection of mental health

Next steps: Build connection to local health services & health promotion @ Trelewis Community Centre; test the methods and approaches again on the Gurnos Estate (story gathering commenced)

Outcomes Blackmill: Overwhelming qualitative theme around the value of the natural environment to the community. Valleys2Coast successful bid for £250k to regenerate ancient woodland at Blackmill.

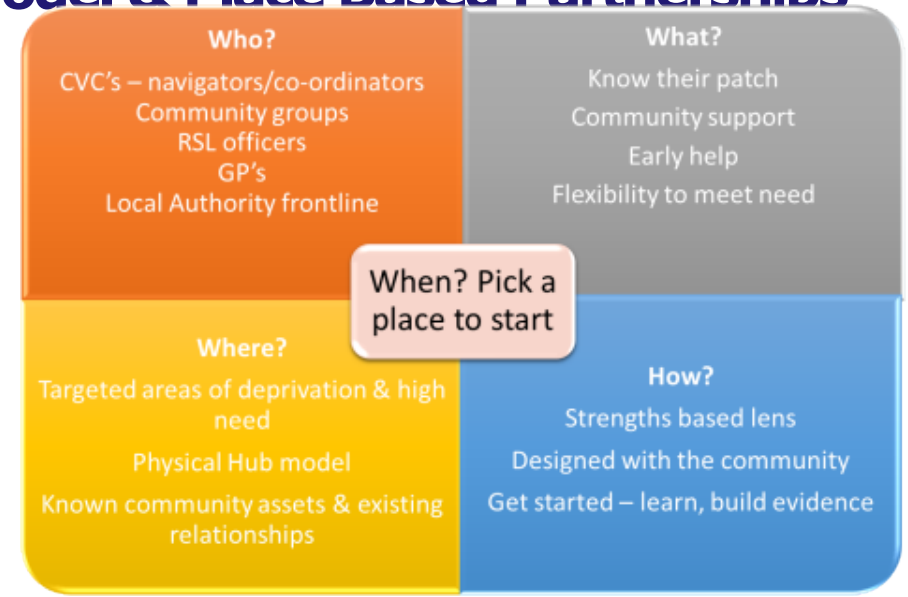
Next Steps: Local resident group developed to work on the Woodland Project with Well-being and mental health key drivers; test the methods at a larger scale on the Wildmill Estate (wide ranging partnership already convened)

Building Healthier Communities: Well-being Worker Model & Place Based Partnerships



Brazilian model of CHWBW being piloted in England in 27 places: Learning from Westminster & Cornwall

2025 Regional workshops across partners:
CTM; Housing Associations; 3rd sector; LA's; CVC's.
Focussed on the purpose (the Why?) and How? the model might work in CTM



Maintain core principles but DON'T create a short-term funded role. Work with who/what we have. Identify local volunteers, community leaders & connectors who informally do this work already - build capability and local sustainability.

Building Healthier Communities: Well-being Worker Model & Place Based Partnerships

Penrhiwceiber Well-being Partnership

- Penrhiwceiber 1 LSOA 6th in WIMD 2019
- Now ranked 60th in WIMD 2025
- Building Communities Trust £1 million Invest Local Grant 2016-26

Caerau, Maesteg Well-being Partnership

- Caerau 1 LSOA 4th in WIMD 2025
- Classified as 'deep rooted deprivation'
- Building Communities Trust £1 million Invest Local Grant 2016-26

Both places have -

- Partnerships that include: CVC; Housing Associations; GP Cluster; Local Authority early intervention team; regional partnership (integration); 3rd sector & lead community groups
- Some pre-existing enabling conditions – trusted local groups & activated volunteers/citizens
- Had previous investment and support for lead local groups

Current objectives -

- Apply the same methodologies applied in the 3 communities – discovery, learning, developing trust & adapting. Start by finding out who is already doing the work of supporting neighbourhoods? Who are the natural connectors?
- Asset mapping – what already exists that keeps people well and how is this done?
- Regular workshops across the partnerships to build relationships – what are our current referral pathways? How well do we know each other?
- Development of outcome measures around both community well-being and specific health outcomes

Glossary of Terms

CTM/CTMUHB – Cwm Taf Morgannwg University Health Board

CHWBW – Community health & well-being worker. A role currently being piloted in several places in England

LA – Local Authority or local Council

CVC – County Voluntary Council. Represents community organisations within a local authority area

RSL – Registered Social Landlord. Refers to Council Housing or a Housing Association

LSOA – Lower Super Output Area. The smallest level of population data. Usually under 2000 people in a particular geographic location.

WIMD – Welsh Index of Multiple Deprivation. Published by Welsh Government every 5 years, this provides analysis across social factors including employment, income, education & health.

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Specific Matters for Consideration:

- Socially connected neighbourhoods and activated communities are core to the social determinants of health, and building Wales as a Marmott nation
- Building on physical & human assets in communities flips the deficit needs based model within public services
- Listening to people in CTM communities and understanding their local context creates positive, active engagement with anchor organisations
- Partnerships will foster conditions for upstream prevention in our most disadvantaged communities – CTMUHB cannot create health alone

Key Risks / Matters for Escalation:

Risks: Place-based partnerships form emergent work.

- Progress will be dependent on developing strong relationships across organisational partners whom must work collaboratively and obtain trust from local communities to work with them.
- Dependent on partners giving time to this work away from operational priorities.
- Time is needed to allow change to happen in this area of work. We can put down milestones and measurable outcomes but the programme requires a commitment to a different way of working for the foreseeable future.

Recommendation

The Committee are asked to:

- *Consider the contents of the report*
- *Provide feedback to inform programme learning*
- *Recognise and support the role CTMUHB can offer as a partner/anchor organisation in supporting work to improve the health and wellbeing of our population beyond our service delivery*

Next Steps

The Committee are asked to:

- *Support the continuation of the work*

Agenda Item
5.2a

Strategic Development Committee

Population Health Management in CTM – progress to date and use of a CTM shared care record to enable future PHM approaches

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Gemma Northey, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health and Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CDR	Clinical Data Resource
CTM	Cwm Taf Morgannwg
CTMSCR	Cwm Taf Morgannwg Shared Care Record
DPIA	Data Protection Impact Assessment
IG	Information Governance
JCA	Joint Controller Agreement
NDR	National Data Resource
NECS	North of England Commissioning Support Unit
PHM	Population Health Management
PII	Personally Identifiable information
SAIL	Secure Anonymised Information Linkage
WG	Welsh Government
DHCW	Digital Health Care Wales
ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladwr University Health Board

1. Situation /Background

1.1 Population Health Management (PHM) is defined as: "an approach that improves population health by data-informed planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population. Linked datasets are used to segment, stratify, and model the local 'at risk' and 'rising risk' cohorts that in turn are used to design, target and personalise interventions to deliver proactive care and proportionate universalism to reduce health inequalities". See Appendix 1 for further detail.

This proactive approach is anticipated to

- Reduce health inequalities
- Improve the health and well-being of the people of Wales
- Enhance quality and experience of delivering and receiving care

1.2 Effective PHM approaches rely not only on linked data and models applied to the data (such as population segmentation and risk stratification), but also wider capabilities of implementation and innovation outlined in the Appendix 1. The PHM approach in CTM has been structured around three workstreams of implementation, intelligence and innovation. The previous national PHM subgroup recognised these workstreams as PHM capabilities. In order to recognise the need for a national person-level linked data architecture solution the subgroup subdivided the intelligence capability into intelligence and infrastructure.

1.3 Population Health Management approaches in CTM to date have relied on the use of data flows via the SAIL databank and with partners including SAIL and DHCW. Data has been flowing from primary and secondary care for several years on a quarterly basis and using this linked dataset a range of PHM projects have been implemented and evaluated successfully in primary care. A full review of PHM implementation to date is currently being undertaken, with summaries and project documentation for all projects being uploaded to the CTM PHM website along with a selection of case studies from proactive implementation projects. A learning exercise currently being conducted will feed in to the Strategic Delivery Plan for PHM that is currently being drafted and will be presented to the PHM Steering group in March 2026.

1.4 Despite the successes in implementation of a range of PHM projects in primary care in CTM, there are considerable limitations to the rollout of PHM using this SAIL data infrastructure. It is now opportune to test an alternative data flow and linkage given that:

- we have successfully tested PHM implementation in CTM and can publish and apply acquired learning to new systems
- there is a renewed national focus on PHM
- a PHM policy for Wales is currently being drafted

- indications are that the optimal approach to national infrastructure is considered by WG to be the NDR and timescales for delivery are still unknown

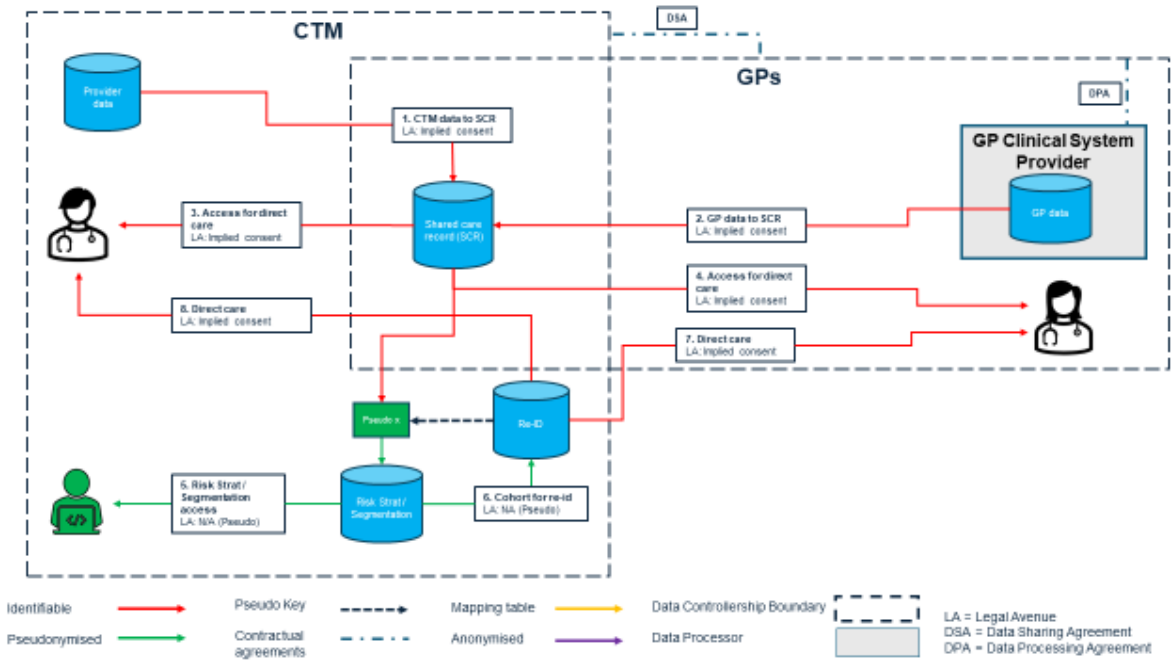
1.5 This alternative data flow is similar to approaches being progressed in ABUHB and BCUHB and the project aim is to develop and drive forward a data and intelligence-led focus on person-centred care for patients. The vision for PHM in CTM is to help our communities stay well by providing preventative and proactive joined up care and support. We will use linked data to inform development and delivery of services at the right time, in the right place and by the right team, to those who need it and will benefit most. We want to understand and address what matters most to individuals and how wider determinants impact on how people live.

1.6 To do this, and to progress the enablers of PHM, the proposal is to develop the local infrastructure as outlined below.

2. Specific Matters for Consideration

2.1 In order to move to a more mature PHM system across PHM, we would use data shared directly between primary and secondary care to pilot and implement PHM approaches. To do this, it is proposed we develop the CTM Shared Care Record (CTMSCR). This will provide health and care professionals with electronic access to records of participating partner organisations using new and existing secure computer systems for the purpose of direct care. The CTMSCR would provide a scalable platform for the digital holding and exchange of clinical information within CTM in line with NHS Wales Information and Technical Standards and would be a component of the federated national data resource programme.

2.2 The CTMSCR would include provision of a platform to apply population segmentation and risk stratification models to the linked data and allow analysis across the levels of PHM from patient cohorts to strategic planning. The proposed system is illustrated in the diagram below:



2.3 Identifiable Primary Care Data (PII) from GP practices will be linked with secondary care data and other non PII to identify patients who would most benefit from care interventions. This information will be surfaced back to the relevant GPs and Clinicians undertaking preventative or direct care public health initiatives through tailored front-end reports or data extracts. These front-end reports/data extracts will provide the clinical teams with the intelligence that will enable tailored health and well-being interventions for the patient where this is deemed appropriate upon clinical review by the GP / Clinician.

2.4 Upgrades to the present architecture and systems would be necessary to provide an enhanced population health record so as to enable the data in the shared care record to be used as agreed with practices, based on legal and service requirements. This would have resource implications within the Data and Digital Directorate to develop and manage this process and from Public Health to support the development of the PHM approach using this new data infrastructure. Longer term work will seek to develop and implement a user interface for clinical teams in primary and secondary care and provide read/write access to CTMSCR where agreed.

2.5 The proposed CTMSCR development would necessitate a phased approach:

- Phase 1: Pilot in single managed GP practice – sign-off of information governance documentation such as Joint Controller Agreement and Data Protection Impact Assessment (JCA and DPIA), set up relevant governance structures for phase 1, obtain and integrate the data, explore data quality, develop technical infrastructure and capabilities, early engagement with primary care partners, communication plan

development, support from North of England Commissioning Support Unit (NECS) with expertise in delivery of direct data flows from primary care, developing a business case for rollout, defining roles and resources needed. CTM will also need to update patient information and engagement materials and support GPs in managing CLDC opt outs.

- Phase 2: Rollout to initial cohort of interested GP practices (tbc). CTMUHB will continue to indemnify GPs for UHB-caused data loss under Welsh Risk Pool, as is presently provided for the PHM programme. Development and pilot of user interface in primary and secondary care.
- Phase 3: Rollout offer to remaining GP practices in CTM

It is envisaged that phase 1 will begin as soon as possible and will run next financial year (2026/7), phase 2 will begin late 2026 with collaboration and consultation with partners, ready for pilot in 2027/8. Phase 3 will run late 2027/8 into 2028/9. Timescales for data rollout will be addressed in detail in the business case.

It is important to note that it is proposed that the current SAIL data flows will remain in place until the direct data flows are sufficiently tested and rolled out across CTM, this will maintain access to current PHM data and opportunities to implement PHM projects in primary care.

3. Key Risks / Matters for Escalation

3.1 There is a risk to sustainability and scalability of PHM by not pursuing less restrictive or limited data architecture solutions which could open up possibilities for full potential of PHM. This may lead to a lack of engagement by primary care partners and loss of commitment to PHM principles if seen as too onerous, too restrictive when involving non-practice health care staff, or slow to implement projects due to extensive IG delays (partly due to current limited setup and outside our control).

3.2 Information, project and clinical governance issues in adopting such an approach need to be scrutinised and adhered to in order to minimise risk of non-compliance with DPA principles. This can be further mitigated by phased testing of the approach as outlined and accessing expertise and support from services in England where they have adopted similar approaches.

3.3 The national programme for PHM being informed by the PHM Advisory group is currently being developed. The current lack of national PHM policy and outline of strategic direction remains a risk to local development of PHM solutions and systems. It is thought that the national solution to data architecture to enable PHM will be via the national NDR, however timescales remain unclear as previously mentioned. Mitigation strategies for CTM include interoperability with future NDR, consideration of proposed future uses for PHM in development of IG documentation for direct data flows, close collaboration and shared learning with other Health Boards trialling

direct data flows and PHM and active participation in national PHM programme to inform policy direction with local expertise.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Improving care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Choose an item.
	If more than one applies please list below: PHM data can apply to all strategic areas across the lifecourse
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A more equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient
	If more than one applies please list below: Equitable Person centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	Yes (Include further detail below)	
	Information governance/DPA considerations around sharing of PPI between primary and secondary care under common law duty of confidentiality	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Phase 1 will necessitate people resource in Data and Digital to manage development of CTMSCR and in Public Health for staff currently working in PHM to support application of PHM models to data and pilot interventions in primary care. Some impact on resource (time) for practice staff from managed practice to engage with process and develop pilot project(s). An options paper will be developed to explore in detail the impact of outsourcing to deliver elements of PHM versus in-house management and delivery.	

5. Recommendation

5.1 The SDC are asked to note and support the approaches as outlined in this report.

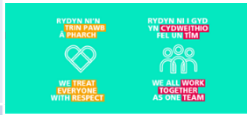
6. Next Steps

6.1 Initial steps will be to progress with appropriate governance setup and draft the IG documentation for phase 1 of direct data flows (managed practice pilot) in collaboration with practice leads and appropriate partners. Reporting mechanisms via PHM Steering group and Creating Health Board.

5.2b Appendix 1	11 February 2026	Strategic Development Committee	Population Health Management

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Gemma Northey, Consultant in Public Health
Presented By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Philip Daniels, Executive Director of Public health
Approving Executive Sponsor:	Philip Daniels, Executive Director of Public Health
Report Purpose	Please Select: For Noting

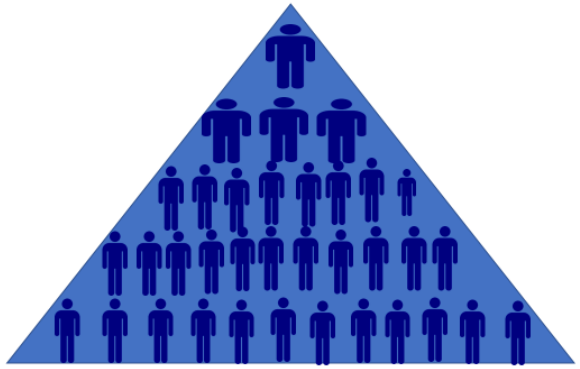
Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	No (Explain why)N/A
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No If Yes please include brief detail.
Link to Strategic Goals	Please Select: Creating Health



Starting point - Definitions

Public Health

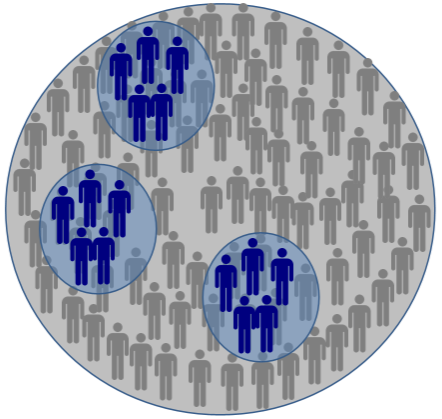
Is the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society.



Population Health

Improves the health of an entire population.

It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across the population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, delivering social justice and working with communities.



Population Health Management

Improves population health by data-informed planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population.

Linked datasets are used to segment, stratify and model the local 'at risk' and 'rising risk' cohorts that in turn are used to design, target and personalise interventions to deliver proactive care and proportionate universalism to reduce health inequalities.

Segmentation and risk stratification

What is Segmentation?

- **Population segmentation is the process of dividing a population into groups based on some identified criteria to meet the needs of each group.**
- Segmentation enables us to better understand our populations, at both strategic and local levels, enabling delivery of the triple aim.
- We are able to gain an understanding of the specific health and care needs of different cohorts of the population. Not all high-utilising segments within a population are the same, and it is important to understand the differences so that we do not take a 'one size fits all' approach that may not be effective.
- By segmenting a population into smaller, more homogenous parts, we can design and implement targeted interventions. Because the segments are internally very similar, we can tailor our approaches and be more assured of the results. Due to the linked data set, robust, statistical evaluation is possible.
- Using statistical techniques, we can also identify the specific characteristics that may contribute to high utilisation and poor outcomes – and then examine which segments of the population have these characteristics, or are at risk of developing them, prior to their arrival in front-line services.

Why is Segmentation useful? What can it show us?

Segmentation helps us to answer questions such as:

- Who are higher and rising risk/cost segments and what are the patient characteristics that may indicate higher resource utilisation and poor outcomes, how prevalent are these characteristics in the population, and in what combination?
- What is the risk of potential unmet demand, for patients in segments with characteristics similar to those who are currently high utilisers (but not receiving large amounts of care themselves)?
- Where should I start to look, in terms of 'quick wins' to meet the triple aim? And where should I look for long term, to improve the health of my population and reduce inequalities?

What is risk stratification?

- **Risk stratification groups individuals according to their risk of experiencing an adverse event,** such as a particular health outcome or their healthcare utilisation (e.g. emergency hospital admission).
- Typically, the population at highest risk usually makes up a small percentage of the total population, e.g. 5%. The groups at medium and low risk are much larger, e.g. 15% of the overall population in medium risk and 80% low risk, although the proportions can be predefined and set according to population.

Who may use segmentation and risk stratification?

Segmentation and risk stratification may be used by:

- Finance directors and strategic leads, to understand the drivers of spend and demand at a System level.
- ICPs, service leads and commissioners, to help commission services at a Place level.
- Clinical leads, GPs and other professionals, to understand their population at a Neighbourhood and Person level.

Support to build core PHM capabilities

Innovation

Systems leadership' requires collective action and outcomes. The health and care system share a cohesive approach to working together to improve health and wellbeing for a population.

- Becoming a **population health organisation** from ground up ensuring prevention as key to the health of future generations.
- Having dedicated **system leadership** to drive action-orientated, data-led decision making
- **Using whole population data** to drive planning to improve the health and wellbeing for the local people now and in the future.
- Using population health data to **design workforce** development across health and care - realigning and creating new roles fit for the future.
- **Anchor institutions** - what can the only the HB do; health services as well as wider determinants

Intelligence

System wide intelligence capability to generate actionable insight into opportunities to improve care quality, efficiency and equity

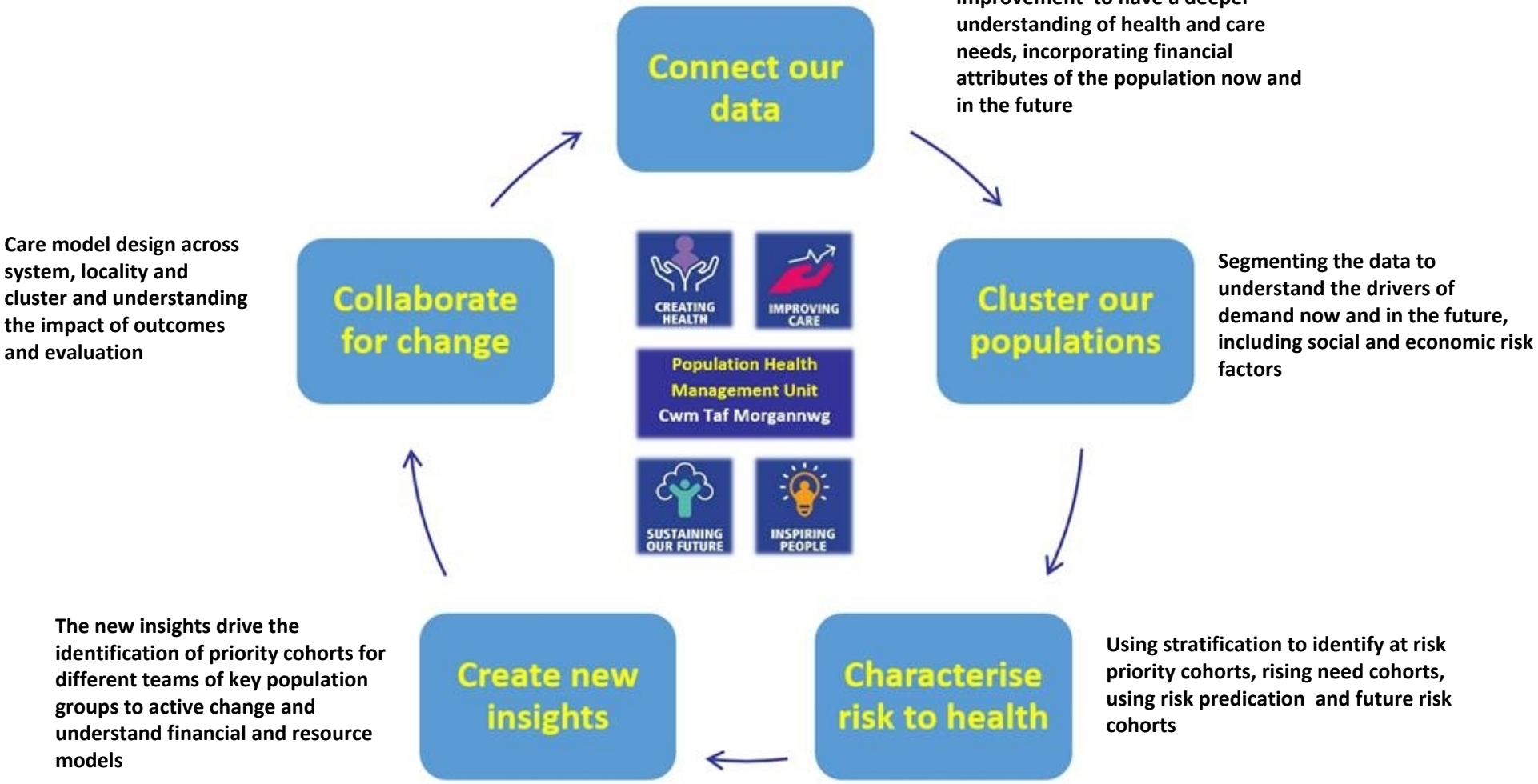
- **Linked, person-level datasets**
- **Segmentation tools** that compliment **risk stratification** to deliver information for action.
- **Alignment of multi-disciplinary analytical and improvement teams** to produce actionable insights
- **Analyses and actionable insight** - to understand health and wellbeing needs of the population, opportunities to improve care, manage risk and reduce health inequalities
- **Advanced analytical tools** and software and system wide multi-disciplinary analytical teams, supplemented by specialist skills

Implementation

Using intelligence to change care delivery and inform new service models based on population need

- **Building capability and capacity,** growing the expertise in public health, and developing **PHM champions**
- **Data-led decision making and planning** to drive care coordination and proactive personalised care, using the evidence base with a focus on **reducing health inequalities and delivering proportionate universalism**
- Focus on **prevention** and **community well-being** - asset based approach, social prescribing and social value projects
- Incentives alignment – using **value based healthcare approach** to align funding and incentives to improve population health now and for future generations.

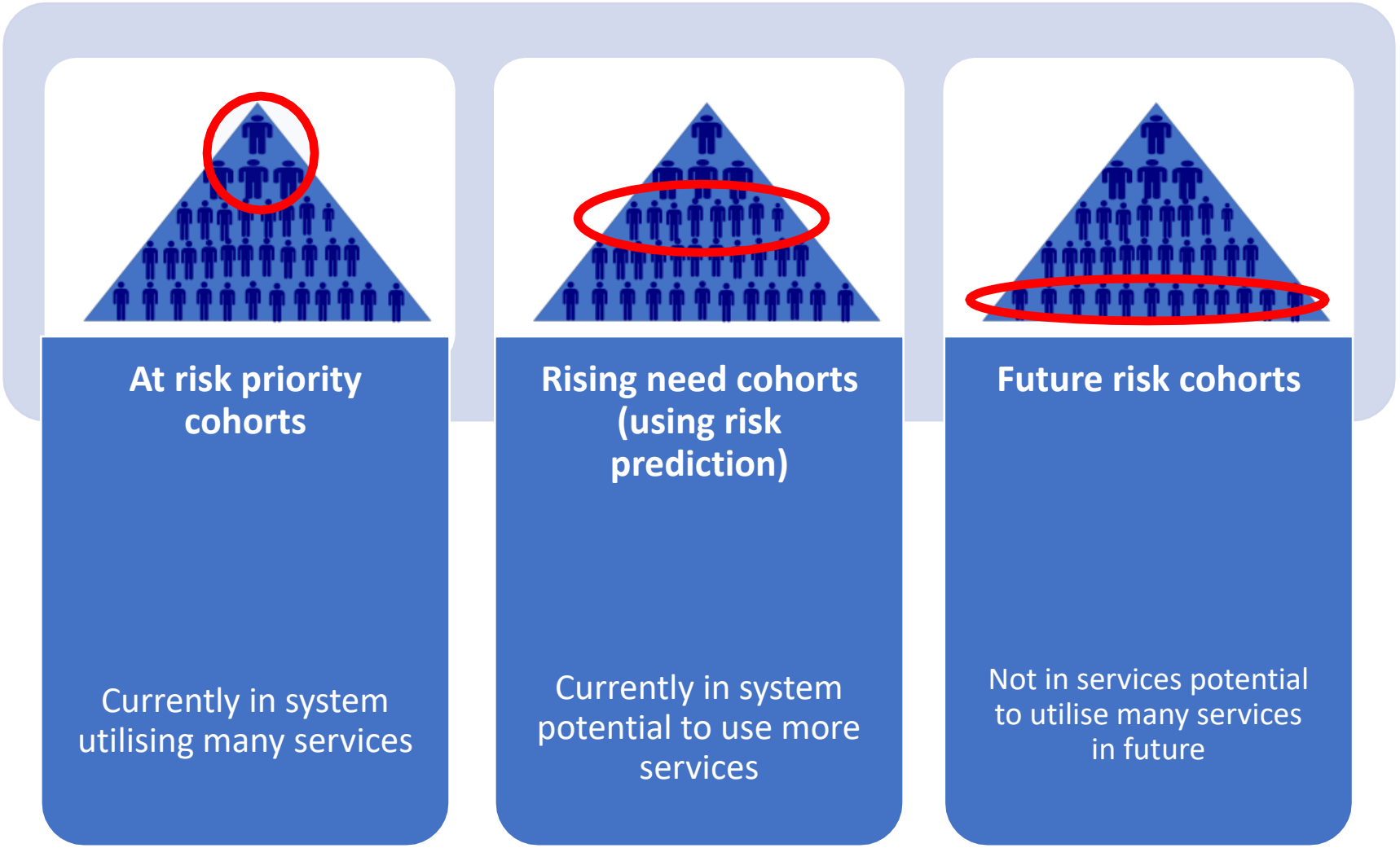
The '5C' model of Population Health Management Improvement cycle



Journey for patient-level linked data

Legal purpose must improve the health and wellbeing of the local population

PHM Cohorts


At risk priority cohorts
Currently in system utilising many services
Rising need cohorts (using risk prediction)
Currently in system potential to use more services
Future risk cohorts
Not in services potential to utilise many services in future

Recommendation

The Committee are asked to:

- Note the report

Next Steps

5.3.1a	11 February 2026	Strategic Development Committee	Regional Partnership Board update

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Matt Jenkins Regional Integrated Services Director CTM Regional Partnership
Presented By:	Matt Jenkins / Nia McIntosh, Strategic Lead for Children or Stacy Chamberlain, NEST & Children's Services Lead
Approving Executive Sponsor:	Claire Thompson
Report Purpose	For Discussion
Engagement undertaken to date:	The Whole System: Whole Heart Strategy was coproduced between the Regional Partnership's Children's Board and citizen voice representatives.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Implementation of the strategy will be an important contribution to patient quality and safety.
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes, via the Regional Partnership
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes, in relation to the use of existing resources including staff, and in terms of an influence on future budget allocation.
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

The Whole System: Whole Heart Strategy for Babies, Children and Young People (2025–2030)

The Whole System: Whole Heart Strategy (2025–2030) sets out a bold, unified vision for improving outcomes for babies, children and young people across Cwm Taf Morgannwg.

It recognises that no single organisation can address the region's complex challenges alone, instead committing to an integrated system spanning health, social care, education, housing, the third sector and communities. At its core is a deep commitment to the rights, voices and lived experiences of children and families, ensuring support begins at conception and continues through early adulthood.

The strategy establishes eight regional ambitions, underpinned by the NEST framework, to create nurturing, empowering and trusted environments. It emphasises prevention, equity, partnership working, and data-informed decision-making.

This is a living strategy designed to evolve, strengthen collaboration, and embed a whole-system culture that delivers earlier help, smoother transitions, and more consistent, person-centred support.

The Whole System: Whole Heart Strategy – A Co-Productive Approach

With the regional Children's Board now reaching maturity, it has taken time to build key networks and relationships, across social care, health and third sector agencies.

Creating the right conditions to nurture joint commitment, establish clear values and goals and acting as 'trusted (professional) adults' has been essential.

Developing trust, consistency, stability with key lead officers has aided this long-term investment of relationship building across the partnership, under the golden thread approach.

To progress the Strategy itself, four regional workshops were also held throughout 2025 to bring partners voices to the fore, to determine the key gaps in services and explore joint opportunities for change, along with co-productive approaches with children and young people.

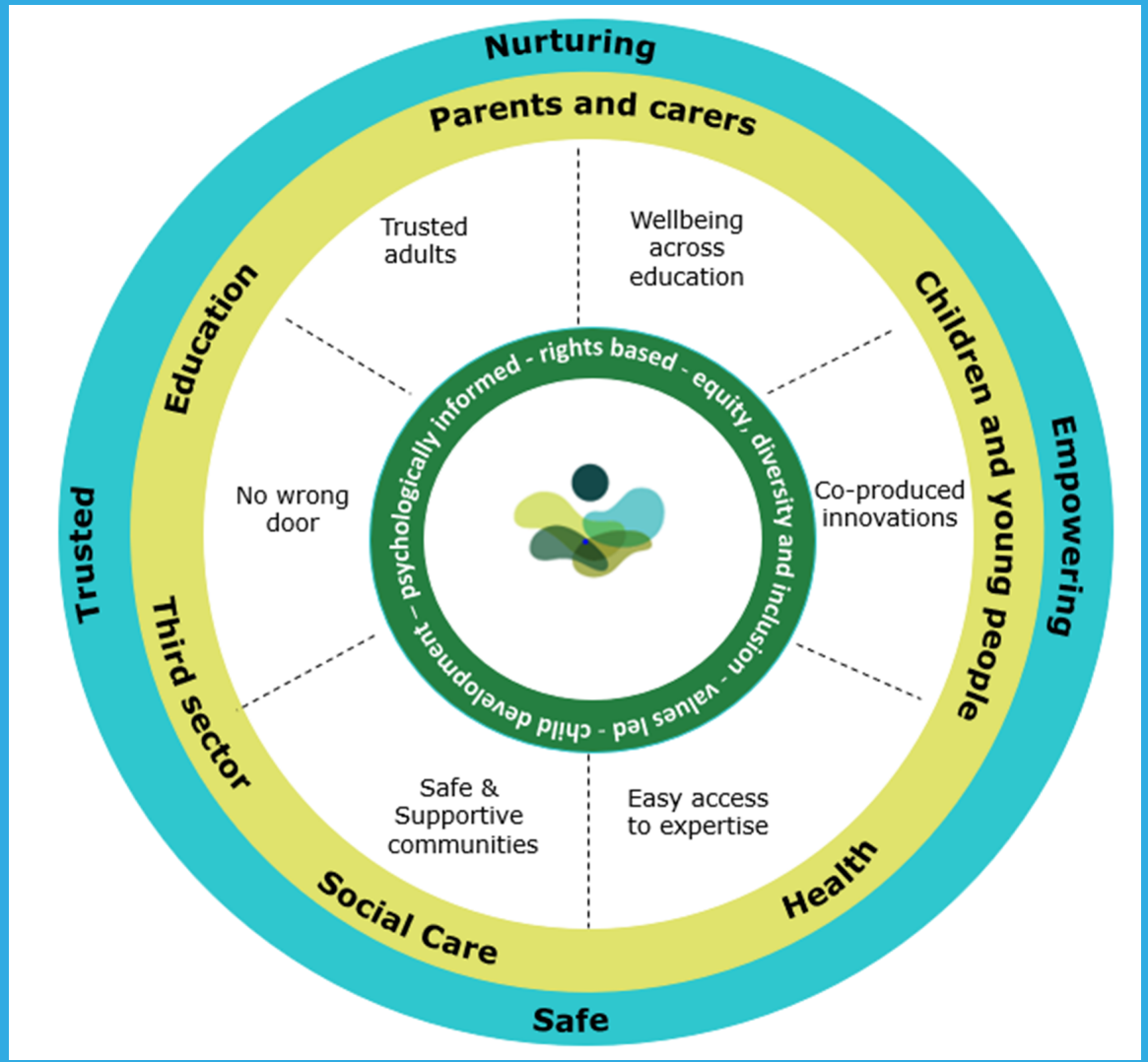
Embedding the NEST Framework in CTM

Our strategy aims to **improve regional ways of working** together, while **aligning with national drivers.**

We're committed to **embedding the NEST framework across CTM**, to take a whole system approach to work together for babies, children and young people.

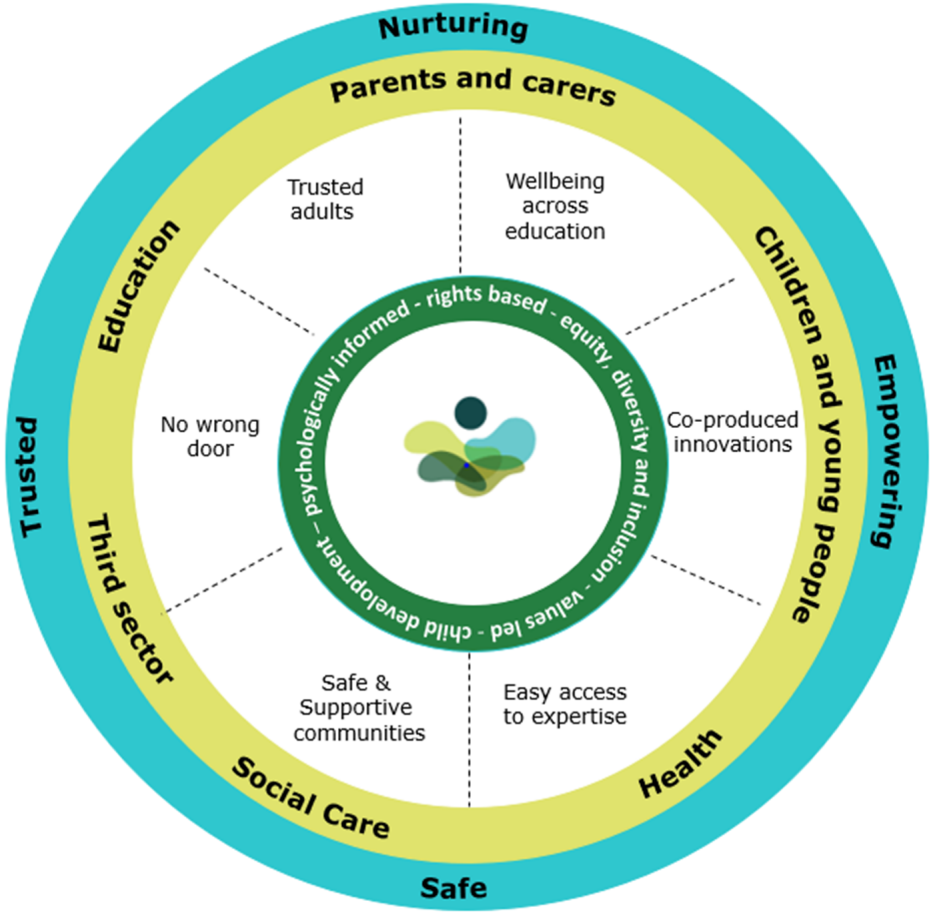
This strategy has been produced in line with the NEST principles, creating **Nurturing, Empowering, Safe and Trusted environments.**

It was **developed in partnership with stakeholders** from across the system, including babies, children, young people and families.



Embedding the NEST Framework in CTM

Undertaking a NYTH/NEST Self Assessment of the Children's Board itself, also allowed for self reflection and goal setting to improve how partners across children's services work together under the NEST key principles of:



Creating 'easier access to expertise'

- Taking a 'no wrong door approach'
- Considering 'wellbeing across education'
- Developing 'trusted adult' relationships
- Promoting support from 'safe and supportive communities'
- With Co-production and children's rights at it's heart

Whole System: Whole Heart

2025-2030 strategy

Cwm Taf Morgannwg
Partneriaeth Rhanbarthol | Regional Partnership

About our Strategy

The strategy highlights; Children's lives are **more complex and multi-faceted** than ever before.

No single person or organisation can tackle the scale of the challenge alone. By recognising ourselves as part of one connected system - spanning health, social care, education, housing, the third sector, the police service and our communities - **we're laying the foundations for a stronger, preventative, and more unified approach to improving outcomes.**

Our Vision

Making a difference to people's lives by **involving** them, **listening** and **taking action together** to **transform** the way services are delivered.

Our Approach

By **focusing on prevention**, our strategy helps services **move beyond universal support and include early help approaches** for children and families who may need extra provision.

Whole System: Whole Heart

Cwm Taf Morgannwg
Partneriaeth Rhanbarthol | Regional Partnership

Working together for babies, children and young people in Cwm Taf Morgannwg

2025-2030 strategy

Our regional ambitions

We have developed eight ambitions that champion children and young people's rights, respond to their needs, and amplify their voices.

Ambition 01

Enable every family to access high quality early support during the **first 1,000 days,** giving babies the best possible start in life.

Ambition 02

Enable healthy lives and support **children to grow up active, well-nourished and at a healthy weight.**

Ambition 03

Create strong, clear and **accessible neurodevelopmental support** pathways to help children and young people in CTM reach their full potential.

Ambition 04

Expand and improve the range of **emotional wellbeing support,** advice and guidance for babies, children, young people and their families.

Ambition 05

Recognise, understand and strengthen the support available to **young carers** in CTM, empowering them to thrive.

Ambition 06

Develop a diverse range of **regional, accommodation-based solutions** tailored to the needs of children looked after and with complex needs.

Ambition 07

Deliver high quality, **person centred transitional care** for children, young people and their families across CTM.

Ambition 08

Build **seamless integrated partnerships between health, social care and education** services to improve outcomes for children, young people and their families.

Implications for CTMUHB

- **Ambition 1:** Embedding understanding of the **1st 1,000 days** across the system requires CTMUHB strategic leadership and ownership to ensure this critical development period is understood and nurtured by all. Implementation activity will reflect CTMUHB Director of Public Health 2025 annual report's priorities, Public Health Wales Early Years Framework and the Starting Well strategy group
- **Ambition 2: Children grow-up active and a healthy weight** reflects CTMUHBs whole-system approach to healthy weight and will be led by our **health-education partnership** (Ambition 8). Work will support Pipyn implementation across CTMUHB, a key population health deliverable (2026 Planning Framework) to improving the percentage of children having a healthy weight.
- **Ambition 3:** Creating **accessible neurodevelopmental support** will be led by the regional Neurodevelopmental Improvement Board (NDIP), hosted and led by CTMUHB. Work will continue aligned to WG NDIP funding and priority setting to 2027/28.

Implications for CTMUHB

- **Ambition 4: Emotional wellbeing support** has established sub-groups, commissioned services and communities of practice actively supported by CAMHS and wider CTMUHB services. Active partnership work will continue under this ambition.
- **Ambition 6:** Create **regional accommodation-based solutions** is predominantly driven by the eliminate-profit agenda from children's home. CAMHS and Community Nursing remain involved to ensure children and young people with complex needs have access to the care they need.
- **Ambition 7:** Deliver **person-centered transitional care** supports CTMUHBs internal priorities to ensure improved transition from children to adult health care services. CTMUHB will undertake focused work with partners around better meeting the needs of children with learning disabilities.
- **Ambition 8:** Develop strong partnerships between health , social care and education, to determine whole system approach across education and health settings, encourages a 'no wrong door approach' and easier access to expertise across organisational boundaries

PROPOSED RE-FOCUSED GOVERNANCE – APPROVED BY REGIONAL CHILDREN'S BOARD ON 13TH JAN 2026

Cwm Taf Morgannwg Partneriaeth Rhanbarthol | Regional Partnership

NYTH | NEST

Regional Partnership Board

Regional Integrated Children's Services Board

'Whole System, Whole Heart' Strategy for Babies, Children and Young People

- Ambition 1 – Pre-Birth/Fist 1,000 Days
- Ambition 2 – Healthy Lives
- Ambition 3 – ND Support Pathways
- Ambition 4 – Emotional Wellbeing Support (inc Mental Health)
  - CLASS Therapeutic Support for CLA
  - SPACE Wellbeing
  - Parent Wellbeing
- Ambition 7 – Transition & Complex Needs (Cont. Care)
  - Respite Facility Development
- Ambition 8 – Health, Social Care & Education Partnership

Key: ----- denotes reporting lines to other Board

Cross Cutting – **Ambition 5** - Young Carers Support and Mental Health & Wellbeing Strategy to be considered by all groups and Workforce as an enabler

Ambition 6 – Regional Accommodation Solutions – Steering Groups to be established scheme specific – to support complex needs and eliminate profit agenda

Learn More

Access a digital copy or watch the video developed with our young people about the strategy on our website:

www.ctmregionalpartnershipboard.co.uk/childrenstrategy

https://youtu.be/z7-JCfGxtA8

Specific Matters for Consideration:

The aspirational 5year strategy was coproduced with partners, babies, toddlers, children, young people and families. A proposed new refreshed Governance structure was approved on 13th January by the regional Children's Board, now know as the 'Integrated Children's Board'. A draft Delivery Plan has been developed, to be taken forward by new working groups, with the intention that lead officers and members take ownership of each Ambition. CTMUHB will be expected to play a key part in leading on the following ambitions: 1, 2 3 and 8.

Key Risks / Matters for Escalation:

RIF funding ends in 2027, with service implications for CTMUHB delivered projects working towards ambitions 1 (pre-birth projects) and 4 (emotional wellbeing – SPACE model). The strategy has been developed on the assumption that there will be funding to replace RIF, however this is not guaranteed

Recommendation

The Committee are asked to:

- note the content of the strategy and implications its delivery has for CTMUHB

Next Steps

The committee will be provided with assurance about delivery from the Regional Integrated Children's Board which has representation from its own officers.

5.3.2	11 February	Strategic Development Committee	Regional Partnership Board Annual Report

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Matt Jenkins Regional Integrated Services Director CTM Regional Partnership
Presented By:	Matt Jenkins
Approving Executive Sponsor:	Claire Thompson
Report Purpose	For Discussion
Engagement undertaken to date:	The Regional Partnership engages regularly within the partnership, with external organisations and with people with lived experience.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Continuity and coordination of care, which is enhanced through partnership working, is an important contributor to patient quality, safety and experience.
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	No, as this is an Annual Report of activity
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

Specific Matters for Consideration:

The Committee is asked to note the Annual Report of the Regional Partnership Board for 2024-25 which is available at the following link: CMTRP-AnnualReport-2024-2025-EN.pdf

Key Risks / Matters for Escalation:

The report refers to key delivery areas which the Committee will want to remain sighted on:

- The ambition for regional residential provision for children with complex emotional and mental health needs represents a strategic shift in a move from reactive purchasing to planned provision.
- The Integrated Community Care System (ICCS) is moving into a key delivery phase.
- Dementia represents a primary and growing driver of future demand. The system needs to develop in line with demography.
- The delivery of integrated care models and system wide transformation is dependent on digital interoperability, shared data and coordinated access, which is underdeveloped in some areas. There is a strategic risk that physical infrastructure and service models progress without the required digital support.

CMT Regional Partnership Annual Report 2024–25 Overview

1. Strategic Context

- Population is ageing, with increasingly complex health & care needs.
- Emphasis on moving toward seamless, coordinated care, especially for people living with frailty.
- Progressing development of a Regional Partnership Agreement (RPA) enabling joint operations and delegated functions across organisations.

2. Leadership & Vision

- A strong commitment to integration, community-driven design, and collaborative leadership.
- Vision and values centre on partnership, inclusivity, and citizen voice.

3. Key Achievements in 2024–25

- Strengthened integration across health, social care, housing, education, and Third Sector partners.
- Increased community engagement and improved communication mechanisms.
- Delivery against regional priorities for:
  - Babies, children, and young people
  - Older people and people living with frailty
- Expansion and maturing of Regional Integration Fund (RIF) programmes.
- Progress in research, innovation, and improvement through a dedicated regional hub.

4. Citizen Voice, Co-Production & Engagement

- Continued embedding of lived experience in planning and decision-making.
- Growth of co-production activity across multiple workstreams.
- Strengthened communication channels ensuring transparency and public involvement.

5. Programme Highlights

- Children & Young People: System-wide collaboration to improve wellbeing pathways.
- Older People & Frailty: Enhanced community-based support models.
- Dementia: Strengthened pathways and regional support structures.
- Workforce Development (SCWDP): Expanded skills, training and leadership development across the social care sector.

6. Finance, Capital & Performance

- Summary of RIF investment and outcomes.
- Presentation of performance trends and qualitative reporting.
- Overview of capital funding supporting transformation projects.

7. Infrastructure & System Development

- Growth of the Regional Commissioning Unit data/analytical capability.
- Continued development of regional systems to support integrated working.
- Strengthened innovation functions via the Research, Innovation & Improvement Co-ordination Hub.

Recommendation

The Committee are asked to:

- *Note the CTM Regional Partnership Board's Annual Report for 2024-25*

Next Steps

The Committee are asked to:

- *Support the ongoing role of CTMUHB as a member of the Regional Partnership to progress our strategic objectives.*

Agenda Item
5.3.3

Strategic Development Committee

Public Service Board Update

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Paul Mee, Chief Executive Officer, RCT CBC; Helen Hammond, CTM Public Services Board; Philip Daniels, Executive Director of Public Health, CTM UHB
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
N/A	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM PSB	Cwm Taf Morgannwg Public Services Board
WLGA	Welsh Local Government Association

1. Situation /Background

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.

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	'Infrastructure Pinch points' task group is working with data map Wales Ordnance Survey (OS) and WLGA mapping infrastructure and communities and facilities at risk including the new WIMD data. Partners are contributing to that and identifying key locations for focus. 'Climate Resilient Communities' is working with flood risk managers and partners to identify communities to work with and exploring with the engagement and communication group tools to use. A press release on the risk assessment is being prepared. The risk assessment is available https://www.ctmpublicservicesboard.wales/climate-change-risk-assessment	
Workforce Well-being Sub-board	A Google space to connect staff with volunteering opportunities in green spaces has been completed and shared. The Neurodivergence task group have prepared an advice sheet for managers and are working with the regional partnership on an event on Neurodivergence and work.	
Active Travel Charter	The charter was signed launched at the PSB in July. Sustrans is helping organisations complete a review of current work to feedback into the network which is meeting 2 February 2026.	
Young Voices Project	The Children and Young People's Engagement Network met on 21 January 2026. They discussed how to use the PSB website to bring together research and engagement reports and the data dashboard, and agreed to bring this together to inform the Well-being Assessment and ensure young voices are brought through across PSB priorities. The reverse mentoring programme 'Young Voices' will launch in March: 11 senior leaders and PSB members will be matched up with young people including care leavers and those with significant health needs.	
PSB Development	The PSB agreed Community Cohesion, Climate Adaptation and Health Inequalities as their priority areas and is establishing a working group on health inequalities exploring Marmot priorities, hopefully with successful application(s) to WG for support and funding (Merthyr Tydfil and Rhondda Cynon Taff have been approached) but there is a commitment to take this forward as a region.	
Well-being Assessment	A joint working group with Regional Partnership is set up to work with partners on the Well-being Assessment and Population Needs Assessment. PSB agreed an approach that will be more focussed on priorities in line with the revised advice from WG, including greater flexibility in the approach.	

Food Resilience sub board	The new sub board established by the PSB met in November to plan the forward work programme. Wales Real Food and Farming Conference / Food in Communities Conference also took place at Pencoed.

2. Specific Matters for Consideration

2.1 The CTM PSB is ideally placed to focus system-wide action to address health inequalities and the wider determinants of health.

2.2 In 2010, Sir Michael Marmot published a strategic review of health inequalities in England post 2010 entitled Fair Society Healthy Lives . The Marmot Review identified eight principles or policy objectives that require action to reduce inequality:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

4.2 The Marmot review identified the need for action to tackle the social gradient in health. The concept of "progressive universalism" or "proportionate universalism", where all are included in actions to create a fairer society and reduce the steepness of the social gradient in health, through universal action that is proportionate to the level of disadvantage. Essentially, this approach aims to improve health equity. The review also identified that action on health inequalities requires action across all the social determinants of health, pointing to the necessity to take a system wide approach.

2.3 At the Bevan Commission Summit event on 26th March 2025, the Cabinet Secretary for health & Social Care announced an ambition for Wales to become a "Marmot Nation" Wales to become world's first 'Marmot nation' to tackle health inequalities . The follows the "Marmot Places" initiative that originated from the 2010 review. More than 50 local authorities in England, Scotland and the Gwent region in Wales have committed to be "Marmot Places".

2.4 At the PSB meeting, held on the 9th January, CTM PSB Chair, presented a paper entitled *Leadership, Governance and Accountability – Delivering our Well-Being Objectives* (Appendix 1). This highlighted:

- Reducing inequalities in health by tackling the wider social determinants of health is essential to improve the health and well-being outcomes for our population.
- Investing in prevention is essential and the best way to secure the sustainability of essential public services.
- There are significant challenges with inequity across the region with some of the most deprived wards in Wales, several with deep rooted deprivation evident over many years.
- There is a growing appetite to develop a different approach to improving community well-being and resilience through a place based/hyper local, system wide model across the public and community and voluntary sectors.
- The community and voluntary sector are critical to achieving this ambition.
- A system wide approach requires evidence informed and public health led focus if changes are to be effective and tangible.

2.5 The paper recommended the establishment of a PSB workstream to address health inequalities by developing a system wide, hyper local approach to improving community well-being and resilience. Key to this is the proposal to apply for "Marmot Place" status on a Pan CTM basis.

2.6 The recommendations of the report were approved by the PSB member organisations. Further, it was agreed that whilst the pilot programme for delivery of Wales as a "Marmot Nation" offers a small amount of funding (c.£33k/y) over two years, CTM PSB will continue to apply the Marmot principles irrespective of whether it is selected as a pilot.

3. Key Risks / Matters for Escalation

3.1 There are no immediate or specific risks for CTM UHB arising from the CTM PSB pursuing "Marmot Place" status and/or organising its strategic activity in relation to the Marmot principles, mapping effectively as they do to the Wellbeing of Future Generations Act and CTM UHB's strategic aim of "*Building Healthier Communities Together".*

3.2 The PSB is uniquely placed to provide leadership for this work, as the strategic body responsible for the delivery the CTM Well-being Plan. All the stakeholders required to develop a system wide approach are represented at the PSB and its members are well placed to drive system level change, remove barriers to progress, commit resources, and provide information, evidence and data in support of innovation.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well Starting, growing, living, aging, dying well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales The work of the APB relates to all goals of the WBFGA
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reuse Refine, reduce, recycle, repurpose

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required- external update
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required- external update
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 That the Committee **NOTE** the update

6. Next Steps

6.1 Continued engagement with the CTM PSB

6.2 A workstream has been established to refine and agree the scope and terms of reference for the workstream and develop a programme of work against which progress can be reported to the PSB through our strengthened governance arrangements.

DRAFT

Cwm Taf Morgannwg Public Services Board

8th January 2026

Leadership, Governance & Accountability – Delivering our Well-being Objectives Update Report

Improving Community Well-being & Resilience

Author: Paul Mee, Chair, Cwm Taf Morgannwg Public Services Board

1. Purpose of Report

1.1 To update the Public Services Board (PSB) on the review of PSB priorities agreed at the meeting held on 10th July 2025 and propose recommendations on the way forward.

2. Recommendations

It is recommended that the PSB:

2.1 Establish a PSB workstream to develop and drive forward work focussed on reducing inequalities in health through a system wide hyper-localised approach to Improving Community Well-being and Resilience taking into consideration the eight Marmot principles.

2.2 Authorise the Chair of the PSB to seek nominations from partner organisations for the working group to support this workstream and make whatever other necessary arrangements are required to establish this as a key priority workstream for the PSB.

2.3 That the working group develop the scope and terms of reference for the workstream and make recommendations on potential delivery models for consideration by the PSB and/or partner organisations.

2.4 Integrate this workstream into a wider delivery plan and performance framework, inclusive of all PSB priority areas.

3. Background

3.1 At the meeting of the Public Services Board (PSB) on 10th July 2025, members were asked to consider the future areas of focus for the PSB, alongside the existing workstreams currently being supported. The PSB also considered opportunities to strengthen the current governance arrangements, including more formal reporting

arrangements, regular review, and continued integration across the wider partnership arrangements in the region.

3.2 Further consideration was given to an update report at the meeting of the PSB on 16th October 2025, where the PSB confirmed their commitment to the following workstreams: Climate Change Risk Assessment, Healthy Travel and Food Resilience. Following consideration of a report the PSB confirmed its continued support for the Young People & Children Engagement Network.

3.3 The PSB also agreed to support the further development of a potential workstream concerning a strategic approach to tackling inequalities in health through supporting a system wide approach to community well-being, building on emerging work across the region.

3.4 The task & finish group met on 17th December 2025, including representatives of Merthyr Tydfil CBC, BAVO, RCT Interlink, Bridgend CBC, Cwm Taf Morgannwg UHB and Rhondda Cynon Taf CBC.

3.5 The task and finish group further considered and refined the thoughts highlighted at the PSB meeting in October and this report presents a proposed way forward for consideration by the PSB.

4. Wales as a Marmot Nation

4.1 In 2010, Sir Michael Marmot published a strategic review of health inequalities in England post 2010 entitled Fair Society Healthy Lives . The Marmot Review identified eight principles or policy objectives that require action to reduce inequality:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

4.2 The Marmot review identified the need for action to tackle the social gradient in health. The concept of “progressive universalism” or “proportionate universalism”, where all are included in actions to create a fairer society and reduce the steepness of the social gradient in health, through universal action that is proportionate to the level of disadvantage. Essentially, this approach aims to improve health equity. The review also identified that action on health inequalities requires action across all the social determinants of health, pointing to the necessity to take a system wide approach.

4.3 At the Beven Commission Summit event on 26th March 2025, the Cabinet Secretary for health & Social Care announced an ambition for Wales to become a “Marmot Nation” Wales to become world’s first ‘Marmot nation’ to tackle health inequalities . The follows the “Marmot Places” initiative that originated from the 2010 review.

More than 50 local authorities in England, Scotland and the Gwent region in Wales have committed to be “Marmot Places”.

4.4 Welsh Government have identified six local authorities across Wales, including Rhondda Cynon Taf and Merthyr Tydfil, to be considered for participation in a Marmot Nation/Health Equity Wales initiative. If shortlisted to be one of three participating local authorities a two-year programme of national support will be available, including consultancy services from the Institute of Health Equity (IHE), some limited funding and professional expertise from national partners. It is for each selected local authority to decide whether they wish to pursue this opportunity and, if successful, the expectation is that the initiative would commence in April 2026.

5 The Value of Prevention & Early Intervention

5.1 Public Health Wales, in their 2025 report “Investing in a Healthier Wales: prioritising prevention” Investing in a Healthier Wales provided evidence of where long term spend on prevention has the greatest impact across the life course, starting in the early years, to healthy adults and healthy aging. It was estimated that public health interventions offer a 14 to 1 return on investment.

“Investing in prevention cannot be done in isolation; it needs to be part of a wider drive to reduce health inequalities through strategies and polices that have a focus on early years and poverty reduction”
(*Investing in a Healthier Wales, PHW, 2025, page 28*)

5.2 In October 2025, the Chartered Institute of Public Finances & Accountancy (CIPFA), supported by The Health Foundation, published their report “Understanding Preventative Investment: A practical approach to map and measure spend”. The report places prevention at the heart of public service reform:

“The sustainability of public services requires a fundamental shift in approach, away from crisis management towards tackling root causes. At its core prevention is about increasing the resilience of individuals and communities and reducing or delaying the likelihood or severity of future demand for reactive activity”.

“Embedding this principle into the heart of public services is no longer optional. It is essential if the state is to remain financially sustainable and capable of improving outcomes in the long term”.
(Understanding preventative investment, CIPFA, 2025, page)

5.3 The Chief Medical Officer for Wales published her annual report for 2024-2025 “Reflecting on our Health” in December 2025 Chief Medical Officer for Wales Annual Report 2024-2025 . In addition to providing a high-level summary of the health of the nation, the report focuses on the issue of prevention, making the case that despite public services being under increased pressure, a shift towards a prevention is necessary to prevent the health of the population from stagnating or worsening. Healthy life expectancy in Wales has declined and is the lowest in the UK. It is not equal; healthy life expectancy is 16 years and 20 years lower in the most deprived areas than the least deprived areas for males and females respectively.

"In the most deprived areas grandparents…may on average, expect to have no years of living in good health with their grandchildren, and grandfathers may, on average, not expect to see their grandchildren leave primary school at all".
(Reflecting on our Health, CMO, 2025, page 13)

6 The Wales Index of Multiple Deprivation 2025

6.1 The latest publication of the Wales Index of Multiple Deprivation in December 2025, Welsh Index of Multiple Deprivation (WIMD) 2025 ,highlights that overall, the position across Wales is similar to that in 2019. All three local authorities in the Cwm Taf Morgannwg region have communities that feature amongst the 10 most deprived wards in Wales (Caerau, Tylorstown, Penrhiwceiber and Penydarren)

6.2 The WIMD also highlights communities that are in deep-rooted deprivation, remaining within the top 50 most deprived areas across a period of 20 years. In total, there are 22 small areas across Wales that are in deep-rooted deprivation. These include Caerau, Penywaun and Tylorstown in the Cwm Taf Morgannwg region.

7 Improving Community Well-being & Resilience

7.1 In the 16th October 2025 report to the PSB, a range of emerging approaches and initiatives across the region were highlighted. These include:

- Place-based approaches – BITC King's Pride of Place Programme, Asset Based Community Development
- Local Area Coordination, Neighbourhood Networks, Community Coordinators
- Integrated Health & Social Care Hubs, Community Hubs
- The UK Government's Pride of Place Programme
- Health Determinants Research Collaboration (HDRC)
- Welsh Government's "A Healthier Wales" & the Primary Care Model for Wales (PCMW), emphasising a place-based approach to sustainable and accessible healthcare
- Welsh Government's Marmot Nation/Health Equity Wales initiative
- Reviews of preventative and early help services
- A strengthened response through the community safety partnership to concerns over community cohesion and serious violence

7.2 All of these initiatives have the potential to positively influence the wider social determinants of health. There is growing appetite for developing a different approach or way of working that focusses on place or hyper local service delivery that is evidence informed to deliver better outcomes for those in the greatest need. However, the lack of a coordinated and effective system-wide approach across the public and community & voluntary sectors that is founded on the essential infrastructure and capacity for change presents a barrier to achieving better outcomes for communities.

8 The Role of the Community & Voluntary Sector

8.1 The local authorities and UHB have close relationships with the community & voluntary sector across the region, recognising the importance of the sector in delivering highly valued support and services, often at a hyper localised level.

Recent discussions facilitated through the CVCs have highlighted the challenges to their own sustainability and capacity to engage and the fragility of many organisations. However, there is a clear desire across the sector to be involved earlier as work on community well-being and resilience develops.

8.2 Recent engagement between local authorities and the community & voluntary sector, facilitated through the CVCs, has highlighted the challenges to the sustainability of the sector, the need to build capacity to meet business and statutory responsibilities, the challenges of securing commissions/tenders from the public sector and meeting procurement and reporting requirements, and the desire for early engagement as the public sector are shaping and developing their policy and strategic intent.

8.3 Local authorities recognise the importance of the community & voluntary sector to delivering their well-being objectives and see the sector as instrumental to delivering our corporate transformation plans to ensure the sustainability of both sectors. The community and voluntary sector are particularly well placed to deliver on early intervention, preventative and hyper local interventions.

9 Conclusions - A Cwm Taf Morgannwg Approach

9.1 The evidence compiled in this report support several conclusions:

- Reducing inequalities in health by tackling the wider social determinants of health is essential to improve the health and well-being outcomes for our population.
- Investing in prevention is essential and the best way to secure the sustainability of essential public services.
- There are significant challenges with inequity across the region with some of the most deprived wards in Wales, several with deep rooted deprivation evident over many years.
- There is a growing appetite to develop a different approach to improving community well-being and resilience through a place based/hyper local, system wide model across the public and community and voluntary sectors.
- The community and voluntary sector are critical to achieving this ambition.
- A system wide approach requires evidence informed and public health led focus if changes are to be effective and tangible.

9.2 The PSB is uniquely placed to provide leadership for this work. Reducing health inequalities must be a fundamental priority for the PSB as the strategic body responsible for the delivery of our Well-being Plan and in support of the goals of the Well-being of Future Generations (Wales) Act. The Act places a legal duty on public bodies to improve social, economic, environmental and cultural well-being and consider the long-term impact of decisions. All the stakeholders required to develop a system wide approach are represented at the PSB and as leaders for our public organisations, its members are well placed to drive change, remove barriers to progress, commit resources, and provide information, evidence and data in support of innovation.

9.3 The PSB could commit to Cwm Taf Morgannwg becoming a “Marmot Place”, applying the eight Marmot principles to redesign services to improve health equity. The opportunities and emerging work described in this report developing across the region presents an opportunity for the PSB to lead, oversee and coordinate work

across the region, thereby ensuring that there is a single coherent approach with a shared understanding of health equity; avoiding duplication of effort; securing alignment and connections between organisations; and sharing information to develop an evidence based approach. The PSB could have a pivotal role in creating the environment for success and maximising the outcomes that could be achieved

10 Next Steps

10.1 It is proposed that should the PSB support the recommendations in this report, we establish a separate workstream and seek nominations of representatives from partner organisations to support this work. The working group can then be tasked to refine and agree the scope and terms of reference for the workstream and develop a programme of work against which progress can be reported to the PSB through our strengthened governance arrangements.

10.2 Should the PSB support the recommendations in this report, the proposed workstream will sit alongside the other priority areas identified and agreed by the PSB and a delivery plan will be developed to capture the actions, key milestones and outcome measures for each priority area and in doing so establish and strengthen the performance reporting arrangements for the PSB going forward.

Background documents

Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England post 2010. February 2010.

Investing in a Healthier Wales: prioritising prevention. Public Health Wales. 2025

Understanding preventative investment, CIPFA, 2025

Reflecting on our Health, Chief Medical Officer for Wales Annual Report 2024-2025

Wales Index of Multiple Deprivation 2025

Leadership, Governance & Accountability – Delivering our Well-being Objectives Update Report; 16th October 2025

Leadership, Governance & Accountability – Delivering our Well-being Objectives – 10th July 2025.

PSB 12-month Review – 12th September 2024 PSB Meetings - Cwm Taf Morgannwg

Agenda Item
5.3.4

Strategic Development Committee

Area Planning Board Update - Drug Related Deaths and the Regional Strategic Approach to Reducing Harms from Substance Use

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Jennifer Randle, Principal Public Health Practitioner Siân Bunston, Lead Officer, Cwm Taf Morgannwg Area Planning Board Rob Green, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Quality Safety and Experience Committee	20/01/2025	Exec Briefing noted

Acronyms / Glossary of Terms	
APB	Area Planning Board – responsible for planning and commissioning substance use services in Cwm Taf Morgannwg, and leading the strategic approach to reducing harms from substance use.
opiate/opioid	A class of drug usually used to treat pain or cause sleep. Opioids may be natural, semi-synthetic or synthetic drugs.
heroin	A potent opioid drug that is derived from morphine and is highly addictive, and often used recreationally to produce euphoria.
morphine	A potent opioid drug that is commonly used medicinally to treat pain but is also used recreationally.
benzodiazepine	A class of central nervous system depressant drugs that slow brain activity, used medically to treat anxiety, insomnia, seizures, and muscle spasms by enhancing the effect of the neurotransmitter GABA, leading to sedation and relaxation.
naloxone	A medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids.

1. Situation /Background

1.1 This cover report picks up on the key issue of drug-related deaths, as raised in the Area Planning Board (APB) highlight report.

1.2 The annual Public Health Wales report on drug-related deaths was released in December 2025, showing that rates of drug misuse deaths have increased in Wales to 9.7 deaths per 100,000 people in 2024.

1.3 Cwm Taf Morgannwg (CTM) University Health Board has the highest rate of drug misuse deaths of any health board in Wales, at 15 deaths per 100,000 people for 2024 – more than 5 extra deaths per 100,000 people compared to the Welsh average.

1.4 This is an increase from 12.4 per 1000 people in 2023 and is the highest regional rate seen in the last 7 years (second highest was 13.9 per 100,000 in Western Bay in 2022).

1.5 When broken down by local authority (LA) area, all three LAs in CTM fall into the highest five LA rates of drug-related death across Wales.

- Merthyr Tydfil: 21.2 per 100,000 – the highest rate of any LA in Wales
- Bridgend: 16.6 per 100,000
- Rhondda Cynon Taf at 12.8 per 100,000

1.6 All three LA areas remain in the top five rates when looking at three-year rolling averages, indicating that this is representative of ongoing trends.

1.7 CTM stands out for particularly high rates of deaths involving heroin/morphine with death rates (7.5 per 100,000), more than twice the Welsh average (3.7 per 100,000).

1.8 Similarly, rates of deaths involving benzodiazepines are also much higher (5.2 per 100,000), than the Welsh average (2.8 per 100,000).

1.9 Approximately 58% of individuals were in contact with services in the 12 months prior to their death, and 31% within 1 month. Rapid access to drug treatment services which sustain engagement is key to reducing drug-related deaths (1).

1.10 There is no current reporting mechanism for non-fatal poisoning events in CTM, despite non-fatal overdoses being common among people who use drugs in South Wales (2). There is a strong evidence base associating these events with increased risk of fatal drug poisonings (3).

1.11 While CTM has the highest number of sites supplying take home naloxone kits (the antidote to opiate overdose) in Wales, the number of individuals

supplies, rates of naloxone distribution to individuals have remained relatively static and below the Welsh average.

1.12 The most recent National Substance Use Strategy expired in 2018, and there is currently no active national framework for reducing drug-related deaths, or wider harms caused to individuals and communities through substance use.

2. Specific Matters for Consideration

2.1 CTM has the highest rate of drug-related deaths in Wales, with substantial rate increases in recent years.

2.2 There is no current national or regional strategy for acting across services to reduce the number of drug-related deaths in CTM, nor any wider strategy for reducing harms due to substance use.

2.3 Key areas of action from a CTMUHB perspective will include:

- Developing a system for reporting non-fatal overdoses presenting to our services, enabling preventative action.
- Ensuring engagement of people who use substances with high quality substance use services, and delivery of harm reduction activities such as Take Home Naloxone.
- Working to improve the physical health of people who use substances, to increase resilience.
- Working as a key partner of the APB to take a wider strategic approach to preventing and reducing harms from substance use in our communities.

3. Key Risks / Matters for Escalation

3.1 Continuing increases in drug-related deaths is a significant health inequity, causing harm to individuals, families and communities, particularly in our most deprived areas.

3.2 It is essential that CTMUHB, along with other APB stakeholders works to reduce drug-related deaths, not doing so will impact on the ability of the health board to deliver equitable services and improve population level health metrics.

4. Assessment

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

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	If more than one applies please list below:	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales	
	If more than one applies please list below: A more equal Wales	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge	
	If more than one applies please list below: Learning and Improving, Whole Systems Perspective, Leadership	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe	
	If more than one applies please list below: Equitable Person-centred Timely	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not relevant at this stage. Work to improve outcomes for people who use substances has a positive equality impact
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate):	If no, please include rationale below: Not relevant at this stage

	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Failure to reduce drug-related deaths in CTM risks reputational harm to the Health Board	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	There may be an impact on the allocation of resource, dependant on the actions that emanate from any developed strategic approach	

5. Recommendation

5.1 The Committee supports key stakeholders across Public Health, Drug and Alcohol Services, Planned and Unplanned Care working alongside Area Planning Board partners to refresh the regional strategic approach to Substance Use, within the framework of the previous national strategy.

5.2 Within the above, the Committee supports a revamped approach to reducing drug-related deaths in CTM, including a review of the feasibility of timely reporting of non-fatal drug poisoning events in contact with CTMUHB services.

6. Next Steps

6.1 Joint development of a regional strategy with the Area Planning Board, CTMUHB, Local Authorities and other key stakeholders

6.2 Return with final strategy for noting and endorsement by the Board

References

1. Stewart D, Gossop M, Marsden J. Reductions in non-fatal overdose after drug misuse treatment: results from the National Treatment Outcome Research Study (NTORS). Journal of Substance Abuse Treatment. 2002;22(1):1–9.
2. Holloway K, Hills R, May T. Fatal and non-fatal overdose among opiate users in South Wales: A qualitative study of peer responses. International Journal of Drug Policy. 2018;56:56–63.
3. Caudarella A, Dong H, Milloy MJ, Kerr T, Wood E, Hayashi K. Non-fatal overdose as a risk factor for subsequent fatal overdose among people who inject drugs. Drug and Alcohol Dependence. 2016;162:51–5.

Area Planning Board | Led by: Philip Daniels | Date: 11 Feb 26

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

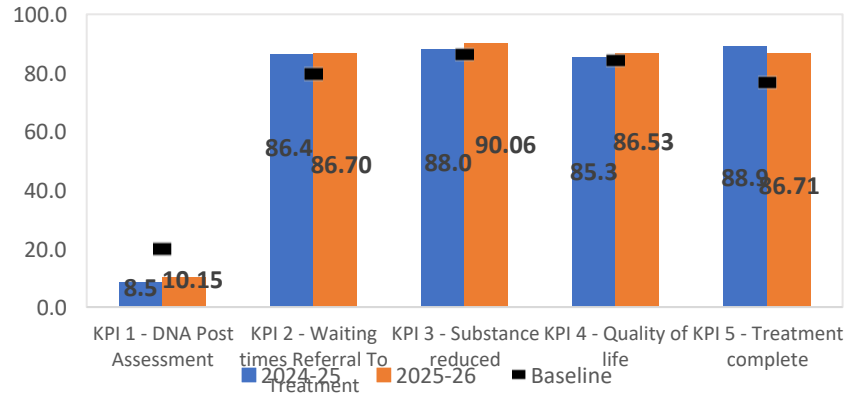
- Overseeing and continuing to monitor the current contract activity for all projects.
- Development & Implementation of the New CTM Substance Use Contract 2026-31
- Development of the Tier 3 Service Specification – 2026-31
- Developing strategic approach, including a focus on drug-related deaths

OVERALL RAG

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Drug Related Deaths (DRDs)	Public Health Wales report on DRDs: CTM highest rate in Wales at 15 deaths per 100,000 people for 2024 (Welsh average 9 per 100,000). Joint APB and Health Board project to provide a detailed understanding and develop a coordinated strategic approach to drug-related deaths in CTM.	
Buvidal	Temporary pause on new prescribing since 4 August 2025 due to limited funding, monitoring situation and impact on patients. Welsh Government report will inform future decisions.	
Operations and data reporting	Consistency of practice remains a challenge, with differing operational practices across CDAT localities, and data inconsistency.	
Tier 4 – Residential Rehab	Demand continues to exceed budgetary capacity. A Task & Finish Group to review eligibility and prioritisation criteria	
Co-occurring Mental Health and Substance Use	Revised Standard Operating Procedures, training for MH staff, and new post part of renewed impetus for care to people with co-occurring MH and SU needs.	
Re-commissioning Update	Barod awarded CTM Substance Use Integrated Service (Tier 1&2) from 26/27. Work underway on update to Tier 3 Specification (CTMUHB) Criminal Justice & HMP Parc services currently under recommission.	
Ketamine Task & Finish Group	Work underway between CDAT and Urology to develop regional Ketamine pathway in response to increasing ketamine use	
Alcohol Care	Alcohol Care Team (ACT) & Community Alcohol Care Team win national awards. Alcohol Related Brain Damage work continuing	

KEY METRICS: Qtr 2 - KPI Performance compared to the previous Qtr



RISKS/ ISSUES:

Risk Issue	Description & Mitigation	RAG
Current delivery of Merthyr & Cynon SM Barod Services	Barod premises Oldway House and Engine House not fit for purpose. Within the new dispersed model these will no longer be leased from April 2026.	
Community Drug & Alcohol Team (CDAT)	CDAT Taff have continuously struggled to meet the WG baselines since Q1 2024-25. This is due to staff and administration capacity	
Bridgend CDAT Data	No treatment data provided for Bridgend Tier 3 since reallocation of administration resource in Q3 24-25.	
Young Person Drug & Alcohol (YPDAS)	Waiting lists are still in place. New Band 6 approved by the APB as remedy.	
Primary Care Drug & Alcohol Service (PCDAS)	Lack of Primary Care capacity continuing to impact on discharge pathways for CDAT	

Agenda Item
6.1

Strategic Development Committee

2026/27 IMTP Financial Plan Update

Dyddiad y Cyfarfod / Date of Meeting	02/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Andrew Jones, Assistant Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Review

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**

Acronyms / Glossary of Terms	
CTM UHB	Cwm Taf Morgannwg University Health Board
IMTP	Integrated Medium Term Plan
WG	Welsh Government
LTA	Long Term Agreement
PC&C	Primary Care & Communities
DTPS	Diagnostic, Therapies, Pharmacy & Specialties

LHP	Llantrisant Health Park
CHC	Continuing Health Care
FNC	Funded Nursing Care
PMVA	Prevention and Management of Violence & Aggression
WLI	Waiting List Initiatives
NWJCC	NHS Wales Joint Commissioning Committee
SBUHB	Swansea Bay University Health Board
NWSSP	NHS Wales Shared Services Partnership
DHCW	Digital Health Care Wales

1. Situation /Background

1.1 Following the publication of the 2026/27 Health Board Allocations (WHC (2025) 055), an assessment of the financial challenge was prepared and presented to Executives and Independent Members on the 15th January 2025.

1.2 The initial financial challenge for 2026/27 indicated a significant financial deficit and the scale of the challenge that would need to be addressed to achieve the statutory duties required in the National Health Service (Wales) Act 2014, where section 175 places two financial duties on Local Health Boards:

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

1.3 The initial assessment of the financial challenge, attached as Appendix A, builds on the 2025/26 financial plan, initial submissions from Care Groups and Directorates upon underlying financial assessment, Cost Pressures, Service Plans and Savings opportunities and is based on the funding confirmed in the 2026/27 Allocation letter. The key assumptions underpinning the financial plan for 2026/27 are summarised below:

- A brought forward financial challenge from 25/26 of £14.2m, of which £22m is the underlying deficit from delegated budgets and £7.8m is the underlying surplus within non delegated budgets, which is the starting point for the 2026/27 assessment.
- Additional recurring discretionary allocations from WG for 2026/27 is £15.1m, of which £2.3m must be passed through to NHS Wales Providers via LTAs, leaving a net additional funding for CTM UHB of £12.8m.
- The assessment also assumes a non-recurring WG allocation reduction in 2026/27 of £0.9m for the final year of previous invest to save programmes.
- The assessment includes £4.6m of ringfenced GMS investment funding and assumes this will be fully committed.
- The assessment assumes minimal new investment, only business cases previously approved by the Board have been included.

1.4 A summary of the financial challenge assessment is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non recurring	Financial Challenge 2026/27		
	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	14.2	0.0	14.2
Brought forward financial challenge at 1 April 2026	**14.2**	**0.0**	**14.2**
Income changes			
Confirmed funding:			
Core Discretionary Funding - 1.11%	(13.8)	0.0	(13.8)
Core MH Funding- 1.11%	(1.3)	0.0	(1.3)
Core GMS Investment Funding 2026/24	(4.6)	0.0	(4.6)
Other Directed Funding	(1.2)	0.0	(1.2)
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	Tbc
Planned Care/Access Targets	tbc	0.0	Tbc
Invest to Save repayments	0.0	0.9	0.9
Robot	0.0	(0.1)	(0.1)
Sub total income changes	**(20.9)**	**0.8**	**(20.0)**
Cost pressures and investments			
Core GMS Investment	4.6	0.0	4.6
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	14.9	0.0	14.9
Service and demand pressures	21.2	0.0	21.2
Welsh Risk Pool Pressures	18.4	0.0	18.4
Service improvement - locally determined	2.0	0.0	2.0
Other Non-recurring costs	0.0	1.0	1.0
WG Directed Funding	1.2	0.0	1.2
Contingency	0.0	0.0	0.0
Sub total cost pressures and investments	**62.3**	**1.0**	**63.3**
Savings and overspend reduction targets :			
New savings targets tbc%	(tbc)	0.0	(tbc)
Sub total	**(tbc)**	**0.0**	**(tbc)**
Total change on previous year	**41.4**	**1.8**	**43.2**
Revised Financial Challenge	**55.6**	**1.8**	**57.4**

2. Specific Matters for Consideration

2.1 The purpose of this report is to:

- Set out the principles and assumptions that support the initial assessment of the financial challenge.
- Review options which could support mitigating some of the pressures anticipated in 2026/27.
- Review the level of savings targets that need to be achieved.

2.2 Forecast Recurrent Deficits at 31st March 2026 - £14.2m

2.2.1 Delegated Position

All of the Care Groups and Directorates have submitted an initial assessment of the financial outlook for 2026/27 using an agreed set of IMTP Financial Assessment Templates to collate:

- Underlying Financial position (Deficit/Surplus)
- Demand & Service cost pressures anticipated beyond the underlying assessment.
- Unavoidable investment plans
- Non recurrent pressures/opportunities
- Savings plans and opportunities
- Financial Risk Assessment

These templates have been consolidated and reviewed to inform the initial assessment of the financial challenge. The breakdown of the underlying deficit as assessed following the initial submission of these IMTP financial templates is summarised below:

	Delegated £'m	**Non Delegated £'m**	**Total £'m**
Operational Variances	16.8	(0.9)	15.9
Planning Variances	0	(7.1)	(7.1)
WG Financial Support	0	0	0
Savings Shortfall	5.2	0.2	5.4
Total	**22.0**	**(7.8)**	**14.2**

A detailed review of each Care Group and Directorate recurrent assessment has been undertaken and correspondence has been issued to challenge and seek evidence to support a number of queries, these will be discussed further in the monthly finance meetings and a revised underlying deficit assessment is anticipated to be submitted by the 31st January 2026.

The table below summarises the initial assessment of the underlying financial position and the value of potential challenge that has been queried. It is important to note that some of the queries relate to potential overly optimistic assessments, and potential impact of recent financial performance.

	25/26 Forecast £'000	Initial Deficit Assessment £'000	Queries £'000
Planned Care	7,136	6,478	(183)
Unscheduled Care	5,465	2,928	749
Women & Children	1,142	1,510	(357)
DTPS	(2,818)	316	(2,369)
Mental Health	4,907	4,145	(788)
PC&C	(71)	1,837	(389)
Facilities	1,896	725	995
Corporate Executives	(512)	1,973	(1,375)
Contracting & Commissioning	2,032	2,088	-
Total	**19,177**	**22,000**	**(3,717)**

It is anticipated that the £3.7m of queries raised will be reviewed and reflected in the next submission (31st January 2025), however there are some general themes that may need a more organisational steer.

Of the £3.7m of queries, £4.3m relates to recruitment of vacancies incurred in 2025/26 assumed to be filled in 26/27, including administrative staff. Ensuring a clear policy on levels of recruitment and holding 25/26 levels could support a reduction in the £4.3m underlying pressure assumed in delegated positions.

2.2.2 Non Delegated Position

The non delegated position assumes a £7.8m recurrent surplus, but within this surplus remains a number of uncommitted plans that could further improve the underlying deficit.

2025/26 IMTP Investments - £3.4m remaining

As part of the 2025/25 IMTP, £5.25m was identified to support new investment, as at M9 2025/26 £1.8m has been released leaving £3.4m remaining not yet commenced. The following areas where originally assumed to be potentially supported via this funding source:

- PMVA Training - **£0.1m confirmed** awaiting start date

- Children Weight Management - **£0.6m confirmed** not yet started
- Digital Investment Plans – tbc – not confirmed or committed to date
- Acute Clinical Services Support – tbc – not confirmed or committed to date.
- Haematology Service Transformation – tbc – not confirmed or committed to date.
- Additional Consultant posts - tbc – not confirmed or committed to date.

Given the WG directive that plans should be **"free of discretionary investment"** the plans not yet commenced should be reviewed and any unrequired funding can be released to support the underlying position.

2025/26 Planned Care Recovery Funding - £5.0m remaining

As part of the 2025/25 IMTP, £29m was identified to support planned care recovery programmes, this was a combination of:

- £18.4m – WG funding which has been reclassified as discretionary funding for 2026/27 onwards.
- £7.3m – WG Regional Funding which has been reclassified as discretionary funding for 2026/27 onwards
- £2.8m – CTM Discretionary funding
- £0.5m – Bowels Screening Wales Funding

As at M9 2025/26, there remains £5m of funding not yet released or committed. It is important to note that the long term intention for elements of this £5m were identified to provide recurrent funding for the Community Diagnostic Hub at LHP once the business case was approved and completed. The draft PCR plan had non recurrently identified the following intentions to be supported by the £5m funding:

- £1.1m – Local WLI plans
- £0.1m – LATPB Urology increased utilisation
- £1.4m – Temp CT/MR Capacity
- £0.8m – Temp Endoscopy Capacity
- £0.6m – Temp Imaging Reporting Everlight Capacity
- £0.1m – Temp Ultrasound Capacity
- £0.1m – Med Illustration Telederm (TBC)
- £0.8m – Contingency potentially Pathology Outsourcing

If these plans were curtailed and not progressed, then up to £5m could be non recurrently released to support the Underlying Deficit.

2.3 Inflationary Pressures - £14.9m

The financial challenge assessment reviewed the inflationary pressures that would be incurred for 2026/27 as £14.9m (excluding pay awards and contractor professions DDRB inflationary uplifts):

	26/27 £m
Inflationary costs	
CHC inflation	3.5
NHSFNC inflation	0.3
Non-pay inflation	6.3
Primary care prescribing inflation	1.4
LTA uplifts (inflation and demand pressures)	2.3
Unfunded Pay Inflation (Agency, Incremental Drift, Resident Drs)	1.1
Total	**14.9**

The basis of assessing the inflationary pressures is noted below:

CHC Inflation £3.5m – CHC Inflation is mainly driven by the WG policy to pay the Real Living Wage to all Health & Social Care workers, including workers who are employed to provide Health & Social care via independent providers. The real living wage for 2026/27 has been confirmed at £13.45 and increase of 6.75%, this has been weighted at 50% of the inflationary pressure, the remaining 50% is allocated to non real living wage pay (3%), non pay (3.2%) giving a 5% estimated inflation rate to be applied. The forecast expenditure for CHC in 25/26 is £70m which would equate to a inflationary pressure of £3.5m at 5%. Initial correspondence from providers is indicating that they are seeking uplifts in excess of 5%.

NHS FNC Inflation £0.3m – NHS FNC rates are agreed nationally across all Health Boards to reflect the inflationary pressure of nursing homes in employing registered nurses and provision of continence products. The inflation is assessed using A4C band 5 pay awards and the Consumer Price Index (CPI) at January. The WG revised budget has planned for an average pay award settlement of 3.2% and the latest CPI is also at 3.2% (November CPI), therefore the anticipate uplift would be 3.2% upon a baseline expenditure of £9m being £0.3m

Non Pay Inflation £6.3m – Non Pay inflation attempts to reflect the future prices that the HB will need to pay for its Goods and Services procured in 2026/27. Latest CPI figures indicate 3.2% inflationary pressure in the 12 months to November 2025 based upon the basket of goods and service that are collected within the Consumer Price Index. The total expenditure of Non Pay is estimated at £198m, therefore allowing for 3.2% inflation would indicate an inflationary pressure of £6.3m.

Primary Care Prescribing £1.4m – Primary Care Prescribing inflation attempts to reflect the future tariff price of primary care prescribed drugs excluding drugs within the Category M Classification, these Cat M drugs have specific role within the Community Pharmacy Contract and we report upon these separately to reflect changes as they are notified. Using the latest Primary Care Drug data, we have assessed the price impact between April 2025 and October 2025 at 1.3%, using a baseline expenditure of £111m, this equates to £1.4m inflationary pressure.

LTA Uplifts £2.3m – The initial allocation letter directs Health Boards to pass through the uplift of 1.11% to all providers or services via the LTAs. The net LTA value for CTMUHB is £205m (£284m expenditure less £79m income), at 1.11% this equates to £2.3m.

Unfunded Pay Inflation £1.1m – This reflects elements of pay expenditure that will not be recognised by WG direct funding for pay awards, this includes:

- Agency Expenditure Inflation
- Incremental Drift
- Seconded staff or staff costs not on Payroll
- Revised Contract for Resident Drs not included in the HEIW training programme (eg Locally Employed Doctors LEDs)

The overall assessment of £1.1m reflects indicative agency inflation of £0.8m plus £0.3m estimate for other Unfunded pay pressures. Further work is progressing on the Resident Dr impact that may impact this estimate of £0.3m.

This assessment of inflationary pressures at £14.9m remains a realistic estimate with little scope for improvement based upon current inflationary indices. It is therefore unlikely that the financial challenge could be reduced through improved assessments before the submission of the IMTP.

2.4 Recurrent Cost Pressures - £21.2m

The financial challenge assessment reviewed the service & demand pressures that have been identified in the IMTP templates and assessed as unavoidable for 2026/27 as £21.2m:

	25/26 £m
Service and demand pressures	
CHC growth	1.5
Primary care prescribing- volume growth	4.4
NICE- internal	3.3
NICE- external	3.0
NWJCC demand and cost pressures	2.0
Weight Loss Prescribing Policy Expansion	1.0
NICE Diabetes Pumps Expansion	1.0
Swansea Bay repatriation (Year 3 impact)	1.5
Other Internal cost/demand/service pressures	3.5
Total	**21.2**

CHC Growth £1.5m – A review of CHC packages of care within CTM over the last 3 years has indicated that annual growth across CHC averages at £1.5m per year. On this basis the assessment has recognised a demand growth value of £1.5m for new CHC packages net of any deaths or discharges from existing packages.

Primary Care Prescribing £4.4m – Primary Care Prescribing growth has been assessed using the latest Primary Care Drug data, we have assessed the volume change impact between April 2025 and October 2025 at 4%, using a baseline expenditure of £111m, this equates to £4.4m demand pressure.

NICE Internal £3.3m – The impact of continued volume growth in the prescribing of NICE and High Cost Drugs for CTM as a provider has been assessed using 2025/26 growth and known changes and anticipated NICE pronouncements. This demand pressures has been assessed at £3.3m.

NICE External £3.0m – The impact of continued volume growth in the prescribing of NICE and High Cost Drugs for CTM as a commissioner has been assessed using 2025/26 growth and known changes and anticipated NICE pronouncements. This demand pressures has been assessed at £3.0m.

NWJCC Demand & Cost Pressures £2.0m – The demand and service pressures for specialist services commissioned by JCC have been estimated at £2.0m pending approval of the NWJCC Integrated Commissioning Plan (ICP). This is below previous years level of service and demand pressures for JCC and is potentially a risk if the ICP is approved above this level.

Weight Loss Drug Policy Expansion £1.0m – Following the issuing of Welsh Health Circular WHC (2025) 043 which expands the services that can prescribe weight loss medication within specific secondary care services, a high level estimate of the potential impact has been reflected in the financial assessment. Currently weight loss drugs are only prescribed via a dedicated weight loss service which has a limited capacity and therefore restricts the growth that can be incurred against the demand for treatment. By expanding the services that can prescribe such treatments removes the capacity restriction that currently manages growth year of year. The health board will need to review the likely demand from indications in the WHC to reduce or remove the cost pressure from the assessment.

NICE Diabetes Closed Loop Pumps Expansion £1.0m – Following NICE approval of closed loop pumps, the Health Board has progressed the implementation within a managed level of annual resource for the pumps and consumables and within the existing capacity of the workforce. A high level estimate of the potential impact for expanding the provision has been reflected in the financial assessment. Currently the underlying position together with previous investments has recognised a maximum additional investment of £0.35m in 2026/27 compared to 2025/26. The health board will need to review the levels of additional activity to be planned which could reduce or remove the cost pressure from the assessment.

Swansea Bay Repatriation £1.5m – 2026/27 is the final year of a 3 year prior commitment to review the LTA arrangements between CTMUHB and SBUHB as both commissioner and provider with a transitional relief that tapers each year. The impact of this final year where no taper relief applies is £1.5m.

Other Internal Cost Pressures £3.5m – The service & demand pressures that have been identified in the IMTP templates have been reviewed and those assessed as potentially unavoidable have been indicatively included in the general cost pressure risk of £3.5m. A further review of these pressures will be undertaken to provide

assurance that only unavoidable service demands are being recognised.

2.5 Welsh Risk Pool Contributions - £18.4m – The financial assessment has recognised the latest forecast of the Welsh Risk Pool requirements provided by NWSSP. The Welsh Risk Pool is funded by a combination of Direct allocations from WG of £109m per annum plus a further contribution from Welsh Provider Organisations to meet the anticipated full requirement. At 2025/26, the contribution from Welsh Providers was £36m, of which CTM's contribution was £5.3m. During 2025/26 NWSSP indicated that there would be a significant shortfall in funding due to increased settlements being made, it was estimated that this gap could be up to a further £53m. WG have agreed that they will support non recurrently up to £49m of any potential gap, with any further shortfall being met by Welsh Providers.

As at M9 2025/26, the latest forecasts from NWSSP indicate that for 2026/27, the forecast funding requirement from Welsh Providers of £162m an increase of £126m over the 2025/26 baseline of £36m. For CTMUHB the requirement would an additional £18.4m using the latest risk share.

This remains a forecast which will change as we progress through 2026/27, as the forecast settlements will change as will the risk shares, which will be refreshed in September 2026. Given the scale of the funding requirements, small changes in our risk share could have significant impact upon our contributions either adverse or favourable. For every 1% change in the risk share the contribution could change by £1.6m.

2.6 Service Improvement - Local - £2.0m

Given the WG directive that plans should be **"free of discretionary investment"** the assessment has only included investments where Business Cases have been approved by the Board. The only items included are:

- EPMA - £1.9m – Approved Business Case, WG provided revenue funding support to implement the system, form 2026/27 onwards the cost of operating the system will need to be funded by Health Boards.
- Digital Cellular Pathology - £0.1m – Approved Business Case, awaiting confirmation of commencement date.

2.7 Non Recurrent Plans - £1.0m

The initial assessment has allowed for £1m of non recurrent plans:

Non Recurring costs	2026/27 £m
Internal Invest to Save schemes and other investments to support savings delivery	0.5
New retrospective CHC claims settled in year	0.2
DHCW Transitional Support for plans	0.2
Leadership & Management development	0.1
Total	**1.0**

As at M9 2025/26, the requirements for DHCW plans have not been confirmed, a request has been made to provide latest plans.

2.8 Recurrent Savings Targets - £ TBC

In order to achieve the statutory financial duty, the Health Board will be required to have an approved IMTP for 2026-2029 along with a balanced financial outturn for 2026/27.

To have an approved IMTP, the minimum requirement will be to achieve a financial breakeven position. Based upon the initial assessment that would require savings and cost reductions of £57.4m in 2026/27.

This is an extremely challenging level of savings and would be unrealistic given historical achievements and pressures that remain within our system.

The historic savings position for the UHB has indicated that savings of circa £15m could be realistic with potential fortuitous items such as accountancy gains and Primary Care Drug pricing changes adding a further £3 to £9m.

2.9 Future Years Outlook

In looking forward to 2028/29, the financial plan sets out the indicative pressures and key assumptions.
The Table below summarises the indicative financial position before savings have been recognised:

R = recurring NR = non recurring	2026/27			2027/28			2028/29		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	14.2	0.0	14.2	55.6	0.0	55.6	80.3	0.0	80.3
WG Funding Assumptions	(20.9)	0.8	(20.0)	(13.7)	0.0	(13.7)	(13.7)	0.0	(13.7)
GMS Investment	4.6	0.0	4.6	0.0	0.0	0.0	0.0	0.0	0.0
Inflationary Pressures	14.9	0.0	14.9	13.8	0.0	13.8	13.8	0.0	13.8
Service & Demand Pressures	21.2	1.0	22.2	17.9	1.8	19.7	16.9	1.0	17.9
Welsh Risk Pool Pressure	18.4	0.0	18.4	2.8	0.0	2.8	2.9	0.0	2.9
Prior Commitments/Investments	2.0	0.0	2.0	3.9	0.0	3.9	5.8	0.0	5.8
Directed Expenditure	1.2	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Savings	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Planning Position	**55.6**	**1.8**	**57.4**	**80.3**	**1.8**	**82.1**	**106.1**	**1.0**	**107.1**

The current forecast would be a £107.1m deficit by the end of 2028/29 if no savings were identified.

Key Assumptions in the future year plan are:

- Core discretionary allocation uplift of 1.1% per annum.
- Pay awards and Primary Care contractor inflation settlements will be fully funded by WG.
- Inflation pressures will be slightly lower in 2027/28 and 2028/29 compared to 2026/27.
- Service & Demand Pressures are similar to 2026/27 except for:
  - Weight Loss Prescribing – no further growth
  - Swansea Bay Repatriation ceases in 2026/27
- Welsh Risk Pool, future years reflect latest NWSSP assessments
- Prior Committed Investments:
  - Assumes New Velindre Cancer Centre commences early 2027/28 including initial non recurrent double running costs.
  - Assumes the Community Diagnostic Centre at LHP commences late 2027/28 with a full year effect in 2028/29.

Assuming a savings plan of 2% per annum would improve the forecast as noted in the table below:

R = recurring NR = non recurring	2026/27			2027/28			2028/29		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
Planning Position before savings	55.6	1.8	57.4	59.5	1.8	61.2	64.3	1.0	65.3
Savings @ 2% per annum	(20.9)	0.0	(20.9)	(20.9)	0.0	(20.9)	(20.9)	0.0	(20.9)
Planning Position after savings	**34.7**	**1.8**	**36.5**	**38.6**	**1.8**	**40.4**	**43.4**	**1.0**	**44.4**

This will still result in a forecast deficit of £44.4m by the end of 2028/29.

To achieve a recurrent break even position by the end of 2028/29, the level of savings would need to be circa 3.5% per annum for each of the 3 years between 2026/27 and 2028/29.

R = recurring NR = non recurring	2026/27			2027/28			2028/29		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
Planning Position before savings	55.6	1.8	57.4	43.8	1.8	45.6	33.0	1.0	34.0
Savings @ 3.5% per annum	(36.5)	0.0	(36.5)	(36.5)	0.0	(36.5)	(36.5)	0.0	(36.5)
Planning Position after savings	**19.1**	**1.8**	**20.9**	**7.3**	**1.8**	**9.0**	**(3.5)**	**1.0**	**(2.6)**

This would still breach the statutory financial duty as it would not achieve a breakeven position over the 3 years due to the deficits in 2026/27 and 2027/28, with 2028/29 turning in a small surplus.

3. Key Risks / Matters for Escalation

The scale of the financial challenge is significant and is too great for a credible plan to achieve break even.

The plan is continuing to be reviewed following completion of the 2nd submission of IMTP Finance Templates by Care Groups and Directorates.

The Board will be provided with regular updates of the evolving financial plan as we progress towards the Final Financial Plan to be presented to the Board for approval.

4. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 Note the 2026/27 IMTP Financial Plan update.

Appendix A

R = recurring NR = non recurring	2026/27			2027/28			2028/29		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	14,2	0,0	14,2	55,6	0,0	55,6	80,3	0,0	80,3
Brought forward financial challenge	**14,2**	**0,0**	**14,2**	**55,6**	**0,0**	**55,6**	**80,3**	**0,0**	**80,3**
Income changes									
Assumed funding (26/27 Allocation Letter):									
Core Discretionary Funding - 1.11%	(13,8)	0,0	(13,8)	(12,5)	0,0	(12,5)	(12,5)	0,0	(12,5)
Core MH Funding - 1.11%	(1,3)	0,0	(1,3)	(1,2)	0,0	(1,2)	(1,2)	0,0	(1,2)
Core GMS Funding 2026/27	(4,6)	0,0	(4,6)	0,0	0,0	0,0	0,0	0,0	0,0
Other Directed Funding	(1,2)	0,0	(1,2)	0,0	0,0	0,0	0,0	0,0	0,0
Assumed funding:									
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0,0	tbc	tbc	0,0	tbc	tbc	0,0	tbc
Planned Care		tbc			tbc			tbc	
LHP					tbc		tbc		
Invest to Save repayments	0,0	0,9	0,9	0,0	0,0	0,0	0,0	0,0	0,0
Robot	0,0	(0,1)	(0,1)	0,0	0,0	0,0	0,0	0,0	0,0
Sub total income changes	**(20,9)**	**0,8**	**(20,0)**	**(13,7)**	**0,0**	**(13,7)**	**(13,7)**	**0,0**	**(13,7)**
Cost pressures and investments									
GMS 2026/27 Contract Investment	4,6	0,0	4,6	0,0	0,0	0,0	0,0	0,0	0,0
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0,0	tbc	tbc	0,0	tbc	tbc	0,0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	14,9	0,0	14,9	13,8	0,0	13,8	13,8	0,0	13,8
Service and demand pressures	39,6	0,0	39,6	20,7	0,0	20,7	19,8	0,0	19,8
Service improvement - locally determined	2,0	0,0	2,0	3,9	0,0	3,9	5,8	0,0	5,8
Other Non-recurring costs	0,0	1,0	1,0	0,0	1,8	1,8	0,0	1,0	1,0
Directed Funding Plans	1,2	0,0	1,2	0,0	0,0	0,0	0,0	0,0	0,0
Contingency	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Sub total cost pressures and investments	**62,3**	**1,0**	**63,3**	**38,5**	**1,8**	**40,2**	**39,5**	**1,0**	**40,4**
Savings and overspend reduction targets :									
New savings targets - tbc%	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
New savings further target tbc%	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Sub total	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**
Total change on previous year	**41,4**	**1,8**	**43,2**	**24,7**	**1,8**	**26,5**	**25,7**	**1,0**	**26,7**
Revised (surplus)/deficit	**55,6**	**1,8**	**57,4**	**80,3**	**1,8**	**82,1**	**106,1**	**1,0**	**107,1**
Build up of framework for inflation, cost pressures and investment	**55,6**	**1,8**	**57,4**	**80,3**	**1,8**	**82,1**	**106,1**	**1,0**	**107,1**

Other inflationary costs			
CHC inflation- estimate 5% on £70m	3,5	3,5	3,5
FNC inflation- estimate 2.6% on £9m	0,2	0,2	0,2
Non-pay inflation- estimate 3.2% on £200m	6,4	6,0	6,0
Primary care prescribing inflation - estimate 1.3% on £111m	1,4	1,1	1,1
LTA Inflation- core 1.11%	2,3	2,0	2,0
Unfunded pay costs - Medical & dental incremental drift	0,3	0,3	0,3
Unfunded pay costs- Agency and bank inflation & Resident Dr	0,8	0,8	0,8
	14,9	**13,8**	**13,8**
Service and demand pressures			
CHC growth	1,5	1,5	1,5

Primary care prescribing volume growth - estimate 4% on £111m	4,4	4,4	4,4
NICE - internal	3,3	3,0	3,0
NICE - external	3,0	3,0	3,0
Weight Loss Prescribing	1,0	0,0	0,0
Internal cost pressures	3,5	3,0	3,0
Diabetes Pumps	1,0	1,0	0,0
Claims WRP	18,4	2,8	2,9
NWJCC demand and cost pressures	2,0	2,0	2,0
Swansea Bay repatriation (Year 3 impact)	1,5	0,0	0,0
	39,6	**20,7**	**19,8**
Service improvement - locally determined			
Digital investment- local	tbc	tbc	tbc
Digital investment- EPMA	1,9	0,0	0,0
Digital investment - DHCW	tbc	tbc	tbc
LHP infrastructure running costs	tbc	tbc	tbc
TRAMS, Radiopharmaceuticals, Electronic prescribing etc	tbc	tbc	tbc
Fracture Liaison service	tbc	tbc	tbc
National Digital Cellular Pathology (Business Case Approved)	0,1	0,4	0,0
LHP CDH	0,0	1,2	3,5
LHP Orthopaedic	0,0	tbc	tbc
New VCC (Business Case Approved)	0,0	1,3	1,3
Retain Ward Capacity (ECC - Ward 3 PCH)	0,0	0,0	0,0
Band 2/3 settlement	0,0	0,0	0,0
Other	0,0	1,0	1,0
	2,0	**3,9**	**5,8**
Other non recurring costs			
New retrospective CHC claims settled in year	0,2	0,2	0,2
Other non-recurring costs incl change mgmt/I2S/V&E	0,5	0,5	0,5
RISP programme costs	0,1	0,1	0,1
LINC	0,1	0,1	0,1
Leadership & Mgt development	0,1	0,1	0,1
New VCC	0,0	0,8	0,0
Planned Care Delivery	tbc	tbc	tbc
Clinical Services Strategy	tbc	tbc	tbc
Overseas nurse recruitment	tbc	tbc	tbc
	1,0	**1,8**	**1,0**
Other non recurring benefits			
Slippage on investments	0	0	0
Accountancy gains	0	0	0
Other non-recurring expenditure reductions	0	0	0
	0,0	**0,0**	**0,0**

Agenda Item 6.2	11th February 2026	Strategic Development Committee	IMTP Do Nothing Baseline

Report Details:	
FOI Status:	Open/ Public
If closed please indicate reason:	
Prepared By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Dr Atif Ali ACSP Programme Director
Presented By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Dr Atif Ali ACSP Programme Director
Approving Executive Sponsor:	Claire Thompson Executive Director of Strategy
Report Purpose	For Noting
Engagement undertaken to date:	EMB 26th January 2026

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

SCSP - 5 years Do Nothing Baseline SDC update

February 2026

SCSP – Case for change & "do nothing" baseline

Establish a single, agreed "do-nothing" baseline across need, activity, workforce and finance so reconfiguration decisions start from one version of the truth.

Progress to Date:

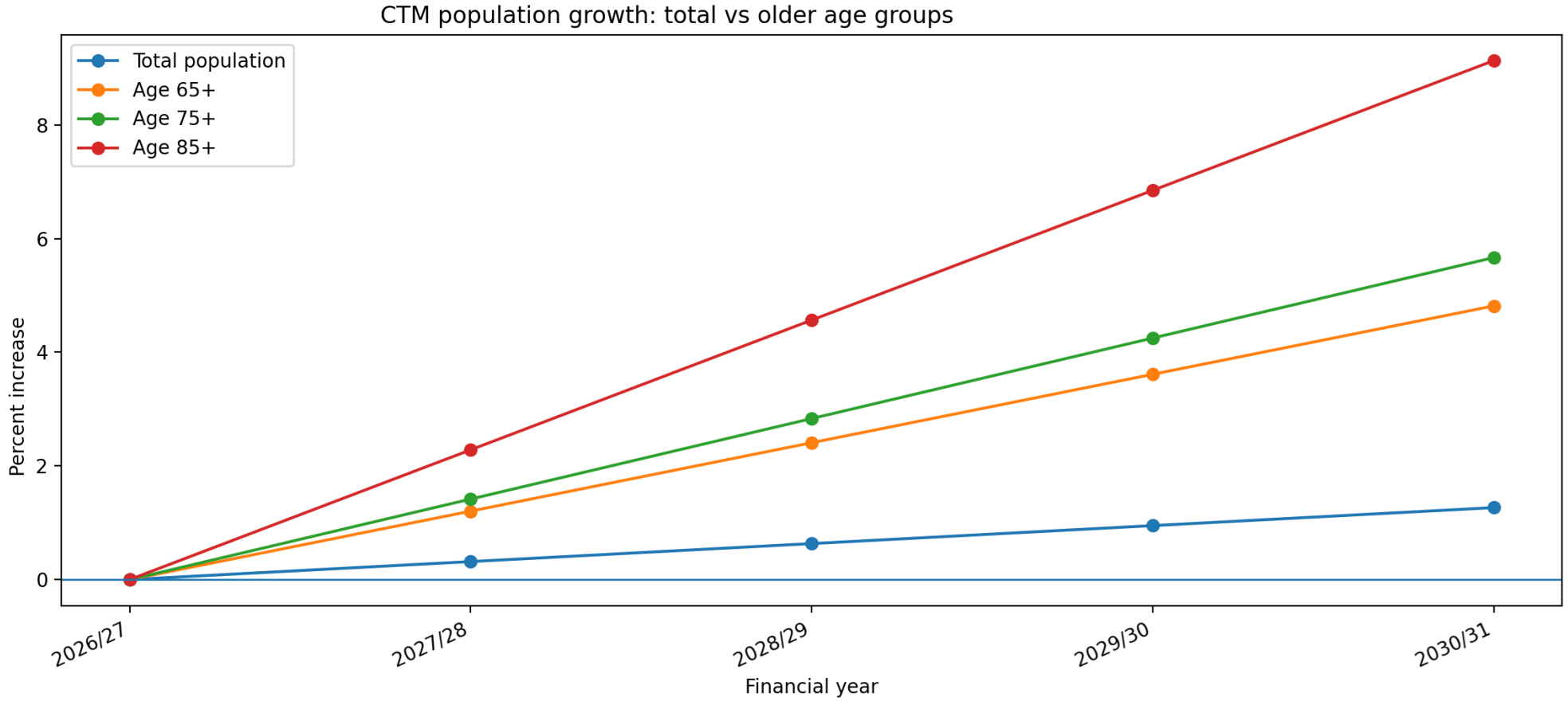
- *Exec Directors briefed that the work has started; leads confirmed across Public Health, Finance, Workforce and BI.*
- *Public Health first-cut outputs received (2026/27–2030/31) and will iterate further.*
- *Finance Do-Nothing in progress; early outputs emerging, subject to confirming demand/activity assumptions.*
- *Workforce baseline in progress; data expected shortly and approach being agreed.*
- *Formal BI request issued for activity/demand baseline (lynchpin for translating need into demand, flow and cost).*

SCSP – Case for change & "do nothing" baseline

- What SDC will get today
  - *Headline "Case for Change" charts for 2026/27–2030/31 (population ageing, dependency, Long Term Conditions (LTC) growth and outcomes signals).*
  - *Early Do-Nothing financial picture (with stated assumptions) and what is still required to make it defensible.*
  - *Clear view of what's available vs missing, with owners and the specific unblock needed (especially BI/activity).*
- Important caveat:
  - *Public Health, Finance and activity/BI baselines are **currently parallel and not yet reconciled**; the next iteration is to join them into a single auditable baseline.*

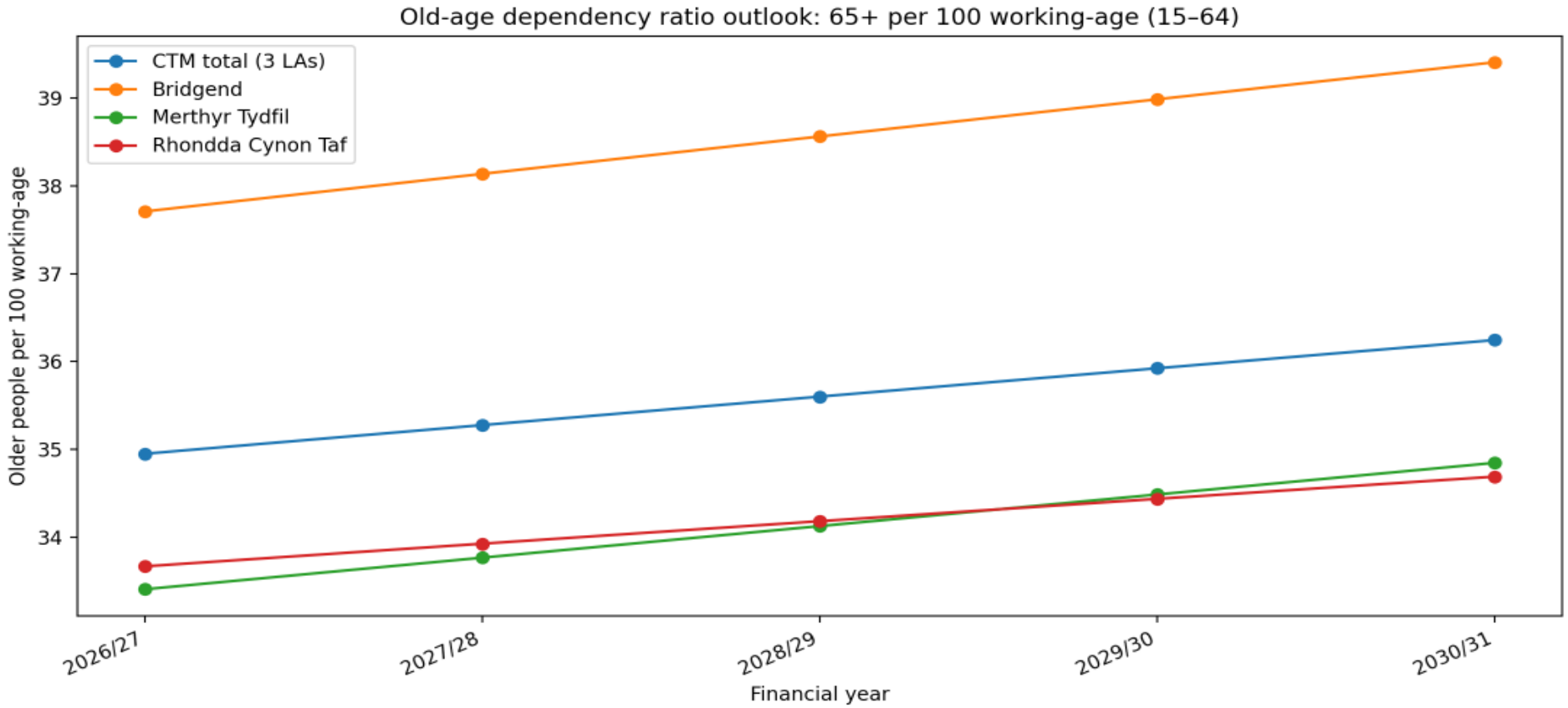
Population Health
Do-nothing Baseline

Population and ageing: growth is concentrated in older age groups



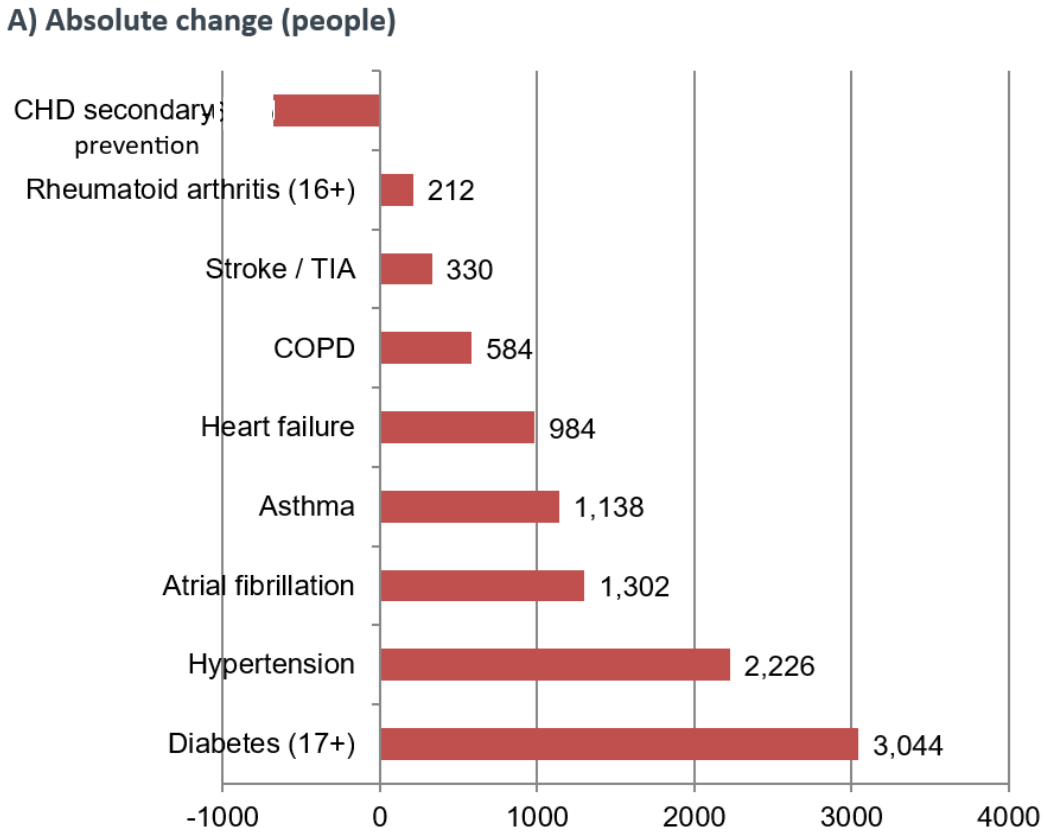
Key takeaway: Total population grows by 1.3%, but 85+ grows by 9.1% and 75+ by 5.7% — the pressure is concentrated in older cohorts.

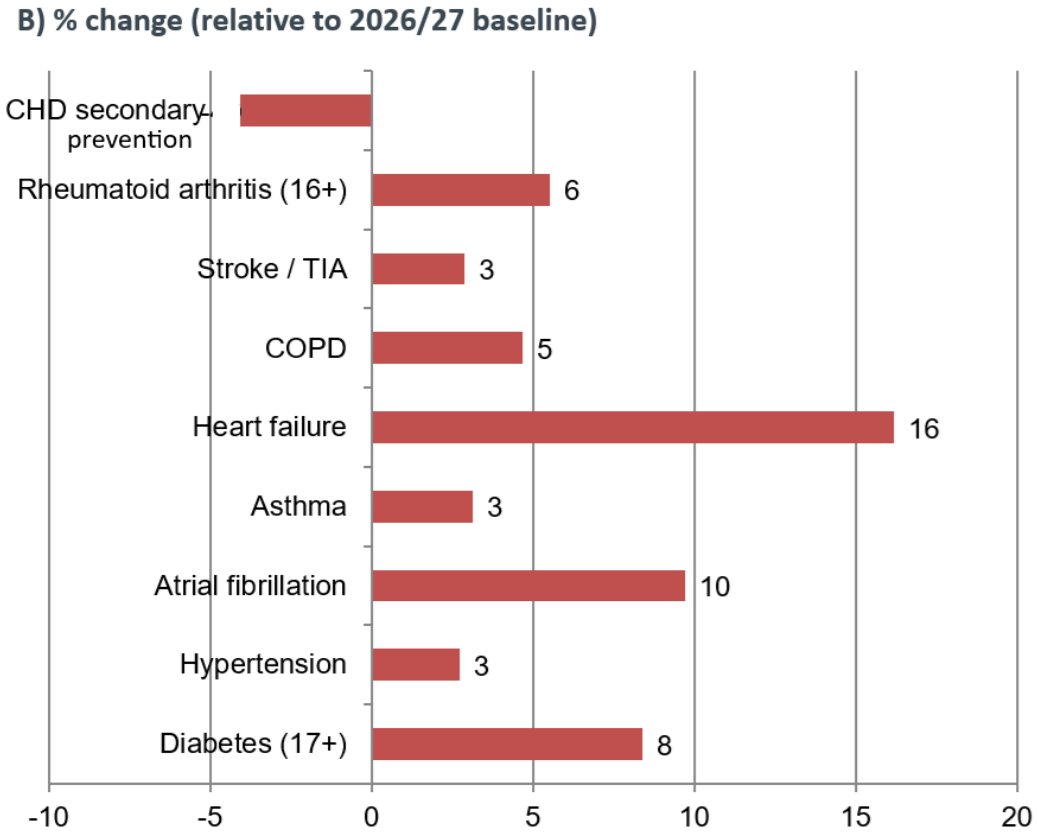
Old-age dependency is rising across the CTM footprint



Key takeaway: More older people per working-age resident implies higher health and care need and sustained pressure on services.

Long-term conditions: growth volume vs growth rate (2026/27→2030/31)





Key takeaway: Diabetes adds the most people (+3.0k), but heart failure grows fastest (+16%) **pointing to a rapidly growing chronic workload.**

Next: Strengthening the Do-Nothing "need → demand → cost" baseline (data)

1) Cluster-level population projections (age bands, gender)

What it tells us: where ageing and population change will impact hardest across the patch, and which places will see the biggest growth in older age groups.

2) Deprivation profile by cluster (Welsh Index of Multiple Deprivation (WIMD) quintiles)

What it will tell us: how health need and outcomes link to deprivation locally, so inequalities are quantified rather than implied.

3) Activity / utilisation by age band and place

What it will tell us: how changes in population and health need translate into service demand, and where demand is concentrated.

4) Cost-weighted activity or simple unit costs

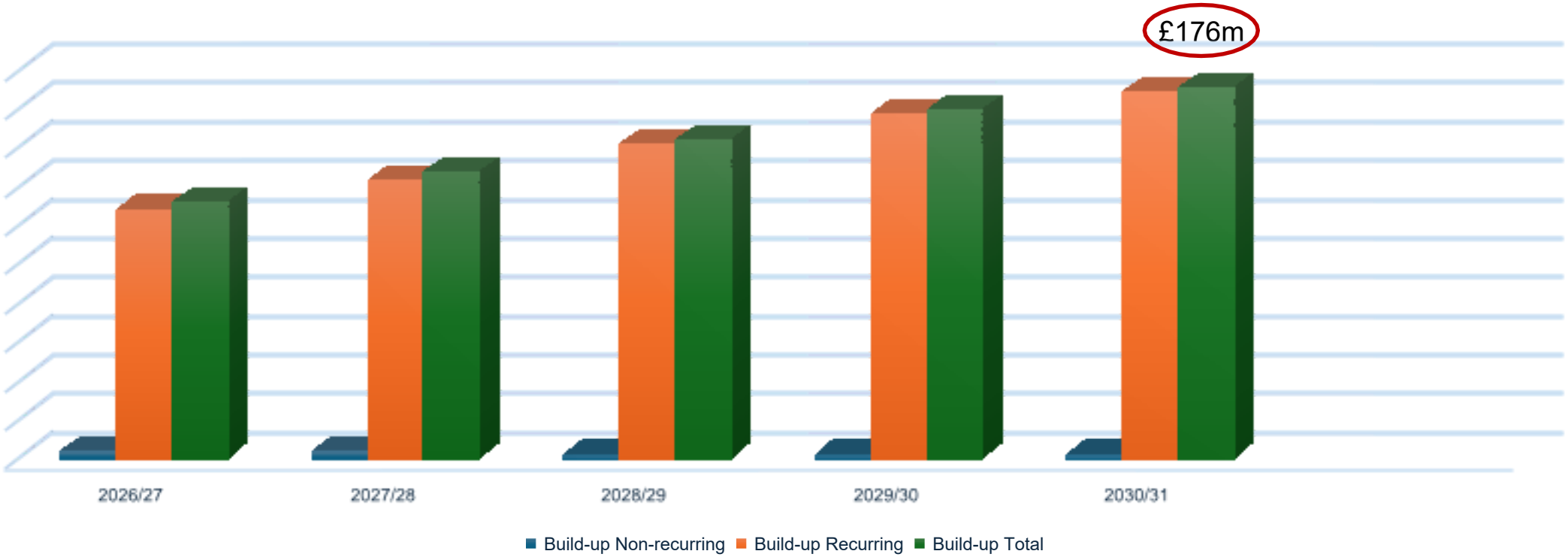
What it will tell us: the £ impact of the demand story, so the Do-Nothing baseline links need and activity to finance in a consistent way..

Outcome once the finance pack is complete

- A short list of highest-pressure cohorts/places and the implied service demand, expressed in activity and £ ranges (sufficient to underpin Case for Change and options work).

Finance
Do-nothing baseline

Do-Nothing deficit trajectory (before savings) £m



Key takeaway: Gross deficit increases to £176.3m by 2030/31 and is overwhelmingly recurrent

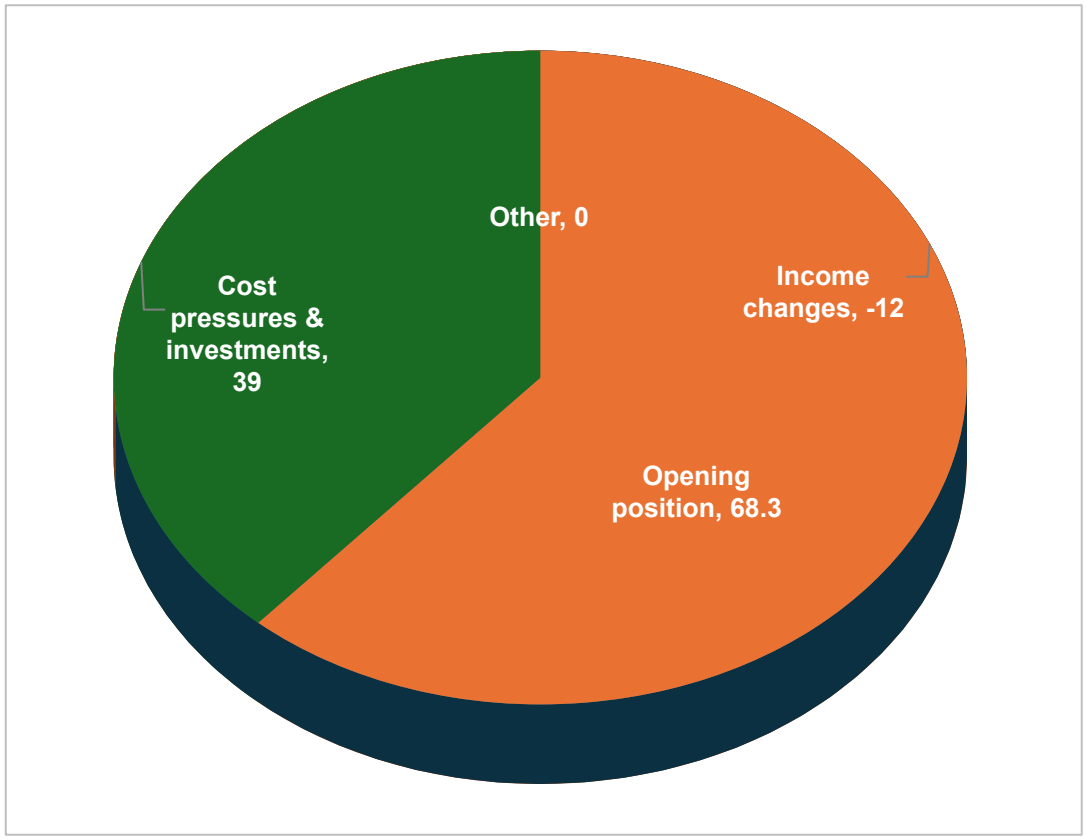
Demand growth assumptions are currently based on finance planning inputs and have not yet been reconciled to the BI activity baseline / PH projections.

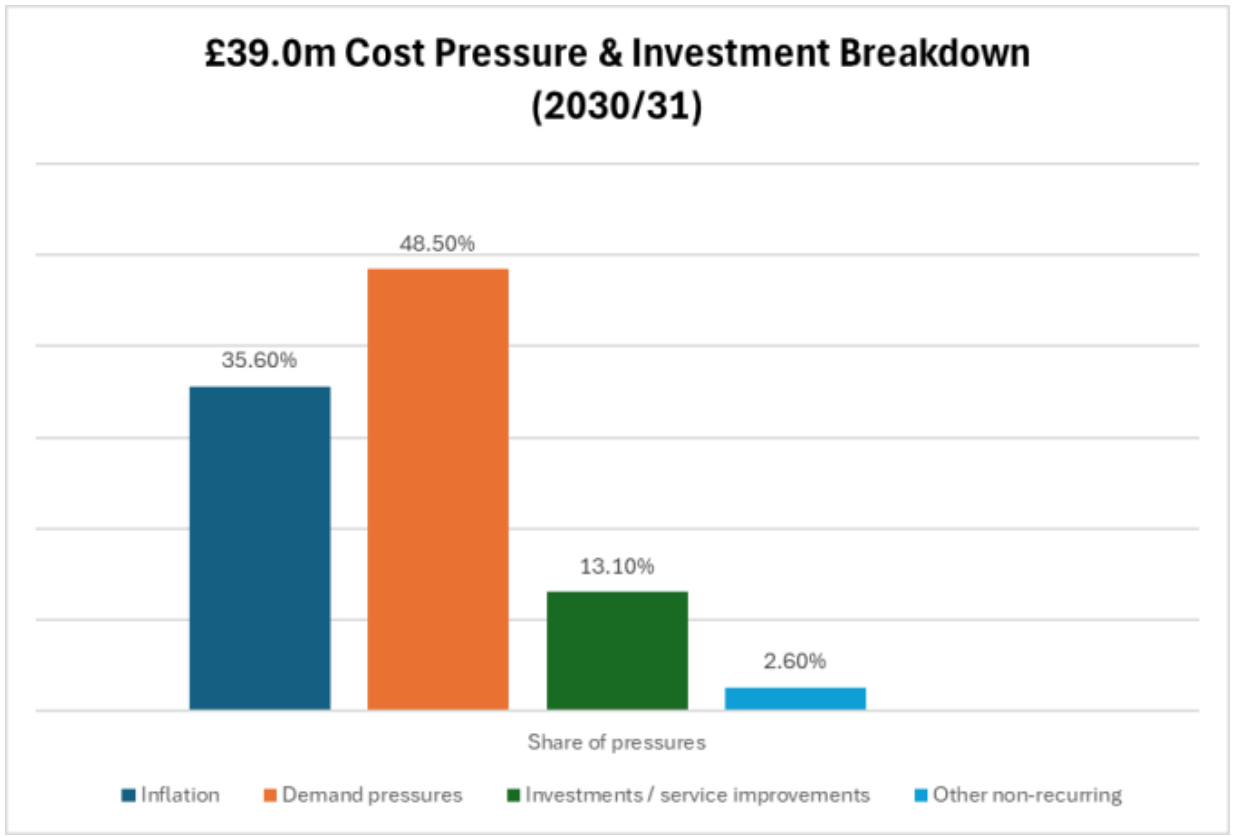
Do-Nothing deficit trajectory (after savings) £m

Key takeaway: After assumed savings, the deficit still reaches £75.3m by 2030/31

Demand growth assumptions are currently based on finance planning inputs and have not yet been reconciled to the BI activity baseline / PH projections.

Gross Deficit (before savings) Breakdown -2030/31 (£m)





Key takeaway: Gross deficit is driven mainly by the brought-forward position and ongoing demand and inflation pressures

Demand growth assumptions are currently based on finance planning inputs and have not yet been reconciled to the BI activity baseline / PH projections.

Demand Pressure 2030/31 (breakdown)

Service and Demand Pressure	2030/31
CHC growth (continuous health care)	7.90%
Primary care prescribing volume growth (4% on £111m)	25.90%
NICE – internal (cost of implementing NICE guidance that falls within CTM-run services/budgets)	15.90%
NICE – external (cost of implementing NICE guidance that falls outside CTM direct service budgets)	15.90%
Internal cost pressures*	15.90%
Claims WRP (Welsh Risk Pool)	5.30%
NWJCC demand and cost pressures (NHS Wales Joint Commissioning Committee)	13.20%

Internal cost pressures*

- Pay pressures not already picked up elsewhere
- Service delivery costs driven by operating model realities
- Non-pay cost growth in core running costs
- Clinical supplies and operational consumables not captured as prescribing
- Digital / IT and corporate overhead cost growth
- Locally triggered cost increases
- In-year pressures becoming recurrent

Demand growth assumptions are currently based on finance planning inputs and have not yet been reconciled to the BI activity baseline / PH projections.

Next: Strengthening the Do-Nothing finance baseline

1) Do-Nothing baseline and year-by-year financial build to 2030/31

What it tells us: how the current position turns into the forecast deficit over time, and what drives the change each year (funding, cost pressures, savings).

2) Pay vs non-pay split + inflation method

What it will tell us: what's driving the gap most (pay, non-pay, CHC/prescribing) and how much is simply inflation, which pressures are persistent year on year versus time-limited.

3) Savings/productivity (CIP) assumption with recurrent vs non-recurrent split

What it will tell us: the scale of savings assumed each year, how much needs to be recurring versus one-off. what remains after savings, and how much is already identified vs still to find.

3) Demand growth method and linkage to population/activity

What it will tell us: whether the demand inflation line is evidenced (PH + utilisation) and how it translates into activity and cost, with a clear audit trail.

Outcome once the finance pack is complete

- A single **"Do-Nothing baseline"** finance pack that is consistent, explainable, and suitable for the Case for Change narrative.
- A short list of assumptions/unknowns that need to be converted into costed ranges with owners and decision dates.

Workforce
Do-nothing baseline

Workforce baseline data for the Do-Nothing Scenario

Status: *data awaited from Workforce leads; update will follow once received and validated (baseline, WTE build, productivity and sustainability metrics).*

1) Workforce baseline and year-by-year WTE build to 2030/31 (funded vs in-post, vacancies, skill-mix)

What it tells us: how today's staffing position translates into the future workforce requirement, and what drives the change each year (activity growth, productivity, skill-mix and service shifts).

2) Productivity and utilisation metrics (CWA/activity per WTE, job planning, roster fill)

What it will tell us: whether workforce growth is keeping pace with output, and the implied productivity trajectory needed to hold the Do-Nothing position (substantive vs total incl. bank/agency).

3) Supply pressures and sustainability (turnover, sickness, recruitment pipeline, bank/agency reliance)

What it will tell us: how much capacity is lost to vacancies and absence, where recruitment/retention risks sit, and which services are most exposed to sustained workforce constraint.

Outcome once the workforce pack is complete

- A single "Do-Nothing workforce baseline" pack that is consistent, explainable, and suitable for the Case for Change narrative.
- A short list of workforce assumptions/unknowns (e.g., vacancy, turnover, sickness, agency reliance) converted into quantified ranges with owners and decision dates.

Activity/Demand and BI
Do-nothing baseline

Activity/Demand baseline data for the Do-Nothing Scenario

Critical path: *without BI activity/flow baseline, the Case for Change cannot translate demographic/LTC pressure into operational demand, performance and cost.*

1) **Activity baseline and trend (last 3–5 years, plus 2026/27–2030/31 outlook where available)**

What it tells us: what has actually happened to demand and throughput across the main pathways (ED attendances, non-elective admissions, elective activity, outpatient activity, diagnostics, community contacts), and whether the baseline is rising, flat, or shifting between setting

2) **Demand drivers by age, place and deprivation (cluster/LA level)**

What it will tell us: how much of future pressure is driven by population change and ageing, and how it varies across clusters and communities (including deprivation). This helps pinpoint where demand is likely to rise fastest, not just the CTM total.

3) **Patient flow and pathway shift signals (system view)**

What it will tell us: how people move through the system today (e.g., ED → admission, OP → admission, delayed discharge, readmissions), and where demand is being displaced between acute, community and primary care rather than reduced.)

4) **Capacity and productivity baseline (output vs inputs)**

What it will tell us: whether activity growth is outstripping capacity (beds, theatres, clinics, workforce WTE where linkable), and where productivity assumptions are realistic vs high risk (e.g., activity per WTE, clinic utilisation, theatre utilisation).

Recommendation

The Committee are asked to:

- The first-cut Case for Change headlines and the current position on the Do-Nothing baselines (Public Health, Finance, Workforce) for 2026/27–2030/31.

- BI to deliver the activity/demand baseline (agree named owner and dates), as the key dependency to join up Public Health + activity + finance into one defensible "do-nothing" pack.

Next Steps

Next Step/Final Report

- (i) baseline activity/flow/performance by major pathway and age band,
- (ii) demand and capacity pressures over 2026/27–2030/31, and
- (iii) a reconciled finance bridge that makes the demand-growth assumptions explicit.

Agenda Item
6.3

Strategic Development Committee

CTM UHB Climate Action Plan 2025-2030

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Calum Shaw, Sustainability Manager
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Calum Shaw, Sustainability Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
No groups prior to SDC review – consultation with relevant executives	26/01/2026	

Acronyms / Glossary of Terms	
SDP	NHS Wales Decarbonisation Strategic Delivery Plan

1. Background

1.1 Since 2016, there has been a strong commitment in Wales to tackle climate change. Welsh Government has set a national target for achieving Net Zero by 2050, alongside an ambition for the Public Sector to reach Net Zero by 2030.

1.2 To support the Public Sector ambition, Welsh Government has published two NHS Wales Decarbonisation Strategic Delivery Plans (SDP), first covering 2021-2025 and most recently 2025-2030. These plans set out actions for NHS organisations to accelerate decarbonisation action.

1.3 In addition, Welsh Government published a Climate Adaptation Strategy for Wales (2024), which outlines the high-level expectations for Health and Social care to prepare, manage and respond to the growing impacts climate change will have on our populations.

2. Matters for consideration

2.1 CTMUHB's strategy of 'Building Healthier Communities Together' is underpinned by 4 strategic goals, of which one is 'Sustaining our Future'. The plan presented today and associated governance outlines a key element of the approach to support this strategic goal.

2.2 CTMUHB previously published a decarbonisation strategy to demonstrate how it would meet the SDP (2021-25). A refreshed plan is required by April 2026.

2.3 Significant progress has been made since the last plan, including improvement in estates efficiency, reductions in waste and increased levels of clinical engagement and leadership on the agenda.

2.4 Following the publication of the new SDP and the Climate Adaptation strategy, NHS organisations are required to set out their actions, through a Climate Action plan detailing how it will meet national requirements.

3. Purpose of this paper

3.1 The purpose of this paper is to inform and seek approval from Strategic Delivery Committee for the Climate Action Plan 2026-2030 (Annex 1).

3.2 The plan sets out 50 actions which have been set out to deliver in line with national milestones and timescales.

3.3 Strategic and delivery leads have been allocated to each of the actions to build ownership.

3.4 Refreshed governance arrangement for the Climate Action Programme have been approved by Executive Leadership Group. Formal sign off of the terms

of reference will come to the Strategic Development Committee at the next meeting.

4. Key Risks / Matters for Escalation

4.1 A failure to publish a climate action plan would leave the organisation exposed in relation to our commitments on climate action. The proposed plan aims to mitigate this risk by providing clear direction, leadership and structured programme of activity.

4.2 There is a considerable work plan associated with these requirements which will be drawn from existing resource within teams and the Committee is asked to support the principle of either prioritising those initiatives with greatest impact, or deprioritising other initiatives, given the limited resources available.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: All
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: Prosperous Resilient Equal Globally responsible
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality**	Efficient
	If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reuse If more than one applies please list below: All

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Specific schemes would be subject to quality impact assessments as required.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: There is no impact from a Welsh language perspective. Specific schemes would be subject to Equality & Welsh language impact assessments as required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	There are no specific legal issues, however, we would be accountable to Ministers for not delivering.	
Enw da / Reputational	Yes (Include further detail below)	
	There is significant reputational risk to the organisation if it does not meet its commitments to reduced carbon emission.	
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.	
	It should be noted that the requirement to work on this programme will require internal resources currently deployed on other activity and therefore prioritisation of activity will be required on an individual and departmental basis.	

6. Recommendation

6.1 It is recommended the Strategic Development Committee Endorses for Board Approval the Climate Action Plan 2026-30, and the principle in relation to resourcing outlined in section 4.2.

7. Next Steps

7.1 Following approval, the Climate Action Plan will be taken to UHB Board on the 26th March 2026 for final approval.
7.2 The plan will then be published on the UHB website.
7.3 Following agreement of the plan the actions will be centrally managed and co-ordinated by the Sustainability manager. Update reports will be provided to SDC twice a year.

Cwm Taf Morgannwg University Health Board

Climate Action Plan

2026-2030

Contents

Foreword

Welcome to our new Climate Action Plan for Cwm Taf Morgannwg University Health Board (CTMUHB). This plan supports our strategic aim of 'Building Healthier Communities Together' for the people of Cwm Taf Morgannwg. One of our four strategic aims is about 'Sustaining our Future' and our Climate Action Plan is a key element of delivering this aim. The plan sets out how we are responding to the challenges posed by climate change, by reducing our emissions and preparing for the climate risks that will affect our organisation.

The evidence is clearly established that climate change is one of the greatest public health challenges of our time. We are already experiencing its impacts on the health and wellbeing of our communities. In 2025, severe flooding caused significant disruption and damage across our local areas, and we know events like this will become more frequent and more intense in the years ahead. Across our region, over **12,500 undefended homes** are at risk of flooding, posing a substantial challenge to the people we serve and the services we provide.

This plan outlines a strategic and coordinated approach to reducing our environmental impact while ensuring we are prepared for future climate pressures. Our work is strongly aligned with the **NHS Wales Decarbonisation Strategic Delivery Plan (2025–30)** and **the Climate Adaptation Strategy for Wales**, ensuring we achieve a consistent and collaborative national approach.

We recognise population health is inseparable from the health of our environment. Climate action is one of our most important preventative opportunities. As a provider of essential public services, we must ensure climate change does not worsen health inequalities or negatively impact the people of Cwm Taf Morgannwg.

Delivering this plan will require commitment and collaboration from our staff, partners, patients and local communities. Through shared effort and collective ambition, we can lead on this agenda and play our full part in achieving the NHS Wales target of Net Zero carbon emissions by 2030.

Together, we can create a healthier, more resilient Cwm Taf Morgannwg for everyone.

Claire Thompson

Executive Director of Strategy and Transformation

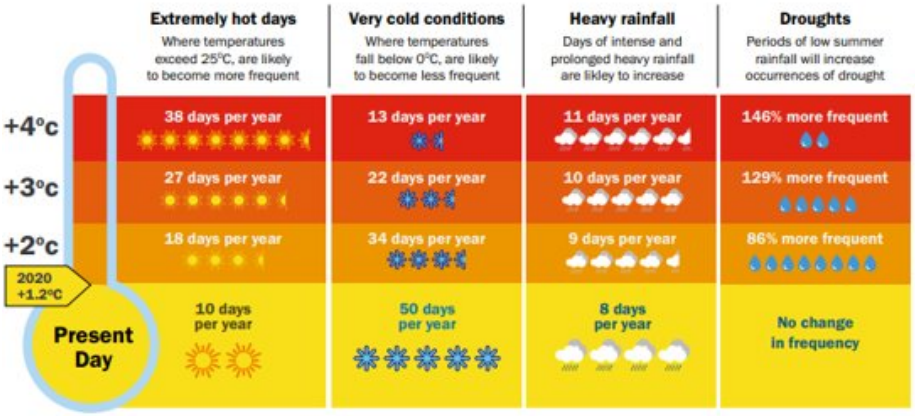
Introduction

Climate change is a major and growing threat to human health, and we are already seeing its impacts on both our planet and our populations. The health sector has a critical role to play in raising awareness, reducing emissions, and helping communities prepare for the challenges ahead.

This Climate Action Plan outlines how we will continue to deliver our essential decarbonisation programme by reducing carbon, saving money, and improving efficiency. We need to also assess the climate risks facing our organisation. It sets out the adaptations required to strengthen the resilience of our infrastructure, services and the health of our population.

Globally, the health sector is the fifth-largest contributor to greenhouse gas emissions. In Wales, the NHS Wales carbon footprint for 2024/25 was estimated at over 1.3 million tCO_2e, representing 34% of total public sector emissions. As a major public service, we therefore have both a responsibility and an opportunity to drive meaningful change.

Climate risks are also increasing. The UK Climate Change Committee (UKCCC), in its 2023 assessment, projected that average temperatures in Wales could rise by 1.2°C by 2050 and by up to 2.3°C by the 2080s. This means we will face more frequent periods of extreme heat, prolonged drought, and heavier rainfall events—each with significant implications for health services, communities and the resilience of our estate.



[1]

This plan provides a strategic and coordinated framework to achieve our goals. Our aim is to reduce emissions across our buildings, fleet, procurement and clinical services, while also assessing local climate risks and strengthening our adaptation measures. By doing so, we aim to ensure that our estate, services and workforce are prepared for the challenges ahead and we can continue to deliver safe, effective and sustainable healthcare to our population.

[1] Climate Adaptation Strategy for Wales

Climate and Health

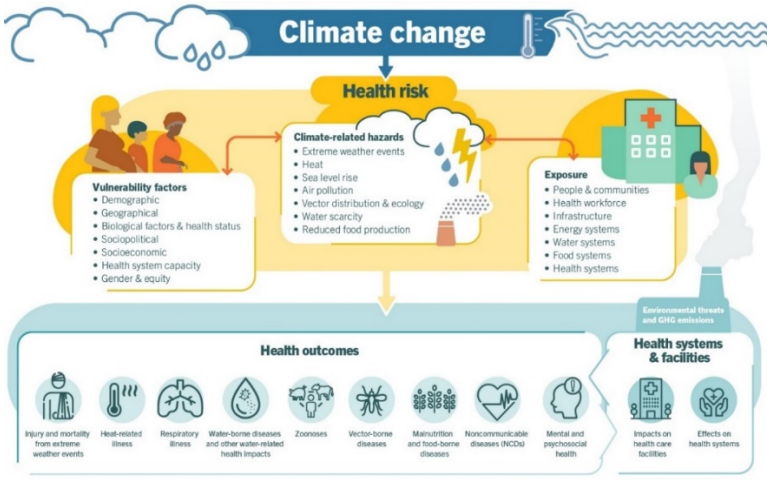
Climate change is not just an environmental issue, it is one of the most significant public health threats of our time. Changes in our climate will affect all aspects of people's lives, influencing both physical and mental health. The health risks associated with climate change will worsen existing conditions across our population, driven by increasing temperatures, extreme weather events, deteriorating air quality and changes in patterns of disease exposure. As with many health challenges, the impacts will fall disproportionately on the most vulnerable in our society.

Reducing greenhouse gas emissions (GHGs) through more sustainable transport, food systems and energy use can bring substantial health benefits. Improvements in air quality, increased levels of physical activity and reduced exposure to pollutants all support better long-term health outcomes. Many of the same actions needed for a low-carbon economy also help prevent illness and ease pressure on health services. For example, promoting active travel not only reduces emissions and improves air quality, but also supports healthier lifestyles and reduces the risk of chronic diseases.

The World Health Organization (WHO) estimates climate change will cause approximately **250,000 additional deaths every year** and create global health-related costs of **$2–4 billion annually by 2030**. More locally, Public Health Wales, in its Climate Change Health Impact Assessment, has highlighted that: **"Climate change will have a major long-term impact on health, wellbeing and equity. These impacts are multifaceted, are not static and will affect the population of Wales in the immediate and long-term."**

Within CTM, we have some of the highest levels of deprivation in Wales. Many of the communities we serve already experience poorer health, greater financial hardship and reduced access to quality housing. With climate change, there will be increased impact on our populations, as their conditions are exacerbated. As an organisation this deepens our responsibility to act. By working to lower emissions, enhance resilience, and support healthier environments, it will help ensure our communities most at risk are not left further behind.

It is therefore, vital we continue to highlight these impacts, work collaboratively with partners and communities, and take decisive action to address this monumental challenge. By doing so, we can protect health, reduce inequities, and build a more resilient future for the populations we serve.



Climate Mitigation vs Adaptation

Climate mitigation, often referred to as decarbonisation is the prevention of GHG emissions into the environment.

Measures such as installing solar panels and building insulation, are examples of mitigation. Reducing the amount of energy needed through combustion of fossil fuels.*

As a result of emissions already released into the atmosphere we are seeing the impact on the climate.

To ensure the impacts are reduced, there needs to be action to combat the change which is going to take place. This is referred to as Climate Adaptation and aims to lower the risk to the UHB now and in the future.

****Installation of a flood defences, next to a river which often bursts its banks is an example of adaptation.****

National Policy and Legislative context

Wales has a legally binding commitment to achieve Net Zero emissions by 2050, as set out in the Environment (Wales) Act 2016[2]. In addition, there is an ambitious target for the public sector to reach Net Zero by 2030, reflecting the urgent need for action and the leadership role public bodies must play.

Welsh Government has published a number of plans to guide the health and social care sector in reducing emissions, improving resilience and embedding sustainability into everyday practice:

- **NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030**
  This plan outlines the priority actions and initiatives required to reduce emissions across NHS Wales, covering estates, energy, transport, digital transformation, procurement and clinical pathways.
- **Decarbonising Social Care in Wales**
  This route map sets out **15 key initiatives** designed to help the social care sector respond to the climate emergency. It provides guidance on sustainable commissioning, energy efficiency, workforce engagement and reducing emissions linked to service delivery.
- **Greener Primary Care Framework**
  A toolkit which supports primary care contractors, community pharmacies, optometric practices and dental practices, to improve their environmental performance and reduce carbon emissions.
- **A Healthier Wales: Long-Term Plan for Health and Social Care**
  This national strategy emphasises the need to embed climate action across all health and

[2] Environment (Wales) Act 2016

social care planning and decision-making, recognising that sustainability and resilience are fundamental to delivering high-quality care.

These policies make up the national direction for decarbonisation and climate adaptation across the Welsh health and care system. They provide the framework for CTMUHB for our Climate Action Plan, so we can play our role in contributing to Wales's wider Net Zero ambitions.

Refreshed NHS Wales Decarbonisation Strategic Delivery Plan

In 2025, a refreshed *NHS Wales Decarbonisation Strategic Delivery Plan* (SDP) was published, setting out how the NHS will reduce its environmental impact and support Welsh Government's ambition for a Net Zero public sector. The SDP provides pathway for emission reduction across the whole system, recognising the scale of transformation required.

The plan contains 25 initiatives, across 7 areas, supported by 78 actions for NHS organisations to take forward. These actions include estates, energy, digital, procurement, clinical services, transport and workforce engagement.

A core requirement of the SDP is that each NHS Wales organisation must develop and implement a Climate Action Plan, with clearly defined accountability for delivering initiatives and reporting progress at organisational level. This ensures decarbonisation is embedded within governance processes and becomes an integrated part of operational and strategic decision-making.

The actions outlined in the SDP have shaped the overarching principles and structure of this Climate Action Plan. They provide the structure for our local priorities, ensuring alignment with the national direction while enabling us to respond to our specific organisational and population needs, challenges and opportunities.

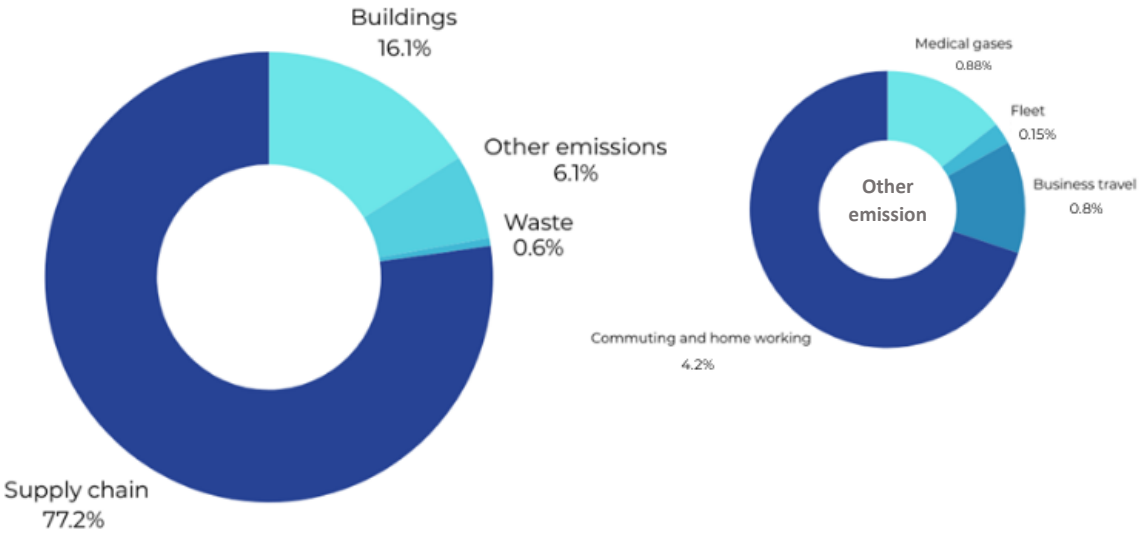
Progress to date

Emissions profile CTMUHB

Significant efforts have been made across our whole system to reduce our environmental impact. However, these actions have not yet translated into a reduction in our overall carbon emissions. In 2024/25, CTMUHB's total carbon footprint was 172,356 tCO_2e.

This increase is largely driven by higher levels of organisational spend, which in turn raises our supply chain emissions, the largest and most challenging part of our footprint.

The aim of this plan is to continue implementing actions to reduce the emissions directly within our control such as energy, waste, fleet and anaesthetic gases, while also strengthening our influence over the emissions embedded in the products and services we procure. By improving decision making, engaging with suppliers, and embedding sustainability within procurement processes, we will work to reduce our supply chain emissions over the duration of this plan.



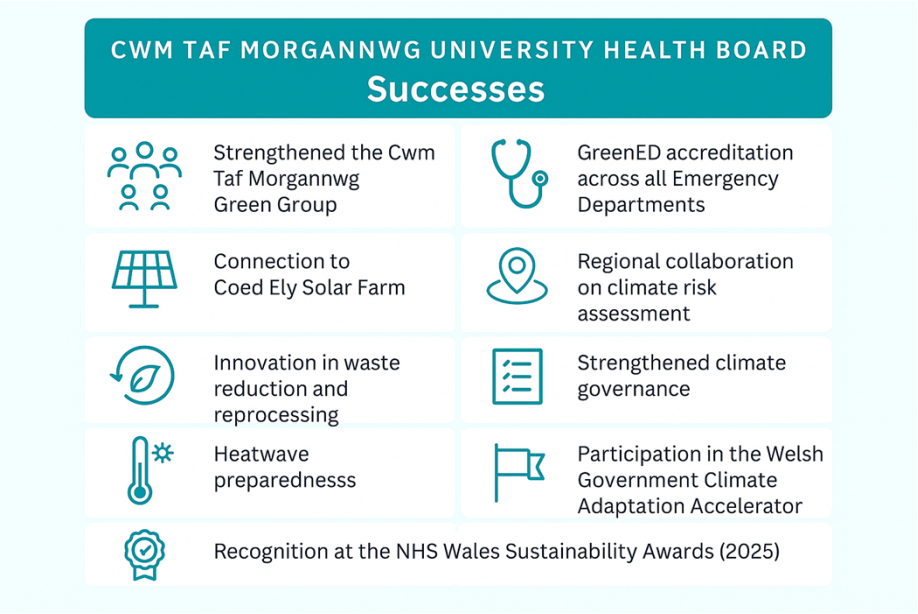
Successes

Over the past two years, CTMUHB has made significant progress in advancing our climate and sustainability agenda. Key achievements include:

- Strengthening the CTMUHB Green Group - Membership has continued to grow, creating a strong network for sharing knowledge, expertise and best practice. The group has delivered real and tangible sustainability improvements across the organisation. Through implementing programme such as localised energy efficiency, reducing waste at source and increasing the uptake of reusable and remanufacture devices.
- GreenED Accreditation across all Emergency Departments - There has been a concerted effort to implement the GreenED programme across the UHB. All three of our Emergency Departments, Royal Glamorgan Hospital, Prince of Wales Hospital and Prince Charles Hospital, have achieved Bronze accreditation. CTMUHB now accounts for three of the seven accredited EDs in Wales, demonstrating sector-leading progress.
- Connection to Coed Ely Solar Farm - In partnership with Rhondda Cynon Taf Council, we successfully connected the Royal Glamorgan Hospital to the Coed Ely solar farm. At peak summer output, the solar farm has the potential to meet up to 100% of the site's electricity demand, significantly reducing reliance on the grid and lowering emissions.
- Regional Collaboration on Climate Risk Assessment - We have worked closely with the Public Services Board (PSB) to assess climate risks across the region. This collaboration resulted in the development of a comprehensive CTM Climate Change Risk Assessment (CCRA).
- Innovation in Waste Reduction and Reprocessing - We have successfully secured funding for innovative projects aimed at reducing and reprocessing waste generated by the Health Board. These Wales leading projects have provided valuable insights into our waste streams, improved segregation practices, and helped shift the perception of "waste" towards recognising its potential as a resource.

- Strengthened Climate Governance - We have refreshed and implemented a new governance structure to provide robust oversight of the climate action programme, ensuring clear accountability and enhanced decision-making.
- Heatwave Preparedness - Heat plans have been developed for all acute sites, enabling us to better manage extreme heat events and protect patient and staff wellbeing.
- Participation in the Welsh Government Climate Adaptation Accelerator - CTMUHB has actively engaged in this national programme, helping to shape and strengthen adaptation capability across Wales.
- Reducing Anaesthetic Gas Emissions - We have commenced the decommissioning of a nitrous oxide manifold at one of our acute hospital sites, contributing to reductions in high-impact anaesthetic gas emissions.
- Recognition at the NHS Wales Sustainability Awards (2025)
  CTMUHB staff achieved significant success, winning awards in:
    - Capital Project of the Year
    - Well-being of Future Generations Act Award
    - Chief Nursing Officer Sustainability Award

  These achievements highlight the commitment and leadership shown by staff across the organisation.



Challenges

There are significant challenges in fully embedding climate action into our organisational systems and processes. At present, awareness and resources for this agenda remain limited. Key challenges include:

- **Financial constraints** limiting the delivery of sustainability initiatives.

- **Competing operational pressures** which reduce capacity for long-term climate action.
- **An ageing estate** requiring substantial investment and modernisation.
- **Data and measurement gaps** that restrict effective planning and performance tracking.
- **Limited skills and resources** to manage, coordinate and deliver the required changes.

Despite these challenges, this plan sets out a clear approach to make tangible progress by integrating climate action into the organisation's core functions, culture and decision-making.

Collaboration

As an organisation we know this is a huge challenge which cannot be resolved in isolation. The value of collaboration on this agenda has been invaluable to progress to date. We have been actively involved in a number of programmes with partner organisations, locally, regionally and nationally. This has created significant value for the organisation in our knowledge, skills and insights to support the development of this programme and delivery of actions.

Climate Adaptation

Adaptation requirements

Adapting to a changing climate presents a significant and long-term challenge, which we cannot underestimate. It will require us to review and reassess all aspects of operations, ensuring we understand both the current and future risks that climate change poses to our services, our estate and the population we serve.

As a health board, we will need to consider climate risks and opportunities across key areas, including:

- **Buildings and infrastructure** – ensuring our estate is resilient to temperature changes, flooding, extreme weather and service disruptions.
- **Population health and wellbeing** – preparing for increased health impacts such as heat-related illness, poor air quality, vector-borne disease and mental health pressures.
- **Access to medicines** – securing supply chains and maintaining the safe storage, distribution and availability of critical medicines.
- **Business continuity** – strengthening our capacity to maintain essential services during climate-related events and shocks.

Many of these considerations are already embedded within existing organisational mechanisms, plans and risk processes. There will be some elements of climate adaptation which have been addressed through this work. As an organisation, we will continue to gather, review and consolidate this information and use it to shape a coordinated climate adaptation programme.

PSB adaptation planning

Through a collaborative arrangement with CTM PSB, we supported the development of a Climate Change Risk Assessment[3] (CCRA) and workplan for climate adaptation across the region. The assessment sought to enable the PSB and partners to better understand public services, communities and institutional implications of climate risk for CTM and its partnerships. This collaborative approach engaged over 220 individuals across 33 organisations, including experts from partnership organisations and local community members.

Through this process 11 priority Climate Risk areas were identified, these are:-

A. Post-industrial landscape
B. Climate resilient communities
C. Infrastructural pinch points
D. Transport networks (road, rail, bridge)
E. Wildfire management
F. Asset management
G. Social care and health provision
H. Maintaining utilities (energy, water, food. ICT)
I. Nature conservation management
J. Institutional responses to climate risk
K. Resource and finance for climate adaptation

A detailed work programme has been established to develop work on the first 3 priority areas within 2025-26.

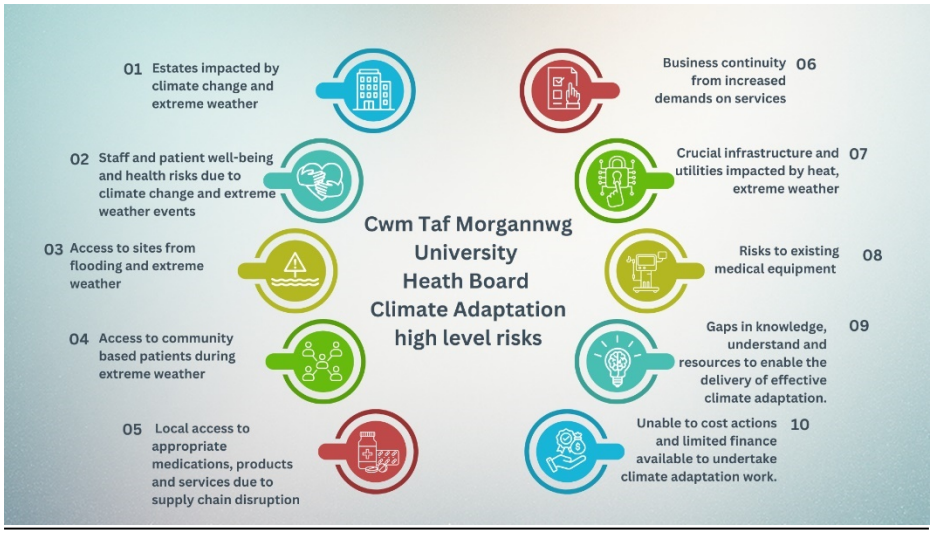
High level risks

Given the breath and complexity of the challenges we face, it is essential that we map out the risk and opportunities, which will impact the organisation. Detailed risk assessment planning has commenced and will continue to evolve over time, helping to increase our understanding, and providing clarity for our adaptation planning process.

To guide this work, we have developed 10 high level strategic risks, summarising the key areas which require assessment and action across the health board. These are:-

1. Estates impacted by climate change and extreme weather
2. Staff and patient well-being and health risks due to climate change and extreme weather events
3. Access to sites from flooding and extreme weather
4. Access to community based patients during extreme weather
5. Local access to appropriate medications, products and services due to supply chain disruption
6. Business continuity from increased demands on services
7. Crucial infrastructure and utilities impacted by heat, extreme weather
8. Risks to existing medical equipment
9. Gaps in knowledge, understand and resources to enable the delivery of effective climate adaptation.
10. Inability to cost actions and limitations in finance available to undertake climate adaptation work.

[3] https://www.ctmpublicservicesboard.wales/SharedFiles/Download.aspx?pageid=286&mid=613&fileid=1329



Climate Actions 2025-2030

Our plan

Our aim is to ensure that Climate Action is part of all that we do, working collaboratively with our staff, communities and partners to implement our ambitions of a becoming a green organisation.

Our overall ambition for this plan is to:-

- Raise awareness and share knowledge on the Climate agenda.
- Enhance governance and decision making to take account of climate actions
- Reduce emissions across the organisation and ensure we have sufficient evidence and data around climate risk
- Work with our partner organisations to build capacity across our region and nationally.
- Establish a clear process for building knowledge and commencement of actions on climate adaptation

Governance and communication

Effective governance and strong communication are essential to embedding decarbonisation and climate adaptation across CTMUHB. To ensure climate action is integrated into core organisational processes and decision-making, we will:

- Develop an operational planning process which supports staff-led environmental sustainability initiatives.
- Create a communications strategy to maintain engagement and build momentum for climate action.
- Embed sustainable healthcare within the People Plan 2025–2030, ensuring each annual refresh includes clear and practical calls to action supporting behaviour change and collective responsibility.
- Build organisational capacity and awareness, equipping staff with the knowledge, skills and confidence needed to act on climate change in their roles.
- Integrate climate adaptation requirements into our strategy, governance and performance processes.

- Work with partner organisations to share best practice and develop solutions to adaptation challenges.

Buildings and land

Our buildings and estate play a central role in both our decarbonisation efforts and our climate adaptation planning. Around 20% of the health board's total emissions come from our estate. Whilst significant work has already taken place, we recognise much more is required to meet our long term goals. This plan outlines the actions we will take to reduce emissions, strengthen energy efficiency and ensure our infrastructure is resilient to future climate impacts.

They are:-

- Monitor site energy consumption and use data to identify opportunities for energy saving projects.
- Conduct seasonal reviews of building controls to optimise efficiency and reduce unnecessary energy use.
- Embed energy efficiency practices into staff day-to-day behaviours.
- Share and scale decarbonisation projects, which have been proven to support the decarbonisation of the NHS Wales estate.
- Review electrical capacities across sites to understand limitations for electrification.
- Implement space rationalisation, where possible.
- Plan and implement targeted decarbonisation projects, aligned with national principles and required standards.
- Manage current Combined Heat and Power (CHP) systems to the end of their current working life and replace with low carbon alternatives by 2035.
- Undertake renewable energy opportunities assessments to identify viable schemes.
- Support localised initiatives to expand and maintain green spaces on hospital and community sites.
- Ensure all new buildings and major refurbishments meet necessary standards.
- Where buildings are leased, ensure buildings are operate as efficiently as possible.
- Assess climate risk vulnerability for our services and estates.
- Embed climate resilience into our infrastructure and operations, ensuring our estates remain safe in future conditions.

Transport

As an organisation we travelled over 4 million business miles during 2024/25. This is the equivalent of driving around the equator 160 times, highlighting the scale of the travel emission generated by our activities. We are actively assessing how we can, where possible, reduce the travel needs and increase the low carbon alternatives for our staff and patients.

We will:-

- Provide efficient or eco driving training to staff who are required to drive regularly as part of their job.
- Ensure all new owned or leased NHS vehicles will have a telematics system installed at the point of sale or lease.

- Define our approach and plan for Electric Vehicle Charging Infrastructure (EVCI) for staff and visitors at NHS sites.
- Identify current and future requirements for electric vehicle charging infrastructure.
- Develop our policy for funding the installation of home charging and providing convenient means to access charging, where employees are provided with NHS owned or leased EVs for their job roles.
- Attend the All Wales Fleet and Transport Group
- Align vehicle purchasing or leasing with SDP targets
- Explore localised opportunities for low carbon transport infrastructure where feasible
- Conduct an organisational travel survey, travel plan and maps to support the uptake of low carbon travel solutions.
- Continue to deliver on the organisation Health Travel Charter.
- Highlight low-carbon transport options for staff and the public.
- Work across the NHS to identify and implement requirements for NHS front-line electric vehicle charging at our sites.
- Assess how climate will impact on our ability to implement services and delivery, using existing fleet.

Procurement

As an organisation the majority of our carbon footprint comes from the goods and services we purchase. This is currently quantified by our spend, which for 2025/26 was over £620 million. In order to reduce these emissions, we need to be conscious of how, what and why we are purchasing to limit our impact.

We will:-

- Develop a procurement criteria to advance low-carbon and resource efficient delivery.
- Include an organisational environmental sustainability representative in any procurement exercise exceeding £6 million.
- Create and maintain a log of Power Purchase Agreements (PPAs) opportunities.
- Develop an emissions quantification methodology for surplus stock and report quarterly.

Clinical services

To meet the sustainability agenda we need to deliver high-quality care whilst minimising the environmental harm, increasing resilience and improving long term outcomes for patients. Clinical services hold the greatest opportunity to transform the system and adapt solutions which lower our impacts.

We will:-

- Incorporate key performance indicators (KPIs) to support monitoring of the implementation of desired clinical behaviours.
- Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.
- Develop an organisational waste management plan.
- Assign a Your Medicines, Your Health (YMYH) programme lead for primary and secondary care to embed the principles of YMYH in reducing medicines waste and improving adherence.
- Initiate an ‘Only Order What You Need’ Campaign.

- Work with partners across health to understand climate risks to our populations.
- Develop a greater understanding of the adaptation risks and challenges facing clinical teams.

Financial requirements

Delivering sustainable healthcare presents a significant challenge as healthcare systems are already under considerable financial pressures. There are many actions which will take limited or reasonably small funding requirements. Where these exist we will look to accelerate action.

To support financial delivery whilst meeting our sustainability challenges, we look to utilise external opportunities when appropriate. There are many projects in progress and under development which have obtained external funding to deliver large scale change, such as the REFIT programme.

As part of delivery of this plan, we will map out the financial requirements, where possible, and continue to seek funding solutions to implement actions and support uptake of climate action across the organisation.

Conclusion

This ambitious plan sets out a clear pathway for how we will reduce emissions and process work to strengthen our resilience. Through these targeted actions, increasing scrutiny of decision making and commitment to implement improvements, we can reduce our emissions while supporting wider organisational priorities.

Achieving these goals will require ongoing collaboration across teams, strong governance, and active engagement of staff, partners, and stakeholders. By embedding sustainability into everyday practice we can create a health system which is both environmentally responsible and operationally resilient.

This plan is not just responding to risk of climate change, but an opportunity: to enhance public health, modernise infrastructure, and deliver long-term value for future generations. With sustained leadership and collective effort, we can deliver meaningful progress towards a climate-resilient future.

Glossary

Active Travel	Walking, cycling, and other forms of human-powered transport used for everyday journeys such as commuting, school, or accessing services.
Anaesthetic Gases	Specialised medical gases (e.g., Desflurane, Sevoflurane, Nitrous Oxide) used during surgery, some of which are potent greenhouse gases with high global warming potential.
Carbon footprint	The total amount of greenhouse gases emitted directly or indirectly, expressed in carbon dioxide equivalent (CO_2e).
Climate Action	Measures taken to reduce greenhouse gas emissions, build resilience, and limit the impacts of climate change.
Climate Adaptation	Adjusting systems, infrastructure, and behaviours to minimise damage and maintain functionality in response to current or expected climate impacts.
Climate Change	Long-term shifts in temperature, weather patterns, and environmental conditions driven primarily by human activities such as burning fossil fuels and deforestation.
Climate Change Risk Assessment	A structured process to identify, assess, and prioritise the risks posed by climate change to buildings, services, infrastructure, supply chains, and people.

Combined Heat and Power (CHP)	An energy technology that simultaneously generates electricity and useful heat from the same fuel source, offering higher efficiency than traditional generation.
Critical Infrastructure	Essential assets, systems, or services required for health, safety, security, or economic stability (e.g., hospitals, power supply, water systems).
Cwm Taf Morgannwg	This is defined by the region which includes Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas
Decarbonisation	The process of reducing or eliminating carbon emissions across activities, operations, and supply chains to transition towards a low-carbon future.
Emissions	Greenhouse gases released into the atmosphere from sources such as energy use, transport, industrial processes, and waste.
Electric Vehicle Charging Infrastructure (EVCI)	The network of chargers and associated electrical systems required to support electric vehicles.
Extreme weather	Unusual or severe weather events, such as heatwaves, flooding, storms, or droughts, that are becoming more frequent due to climate change.
Green House Gases (GHGs)	Gases such as carbon dioxide (CO_2), methane (CH_4), nitrous oxide (N_2O), and fluorinated gases that trap heat in the atmosphere and contribute to global warming.
Healthy Travel Charter	A joint commitment between public sector organisations to promote sustainable travel, reduce carbon emissions, and improve health and wellbeing through collective action.
Low carbon	Activities, technologies, or behaviours that result in lower greenhouse gas emissions compared to conventional alternatives.
Net Zero	A state where emissions produced are balanced by emissions removed from the atmosphere, achieved through reductions and carefully limited offsets.
NHS Wales Decarbonisation Strategic Delivery Plan (SDP)	This refers to the overall Welsh NHS Strategy, as set out by Welsh Government, on the actions required for NHS Wales organisations to deliver against the Decarbonisation agenda and support the Public Sector Net Zero ambition.
Power Purchase Agreement (PPA)	A long-term contract to buy electricity directly from a renewable energy generator at an agreed price, providing financial certainty and supporting clean energy development.
Public Service Board (PSB)	A partnership of public bodies in a local area (as required under the Well-being of Future Generations Act) working together to improve social, environmental, economic, and cultural wellbeing.
Supply Chain	The network of organisations, processes, and materials involved in producing and delivering goods and services; a major source of indirect (Scope 3) emissions.

Appendix 1 - Action Plan detail

The plan below showcases the actions, where they sit within the corporate structure and when they need to be delivered. Actions have been allocated a unique reference number in accordance with the type of intervention.

G - Governance
T - Transport, fleet, staff travel and homeworking
B - Buildings and land
P- Procurement and Supply Chain
C – Clinical services

In addition, the Well-Being of Future Generations Act's seven goals have been mapped against each action. This is references using the diagram below. For each of the actions the coloured sections remain in place where the goals apply.

- A Prosperous Wales
- A Resilient Wales
- A Healthier Wales
- A More Equal Wales
- A Wales of Cohesive Communities
- A Wales of Vibrant Culture and Thriving Welsh Language
- A Globally Responsible Wales

Action Category	UHB ref	Action	Climate Action type	Complete by	Corporate Directorate	WFG Goals	National plan (reference)
Governance	**G1**	Embed climate action into operational planning processes to support staff-led initiatives.	Decarbonisation	Jun-26	Strategy & Transformation		SDP (1b)
Governance	**G2**	Create an organisational communication approach, to maintain support and build momentum for climate action.	Decarbonisation	Jun-26	Strategy & Transformation		SDP (3c)
Governance	**G3**	Develop a workforce strategy to support delivery of the 'Delivering sustainable healthcare: position statement'.	Decarbonisation	Dec-26	People		SDP (3d)
Governance	**G4**	Incorporate climate considerations within objectives, decision making and plans at all levels.	Both	Jun-26	Strategy & Transformation		CASfW
Governance	**G5**	Assess the climate risks and opportunities to health and health services delivery	Adaptation	Jun-26	Strategy & Transformation		CASfW
Governance	**G6**	Work in collaboration with partners to evolve plans, share best practice, skills and experience, with a focus on protecting those who are most exposed to climate risk.	Both	Ongoing	Strategy & Transformation		CASfW
Governance	**G7**	Work with the PSB and partner organisations to develop solutions to the regional adaptation challenges	Adaptation	Ongoing	Strategy & Transformation		CCRA
Buildings and Land	**B1**	Establish and embed a process to actively monitor each building's (or site's) energy consumption to identify and address excess consumption and inform development of energy saving projects.	Decarbonisation	Sep-26	Estates and Capital		SDP- 5a
Buildings and Land	**B2**	Conduct seasonal reviews of building controls (i.e. BMS, heating timers, thermostats) to optimise efficiency and ensure standard operating procedures (SOPs) are being followed.	Decarbonisation	Mar-26	Estates and Capital		SDP- 5b
Buildings and Land	**B3**	Embed energy management practices in day-to-day healthcare practice through energy reduction campaigns (e.g. posters, labels, intranet campaigns, etc.)	Decarbonisation	Sep-26	Estates and Capital		SDP- 5d
Buildings and Land	**B4**	Provide NWSSP with a list of scalable reference decarbonisation projects and measures across the NHS Wales estate and align with All-Wales contract frameworks to enable efficient procurement and delivery. This should include the outcomes from 9a.	Decarbonisation	Dec-26	Estates and Capital		SDP- 6b
Buildings and Land	**B5**	Estates and facilities teams will actively engage with transport teams across the NHS (e.g. WAST, NWSSP) to identify and implement requirements for NHS front-line electric vehicle charging at their sites to enable vehicle electrification, and actively engage with Welsh Government to identify funding opportunities for implementation.	Decarbonisation	To align with F19	Estates and Capital/ Facilities		SDP- 6c
Buildings and Land	**B6**	Review electrical capacities across sites to determine limitations for electrification and identify priority locations for electrical supply upgrades.	Decarbonisation	Mar-27	Estates and Capital		SDP- 6d

Buildings and Land	**B7**	Where opportunities for space rationalisation (e.g. office space) may exist, monitor utilisation through smart technologies (e.g. occupancy sensors) to inform decisions on estate rationalisation, shared workspaces, and energy-efficient building use.	Decarbonisation	Mar-28	Estates and Capital		SDP- 6e
Buildings and Land	**B8**	For non-acute sites (e.g. community hospitals, health centres or clinics, offices), plan and implement targeted decarbonisation projects aligned with the principles of the UKGBC Net Zero Carbon Buildings Framework (e.g. optimisation, energy efficiency upgrades) to meet building decarbonisation targets. Larger projects should follow a fabric first approach (thermal surveys may be beneficial) and include the replacement of fossil fuel heating systems with low carbon alternatives.	Decarbonisation	Dec-26	Estates and Capital		SDP- 7a
Buildings and Land	**B9**	For acute sites and large hospitals, plan and implement targeted decarbonisation projects (e.g. optimisation, energy efficiency upgrades) to meet building decarbonisation targets. Larger projects, where viable and operationally effective opportunities exist, should follow a fabric-first approach aligned with the principles of the UKGBC Net Zero Carbon Buildings Framework.	Decarbonisation	Dec-26	Estates and Capital		SDP- 7b
Buildings and Land	**B10**	Continue to operate all current CHP plant to the end of its current working life without major refurbishment and certify to the CHPQA programme to ensure efficient operation.	Decarbonisation	Annual	Estates and Capital		SDP- 8a
Buildings and Land	**B11**	Decommission fossil fuel CHP in line with plant life expiry, prioritising decommissioning over major refurbishment (e.g. engine replacement), with all fossil fuel CHP to be decommissioned by 2035.	Decarbonisation	2035	Estates and Capital		SDP- 8b
Buildings and Land	**B12**	New renewable CHP (e.g. biomass) and emerging sustainable technologies will be supported (subject to feasibility and air quality impacts). No new fossil fuel or 'hydrogen-ready' CHP units will be installed.	Decarbonisation	N/A	Estates and Capital		SDP- 8c
Buildings and Land	**B13**	Undertake renewable energy opportunities assessments (e.g. roof-mounted solar PV, solar car ports, waste heat recovery, etc.) for all sites to identify on-site and off-site private wire opportunities. Viable opportunities should be progressed or installed to ensure each organisation meets their renewable energy generation targets.	Decarbonisation	Dec-28	Estates and Capital		SDP- 9a
Buildings and Land	**B14**	Support localised initiatives to expand or maintain green spaces on hospital and community sites (e.g. NHS Forest) for use by staff, the public and patients, to enhance well-being and aid recovery and social prescribing.	Decarbonisation	Dec-26	Estates and Capital		SDP- 9c
Buildings and Land	**B15**	Ensure organisational alignment with the guidance on all new buildings and major refurbishments and will report compliance where required.	Decarbonisation	Dec-26	Estates and Capital		SDP- 11b
Buildings and Land	**B16**	Health boards and trusts will work with NHS partners (e.g. WAST, NWSSP) throughout new projects to identify current and future requirements for	Decarbonisation	Mar-26	Estates and Capital		SDP- 11c

		electric vehicle charging infrastructure for delivery of NHS front-line services.					
Buildings and Land	**B17**	Where a new or renewed building lease is being explored (both as a tenant and a landlord), Health boards and trusts will follow the NWSSP guidance during discussions to ensure buildings will operate as efficiently as possible.	Decarbonisation	Dec-26	Estates and Capital		SDP- 12b
Building and Land	**B18**	Develop a plan to make buildings more resilient to climate change impacts, particularly heat, storms and flooding, and ensure that new buildings are designed to meet future climate challenges.	Adaptation	Mar-27	Estates and Capital		CASfW
Fleet	**T1**	Provide efficient or eco driving training to staff who are required to drive regularly (i.e. more than once per week) as part of their job role (including work travel in an employee-owned vehicle).	Decarbonisation	Mar-27	Facilities		SDP- 13a
Fleet	**T2**	All new owned or leased NHS vehicles will have a telematics system installed at the point of sale or lease.	Decarbonisation	Dec-25	Facilities		SDP- 13b
Fleet	**T3**	Define each organisation's own approach to facilitating and leveraging funding for EVCI for staff and visitors at NHS sites. This will account for available grid capacity at sites and the requirement to prioritise front-line services. HS organisations will define their approach to electric vehicle charging infrastructure (EVCI) to identify, prioritise and install EVCI	Decarbonisation	Mar-27	Estates and Capital/ People		SDP- 14a
Fleet	**T4**	Transport teams and estates teams will collaborate to develop a clear Electric Vehicle Charging Infrastructure (EVCI) Plan, tailored to the organisation's specific requirements and aligning with the ZEV procurement requirements in initiative 15a. This will include the approach to meeting the following sub-actions:	Decarbonisation	Dec-27	Estates and Capital		SDP- 14b
Fleet	**T5**	Install EVCI infrastructure at NHS sites as identified in the Electric Vehicle Charging Infrastructure Plan in line with the NHS Wales Electric Vehicle Charge Point Best Practice Guidance (where applicable).	Decarbonisation	See initiative 15a	Estates and Capital		SDP- 14c
Fleet	**T6**	Develop clear policy outlining each organisation's approach to funding the installation of home charging where employees are provided with NHS owned or leased EVs for their job roles.	Decarbonisation	Mar-27	Estates and Capital		SDP- 14d
Fleet	**T7**	Provide employees who will drive an EV for their job with a convenient means to access charging points across the areas in which they work.	Decarbonisation	Sep-26	Estates and Capital		SDP- 14e
Fleet	**T8**	Retain the All-Wales Fleet and Transport Group to help jointly identify EVCI opportunities, support allocation of funding, share best practice, and plan implementation, particularly in instances where there is shared use of sites (e.g. ambulances visiting multiple A&Es).	Decarbonisation	Mar-26	Estates and Capital		SDP- 14f

Fleet	**T9**	Align vehicle purchasing or leasing with the following targets: 2025:New standard vehicles (<3.5t or <4.25t electric) will be ZEVs (hybrid by exception). • Where ZEVs are not practical due to range limitations, full hybrids should be procured. • PHEVs should only be considered where it can be demonstrated that the vehicle will use EV-only mode for at least 75% of its mileage • Where none neither ZEV, Full Hybrid or PHEV of the above options are feasible or available, a vehicle with demonstrably lower GHG emissions than others in its class should be purchased or leased (i.e. best-in-class). • New light and heavy goods vehicles will meet the future modern standard of ultra-low emission vehicles in their class and be ZEVs where circumstances allow (e.g. regular transportation of lighter goods). 2026: New specialist vehicles (<3.5t or <4.25t electric) (e.g. refrigerated vans) will be at least hybrid or LCEVs, but ZEVs wherever practically possible. Vehicles shall continue to utilise innovative technology for specialist requirements (e.g. solar PV auxiliary systems). 2027: All new single responder vehicles will be ZEVs (hybrid by exception). Vehicles procured before this date should be ZEVs where possible. 2030: New emergency ambulances will be ZEVs (hybrid or LCEV by exception). Health boards and trusts should continue to explore localised opportunities for low carbon transport infrastructure as they arise (e.g. localised sources of low carbon transport, electric mowers, etc.) and implement if deemed feasible.	Decarbonisation	As highlighted in action	Facilities		SDP- 15a
Fleet	**T10**	Assess how climate will impact on our ability to delivery services and delivery, using existing fleet.	Adaptation		Facilities		CCRA
Staff Travel and homeworking	**T11**	Conduct an organisational staff travel, commuting and homeworking survey to collect baseline data and identify opportunities to increase uptake in low-carbon travel and homeworking practices.	Decarbonisation	May-27	People/ Facilities and Public Health		SDP- 16b
Staff Travel and homeworking	**T12**	Develop a staff travel plan outlining an organisational approach to encouraging the Sustainable Transport Hierarchy and embedding Healthy Travel Charters across staff travel, including commuting and business travel.	Decarbonisation	May-28	Facilities		SDP- 17a
Staff Travel and homeworking	**T13**	Create a user-friendly guide that maps out practical low-carbon transport options for staff and the public, including routes, accessibility details, and sustainable travel tips.	Decarbonisation	Sep-26	Facilities		SDP- 17b

Procurement and supply chain	**P1**	Develop a streamlined and transparent approach in collaboration with key stakeholders to assess the effectiveness of procurement criteria in advancing low-carbon and resource efficient delivery	Decarbonisation	Dec-26	Procurement		SDP- 19b
Procurement and supply chain	**P2**	Include an organisational environmental sustainability representative in any procurement exercise exceeding £6 million (inc. VAT)	Both	Sep-26	Procurement		SDP- 19d/ CASfW
Procurement and supply chain	**P3**	Create and maintain a log of Power Purchase Agreements (PPAs) opportunities; in partnership with the Welsh Government Energy Service, engage with community groups and other public sector bodies to understand local generation-supply opportunities.	Decarbonisation	Sep-26	Procurement/ Estates and Capital		SDP- 21b
Procurement and supply chain	**P4**	Develop an emissions quantification methodology for surplus stock (including central warehousing and organisational stock) leading to write-offs and disposal, including non-catalogue orders, overstocked PPE, and food wastage.	Decarbonisation	Sep-26	Procurement		SDP- 22a
Procurement and supply chain	**P5**	Report quarterly on surplus stock emissions within existing reporting mechanisms to support and inform initiatives focused on optimising resource consumption.	Decarbonisation	Quarterly reports from Sept 2026	Procurement		SDP- 22b
Procurement and supply chain	**P6**	Integrate environmental impact reporting into stock management and consumption programmes – e.g., Your Medicines Your Health, Scan4Safety, Gloves Off – to support their design, communication and implementation and ensure that environmental outcomes are considered alongside other key priorities.	Decarbonisation	Dependent on P5	Procurement		SDP- 22c
Clinical Services	**C1**	Assign a Your Medicines, Your Health (YMYH) Programme Lead(s) for primary and secondary care to embed the principles of YMYH in reducing medicines waste and improving adherence, with regular attendance at YMYH Programme Lead meetings.	Decarbonisation	Sep-26	Pharmacy		SDP- 22d
Clinical Services	**C2**	Initiate an Only Order What You Need Campaign.	Decarbonisation	Sep-27	Pharmacy		SDP- 22e
Clinical Services	**C3**	Incorporate key performance indicators (KPIs) where possible to support monitoring of the implementation of desired clinical behaviours outlined in the guidelines – for example, through national prescribing indicators, dashboards, or similar tools.	Decarbonisation	Annual reporting	Strategy & Transformation		SDP- 23d
Clinical Services	**C4**	Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.	Decarbonisation	Annual reporting	Digital		SDP- 24d
Clinical Services	**C5**	Work with partners across health to understand the climate risks to the health of our populations	Adaptation	Ongoing	Public Health		CCRA

Clinical Services	**C6**	Develop a greater understanding of the adaptation risks and challenges facing clinical teams.	Adaptation	Ongoing	Strategy & Transformation		CCRA
Waste	**C7**	Develop a tailored organisational waste management plan considering the waste hierarchy and circular economy principles. As well as ensuring compliance with Natural Resources Wales regulations, this plan should outline: • A communication strategy to promote effective waste segregation at the source across all departments. • Collaboration arrangements involving internal stakeholders (e.g., procurement managers) and external partners (e.g., licensed waste management contractors). • Defined roles and responsibilities within the NHS organisation	Decarbonisation	Sep-26	Facilities		SDP- 25b

Agenda Item	7.1.1

Unapproved Minutes of the Strategic Development Committee

Date and Time of Meeting	Wednesday 1st October 2025 13:00-16:30 pm
Venue	Virtual via Microsoft Teams

Members Present	Kath Palmer	Committee Chair / Health Board Vice Chair
	Carolyn Donoghue	Independent Member
	Neil Mesher	Independent Member
	Dilys Jouvenat	Independent Member (in part)
	Kathy Mason	Independent Member
In Attendance	Claire Thompson	Executive Director of Strategy and Transformation (in part)
	Sally May	Executive Director of Finance
	Philip Daniels	Executive Director for Public Health
	Hywel Daniel	Executive Director for People (in part)
	Gethin Hughes	Chief Operating Officer
	Hayleigh Jones	Deputy Director for People (in part)
	Melanie Barker	Deputy Director of AHPs and Health Science
	Suzanne Rodgers	Assistant Director for Digital Transformation
	Hayleigh Jones	Deputy Director for People
	Marie Evans	Head of Strategic Planning & Commissioning (in-part)
	Zoe Silsbury	Physiotherapist (in part)
	Atif Ali	Programme Director for Acute Clinical Services
	Victoria Oxley	Director of Strategy & Partnerships
	Elle McNeil	Head of Planning & Commissioning
	Cally Hamblyn	Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager
Observing	Hannah Jones	Audit Wales
	David Murphy	Audit Wales (in-part)
	Kornelia Kennedy	Strategic Planning & Commissioning Manager
	Rhiannon Dubberley	Corporate Governance Officer

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	K. Palmer welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.
1.2	**Apologies for Absence**
	Apologies were received from: • Lauren Edwards, Director of AHPs and Health Science • Rachel Rowlands, Independent Member • Stuart Morris, Director of Digital
1.3	**Declarations of Interest**
	There were non declared.
2.	**CONSENT AGENDA BUSINESS**
2.1	K. Palmer reminded Members that the agenda had been reformatted to include Consent Agenda items at the end of the agenda and asked if there were any items from the Consent Agenda (Item 8) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.
3.	**COMMITTEE GOVERNANCE ARRANGEMENTS**
3.1	**Action Log**
	K. Palmer noted that the Committee had been asked to review the action log and confirm that they had received sufficient assurance to approve the closure of the actions proposed for completion. K. Palmer advised that some of the previous closed actions were still stating 'Propose to Close' rather than 'Closed'. The Governance team confirmed that this would be amended.
Resolution	Members were happy to accept and close the actions on the action log.
Action	To amend the 'Closed' section of the Action Log.
3.2	**Matters Arising Not Captured on the Action Log**
	There were none identified.
4.	**STRATEGIC RISK MANAGEMENT**
4.1	**Board Assurance Framework (BAF)– Strategic Risks**
	C. Hamblyn presented the latest iteration of the report that was approved by the Health Board at their meeting held on the 25th September 2025. C. Hamblyn highlighted that the significant update was the revision to the wording of Strategic Risk 9, the new finance risk following feedback from the Board.

	C. Donoghue referred to Strategic Risk 1b and the narrative around ambulance handovers and patient waits. C. Donoghue advised that whilst ambulance handovers had improved, page 14 of the report stated that patient waits had increased and requested a clearer understanding of the overall picture regarding these issues, including the issue of patients boarding. G. Hughes confirmed that he would pick this up with the Unscheduled Care – Care Group team outside of the meeting and ensure it was appropriately narrated. K. Palmer referred to the BAF and emphasised the importance of aligning and correlating the risks with the Committee's agenda setting process to ensure focus on the key strategic risks facing the organisation.
Resolution:	**The Committee NOTED** the updates captured in section 3 of the Board Assurance Framework Report
Action	To review the narrative to Strategic Risk 1b in relation to Ambulance Handovers, Patient Waits and Boarding.
5.	**OUR MODELS OF CARE / SERVICE TRANSFORMATION**
5.1	**Our Strategy (CTM2030) Deployment**
	C. Thompson presented the report that outlined a potential strategy deployment framework for the organisation. She noted that there is a connection to the update from the Regional Partnership Board (RPB) also presented at the October meeting of the Strategic Development Committee, in that the RPB is presenting a consolidated set of metrics to ensure delivery of partnership priorities. C. Thompson emphasised the need for deploying the CTM2030 Strategy and the requirement for a central mechanism to connect strategic goals to frontline work, ensuring coherence for internal and external stakeholders. C. Donoghue sought to better understand how all the elements of the Strategy Deployment would fit together and suggested that she might benefit from a separate discussion with C. Thompson for further clarity. C. Donoghue questioned whether the new deployment framework was identifying resource gaps and whether the scale of the work had been underestimated in terms of complexity and resource requirements. She acknowledged the need for clarity and was in agreement with the direction of travel, however sought greater assurance as to how it would all fit together in practice. C. Thompson thanked C. Donoghue for her feedback and acknowledged her concerns. She clarified that the intent of the strategy deployment framework was not to stop or pause existing work, but to ensure change was sequenced and approached in a more planned way. C. Thompson advised that the purpose of the framework would be to enable all staff to become agents of change. C. Thompson added that with regard to the concerns raised in relation to resources, that capacity should match the work

	being attempted, and that prioritisation was key. She added that deploying the strategy framework itself is within the organisations current capabilities, however, implementing a quality management system would more likely require external expertise and would be resource intensive and they were currently exploring options for this. N. Mesher welcomed the proposed approach and emphasised its importance in a large complex organisation to ensure that the strategy reaches front line staff and everyone understands their role in contributing to organisational goals. N. Mesher added that whilst it was difficult to implement in reality, having a structure was essential otherwise it would be impossible to achieve. N. Mesher advised that it did require further thinking and that the second part of the slide deck, which described moving from the current state to a future improved state, represented the "prize" and was the main reason for undertaking the strategy deployment work. H. Daniel also welcomed the approach, stating that it was much needed to bring clarity and shape to what the organisation was trying to achieve. He acknowledged C. Donoghue's concerns and emphasised the importance of clear communication within the organisation. H. Daniel offered his team's support from both a people and culture perspective to support and assist in making the strategy deployment a success. K. Mason supported the proposal and emphasised the need for a clear, coherent structure that enables communication and involvement across the organisation. K. Mason queried whether existing resources within the organisation could be re-focussed to support the strategy deployment or whether additional resources would be required. In response, C. Thompson advised that the capacity to deliver the strategy would depend on prioritisation and aligning its ambitions with available resources. A Atif expressed strong support for the approach, noting its potential to empower frontline teams, clarify priorities, and improve engagement. C. Thompson welcomed further feedback from the Committee and encouraged members to review the foundational product slides K. Palmer welcomed the approach and agreed that communication and engagement would be vital for successful deployment of the Strategy.
Resolution:	The Committee **NOTED** the report and presentation and commented on the proposed approach.
Action:	Members to review the foundational products slides and to feedback to C. Thompson.
5.2	**Spotlight on Strategy Groups - Living Well /Adulthood**
	M. Evans and Z. Silsbury provided a presentation that updated the Committee on the recent deep dive into the Living Well/Adulthood Care Group Programme of work focussing on the "3Ps" programme (Provoke, Promote, Prevent, Prepare) and Hepatitis C elimination.

	P. Daniels praised the team for their fantastic work on the "3Ps" Programme and acknowledged the challenge of sustaining work when short-term funding ends. P. Daniels described the Hepatitis C work in Parc Prison as "phenomenal" and emphasised its importance for both the individuals in prison who may not have accessed services before, and for the protection this offers the wider community.. He highlighted that this work is a significant public health achievement and praised the team for their efforts. V. Oxley praised the work of the team and the impressive results that had been achieved in both the "3Ps" and Hepatitis C Programmes and advised that these outcomes had been achieved without extra resources, and stressed the importance of using existing resources differently. C. Donoghue raised concerns about fixed term funding in that it often identified a need but then left programmes unfulfilled when the funding ends and wondered whether the organisation should revisit how it accepts and uses fixed term funding as it can lead to unmet expectations and discontinuity in services. K. Palmer confirmed that this issue had also been discussed at Quality, Safety & Experience Committee at their recent meeting. S. May advised that Welsh Government frequently provided short-term funding with the expectation that successful projects will be mainstreamed. However, she highlighted that, in future years, there is an expectation of inflationary only increases, making it difficult to allocate funds to new projects. She explained that value-based healthcare funding is intended to demonstrate value and shift resources from less effective to more effective activities but acknowledged challenges due to time lags in realising benefits and the challenges in stopping existing activities. S. May added that whilst value-based healthcare funding is intended to support "invest to save" initiative but, as many past invest-to-save initiatives have not delivered the expected cash savings, this is a complex area needing further debate. K. Palmer queried the future plans for the Living Well and Adulthood strategy group, specifically how they decide which programmes and areas to focus on. She inquired whether population health needs are used to determine priorities and sought clarification on the process for selecting programme areas. In response, M. Evans advised that the selection of programmes was considered in collaboration with Care Groups in terms of their requests and also from exploring population health data and utilising this analysis to identify priorities. Following reflection of the comments made by Members V. Oxley assured the Committee that that the team have exit strategies from programmes which does allow them to move onto the next piece of work within their plans
Resolution:	The report and presentation were **NOTED.**

Action:	None identified.
5.3	**Strategic Clinical Services Plan Update**
	K. Palmer advised that the Strategic Clinical Services Plan update had been presented to the Board at their meeting on the 25th September 2025, therefore would not be duplicated at this meeting and was for the Committee to note that further updates will be provided in future Committee meetings. C. Thomas highlighted to members that the foundational products for the Plan had changed as a result of resources currently being deployed to produce them.
Resolution:	The report was **NOTED.**
Action:	None identified.
5.4	**Primary Care and Community Transformation Programme**
	K. Palmer advised that the Primary Care and Community Transformation Programme update had been presented to the Board at their meeting on the 25th September 2025, therefore would not be duplicated at this meeting and was for the Committee to note with further updates to be provided in future Committee meetings.
Resolution:	The report was **NOTED.**
Action:	None identified.
5.6	**Diabetes 5yr Strategic Action Plan**
	E. McNeil and V. Oxley provided a presentation on the Strategic Action Plan that provides the national policy context, local diabetes service overview with gap analysis and the high-level and specific aims and priorities for diabetes services for the next 5 years. It was noted that the action plan was co-produced, led by CTM public health with service leads from across primary, community and secondary care and takes an evidence-based approach to the identified priorities and next steps. P. Daniels praised the team for their work on the Diabetes Strategic Action Plan, highlighting the collaboration work across the Health Board and with wider stakeholders and emphasised the significant and unaffordable projected increase in diabetes prevalence and costs by 2035, stressing the need for a whole-system approach involving primary, secondary, and tertiary prevention. M. Barker queried whether the team had linked in with Pathology, specifically regarding screening and HbA1c measurements. E. McNeil confirmed that Pathology was linked in for these aspects. G. Hughes highlighted that primary care was highly engaged with the management of type 2 diabetes as a core responsibility and the importance of shifting expertise from hospitals to general practice for managing caseloads. G. Hughes queried what proportion of the anticipated growth in diabetes was modifiable and what impact the planned interventions might have on the growth trajectory, he also suggested that there was a need to understand the effect of interventions and the choices required for resource allocation.

	In response, E. McNeil advised that the All Wales Diabetes Prevention Programme was currently showing a 20% impact on prevalence. P. Daniels added that large scale, low intensity interventions, especially for children and young people was needed to make a significant difference with primary prevention being key. S. Rodgers referred to the maternity solution programme due to be implemented by March 2026 with an APP replacing hand-held notes, allowing communication from early pregnancy through to health visitor handover which could present an opportunity to push out information on healthy living and diabetes management to expectant mothers and offered to link the team with the digital midwife to integrate diabetes related information and management into the APP. K. Mason queried the wider context of the increasing diabetes trajectory and specifically what was being done at source to address it and whether the organisation was proactively working with partners to provide education in schools to discourage unhealthy eating and expressed an interest in learning more about primary prevention and exploring this further offline. In response, P. Daniels suggested that he would share further information with K. Mason and there were elements of this that he would touch upon in later reports on primary prevention including the healthy school's programme. K. Palmer advised that there was a strong link between weight and diabetes and reflected on the current status of adult and children's weight management service recognising that the children's service was not where it should be and is reflected as a risk on the organisational risk register. K. Palmer added that the Diabetes Strategy mentions that weight management is not within its scope and emphasised the importance of integrating strategies due to the correlation between type 2 diabetes and weight issues. She also highlighted the comment made by D. Jouvenat in the teams chat that school dinner menus had changed recently to include healthier options. In concluding the discussion, K. Palmer thanked E. McNeil and V. Oxley for their work on the action plan.
Resolution	The report was **ENDORSED** for **BOARD APPROVAL.**
Action:	To share information outside of the meeting in relation to primary prevention and the healthy school's programme.
5.7	**Strategic Digital Transformation Programmes**
	S. Rodgers presented the report that provided the Committee with an update on the progress of Digital & Data Transformation with the support of CTM's Strategic Partner to deliver the Health Board's Strategy, Building Healthier Communities Together. K. Palmer thanked S. Rodgers for the robust summary of the digital transformation programmes.

	K. Mason stressed her support for this activity and noted that she found the report to be excellent in highlighting the positive impact of the work and the importance of continuing to build on it. K. Mason referred to the value of patient contact data and the maternity APP and encouraged further development in these areas. N. Mesher referred to the recent cyber-attacks impacting other organisations and sought to understand the digital risk appetite within the population and whether there was a need to further engage with communities to assure them that their information was safe. In response, S. Rodgers confirmed that a major engagement programme had commenced with patients as part of the patient contact transformation programme and the feedback from patients in the role of digital within their healthcare will become really prevalent in this space as CTM embarks on the journey towards the NHS Wales APP and increased patient involvement in terms of how information is used. S. Rodgers advised that in terms of their strategy on patient communication they were very much linked into the Community Leaders Network and liaising with Llais as well as colleagues in accessibility, neurodiversity and the Wales Council for the Deaf in how they take this programme forward. K. Palmer noted the next steps and the Board Development session planned for the 23rd October 2025 with Tektology, and the road map that was being developed that would come back to the Committee for further consideration.
Resolution:	The report was **NOTED.**
Action:	None identified.
5.8	**Public Health Activity**
5.8.1	**Director of Public Health Annual Report 2024-25**
	P. Daniels presented the draft Annual Report for 2024-25 that focusses on Starting Well, Living Well: Working together to support the early years of life. K. Palmer highlighted the importance of the Director of Public Health report focusing on younger people and early years and asked about closer working with education and whether there is potential to integrate programmes such as the 'Smile' project in schools with other initiatives addressing issues like weight, she queried if integration is possible or if it might detract from the impact of individual programmes. In response, P. Daniels confirmed that there were specific programmes such as "Design to Smile", the Healthy Schools Programme and the whole school approach to mental health and well-being. He added that there was ongoing collaboration with the Directors of Education in Local Authorities to help schools become health-enabling environments and addressing inequalities within the population. N. Mesher referred to the earlier discussion on diabetes and in particular the need to understand the return on investment for the early years interventions and sought clarity on the financial and health outcome benefits of investing in

	this area and how to decide where to invest, given the significant challenges and deprivation highlighted in the report. In response, P. Daniels advised that Public Health Wales had produced a report last year on the return on investment for public health interventions and offered to share the paper with the Committee. P. Daniels acknowledged the need for critical evaluation of methodologies and timeframes for outcomes and advised of the ongoing work with other Health Boards on digital support for maintaining a healthy weight. P. Daniels added that the upcoming Regional Partnership Strategy will help galvanise all organisations to address these issues collectively.
Resolution:	The report was **ENDORSED** for **BOARD APPROVAL**
Action:	To share the Public Health Wales report on investment for public health interventions outside of the meeting.
5.8.2	**Health Protection Strategic Update**
	P. Daniels presented the report that provided an update on the delivery of the CTM Health Protection Strategic Plan for Quarter 2. P. Daniels referred to the start of the public winter vaccination programme and the opportunities available for staff and the public to get their flu vaccines. P. Daniels advised that staff vaccinations were progressing well and extended his thanks to the People Directorate for their support K. Palmer emphasised the importance of health protection and that learning from the past was evident in the changes made to the vaccination programme which demonstrated that the organisation was both reflecting and adapting. She further highlighted the value of listening and learning and encouraged members to spread the word about the importance of vaccinations.
Resolution:	The Committee **NOTED** the report and the risks and escalations.
Action:	None identified.
5.8.3	**Healthcare Inequalities**
	P. Daniels provided a presentation to the Committee on Health Inequalities. K. Palmer reiterated the importance of this activity and noted the efforts to promote healthcare inequalities at other Committees, including its inclusion in the Integrated Medium Term Plan. She stressed the need to not worsen inequalities but to strengthen them and to focus on improvement. P. Daniels advised that, in the context of learning from others about tackling health inequalities and healthy weights, the team is looking at the work being done in Amsterdam as an example and as part of broader efforts to identify effective strategies from other places. C. Thompson added that many people within the Health Board innately understand health inequalities and she questioned how deep this understanding goes amongst staff with a need to assess the 'hearts and minds' aspect and clinical decision making related to health inequalities and suggested that she has an offline conversation with P. Daniels in relation to this.

	C. Thomas further referred to integrating health inequalities into strategy deployment frameworks and emphasised the importance of commonality and overlap between different organisational strategies whilst recognising the limits of full integration across all partners. S. Rodgers commented that this was an opportunity to embed the public health agenda, including health inequalities into digital transformation programmes such as the new maternity APP and mental health APP and the patient contact transformation programme which would allow better access to vulnerable and hard to reach groups and suggested involving the public health team early on in the design of these digital solutions to ensure health inequalities are addressed from the outset. H. Daniel advised that despite seeing presentations and reports on health inequalities over many years within the Health Board, significant challenges still remain within the community particularly in terms of deprivation and he questioned how the Board can start to make a real impact emphasising the need for clear areas of focus and collective and individual ownership Following discussion around the strategic and policy frameworks tackling these inequalities, the challenge to the Committee and wider Health Board was to routinely apply an inequalities lens to CTM data and service transformation. In concluding the discussion, it was noted that the presentation highlighted the need for practical steps, innovation, and explicit strategies to address inequalities, emphasising the need for measurable impact and collective action across CTM and its partners.
Resolution:	The Presentation was **NOTED.**
Action:	No action identified.
6.	**OUR POPULATION / WORKING WITH OTHERS**
6.1	**Regional Partnership Update 2024/25**
	C. Thompson presented the report that provided the Committee with an update on the work of the Regional Partnership Board (RPB). K. Palmer commented that she was impressed by the RPB framework and appreciated the cohesive approach to integration which aligned to the purpose of the RPB. She questioned whether the KPI's within the framework were too health focussed and sought assurance that there was integration with the Primary and Community Transformation Boards and other partners to avoid siloed working. She further added that it would be important to monitor how the framework evolves to ensure full integration and avoid duplication. C. Thompson, in response, advised that there was a need to recognise areas of overlap and intersection aiming for commonality where possible to ensure collective effort moves in the same direction rather than enforcing a single framework for all. C. Thompson added that whilst the RPB might ideally want the Health Board to adopt all its metrics this would be challenging so the focus should be on creating a Venn diagram of shared priorities.

Resolution:	The report was **NOTED.**
Action:	No action identified.
6.2	**Public Service Board (PSB) Update**
	P. Daniels presented the report. P. Daniels advised that the PSB has gained new momentum following the appointment of the new Chair, leading to the development of new work streams. He highlighted the involvement of V. Oxley in the climate resilience work and the Health Boards leadership in infrastructure pinch points as well as active projects on the Active Travel Charter and Food Resilience. P. Daniels advised that the PSB now feels more dynamic and he will continue to update the Committee on the work of the PSB as it progresses.
Resolution:	The report was **NOTED**
Action:	No action identified.
7.	**OUR COMMITMENT TO SUSTAINING OUR FUTURE**
7.1	**Strategic Financial Planning and Impact**
	S May presented the report which described how the Committee could receive assurance on the longer term strategic finance position by providing a more strategic view of how the Health Board allocates and applies its resources over a longer period and if the direction of travel is consistent with the broader strategy of the Health Board. S. May advised that the report highlights changes in expenditure patterns over time with the Covid- 19 Pandemic causing marked shifts and a slower than expected recovery in some areas such as infectious disease spend and orthopaedics activity. S May also drew attention to the fact that increases in costs have been greater in internally delivered services than in external ones, possibly due to pay increases and that the Health Board's spend per weighted population is at the lower end compared to other Health Boards. C. Donoghue commented that the report provokes further reflection and sought clarity to how the information is used in practice especially since the information is outdated by the time it is available and whether the report drives any real change. S. May responded that the report is intended to prompt strategic questions rather than provide direct answers and its main value is in helping to identify areas for further investigation and discussion. S. May advised that there were limitations of the data's timeliness, however, it could still be used for understanding cost drivers and risks and for informing further financial planning. S. May flagged a risk in terms of Long Term Agreements (LTA's) historical cost basis which could have an impact on the value of LTA outflows. .

	K. Palmer welcomed the benchmarking between other Health Boards and noted that it was helpful for future planning. The Committee were advised that this report in this form would be brought back to the Committee on an annual basis.
Resolution:	The report was **NOTED.**
Action:	To add to the Committee Cycle of Business for the Committee to receive the report on an annual basis.
7.2	**Strategic People Plan**
	H. Jones presented the report which updated the Committee on the activity progressed over the past two months following the launch the People Plan. The Committee were made aware of the efforts to maintain co-development, including a live microsite, visual communications, and direct invitations to all line managers for briefing sessions co-delivered by Executive Colleagues, Trade Unions, and Care Group Leaders. The Committee were delighted to note the early deliverables, which include a new people services telephone line, a line manager reference group, bite-size management development sessions, "you said, together we did" communications, appointment of Speaking Up Safety Guardians, anonymous reporting systems, the success of the first Seren Award Event, and a new people metrics dashboard. It was noted that whilst these are mostly tactical actions, they demonstrate momentum. D. Jouvenat extended her congratulations to the team for the huge amount of work undertaken and commented that she was pleased to see the update and the appointment of 'Speaking Up Safely' Champions. K. Palmer thanked H. Jones for the update and recognised the significant amount of work to date. She also sought clarity on how the Committee would receive amore future forward look around what the shape of the organisation looks like as a future roadmap and the importance of the strategic deployment and digital roadmap activity. In response, H. Daniel commented that this was a 'live' People Plan which will be continually revisited to ensure that the plan and its activity continues to align to the Health Boards strategy of building healthier communities together.. Further updates on the strategic focus will be provided to the committee every six months as to the output measures and success of the actions being taken.
Resolution:	The Committee **noted** the activity progressed over the past two months to launch the People Plan, and **noted** the initial progress against the year 1 actions within the Plan.
Action:	No action identified.
7.3	**Integrated Medium Term Plan - Assurance on Process for 2026-2027**
	C Thompson presented the report that provided the Committee with an update on the progress in developing the Plan for 2026-27. K. Palmer advised that it was the first time she had seen the Welsh Government feedback which was useful. K. Palmer queried the timetable for Board discussion, specifically regarding new investment or prioritisation and sought assurance on the process and timescales.

	C. Thompson, in response, confirmed that there would be a more detailed version of the IMTP timeline showing which groups it would go through and when. C. Thompson added that this is also discussed at the Operational Management Board and confirmed that there would be no new investment due to the financial position. C. Thompson confirmed that the process for prioritisation and submission of risk based Business Cases would be included in the timetable with further detail provided to the Board and Committee at each stage. N. Mesher referred to the Welsh Government feedback and queried whether it was specifically for this organisation or more general. C. Thompson confirmed that there were some areas that were generic and some that was more specific to CTM S. May confirmed that expectations would need to be managed very carefully this year.
Resolution:	**The Committee NOTED** the report with particular consideration of the risks to the delivery of a balanced financial plan alongside delivery of the Health Board's objectives.
Action:	No action identified.
7.4	**Estates Strategic Plans**
	K. Palmer advised that this report had been deferred as the Health Board were currently developing its Strategic Clinical Services Plan and that this plan is integral in establishing the future Estates requirement of the Health Board and will inform the Estates Strategy.
Resolution:	The report was deferred.
Action:	No action identified.
7.5	**Climate Action Update**
	C. Shaw presented the report which provided the Committee with a detailed update on Climate action and the Carbon Emission Report for 2024-2025 which was submitted to Welsh Government by the deadline of the 1 September. A summary of the significant action across the decarbonisation programme over the past year was also provided. The update also captured the response to the findings of the NWSSP Internal Audit Services report on Decarbonisation which was undertaken during the year. In concluding the item, the Committee commended CTM's Sustainability Manager and the Estates and Facilities Team for leading this area of activity and the accelerated delivery of actions under this agenda following the appointment of CTM's Sustainability Manager.
Resolution:	The Committee **NOTED** the report the update on Climate action and the Carbon Emission Report for 2024/25
Action:	No action identified.

8.	**CONSENT AGENDA**
8.1	**ITEMS FOR APPROVAL**
8.1.1	**Unconfirmed Minutes of the meeting held on 3rd July 2025** The minutes were **APPROVED.**
8.2	**FOR NOTING**
8.2.1	**Strategy Groups Updates** The report was **NOTED.**
8.2.2	**Committee Annual Cycle of Business 2025** The Annual Cycle of Business was **NOTED.**
8.2.3	**Committee Forward Work Plan** The Forward Work Plan was **NOTED.**
9.	**CLOSE OUT BUSINESS**
9.1	**Any Other Business**
	There was no other business to report on this occasion.
9.2	**Committee Highlight Report to Board**
	The Committee discussed areas of escalation and C Hamblyn confirmed that she would circulate the draft report to Members for comments and consideration
9.3	**Meeting Feedback**
	K. Palmer encouraged members to provide feedback during the meeting or at a later time if they wished.
10.	**PRIVATE / CLOSED SESSION BUSINESS**
	There were no items to discuss within a closed session on this occasion.
11.	**DATE AND TIME OF NEXT MEETING**
	Date and Time of Next meeting: 11th February 2026 at 13:00.

Agenda Item
7.2.1

STRATEGIC DEVELOPMENT COMMITTEE

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	11/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic Risk Owner updates	December 2025 / January 2026	Reviewed and signed Off
Executive Leadership Group	12 January 2026	Risks reviewed and management sign off received.
Post ELG Changes	Changes from Digital and Data Directorate and Planned Care – Care Group were incorporated post ELG consideration.	
Health Board	29 January 2026	Approved

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework
ELG	Executive Leadership Group

1. Situation /Background

1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.

2. Specific Matters for Consideration

2.1 The BAF has been developed to ensure it appropriately reflects;

- the four strategic goals of the Health Board;
- assurance reporting that supports a streamlined and effective committee and reporting structure;
- a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
- international best practice; and
- the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.

2.2 The Organisational Risk Register is received in its entirety by the Audit, Risk & Assurance Committee and the assigned risks to the other Board Committees as appropriate.

3. Key Risks / Matters for Escalation

3.1 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red. In summary:

- No new risks were added this period.
- No risks were proposed for closure this period.
- There were no changes to risk scores this period.

3.2 As highlighted in the BAF report to the November 2025 Board meeting, the 'Control Measures' section in relation to Strategic Risk 2 – 'Ability to deliver improvements which transform care and enhance outcomes' has been streamlined as highlighted in red in Appendix 1.

3.3 The BAF was reviewed and approved at the Health Board Meeting on the 29 January 2026.

4. Assessment

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

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

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

5. Recommendation

5.1 The Committee is asked to:

- **Note** the report that had been presented to the Health Board at its meeting on the 29 January 2026 where it **Approved** the **amendments** made to the existing risks and confirmed that the updates provide adequate assurance and reflect recent discussions.

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT
Section 1 – Summary

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

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

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

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

SECTION 3 – STRATEGIC RISKS

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

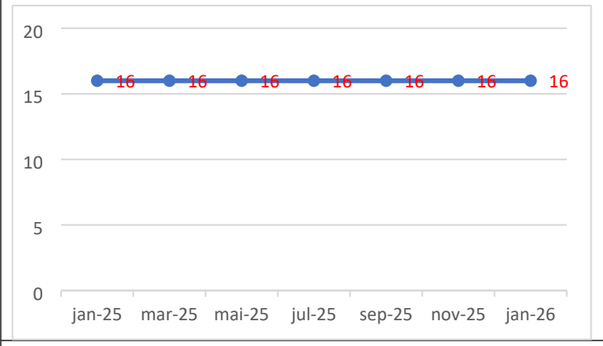
Risk Lead	• Chief Operating Officer • Executive Director of Strategy & Transformation	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
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

- Insourcing support for weekend elective Orthopaedics commenced on 13th December at Princess of Wales hospital. Contract for an additional 240 cases to be completed by end of March 2026.
- HBSUK continues to have significant reduction on Waiting list each week. Total waiting list has decreased by >12,000 since June 2025.
- Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics.
- Vascular short-term issue. This is being resolved via implementation of the network criteria.
- The Vascular Network INNU process has been adopted by CTMUHB.
- Regional Outpatient Insourcing commenced at CTMUHB on 6th September 2025. Aiming to reduce Outpatient waiting times across all specialities
- The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds.
- ~~Princess of Wales Theatres fully opened on the 1st September 2025.~~

	• All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC. • Regional Cataract Plan continues through Q2-Q4 to reduce Cataracts waits further. • 4 theatres across CTMUHB (RGH) will be moved to Vanguard in November. • Endoscopy recovery plan commencing August to December 2025. • PIT Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS. • 4 Mobile theatres opened Mid-April and closed in August 2025. • 2 Prince Charles Hospital (PCH) theatres opened end of April 2025 • 1 Theatre and Ward at PCH dedicated to Orthopaedic Inpatient surgery from May – July 2025 • Critical incident declared at Princess of Wales (POW) on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc. cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system. • There had been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and Royal Glamorgan Hospital (RGH) to respond to the critical incident. • Planning continues recovery phase following critical incident with the impact not yet quantified. • There has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • The large-scale capital programme at PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. • The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. • Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.
Risk Treatment Assessment *i.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. GiRFT & Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery
5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

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

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

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

Planned Care Recovery Programme

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

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

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

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

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

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

Specific Improvement Groups/Boards

- PIT programme
- Planned Care recovery
- Service Improvement Groups
- Cross Cutting Improvement Groups – Theatre, Pre assessment, Diagnostics, Outpatients and Therapies & 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 ~~Steering Group~~ Programme Board (Formerly Regional Pathology Steering Group).
- South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams.

Governance Structures

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

Operational Processes

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

Sources of Assurance (Internal and External)

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

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

Linked National Priority Measures

Access to Timely Planned Care

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

Current Performance Highlights

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

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

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

Associated Risks escalated to the Organisational Risk Register

5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	**20**
5961	Remedial roof works to resolve the water ingress at POWH.	**20**
4491	Failure to meet the demand for patient care at all points of the patient journey	**20**
~~5417~~	~~Paediatric dentistry – General Anaesthetic theatre list.~~ Risk de-escalated from the Organisational Risk Register in January 2026 as risk score reduced to a 12.	~~**20**~~
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model.	**16**

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

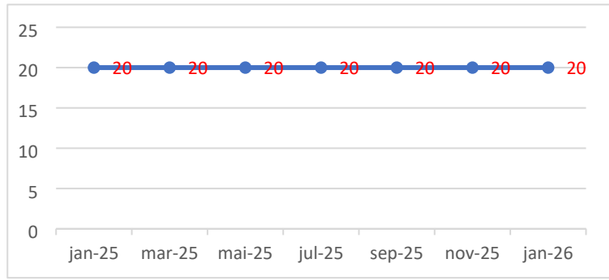
Risk Lead	• Chief Operating Officer	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
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

- Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity
- Impact of a temporary centralisation of stroke into one site.
- There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system.
- There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community.
- There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident.
- Planning continues on recovery phase following critical incident with the impact not yet quantified.
- There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours.
- The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts.
  - There has been a reduction and re-alignment of bed capacity at POW and RGH.
  - There has been a diversion of emergency intakes from POW to RGH.

	• There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority. • Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.
Risk Treatment Assessment *i.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

Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023):

- Admission Avoidance
- Integrated Front Door
- Acute Hospital Flow and Discharge
- Integrated Discharge

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

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

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

- 6 Goals Programme Board
- Diabetes Programme Board

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

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW

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

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

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

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

Escalation Status programme work

Regional Working

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

Governance Structures

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

Operational Processes

- Clear criteria to prioritise based on clinical need
- Centralised decision-making around use of spare capacity across the organisation.
- Robust Interventions Not Normally Undertaken (INNU) application.

- Weekly performance tracking.
- Robust Demand and Capacity with mitigating actions
- Service improvement and transformation.

Sources of Assurance (Internal and External)

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

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

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

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

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

Access to Timely Planned Care Services in USC

- As per Planned Care BAF

Current Performance Highlights

January 2026 Note: Due to site pressures with capacity and flow this risk was not updated at the time of the BAF for January being finalised. The Chief Operating Officers Business Team are seeking an update, and this will be reflected in the next iteration. Updates prior to this can be sought from the COO Business Team.

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

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

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

Associated Risks escalated to the Organisational Risk Register

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

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

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

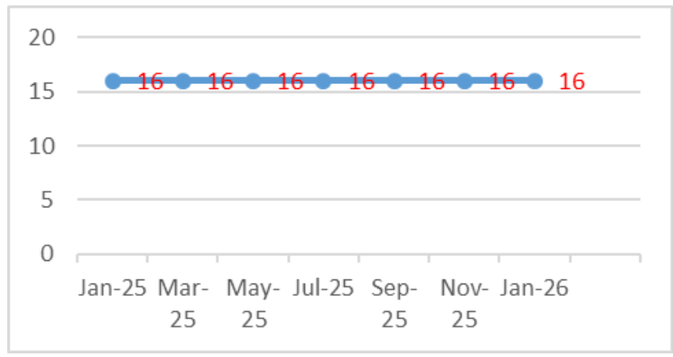
Risk Leads	• Executive Nurse Director • Executive Medical Director	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

	Consequence	Likelihood	Score
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*	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. This is planned to be ready for January 2026.
Risk Treatment Assessment *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) Quality Strategic Plan: Replace expiring Quality Strategy with a measurable plan aligned to CTM2030 and Duty of Quality reporting. KPIs embedded in Annual Duty of Quality Report.
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: Steering groups for hydration, nutrition, falls, and pressure damage embedded in Improving Care Board. Bi-annual reporting to QSEC.
d) 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; compliance monitored weekly via Executive-led patient safety meetings.

3. Learning from Experience & Engagement

a) Patient Experience Framework: Operational forums with bi-annual reports to QSEC.
b) Listening & Learning Programme: Minimum four Shared Learning Forums and two major events annually. Attendance and action tracking reported to QSEC.
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. PREMS live in Emergency Departments.
    ii. 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.

4. Innovation & Improvement

a) Improvement Community of Practice: >30 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) PTR Training: Updated to incorporate Duty of Candour; compliance monitored.

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

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

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

Internal Audit – Peoples Experience – resulted in Substantial Assurance.

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

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

Internal Assurances
- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.

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

Qualitative Intelligence

- Monthly PREMS qualitative feedback received.
- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators;
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed clinical area visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive/deputy executive led patient safety meetings;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings which concluded in March 2024; however, additional meetings will be held in the future as required to benchmark and share learning;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;

- Discussions are urgently progressing in relation to regional stroke services developments. Stroke monitoring and evaluation dashboard established to identify potential impact of moving to a temporary single site stroke service for CTM. Teams have established daily huddles to monitor qualitative feedback from Teams in terms of impact of moves.
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.
- External audit in June 2024 in collaboration with Arjo Huntleigh regarding pressure ulcer prevalence has been completed and considered at the January 2025 Quality, Safety & Experience Committee.
- Health Education Improvement Wales (HEIW)– undertake regular reviews of services with respect to medical training of resident doctors.
- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans;
  The AmAT Inspection Module is being implemented for HIW Audit Recommendations with the first report received in May 2024 at the Quality & Safety Committee, which will be a hybrid approach as CTM fully transitions to the new automated system.
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) governance and incident management;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;
- A Medical Education Governance Meeting has been constructed to monitor Health Education Improvement Wales (HEIW) visits and recommendations. The first meeting commences 27/10/2025.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced.	Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024. The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards) Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.	Currently 35 wards completed. 8 white and 19 reaching Bronze accreditation. Results reviewed via panels to provide assurance to the Board, and further the wards involvement. Develop a bespoke Power App to: o Simplify data capture o Streamline reporting o Provide real-time visibility of ward performance o Reduce manual processes and consolidate information onto one platform Implementation continues and will now extend outside of acute physical health areas to include mental health settings and community care.
2. Strategy & Framework Reviews and Development Safeguarding Strategy ○ Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 ○ Development of a safeguarding dashboard	Complete in terms of Safeguarding Strategy. Timeframe for Safeguarding dashboard is planned to be available in draft by the end of May 2025.	The Safeguarding strategy and framework give a comprehensive approach to Safeguarding. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.	Pilot dashboard has been developed and is in the pilot stage for user ability data presentation There is a national launch of the safeguarding module on the once for wales Datix site which is being piloted to capture professional concerns 1.9.25. This will not capture all safeguarding only professional concerns currently There is a robust work plan which is in ace to support implementation of the safeguarding

			strategy and framework. The monitoring of these actions will be overseen thorough the safeguarding executive committee Work continues in line with strategic plan. The risk associated with previous backlog of look after children health assessments now being reviewed with the backlog now managed.
3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	Mortality Data Improving – CTMUHB are now collecting data on mortality with a plan to standardise the way mortality is reported through the Care Groups with oversight from a Mortality Board, which is now established. Agreement with Archus to establish a robust process for data monitoring.	Visibility and granularity of data will be available to support clinical decision making and learning, as well as identifying areas that may require greater focus.	Monitoring the performance data dashboards to determine if improvements are being made and sustained.
	CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Wales Performance & Improvement's (formerly NHS Executive) rollout of the National Quality & Safety Framework. This Framework ensures we measure quality across the six domains of quality and is consistent with all NHS Wales organisations. The domains being: • Safe Care • Timely Care • Equitable Care • Effective Care • Efficient Care • Person-Centred Care The Framework enables CTMUHB to benchmark our quality performance indicators against other NHS Wales organisations. In addition to the Framework, the Q&S team utilises the NHS Wales Performance & Improvement's (formerly NHS Executive) Beacon Dashboard to maintain alignment with other organisations across NHS Wales. The NHS Wales Performance & Improvement (formerly NHS Executive) workstream has also supported benchmarking of our Annual Q&S Report, thus ensuring a level of consistency with other organisations across NHS Wales.	CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda. Our Learning Processes, including the Listening & Learning Framework with its central repository and bi-annual Listening & Learning event, have supported improvements in cascading learning across CTMUHB. By focusing on timeliness and effective care, CTMUHB has significantly enhanced its concerns response compliance. CTMUHB is now recognised as an exemplar for concerns management across NHS Wales. Our team regularly benchmarks our performance against similar NHS organisations. CTMUHB's position in relation to NRI compliance has also improved over significantly over the last year.
	Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for	• Improved decision making and therefore improved patient care	Action complete.

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

		2024, and expanded to include Band 2 Health Care Support Workers and Band 5 Midwives in December 2024/5. • Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses	• Joint work with workforce colleagues on sickness absence reduction, implementation of approach, reporting and management support.
6. Fragility of the Legal Services Directorate	• Legal Services Recovery Plan in place which will consider if there is enough capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. • Recovery plan also considering the stability of the Legal Services Directorate.	• Improved patient and stakeholder experience. • Improved compliance and performance. • Sustainable service fit for the future. • Robust systems and processes.	• Compliance and performance metrics within the Integrated Performance Dashboard. • Decrease in cases being referred or escalated to next stages in the relevant process. • Increased compliance in KPI across legal and PTR. • Reduction in recovery measures in line with improving performance • Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure. • Implementation of the revised operating procedures and process maps. • Work has restarted in collaboration with workforce colleagues in implementation of the new structure following OCP. • Improving reporting and engagement with external stakeholders. • 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 – Management of patient safety incidents following nosocomial transmission of Covid-19.

Children's Charter

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

Safeguarding

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

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

National Patient Experience Framework.

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.

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

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

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

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

Current Performance Highlights

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

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

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

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

Associated Risks escalated to the Organisational Risk Register		
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	**20**
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	**16**
4417	Management of Security Doors in All Hospital Settings	**16**
~~6228~~	~~Effective and efficient management of requests from the HM Coroner.~~ Risk score reduced to a 12. De-escalated from the Organisational Risk Register in January 2026.	~~**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**
6217	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity.	**15**
4691	New Mental Health Unit	**15**
1793	Lack of isolation facilities available – negative pressure rooms. New risk escalated to the Organisational Risk Register in September 2025.	**16**
6052	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts). New risk escalated to the Organisational Risk Register in September 2025.	**20**

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

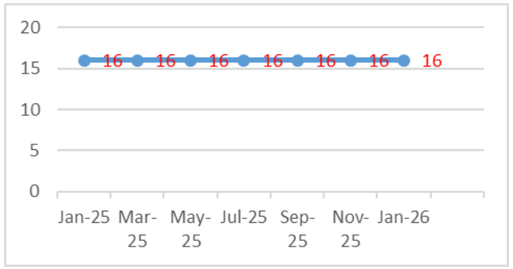
Risk Lead	• Executive Director for People	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

	Consequence	Likelihood	Score
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 risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are "treating" this risk it is recognised that significant progress on this will not be achieved in the short term.

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 increased to 7.55% in October 2025, compared to 7.02% in October 2024. The rolling 12 months sickness rate was 7.17%. There remains a risk to the financial impact if this continues with agency spend at M8 at £5.9m for M&D and £9.9m for Nursing and Midwifery staff groups.

	Turnover increased slightly to 8.54% in November 2025 from 8.37% in September 2025 but decreased significantly from 10.59% in November 2024. Job Planning compliance is at 44% as at end of November 2025, which is up 6% on the rates in August 2025. The workforce risk remains significant and remains at 16 based on the following: • Late delivery of key objective/service due to lack of staff – waiting list and capacity issues • Unsafe staffing level (>1 day)/competence. • Low staff morale. • Sickness rates • Poor staff attendance for mandatory/key professional training. •
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk 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. 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. 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

- People Plan launched – sets out People priorities and promises aligned to CTM2030 to drive cultural and workforce transformation.
- Integrated Medium-Term Plan (IMTP) and Education & Training Plans (ETPs) – professionally assured and approved at Executive level prior to submission to HEIW, ensuring alignment with national workforce plans.
- Savings Delivery Plan (SDP) – identifies workforce productivity priorities for 2025/26 with named leads across Nursing, Medical, and wider workforce groups.

Recruitment and Resourcing

- Vacancy Scrutiny Panel – ensures recruitment aligns to strategic priorities, maintains financial probity, and supports safe service delivery.
- Job Evaluation / Matching – maintains internal equity and compliance with national pay frameworks.
- Standardised Recruitment Process – delivered via *Trac* and supported by NWSSP Recruitment Services to ensure consistency, transparency, and legislative compliance.
- Medical Workforce Recruitment Plan – includes international recruitment, job description standardisation, and productivity actions.
- Time to Hire – monitored monthly through Care Group Senior Teams.
- Advertising and Agency Controls – all adverts and social media recruitment coordinated via Communications and Attraction teams; agency use governed by Procurement (Proc4 / DOI).
- Living Wage Employer – ensures fair pay and equity across CTM.

Retention and Employee Experience

- Retention Programme – re-established with clear vision, governance, and measurable objectives.
- Stakeholder Engagement – ongoing collaboration with Care Groups, People Services, and HEIW.
- Nursing Retention Plan – tracked through RAG status and monitored monthly.
- Manual Retention Dashboard – monitors turnover, attrition, and stability.
- 'Moving On' and 'Joining Well' Surveys – provide insight into onboarding and exit experiences, with dashboards to inform improvement actions.
- Lateral Moves Scheme – supports internal mobility and retention for Band 2 HCSWs, Band 3 HCSWs from December 2025, and Band 5 nursing and midwifery roles.
- Flexible Working Policy (All Wales) – governs equitable decision-making and recording via ESR.

- Corporate Induction and PDR ("Your Conversation") – support early engagement, wellbeing, and feedback.

Workforce Productivity and Temporary Staffing
- Nursing & Midwifery Productivity Programme – includes bank and roster optimisation workstreams to reduce agency usage and spend.
- Medical Workforce Productivity Programme – includes recruitment and agency reduction plans.
- Locum Management via Locum's Nest – provides visibility and control over medical and dental agency usage.
- Rate Cards (Consultant and Non-Consultant) – ensure consistency and cost control.
- Bank KPIs and Agency Spend Tracker – under development to support targeted improvement and oversight.

Day-to-Day Workforce Management
- HealthRoster – used across all staff groups with established "golden rules" for safe, efficient scheduling.
- Job Planning Guidance – supports fair allocation of medical time and resources.
- Resident Doctor Rota Monitoring – provides assurance on compliance and equity.
- Sickness Management Framework – scoping of organisation-wide project underway to reduce sickness rates by 1% by October 2026 (baseline target July 2025 (rolling 12 months) rate 6.98% to 5.98%).
- Fixed Term Contract Policy (in review) – will strengthen compliance with employment legislation.

Workforce Planning
- Strategic Workforce Planning Framework – underpins all planning activity, aligned to IMTP and HEIW standards.
- Active participation in All-Wales Workforce Planning Networks – across Nursing, AHP, Pharmacy, Mental Health, Perinatal, and Primary Care.
- Engagement in national student and PA recruitment streamlining processes – ensures future workforce pipeline sustainability.
- Audit Wales SWP recommendations – tracked through the Audit Tracker and monitored by the Audit & Risk Committee.

Workforce Data, Analytics and Systems
- Electronic Staff Record (ESR) – master workforce system ensuring national data alignment and accurate reporting.
- Establishment Reporting – developed for Medical workforce, with Nursing and HCSW dashboards in progress.
- Ongoing collaboration with HEIW – to enhance data accuracy and analytics capability.
- System Integration – ESR, HealthRoster and Locums Nest aligned to improve interoperability and efficiency.

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.
- People/Workforce Metrics Report (staff-in-post, turnover, sickness, PDR) 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 & Medical Productivity programmes.
- As at Nov 2025: staff-in-post +3.23% YoY (mainly M&D); turnover 8.54% (down from 10.59% in 2024); sickness 7.17% (vs 6.78% 2024); PDR 70.56% (target 85%); M&D appraisals 89.43%.
- Ongoing People Metrics uplift to align with the People Plan.

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

Workforce Productivity

Internal Assurance
- Medical Workforce Productivity Programme (MWPP): Delivery Group dashboards - Bank and Agency spend increased from £2.7m (Oct-24) to £2.8m (Oct-25)

- Job planning compliance
- Audit Updates
    - Medical & Dental Variable Pay Audit and M&D Job Planning Audit- recommendations on Audit Tracker (reported to ARC Nov-25 and updated in readiness for February 2026)
    - Majority of actions are incorporated into the FCP and SOP draft which is being submitted to ARAC ~~in Dec-25~~ in February 2026.
    - Medical & Dental Medical Rostering Audit – this process is being revisited in light of the implementation of the new Resident Doctor contract.
- SAS doctors regrading launches (process agreed between Finance, People and Executive Medical Director's office) first cases considered in Oct-25.
- Rota monitoring calendar in place (all resident doctor rotas twice yearly). The current cycle shows failed monitoring due to lack of resident doctor engagement.
- Resident Doctor contract changes escalated to Executive Leadership Group (ELG) for information and awareness. The first meeting of the Implementation Group is being held on 31 December 2025

Nurse Productivity Programme Board

Internal Assurance

- Nurse Productivity Programme Board - Bank & Agency spend reduced from £3.5m (Oct-24) to £2.5m (Oct-25)
- Agency usage trending report - RN and HCSW agency usage for November and across the year shows a general downward trend
- Bank usage remains steady across RN and HCSWs).
- HealthRoster optimisation and data quality improvements underway; Month-5 pay arrears flagged in variance commentary.

External Assurance

- None mandated beyond audit reporting to ARC; benchmarking available via national productivity references where applicable.

Workforce Planning

Internal assurance

- Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-25) to HEIW.
- Workforce Shape & Supply Steering Group with task & finish groups; alignment to Care Group plans and IMTP.
- Audit Tracker oversight of actions.

External assurance

- Audit Wales SWP audit- six recommendations tracked via ARC.
- Participation in HEIW All-Wales SWP Network (access to standards, guidance, peer comparison).
- HEIW-funded workforce planning support for Mental Health (to 31 Mar 2026).
- 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.

- LHP OBC submitted to Welsh Government on 7 Dec 2025 which includes a Workforce Planning and OD section

Attraction, Resourcing and Recruitment

Internal assurance

- Recruitment & Selection Policy (under review) and SOPs; monitored compliance via People governance.
- Time-to-Hire performance: 78.7 days (Nov-25) vs target 71; YTD 73.1 (AfC + M&D combined).
- 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) November 2025 turnover 8.54% (down from 8.58% Oct 2025).
- Lateral Moves Scheme monitoring: 342 eligible applications; Aug–Sep survey - 61% would use again; majority positive experience and resources easy to access.
- 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 all CTM committees; local action plans in Care Groups.
- Partnership forums: LPF and LNC listening and engagement reviews.

External assurance

- All-Wales NHS Staff Survey benchmarks: response rate in 2024 was 26.7% (CTM) vs 21.8% (Wales), local target for improvement 40%; Employee Index 70.4% (CTM) vs 72% (Wales). Staff Survey 2025 final response rate for CTM was 35.6% (a 9% increase / additional 1407 voices from 2024).

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			
Absence of clear, sustainable workforce plans aligned to CTM2030.	Absence of clear, sustainable workforce plans aligned to CTM2030.	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 May 2026). • Workshops to develop Perinatal, Ophthalmology and Theatres workforce plans.	Ensure right skills, roles and staffing models across regional services.	Ensure right skills, roles and staffing models across regional services.
New and Extended Roles			
Inconsistent governance for new and extended roles (PAs, ACPs, RNAs).	• Developed Framework and PA Working Group. • 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. • Positive use of PAs, ACPs and RNAs • reducing workforce gaps and agency reliance.
Workforce Productivity			
Inefficient roster and temporary staffing models; agency dependency.	• Nurse Productivity Programme (Roster & Bank optimisation). • Medical Workforce Productivity Programme (£3m target).	Reduce agency reliance and optimise workforce efficiency.	• Improved rostering efficiency and bank utilisation. • 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 vs 24/25.
Workforce Data and Analytics			
Limited establishment reporting and analytics capability.	• Developed Nursing & Midwifery establishment reports. • Developing dashboards and robotics strategy.	Improved workforce visibility, data-driven decisions and capability.	• Live reporting accessible. • Improved workforce data quality and analytical use.
Workforce Systems			
Limited interoperability across systems.	• M&D Bank/Agency Tender and ESR Go implementation. • People Systems Group established. • Preparation for Future ESR 2.	Improve efficiency, reduce agency spend and strengthen system integration.	• ESR Go implemented. • Reduced agency usage. • Readiness for national system transition.
Attraction, Resourcing and Recruitment			
No signed-off Recruitment & Retention Plan; inconsistent processes.	• Draft Recruitment & Retention Plan. • Updated policy and SOPs. • Recruitment training and SharePoint resources. • Active attraction and social media strategy.	Standardise processes, strengthen employer brand and improve fill rates.	• Policy/SOPs approved. • Increased site traffic and engagement. • Reduced vacancy rates.
Retention			

Low participation in exit process and limited retention data.	• Relaunched Lateral Moves Scheme and "Moving On" process. • Re-established Retention Steering Group. • Improved retention data analytics.	Improve staff experience, reduce turnover and inform targeted interventions.	• Higher exit feedback response rate (target 30%). • Visible retention metrics. • Reduced voluntary turnover.
Culture, Values & Behaviours			
Seen as corporate not locally owned	• Divisional datasets shared quarterly. • Directorate-level leadership accountability. • Measures embedded in People Plan	Strengthen local ownership and connect values to daily behaviours.	• Improved staff survey results on "values in action." • Increased participation in CVB activities. • 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: LHP OBC Phase 2 Workforce Planning section completed and included in the submission to WG on 7 December 2025.
- Workforce Planning: IMTP Education Commissioning launched in December 2025 for draft submission to HEIW 31 January 2026, People Chapter drafted and Minimum Data Set (MDS) discussions across strategic planning, activity, finance and people in place.
- Workforce Data & Analytics: Enhanced reporting via establishment dashboards, improved data quality, and interoperability between ESR, HealthRoster and Locum systems to strengthen evidence-based decision making.
- Productivity & Agency Reduction: M&D systems demonstrations and assessments took place in December 2025 to identify a longer-term M&D bank and agency system to meet CTM needs.
- Recruitment & Retention: international recruitment for hard-to-fill medical roles 2025/26 with NWSPP progressed to targeted overseas campaign in Jan/Feb 2026. Submission to NWSSP for WG funding for 2026/27 completed. Several recruitment Deep Dive sessions took place during Nov/Dec 2025 with appointing managers to establish challenges, risks and opportunities updates early in 2026. Retention initiatives strengthened through the re-established Retention Programme; Lateral Moves Scheme extended to Band 3 HCSWs.
- Productivity & Agency Reduction: Launch of the agency by exception for Nursing and Midwifery launched on 1 December 2025 supported by Staff Bank as an action from Nursing and Midwifery Productivity Programme
- Wellbeing & Attendance: Sickness absence M&D internal advisory audit launched.
- Culture, Values & Behaviours: engagement campaign for 2025 NHS Staff Survey has resulted in a 9% improvement in response rate, landing 35.6% completion. Values in recruitment continues to be a focus, with values-based interview questions in development for testing in Q4.

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**
4973	Clinical Medical Cover within CTM Adult Mental Health Services.	**16**
5576	Palliative Medicine Staffing	**16**
~~6234~~	~~National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.~~ Risk likelihood score has been reduced from a 4 to a 3 and the risk de-escalated from the Organisational Risk Register in January 2026.	~~**16**~~
6294	Insufficient Consultant Workforce - Endoscopy / Gastroenterology. New risk escalated in October 2025	**16**
2713	Backlog of Reporting Radiology Examinations. New risk escalated in October 2025.	**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**
6232	Stability of the Legal Services Function.	**15**
6397	Shortage of GPs to deliver urgent primary care services for escalation. New risk escalated to the Organisational Risk Register in January 2026.	**16**

Strategic Goal(s):			Risk score **16**
Creating Health • Reducing health inequalities • Equal focus on mental and physical health • Supporting our communities • Being a healthy organisation		**Sustaining our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	
Strategic Risk: **Effective Community and Partner Engagement in Service Changes and Developments (Risk No.4)**			
If the Health Board ***does*** not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	***Then*** we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	***Resulting in*** • Lack of trust between the community and the Health Board. • Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. • Challenge to public decisions relating to future service developments due to limited engagement • The inability to affect positive change in terms of improving health inequalities and health outcomes.	

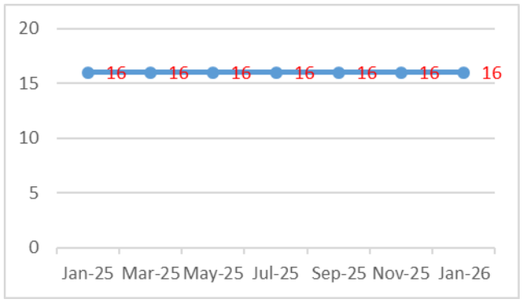
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory



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

Current Control Measures

Strategies & Plans

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

Engagement Forums

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

Needs Assessment & Consultation Processes

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

Organisational Structures

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

Sources of Assurance (Internal and External)

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

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

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

Reports to other committees

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

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

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

	Engagement, including Head of Internal Engagement attendance at Strategy & Planning team meetings. • Development of a community working group to collaboratively tackle low vaccination uptake in CTM. • Delivery of Wales' first veterans' health event, in partnership with Valley Veterans and community partners. Sharing of learning within CTM and the wider Welsh health system. • Recruitment to increase capacity of engagement and involvement function	the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives. • Development of closer working relationships with community groups and populations, and improved insight into barriers experienced by communities in relation to their health and wellbeing. • Improved understanding of barrier facing veterans residing within CTM and development of improved information, processes, and support to improved veterans' health and wellbeing. • Increased capacity and broaden expertise/experience to manage increasing demand upon function	

Linked National Priority Measures

Nil

Current Performance Highlights

- Survey shared with all CTMUHB staff, to audit effectiveness of internal communications and engagement and opportunities to improve, including implementation of new engagement platforms.
- CTMUHB chaired Stakeholder Engagement Forum creating productive outputs, developing single plan for engagement priorities for 25/26 with Public Health, People, Welsh language, RPB.
- Revised approach to CTM2030 Leaders' Network to be implemented in April, to improve focus on enabling community groups to take actions that improve health and wellbeing of communities.
- Definition and costing of the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements.

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

None identified.

Associated Risks escalated to the Organisational Risk Register

Nil

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

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

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

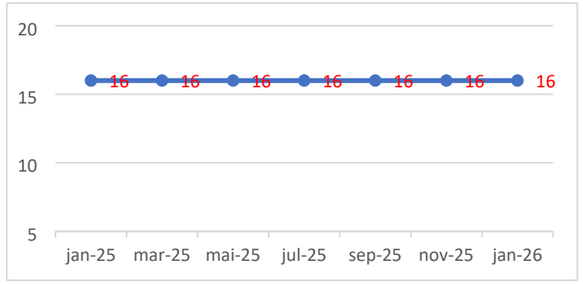
Risk Lead	Director of Digital	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



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

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

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

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

- Digitisation of Medical Records: Ongoing rollout and integration across sites.
- Cyber Resilience and Security: Deployment of a new network monitoring tool and enhanced reporting functionality. Monthly reviews by the Cyber Security & Availability Board ensure proactive threat management.

	• Advanced Technologies: Operational use of 15 AI applications across the UHB such as Dragon Medical One, IBEX, Heartflow, and CTMUHB's own CCLLM and ED Attendance Prediction tools. Interim Governance frameworks for AI are in place, prior to formal endorsement by the Board. • Infrastructure and Standardisation: Improvements in digital infrastructure across sites, consolidation of clinical systems post-Bridgend disaggregation, and standardisation of digital tools and processes. • Strategic Enablers: Mobilisation of contracts for e-prescribing, formalisation of shared care record agreements, and development of a patient-centred contact programme. **Remaining Vulnerabilities and Risk Justification** Several factors justify maintaining the current risk score: • Cyber Threats: Indicators of compromise were identified in May 2025. Although managed without service disruption, the National Cyber Security Centre continues to advise caution. The risk of cyber-attacks remains high and is scored at 20. • Resource Constraints: The Digital & Data team is required to balance the increasing organisation demand and expectation, against the current financial envelope for capital and revenue allocations. Staffing challenges persist, and some national programmes do not have approved business cases or funding alignment. • Operational Sustainability: While strategic clarity is improving, gaps remain in asset registers, policy adherence, and workforce capacity to fully embed digital culture and agility. • Low Maturity Against International Benchmarks: CTMUHB remains at a low level of maturity and capability when assessed against international benchmarking frameworks such as HIMSS for Electronic Patient Records (EPR), and similarly for AI and Business Intelligence. This limits our ability for our patients to interact with us digitally, for our staff to work digitally and thus is limiting the expected returns and benefits we anticipate from our digital programme.
Risk Treatment Assessment *i.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, Caldicott Guardian, and DPO; supports safe deployment of AI tools.
- Digital Maturity Benchmarking – Recognition of low maturity against international standards such as HIMSS for EPR, AI, and BI; informs capability development planning.
- E-Prescribing Mobilisation – Contract and project mobilisation underway.
- Shared Care Record Agreements – Formalised data controllership arrangements for NHS Wales.
- Non-Corporate Communication Channels Policies – Strengthens governance of informal digital communications.
- Bridgend Clinical Systems Consolidation – Supports operational continuity post-disaggregation.
- Patient-Centred Contact Programme – Development of digital tools to improve patient engagement and communication.
- Risk-Based Management of Digital Debt – Prioritised approach to legacy systems and technical debt.
- Incident Response Capability – Proven ability to manage cyber incidents without service disruption (e.g. May 2025 hostile actor compromise).
- Digital Inclusion and Accessibility Workstreams – Ensures equitable access to digital services across communities.

Sources of Assurance (Internal and External)			
Reports to Operational Delivery Committee incorporating • Periodic audits by Wales Audit and regular audit from Internal Audit • All-Wales Information Governance Toolkit and ICO Audit Review. • NIS-D Cyber Assessment Framework and Improvement Plan (CRU). • Digital Programme Assurance Report covering digital and data elements of the IMTP • Medical Records Assurance Report **Reports to other committees** • Progress updates against Population Health Strategy • Clinical Safety • Planning, Performance & Finance			
Gaps in Controls / Assurances	**Actions taken to Mitigate Gaps**	**Intended Impact of Mitigating Actions**	**Indicators of Success (following implementation of mitigating actions)**
1. Closing the gap in Digital Literacy	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. The Head of Digital Business Change is progressing with the development of an overarching strategy to support digital literacy. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk. Easier to deploy new digital solutions.
2. Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3-year programme of work. Across the programmes funded by Welsh Government and the IMTP e.g. ePMA, we are working with Workforce colleagues to develop an approach to digital clinical training. Additional business change facilitators will support this activity. Interviews to be held for the new CNIO, they will be working collaboratively with the Head of Digital Business Change & Benefits to develop a strategy on developing digital clinical skills fit for today and the future.	Developing capabilities to support service change enabled by digital and data technology.	We are building our wider Digital training capability and skills facilitate training Increase confidence and capability of all our staff in the use of digital and data technology for all the workforce. Develop a clinical digital skills strategy and framework adopting national and UK best 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) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms
4. Tested and integrated cyber incident management plan	All Wales Cyber Incident Response exercise has been developed and was undertaken in September 2025. Lessons learnt report has been presented to CTM Civil contingencies/ EPRR group.	Improved response to cyber threat	Awareness and improvement to the cyber improvement
5. Develop a baseline Asset Register and product catalogue.	Architectural components (including digital applications) are being captured on the all Wales Ardoq system - a centralised repository that continuously connects and updates data about our business strategy, processes, software systems and integrations. (A digital plumbing map) The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network and contributes to the Ardoq system. A replacement to our current IT Service Management tooling (Service Point) noted in Internal Audit - CTMUHB-2324-18 - is needed to fully manage this in the most effective way.	Greater insight into digital assets Greater understanding of risk profile	Improved cyber posture
6. Poor adherence to policies	Recognised requirement for policies to balance enablement with protection and for national digital strategies to place greater value on indirect clinical risk. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.	Standardisation of working practises and processes.	Reduction in variation in working practises and processes across CTMUHB
7. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming.	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.	Improved project and programme delivery timeframes. Improved user experience with BAU digital services.

	A list of Digital capital requirements has been created and shared with WG totalling £10.8m. There are several high value assets that will become end of life in FY25/26 and FY26/27 that were purchased in the past via end of year slippage with no currently identified funding routes for replacement. To date for 2025/2026 we have been awarded £3,114,000 in Capital. This enables us to replace and enhance key infrastructure. Work to upgrade infrastructure is prioritised within Digital and Data team, aligned to availability of skillsets. As a result, there is a delay in some equipment being replaced or deployed. Timeframe: N/A - Rolling Annual Replacement. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider improvement opportunities, which is a continuing National challenge that all organisations are facing.		Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.
8. Immaturity of the existing Electronic Health Record, which is difficult to integrate with, does not adhere to WG data and technical standards and whose Critical supplier(s) are unable to respond to CTMUHB's requirements and ministerial priorities within defined timescales.	WG have received endorsement from DDAT to proceed with the development of a needs assessment for an EHR for Wales, which they anticipate will be ready to go to the external (private sector) market in September. A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review. Timeframe: Report by January 2026	Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements. Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.
9. Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. 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. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant	Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality	Improved system availability Increased productivity

	critical suppliers to ensure delivery against key objectives in year 1)		
10. Capacity within current team to deliver digital transformation agenda	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW Recruitment for the roles that have been funded by national and local programmes is ongoing. Majority of post are now filled with the last few members of staff starting Q4 of 2025/2026.	Increased capacity facilitated through various Digital programme	Working with ChangeHub to broaden understanding of transformation that is enabled via Digital. Successful delivered transformation through the implementation of digital solutions.
11. Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme. The current contract for patient record scanning (Cito) is due to expire in March 2026, the Digital Transformation (Medical Records) and the Executive Team have approved the approach for re-procurement. We are backfilling a medical records role to create more capacity on the business case. We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability. Timeframe: 2-3-year programme of work.	Large volumes of paper are still required to be stored. Historical records are not being scanned and there for will still require accessible storage areas	Remains a key element for our digital journey / alongside reduction and removal of paper from day-to-day clinical use. The introduction of new technologies designed to reduce the creation of paper at source will overtime reduce the level of digitisation (scanning) required e.g. once ePMA is completed rolled it in estimated that this will reduce our scanning activity by 7%.The team current scan around 350k documents a month (creating 700k images).
12. No resourced function within CTMUHB focussing on benefits realisation	The Head of Digital Business Change and Benefits is currently drafting a Digital Benefits Framework, accompanied with a Toolkit that will standardise how and what we measure in terms of benefits. The learning will be shared across the Digital & Data Directorate to ensure that benefits can be captured across all D&D functions.	Invest in enhancing benefits realisation capability within the Digital function – working with ChangeHub to ensure standardised approach across the wider Health Board	Improved ability to articulate, track, monitor and realise benefits of digital transformation programme

	The majority of staff focusing on benefits realisation have now been recruited, however not all post are permanent and therefore work will need to continue on how we sustain this activity long term.		
13. Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record. National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards. Patient Centred Contact Transformation has continued at pace. Recruitment is now almost complete, significant progress has been made with patient engagement. The procurement documentation has been completed for the technical solutions that are key enablers to deliver the programme benefits. Approval has been granted to proceed with procurement of digital tools in Q4. Timeframe: 2-3-year programme of work.	Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow. Reusable digital data to enhance decision making	Improved productivity Reduction in errors associated with paper-based records and processes
14. 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). 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

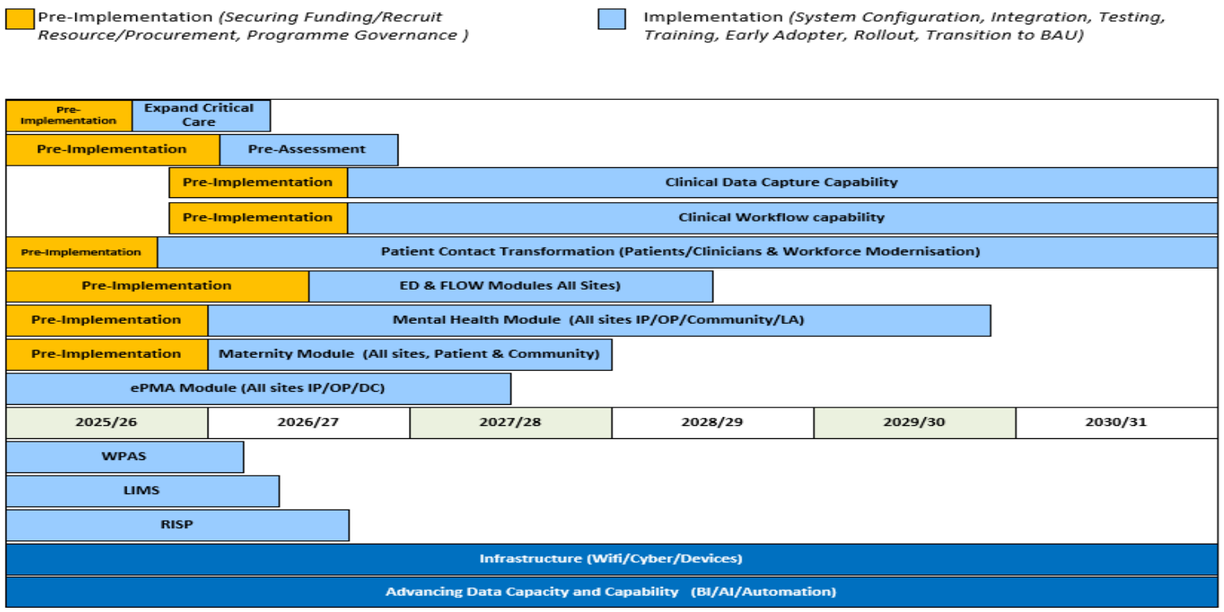
15. CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to the community and closer to home, which underpin ACSP.	Business case for the Mental Health EHR has been approved and funded. Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow
16. Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	The Digital and Data IMTP submission has now been approved, this includes funding to engage a strategic partner to support and develop our digital and data strategic roadmap, and a procurement activity is underway. The Ministerial Advisory Group (MAG) report has now been published which highlights challenges with Digital Transformation across NHS Wales, the UHB is analysing the detail of the report.	Speed up delivery of digital transformation. Improved utilisation of cutting-edge clinical technologies e.g. AI. Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).	Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management. Improved patient access to clinical services. Enabling staff to deliver high quality care.

Linked National Priority Measures

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

Current Performance Highlights

- **Electronic Prescribing (ePMA) -** Planned go-live during November 2025 in Princess of Wales in Bridgend. **Implementation Timescale:** November 2025 and throughout 2026
- **NHS Wales APP -**A Ministerial priority in October 2025 was deploy referral information in the NHS Wales App. This has been delivered.
- **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.
- **Llantrisant Health Park (LHP) Digital Workstream -** A new LHP Digital Workstream has now been stood up to the support the programme. A Digital by Design narrative have been developed for the Business Case.
- **Mental Health Procurement -** The evaluation has been completed and we are awaiting the final procurement outcome report. A newly appointed Programme Manager and the established Project Manager are undertaking site visits and have started a baseline assessment.
- **Radiology -** The implementation of the Radiology Information System Programme is progressing to plan.
- **Pathology -** The programme has shifted from a Health Board Go Live to a per-discipline Go Live approach. Each discipline has been assigned a tranche (Tx) and deployment order. The programme will not be completed by March 2026, with 542 severe 1 and 2 defects still open. The deployment timelines for tranches T3 and T4 have not been scheduled to meet the March 2026 deadline. Blood Transfusion (BT) is likely to be implemented in 2026/2027, after Microbiology and Blood Sciences.
- **Clinical Coding -** is currently undergoing Service Change as we upskill our team to meet the requirement of Artificial Intelligence (AI) and digitised ways of working. In the first phase we are seeking to train 4 of the 7 Support Staff to qualify as clinical coders. Coding performance is presently at 81% compared with the Welsh Government target of 95%. This is attributable to needing to prioritise the data science resource away from maintaining the Auto coder to focus on ePMA integration. As a consequence, we are having to manually code all FCE until capacity is released from supporting the EPMA and 6 goals programmes. We are currently at 95% for the first quarter (April-June) and predict we will hit the 95% coded completion for the second quarter by December 2025.
- **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.
- **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.
- **High-Level Work Plan is outlined below:**



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

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

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

Associated Risks escalated to the Organisational Risk Register

5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	**20**
4664	Ransomware attack resulting in loss of critical services and possible extortion	**20**
5226	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025. Risk de-escalated from the Organisational Risk Register in May 2025.	**20**
4671	NHS Computer Network Infrastructure unable to meet demand	**16**
6039	Increased cost of VMWare Licensing.	**16**
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	**15**
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	**15**

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

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

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

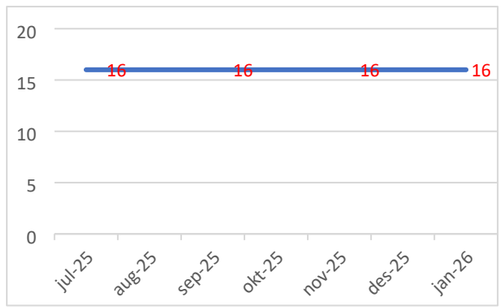
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

	Risk reviewed in January 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. 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 *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. • Concerns have been raised at a national level. • Ongoing activity continues with the support of the People Directorate to explore routes to further promote and attract candidates to roles advertised particularly around the	• Competitor in the market. • Successful recruitment to roles when advertised	• Full establishment and retention of Estates Workforce. • Estates Maintenance performance activity will demonstrate an improvement. • Whilst recognising that there continues to be a National UK skills shortage the Health Board has had recent success in appointing to two Senior Estate Manager roles, and due to robust succession planning filled other gaps within the team which has provided stability.

	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) • Proactive in securing additional funding from Welsh Government when available.	• Reduced backlog maintenance	• Targeted schemes delivered • Improved patient environment • Reduced estate risks.
3. Secure Funding to deliver Capital Schemes	• Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	• Reduction in backlog maintenance and lifting of Fire Enforcement Notice.	• Funding secured to deliver the project
4. Deliver schemes within a live environment	• Dialogue with service leads. • Secure decant where appropriate.	• Minimal impact on service whilst project is delivered.	• Business continuity is maintained whilst the project is delivered.

Linked National Priority Measures

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

Current Performance Highlights

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

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

Associated Risks escalated to the Organisational Risk Register

~~6234~~	~~National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.~~ Risk score reduced to a 12 in January 2026, therefore risk de-escalated from the Organisational Risk Register.	~~16~~
6235	Insufficient funding to address backlog maintenance across the estate.	16
6379	CT Scanners at RGH damaged by power outage and manual generator/UPS switch over.	16

Strategic Goal(s):

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

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

Risk score **16**

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

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

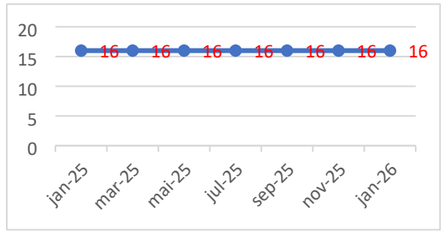
Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
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*	It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure.
Risk Treatment Assessment *i.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

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

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

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

Environmental Sustainability – Net Zero

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

Public Services Board Climate Change Action Group (Director Level) has been ~~being established~~. ~~in 2025.~~
The Targeted Estates Fund (TEF) application for "Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture" has been awarded. The next steps are for the Capital Department to assign a project manager to oversee the works. The project is scheduled for the 2025-2026 financial year.

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 Strategy updates are assigned to the Strategic Development Committee for reporting and assurance / scrutiny purposes. At the Committee meeting in October 2025 a detailed report on the Decarbonisation Action Plan was presented.

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Adaptation Plan. Plan to be produced in line with ~~national deadline of~~ Climate Adaptation plan due to be published April 2026.	Board sessions have been presented to the board to increase awareness and knowledge. The PSB have developed a CCRA for the region. Climate Action requirements are being ~~required~~ 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.	Long term success indicators due to the nature of the risk.

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

Linked National Priority Measures

Economy and Environment

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

~~The Welsh Government Energy Service are developing the next iteration of the strategic delivery plan which will outline the high-level actions for decarbonisation within the NHS.~~
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.
- Annual Carbon Emissions report. Data has been reported for Carbon Emissions and submitted to Welsh Government in September 2025.
- The annual CTMUHB Annual Report & Accounts has captured the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).
- CTMUHB won 2 NHS Wales Sustainability awards and was shortlisted for several others. Significant funding was secured through SBRI and SFIS programmes developing solutions to waste sustainability challenges.
- All 3 of the ED's across the organisation have achieved Bronze GreenED accredited status.
- 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. 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.

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

Associated Risks escalated to the Organisational Risk Register

5374	Fulfilling our environmental and social duties.	**16**

Strategic Goal(s):

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

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

Risk score **20**

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

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

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

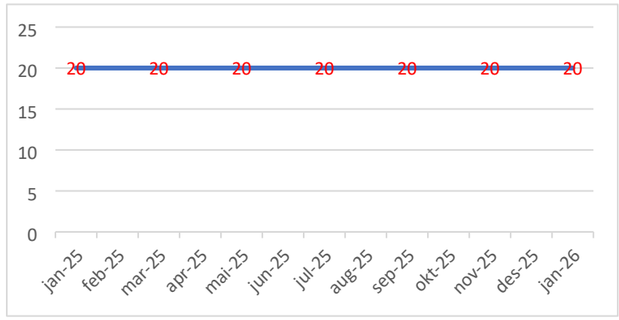
	Consequence	Likelihood	Score
Initial	5	4	20
Current	**5**	**4**	**20**
Target	4*	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

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:
- Ongoing delays to the funding of the children's weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited.
- Delays in recruitment of Public Health (PH) posts presents challenges in delivering PH interventions such as Income maximisation work for at risk groups ahead of winter

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.

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

	CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with **56.5%** of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019). Linked to this, CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in healthcare demand may be higher than in the rest of Wales. In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services and health board budgets Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board. If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures

Strategies & Plans

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

Engagement Forums

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

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

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

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

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties
- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan

Reports to Board
- Creating Health Programme
- Annual Director of Public Health Annual Report
- Creating Health Portfolio Board reports to the transformation board

Reports to Population Health & Partnerships Committee
- Population Health Management Programme
- Health Protection Programme
- Vaccination Programme Reports
- Regional Partnership Board Annual Report
- Transformation Fund and Leadership Board Updates
- Mental Health Strategic Update
- ACSP updates provided to the Committee.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. Increase in allocation of £1.06ms, however, total allocation remains below the Welsh "Fair Shares value". All Hazards Health Protection plan signed off for implementation. Development of a HP strategy and associated priorities. Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for 2025-2026.	The funding for Health Protection would be sufficient to deliver all key priorities in the Health Protection strategic plan.	Priority areas allocated identified and fully funded Any residual gaps in funding the strategic plan identified An uplift in funding to a sufficient level to enable full delivery of the Health Protection strategic plan.

2. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. Vaccine equity strategy	Decreased variation in access and outcomes across the population of CTM. Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.	Delivery of the outcomes associated with the Health Protection strategic plan Delivery of the milestones in the Creating Health Delivery Plan Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard Measurable increase in investment in prevention activities/programmes across the Health Board.
3. Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board Review of resource options underway, consideration for external short-term capacity Work underway to consolidate a shared clinical record.	The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.	PHM priorities defined as part of the Local Public Health Team portfolio. A clearly defined strategic plan for the delivery of PHM in CTM. A robustly resourced PHM function in CTM.
4. Impactful action to address health inequalities	• Whole system approach to Healthy weight • Help me quit/ hospital programme • WISE • Cancer inequalities group • Implementation of Stroke equity Audit recommendations. • HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events • Vaccination equity strategic plan in place	Decreased variation in access and outcomes across the population of CTM Increased focus and alignment of resources to meet the needs of vulnerable groups	Measurable improvements in outcomes for vulnerable groups. Less variation in access and outcomes across the CTM population. Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan. Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.
5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as; diabetes, cardiovascular disease, etc	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc. A business case submitted as part of the IMTP to fund a children's weight management service	Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease. Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate. Resources moving into prevention strategies	CTM representation at all relevant partnership boards and programmes of work. Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio Improvement in outcomes for patients with chronic disease A funded child weight management service agreed A funded child weight management service in place
6. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	Improved collaboration and partnerships to adopt a whole system approach to impact	CTM representation at all relevant partnership boards and programmes of work.

		wider determinants of health for the CTM population.	Collaborative projects delivered in partnership influence wider determinants.

Linked National Priority Measures

Population Health – Ministers Measures Phase One

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

NHS Performance Framework Quadruple aim one:

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

Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

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

No

Associated Risks escalated to the Organisational Risk Register

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

Strategic Goal(s)	Risk score
Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • 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).

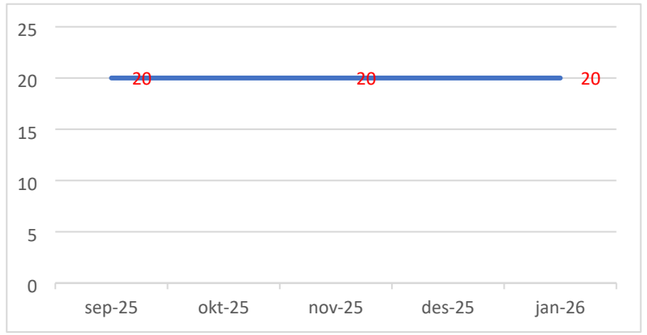
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee
The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.			

	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: *Including where risk score remains unchanged and for any changes*	The Health Board has submitted a balanced financial plan for 25/26 but this plan includes significant risks, including the delivery of £31.3m of efficiency savings together with anticipated allocation risks. The Month 8 Year To Date (YTD) position was a £4.0m deficit with a savings shortfall of £5.6m. Welsh Government (WG) have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in an unplanned £3.8m in year cost pressure and £5.1m recurrently. Following confirmation from WG of funding to support the increase in Welsh Risk Pool contributions together with the impact of the Band 2/3 Healthcare Support Worker settlements, the level of risk in achieving a breakeven position for 2025/26 has reduced significantly. The latest forecast reduced the level of further mitigating actions required to £1m.

	M8 YTD	Year-end Forecast	Recurrent Forecast
	£m	£m	£m
Savings Shortfall	5.6	5.8	3.8
Operating Variances	(0.7)	(0.6)	6.2
Plan Phasing adjustments	3.7	0	(2.7)
Financial Plan Improvements	(1.8)	(2.7)	5.9
Accountancy Gains	(5.3)	(5.3)	0
Financial Allocation Adjustments	2.5	3.8	0
Other Mitigating Actions	0	(1.0)	(3.0)
Grand Total	**4.0**	**0**	**10.2**

The latest assessment of the recurrent forecast indicates a deterioration from a planned £1.7m surplus to a £10.2m deficit, which assumes £3m of mitigating actions to be achieved. The full year effect of the Welsh Risk Pool and Band 2/3 Healthcare Support Worker settlement which were supported for 2025/26 non recurrently remains a risk to this position if no further support is confirmed by WG.

Following the publication of the Welsh Government draft budget, the financial outlook for 2026/27 looks very challenging and there is a significant risk to achieving a balanced financial plan for 2026/27. Therefore, the risk score remains unchanged on this review.

Risk Treatment Assessment
i.e. Treat, Tolerate, Transfer etc.

The financial plan highlights a low level of risk for in year achievement but with a far more significant level of risk for 2026/27 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 issued by CEO.
- Budget setting process and Budgetary control
- Standing Financial Instructions
- Scheme of Reservation & Delegation
- Local Counter-Fraud Service
- Monthly financial performance reviews for Care Groups and corporate directorates

Sources of Assurance (Internal and External)

Financial Management
- Annual Report and Accounts
- Monthly Finance Reports
- Monitoring Returns to Welsh Government
- Internal Audit Programme
- External Audit Programme
- Losses and Special Payments Report to Audit & Risk Committee

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	• Deliver budget holder training within Care Groups/Directorates – *Ongoing throughout 2025-2026.* • Deliver procurement training to departments where compliance with	Budget holders, through regular training, will be better informed in terms of process and best practice. Greater focus on compliance.	Improved Budget Management. Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver

	procurement processes is low - *Ongoing throughout 2025-2026.*	Informed decision making through confidence gained through training and experience.	effective and efficient financial management and accountability.
2. A recognised risk of shortfalls in savings delivery	• Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 26/27. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables. Shared learning across directorates will identify areas of best practice and what has worked well.	Improved financial resilience and sustainability.

Linked National Priority Measures

1. YTD position
2. Savings plan position

Current Performance Highlights

- The M6 YTD position was a £4.3m deficit.
- WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in an unplanned £3.8m cost pressure.
- There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit.

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

WG not fully funding National Insurance Changes and 2024/25 pay awards has resulted in an unplanned £3.8m cost pressure, in addition NWSSP have indicated a potential £6.1m risk to the Welsh Risk Pool contribution for 2025/26 in addition to the £1.5m already provided within the IMTP.

Associated Risks escalated to the Organisational Risk Register

6239	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26	20
~~6240~~	~~Failure to achieve the planned break-even position in 2025/26.~~ Risk score reduced in terms of likelihood in January 2026 and therefore de-escalated from the Organisational Risk Register.	~~16~~

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

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

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

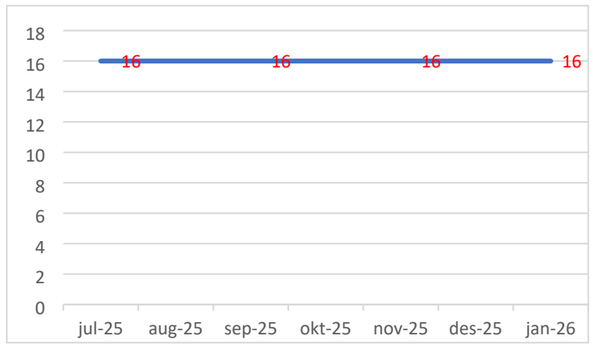
Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

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

Current Control Measures

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

Sources of Assurance (Internal and External)

Internal

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

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

Linked National Priority Measures

Current Performance Highlights

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

Associated Risks escalated to the Organisational Risk Register

~~6234~~	~~National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.~~ Risk score reduced to a 12 in January 2026, and therefore risk de-escalated from the Organisational Risk Register.	~~16~~
6235	Insufficient funding to address backlog maintenance across the estate.	16

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

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

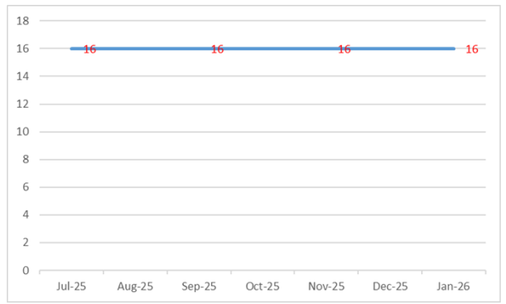
Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The current score remains unchanged, although there has been progress with control measures.
Risk Treatment Assessment *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 – which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed. A Regional Partnership (Section 33) Agreement has just been signed off by CTMUHB and the three local authorities, 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.

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 and align with the Acute Clinical Services Plan (ACSP). The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

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

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

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

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

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

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

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

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

Sources of Assurance (Internal and External)

Reports

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

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	The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the different population groups and the drivers of health inequalities.	Integrated records and data sharing agreements in place
Evidence base for alternative delivery models for practices	Commissioned to address gap Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK	To support sustainability of GP practices and support robust primary care services	Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care A Strategic plan for primary and community services
There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist.	Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models. Workforce and Digital leads to be convened to support progress.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain leading measures which will indicate if we are 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. A regional Area Plan with shared commissioning priorities, objectives and outputs.	Primary care transformation programme 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

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

Current Performance Highlights

- Focus has been on integrating health services within the Rhondda Cynon Taf (RCT) and Merthyr Tydfil localities as they are separate services at present. Commenced Organisational Change Process August 2025 to integrate health services in the first instance to create intermediate care services to prevent patients from entering acute hospitals where not appropriate and supporting discharge, is now complete. The next stage to create closer joint working with local authority front-line teams is scheduled to commence from February 2026.
- Focus on the development of the Navigation Hub for admission avoidance, e.g. virtual ward for Same Day Emergency Care and Respiratory; oversight of the Wales Ambulance Service Trust stack to intervene where patients can be triaged and signposted to Primary Care and Community; Care Home intervention service (87% success rate); and also falls service in collaboration with RCT Local Authority.
- Series of engagement & learning events taken place with GPs. Summary of key actions has been included in a communication newsletter to Primary Care.
- Mapping exercise of all the community services.
- Action plan devised by NAPC together with the leadership team and present and agree priorities and infrastructure at the next Primary and Community Care Board.
- CTM Regional Partnership has defined a target model an Integrated Community Care System (ICCS) for our older population. An implementation plan, program delivery team and clear governance route is in place.
- Regional Partnership structures provide the main governance fora for integration with social care. There are generally good working relationships and there have been successes for example in retendering domiciliary care in RCT aligned to D2RA pathways.
- A Regional Partnership (Section 33) agreement signed by CTMUHB and the three Local Authorities - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard.
- Impact from the actions and work of the transformation programmes.

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

The growth of the ageing population relative to the working-age population, the rise of multimorbidity, and persistent health inequalities, particularly for preventable illness, are all issues that the National Health Service (NHS) will face in the years to come. The greatest contributors to ill health and social care needs include cardio- vascular disease, musculoskeletal disorders, cancer, mental health, dementia and chronic respiratory disease. As a result, the health and social 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.		
Associated Risks escalated to the Organisational Risk Register		
4491	Failure to meet the demand for patient care at all points of the patient journey	20
6179	High and increasing prevalence of overweight and obesity in children and adults.	20
6053	Failure to secure an alternative Clinical System for GP practices on Vision	20
3826	Emergency Department (ED) Overcrowding	20
5753	Inadequate Special School Nurse Provision	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
5646	The impact of "Right Care Right Person" (RCRP) approach.	16
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16

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
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	**Propose to Close** On Agenda for 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	**Propose to Close** A verbal update will be 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	**Propose to Close** The finalised PSB Annual Report is on the Agenda for 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	**Propose to Close** An update will be provided at the February 2026 meeting as part of Agenda item 4.3.2. South East Wales Regional Working for Clinical Services
22 August 2025	SDC Meeting	Public Health Updates	Healthy Weight Road Map	Request to defer this item from February 2026.	Consultant in Public Health	Director of Public Health	Deferred from February 2026	**In Progress** On agenda for 12 May 2026 and Public Board on 28 May 2026
January 2026	SDC Meeting	Public Health Updates	Active Travel Charter	Request to defer this item from February 2026.	Consultant in Public Health	Director of Public Health	Deferred from February 2026	**In Progress** On agenda for 11 August 2026 meeting.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
June 2025	SDC Agenda Item & Planning	Requested via email	Estates Strategic Plans	Deferred from October 2025 Committee Meeting	Executive Director of finance	Executive Director of finance	Consider readiness at the February 2026 agenda planning session.	**In Progress** Defer this item as the plan needs to follow the Acute Clinical Services Plan. Unfortunately, the Acute Clinical Services Plan is not yet at a stage where we can base the estate's consequences on it.

COMPLETED ITEMS

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
March 2025	Strategic Development Report	Requested via Email	Integrated Community Care System Plan	Deferred from July 2025 Committee Meeting.	Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board	Executive Director of Strategy & Transformation &, Integrated Services Director, CTM Regional Partnership Board	October 2025	**Completed** 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** 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** 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
November 2024	Population Health & Partnership Committee Meeting	Committee Meeting	Active Travel Charter –	To bring the Implementation Plan to a future Committee.	Director of Public Health	Director of Public Health	16 January 2025	**Completed** Received at January 2025 meeting

			Implementation Plan					
September 2024	Planning Performance & Finance Committee	Requested via Email	Maesteg Community Hospital Development	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Propose to Close as captured on July 2025 agenda.	**Completed** – An update was received at the July 2025 Committee Meeting.
July 2024	Digital and Data Committee Agenda Planning Session	Committee Chair	Spotlight Topic: Digital from the Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	Agreed to Close at SDC Committee 3rd April 2025	**Completed** Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme.