




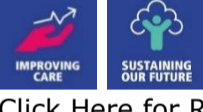








CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

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 with elements that are being Tolerated due to the pace in being able to mitigate the risk.
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.

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory	Risk Treatment
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 with elements that are being Tolerated due to the pace in being able to mitigate the risk.

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey italic*

Consequence	5				8	
	4		<i>3,4,6,7,8,10</i>	<i>1a,1b,2,5,11,9</i>	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): <ul style="list-style-type: none"> Improving Care <ul style="list-style-type: none"> Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care Sustaining Our Future <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future 		Risk score 16
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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	<ul style="list-style-type: none"> Chief Operating Officer Executive Director of Strategy & Transformation 	Assurance committee	<ul style="list-style-type: none"> Quality, Safety & Experience Committee Operational Delivery Committee (Performance Targets)
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	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

<p>Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes</p>	<ul style="list-style-type: none"> 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.
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	<ul style="list-style-type: none"> • 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. <p>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.</p>
<p>Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p>

Current Control Measures	
<p>Productivity, improvement and transformation programme (PIT)</p> <ul style="list-style-type: none"> • Increase Planned Care Capacity • Transform the way Planned Care is delivered • Prioritise both diagnosis and treatment • Provide better information and support to patients <p>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.</p> <p>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.</p> <p>The key areas for improvement each Health board are expected to incorporate into their improvement programme are:</p> <ol style="list-style-type: none"> 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.

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	<ul style="list-style-type: none"> • Manual processes in areas of no system. • Scope of digital Pre-assessment system 	<ul style="list-style-type: none"> • Increased utilisation • Reduction in patient attendances 	<ul style="list-style-type: none"> • Decreased CAN/DNA rate • Increased utilisation

	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Reduction in patient follow up appointments Reduction in demand Reduced paper and manual process Increase in data information 	<ul style="list-style-type: none"> Decreased missed opportunities Reduction in referral demand Reduction in waiting list
2. Robustness of cancer tracking and specialty-specific elective data	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Performance monitoring Patient identification Improved pathway monitoring 	<ul style="list-style-type: none"> Increase in performance SCP Decrease in waiting list back log
3. Improvements being made in elective care trajectories albeit not fully embedded.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> More capacity Reduced waste Consolidated pathways Increase in workforce Increased utilisation 	<ul style="list-style-type: none"> 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.	20
3567	Capacity of Cellular Pathology Service – Space. Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	16
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model. New risk escalated in October 2025	16

Strategic Goal(s): Improving Care <ul style="list-style-type: none"> Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care 			Sustaining Our Future <ul style="list-style-type: none"> 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: 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	<ul style="list-style-type: none"> Chief Operating Officer 	Assurance committee	<ul style="list-style-type: none"> Quality, Safety & Experience Committee Operational Delivery Committee (Performance Targets)
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	Consequence	Likelihood	Score	Risk Score Trend this Period: No changes to risks score this period. Risk Score Trajectory
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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.

	<ul style="list-style-type: none"> • 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. <p>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.</p>
<p>Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p>

Current Control Measures

<p>Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023):</p> <ul style="list-style-type: none"> • Admission Avoidance • Integrated Front Door • Acute Hospital Flow and Discharge • Integrated Discharge <p>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.</p> <p>The key areas for improvement each Health board are expected to incorporate into their improvement programme are:</p> <ol style="list-style-type: none"> 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: <p>Clinical Implementation Networks: Emergency Medicine</p> <p>All areas of the programme will focus on the following crosscutting themes:</p> <ol style="list-style-type: none"> 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. <p>Programme</p> <ul style="list-style-type: none"> • 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

- 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

- Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).
- In Development – Clinical Services Plan.
- 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

Whilst improvement is noted in 45-minute handovers there has not yet been a corresponding reduction in 4 and 12 hour waits in our emergency departments due to ongoing challenges with patient flow and system-wide pressures.

An action plan has been developed to support further improvements including the phased return of GP medical intake to the Princess of Wales Hospital, targeted recruitment and the development of single points of access and navigation hubs to streamline referrals and reduce unnecessary admissions.

The department has set several actions to improve performance and meet their targets. These actions include:

- Acute medicine transformation programme across all sites.
- Live ED safety huddle launching end of October 2025.
- Rollout of Optimise programme with rapid rollout of initiatives such as "Red-to-Green" board rounds and optimised discharge planning from 6th October 2025.

The trajectories have been set against the following assumptions:

- Single Point of Access (scheduling unscheduled care) – November 2025.
- All GP / 111 / NHSDW calls to be triaged by the Navigation Hub
- Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025.
- All WAST non-red Care Home attendances liaise with Navigation Hub before boarding – implementation aligned with national work.
- Additional Hospital at Home and clinically optimised for discharge (COFD) capacity within Primary and Community Care.
- Internal Professional Standards.
- Clinical call first for all WAST non-red Care Home attendances – implementation aligned with national work
- Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care
- 30 additional beds from August 2025
- 60 additional beds from November 2025
- 60-minute specialty in reach – August 2025
- Sign off Internal Professional Standards

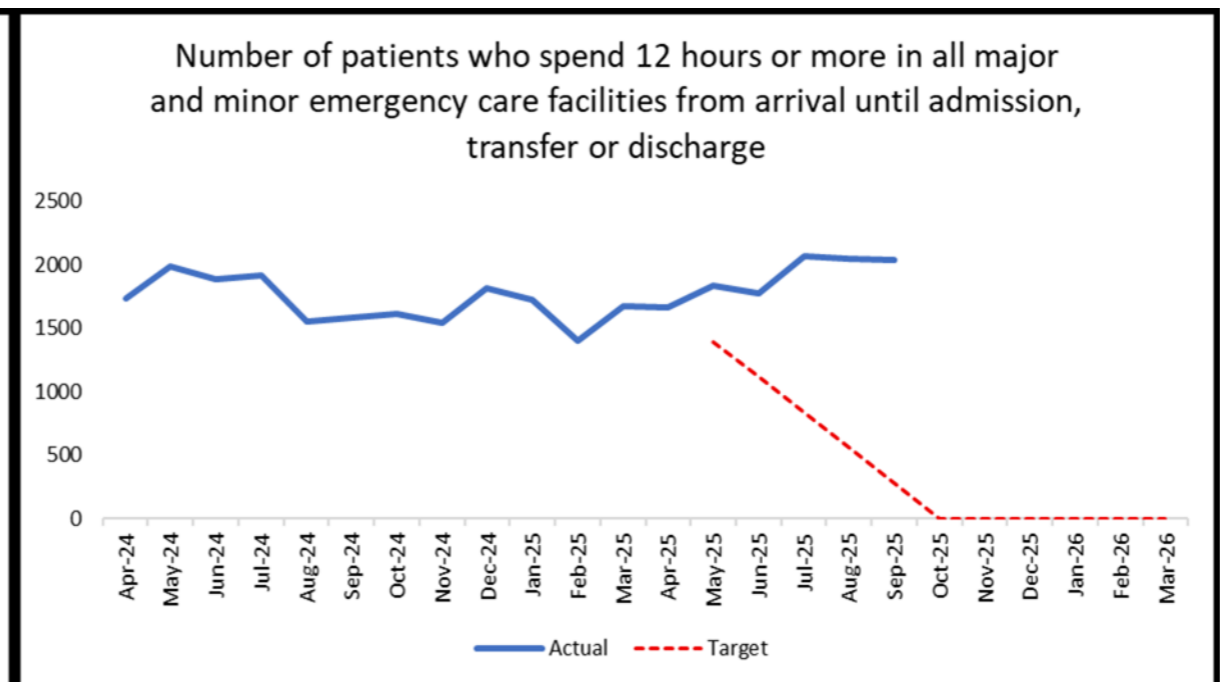
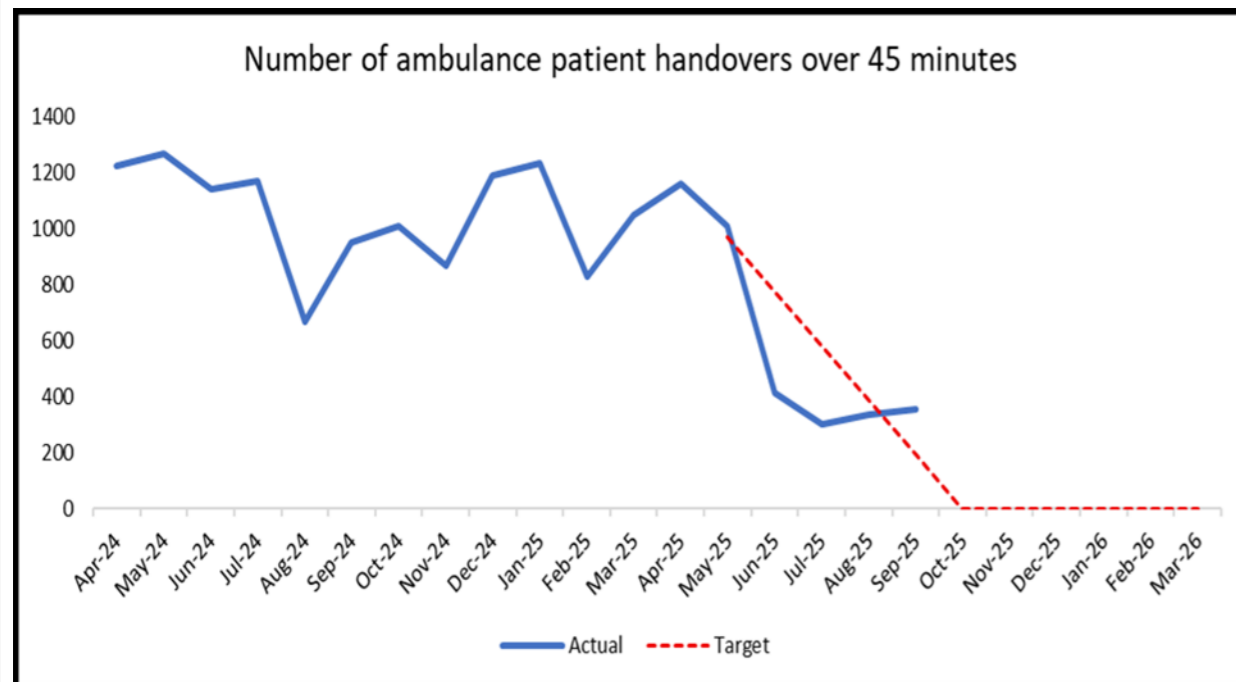
Emergency Department Performance:

- Site and USC collaborative approach to the development of the 45-minute Ambulance Handover plan.

- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Establish Ambulatory Footprint in the Emergency Department, Princess of Wales Hospital.
- Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3-month trial. This has been extended. Nonrecurrent funding confirmed 2025/26.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Formulations of ED Rapid Improvement Plan and Improvement Targets, including:
 - 45 mins ambulance handover by October 2025
 - Zero tolerance for any ED wait over 12 hours by October 2025
 - Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
 - Nav Hub/Care Home pathway development
 - SDEC
 - Extend UTC
 - Implementation of STAMP across all 3 acute sites.
 - Single Point of Access Board to be established.
 - D&C mapping to identify invest to save opportunities for additional medical recruitment across all 3 ED's.
 - Development of ambulatory footprint in POW ED.

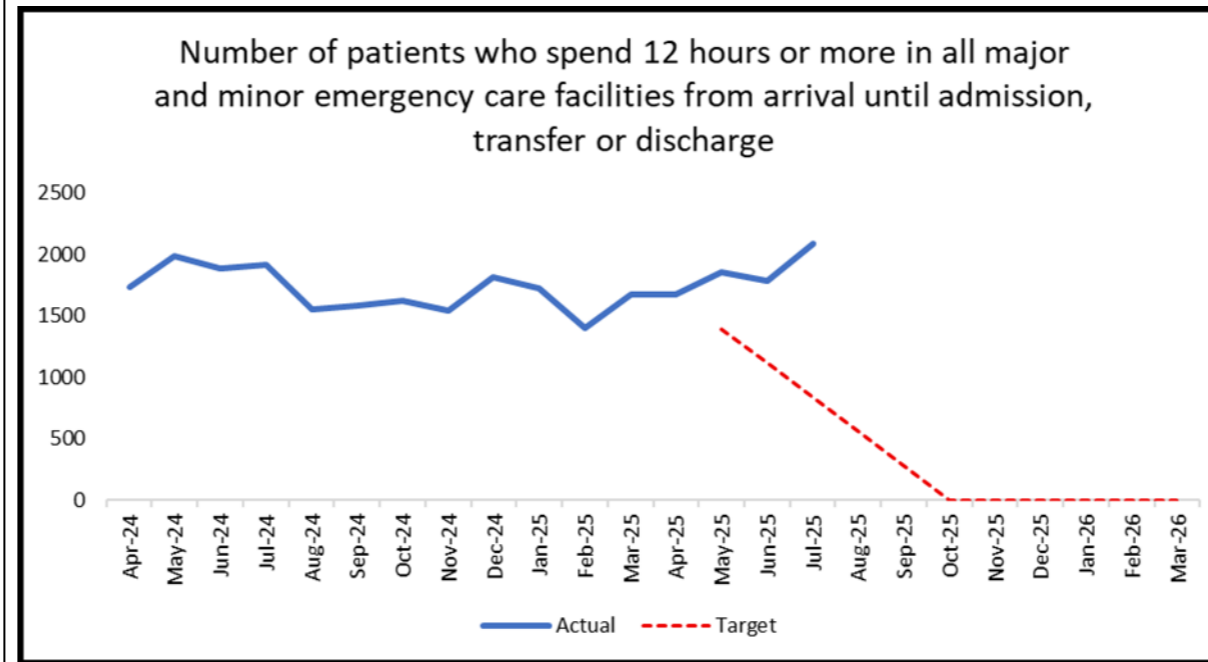
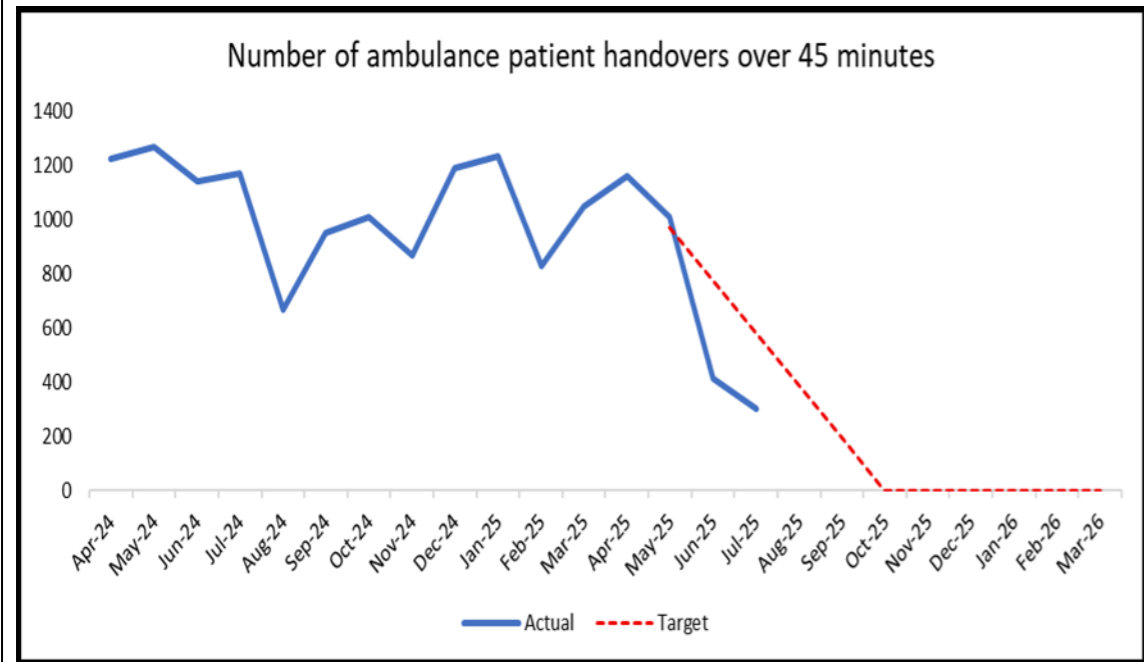
Improvement Trajectories 25/26

MEASURE		2024/25 ACTUAL PERFORMANCE												2025/26 PERFORMANCE											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Number of ambulance patient handovers over 45 minutes	Actual	1226	1269	1141	1169	669	950	1010	868	1189	1232	827	1050	1163	1011	416	303	336	356						
	Target														969	775	582	388	194	-	-	-	-	-	-
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Actual	1731	1984	1888	1912	1548	1582	1615	1542	1814	1718	1396	1669	1659	1838	1771	2066	2041	2039						
	Target														1,391	1,113	835	556	278	-	-	-	-	-	-



Where breaches occur, these are directly attributed to increased demand on sites, characterized by higher acuity cases. There is unwarranted variation in medical discharges and the significant loss of bed capacity related to lost bed days for patients who are clinically optimized for discharge but experiencing delays in the next stage of their care pathway. These factors place strain on the Emergency Department. To facilitate and support the emergency care department by aiming to reduce the number of delays colleagues within the Primary and Community Care Group have agreed to:

- Implement a discharge service with identified lead who has operational oversight of discharge services and community capacity; that takes operational accountability for the discharge model, services and capacity.
- Revised governance structure.
- Revised model for discharge at the front door with operational accountability transferring to CTM in partnership with Local Authorities.
- Discharge professionals aligned to the discharge service and Hospital at Home through appropriate management arrangements for the discharge hub to provide expert advice and support to operationalise the Integrated Discharge Policy and Procedures.
- A detailed delivery plan and costed model is being developed with rapid implementation anticipated to support winter pressures.



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

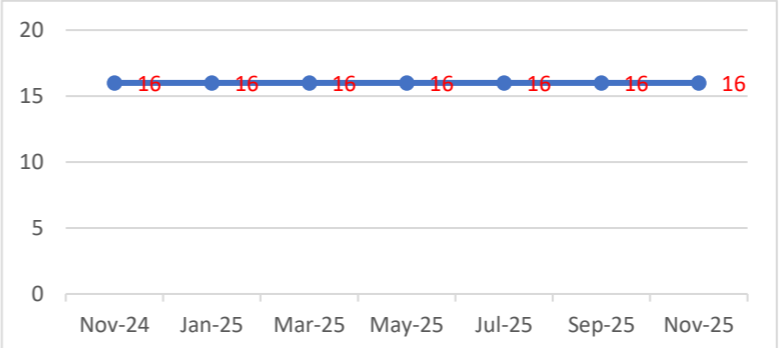
Strategic Goal(s):	Risk score 16
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 Improving Care <ul style="list-style-type: none"> Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care 	 Sustaining Our Future <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future
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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
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Risk Leads	<ul style="list-style-type: none"> Executive Nurse Director Executive Medical Director 	Assurance committee	<ul style="list-style-type: none"> Quality, Safety & Experience Committee Operational Delivery Committee
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	Consequence	Likelihood	Score	
Initial	4	5	20	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>	<p>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.</p>
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Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	<p>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.</p>
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Current Control Measures

Planning for a wholesale review and strategic reconfiguration of this section of the Board Assurance Framework in readiness for January 2026. This will enable more meaningful and measurable objectives that support a reduction in the current Duty of Quality risk score to an organisationally tolerated level. We are seeking to achieve a treated risk score of 12, aligned with our commitment to safe, effective and compassionate care.

Quality Frameworks and Policies

- Strategic review of Infection, Prevention & Control (IP&C) has been completed and has been aligned to the IP&C Strategy 2024-2027. Review outcome received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. A work plan has been developed to imbed the strategy and a new operating model for IPC. Strategy launched, ongoing Organisational Change Programme.
- Development of the CTM Safeguarding Strategy 2024-2027 – endorsed at Health Board meeting in January 2025.
- Quality & Safety Framework in place.
- Quality Strategy will come to an end in 2025. Review underway to develop a Quality Strategic Plan that will feed into the Annual Duty of Quality Report and delivery of CTM2030.
- Clinical Guidelines;
- Suite of Standard Operating Procedures;
- Clinical Education Framework. The CTM Learning Academy Framework is being presented to the Quality, Safety & Experience Committee in January 2025 and to the March 2025 Board Meeting;
- The Incident Management Framework was launched in June 2022 to reflect national changes in national incident reporting; following consultation across CTM, the Incident Management Framework has been updated and was approved in January 2024 at the Quality & Safety Committee.
- Incident Investigation training established and being rolled-out across the Health Board on a monthly basis;
- Superseded by CTM Learning Academy framework.
- Listening & Learning Framework established. Shared Listening and Learning Forum meets at least four times per annum with two Shared Learning events each year. Last event took place on 13 November 2024, and a further event in late spring/early summer 2025 is planned.
- Ward Accreditation Programme Framework established and is in the process of being rolled out. We have currently completed 27 wards with 8 white and 19 reaching Bronze accreditation. There is a rolling programme in place for 2025 which includes Maternity & Mental Health.
- Nursing and Midwifery delivery plan was received at the May 2024 Quality & Safety Committee and formally launched in July 2024. Update on the delivery plan shared with the Quality, Safety & Experience Committee in July 2025.
- Duty of Quality and Candour established within CTMUHB. CTMUHB is represented on an All Wales basis where any discussions are held in terms of reviewing the framework. Adhoc support is available from the NHS Wales Performance & Improvement (formerly NHS Executive) as required. Annual Duty of Quality Report for 2024-2025 was received at the Quality, Safety & Experience Committee in July 2025.
- CTM Allied Health Professionals and Health Care Science Delivery Plan.
- Assistant Medical Director for Quality & Safety commenced in February 2025.
- Mortality Board established and inaugural meeting held in December 2024. Agreement with Archus to establish a robust process for data monitoring.
- People Experiences Framework
- Harm Free Care

Learning from Experience

- New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards. Patient Experience Forum revitalised and an operational group also now established to support this activity. The bi-annual report from the forums will be received at Quality, Safety & Experience Committee in July 2025.
- Executive and Independent Member Patient Safety Walkabouts framework complete and implemented.
- Citizen's Voice bodies (Llais) launched in place of CHCs. unannounced visits by Llais has recommenced and monthly meetings have been set up with Llais and the corporate team for early escalation and assurance of issues. Llais has confirmed they are holding "outreach" clinics across community 4 times a month to hear the voice of the population.
- The mortality team is finalising a standardised mortality dashboard which will establish a consistent process for mortality scrutiny, with key information regularly reported to a Mortality Board. The aim is to complete this in Q4. This has been expanded to include reports from the Medical Examiner service and integrated into the mortality learning reports.
- Working with the COO and wider operational teams, the Deputy Executive Nurse Director has mapped the harm free care agenda, including Hydration and Nutrition, Inpatient Falls and Pressure Damage Steering Groups through the existing Improving Care Board structure, resulting in planned bi-annual reporting to Quality, Safety & Experience Committee.
- Weekly executive-led patient safety meetings;
- Service Level Patient Safety meetings incorporate learning from events;
- Patient and Staff Stories received at Board Meetings and Quality, Safety & Experience Committee;
- Active Forums such as "Maternity & Neonatal Voices" which includes past and present service users; Successful recruitment of Lay Patient Representative who will chair this forum.
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2025 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out. CTMUHB has PREMS across multiple specialities reporting to QSEC via the Quality Dashboard.
- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures.

- Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns.

Current Control Measures Contd.

- Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS); PROMS provider selected for CTM wide – procurement complete and roll out plan for 2025 in development. (Linked to PREMS and Civica replacement update above). PREMS now live in Emergency Departments. System set up and roll out planned.
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions; Over 1,800 individuals registered and using the system. Over 270 staff ideas generated since its launch.
- RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. Current framework and structure for RADAR under review and will be subject to further discussion over the coming weeks. Activities of RADAR are now integrated into business as usual within the Unscheduled Care Group structure.
- There is an End of Life provision plan which is being managed by the Primary Care, Care Group alongside Palliative Care.
- Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

Innovation & Improvement Programmes

- On the back of the success of the 2023 and 2024 events, the 2025 Quality Improvement showcase took place in July 2025.
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Theatre Utilisation Group is now captured within the Productivity Improvement and Transformation Programme for Planned Care activity. There is also a Strategic Transformation of Acute Medicine Programme for Unscheduled Care activity. Both programmes report into the Operational Management Board.
- iCTM (Improvement & Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety; Team working 2025-2028 business plan.
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Phase 1 completed. Phase 2 launched in October 2024 focusing on Acute Deterioration, Deconditioning and Quality Management Systems; Improvement and Innovation CTM are actively supporting a number of services, a full list is available from iCTM;
- ICTM developed and delivering a QI Capacity and capability programme;
- Monthly Quality Improvement (QI) training continuing and ongoing on a monthly basis, over 490 CTM people trained in numerous improvement techniques.
- Investigation and Putting Things Right (PTR) Training commenced during July 2022; The delivery of investigation and PTR training is under review as part of the updated PTR regulations implementation. All Wales PTR training is currently out for consultation across NHS Wales organisations.
- Value Based Healthcare programme in place aligned to national Value in Health priorities; business case proposals received for 2024-2025 investment currently being reviewed.
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- Leading and empowering Improvement and Innovation built into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Service Improvement Groups established end of 2024
- Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways.
- The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity.
- The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a recent national report on Sexual Safety and associated safeguarding concerns. There are currently delays in terms of scheduling from an All Wales perspective and will update accordingly. First all-wales NHS Wales Performance & Improvement (formerly NHS Executive) Led meeting on Sexual Safety held to define the structure of this programme of work.
- Duty of Quality and Duty of Candour Training will be ongoing as required as the Act is embedded within the Health Board. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. Reviewing the process documentation and guidance for Duty of Quality and Duty of Candour to ensure accessible training and proper recording on our Electronic Staff Record (ESR). The PTR training will also incorporate Duty of Candour.
- A Clinical Effectiveness Committee has been introduced to be an effective and efficient forum for high-level clinicians, leaders and managers to support continuous quality improvement in clinical care in CTMUHB. It will monitor the implementation of the clinical audit program and implementation of NICE/national guidelines/standards to ensure best practice across the Health Board. It will provide support and strategic direction for the Health Board's national and local clinical audit programme, receiving assurance reports from the sub groups and following analysis escalate issues or provide assurance to the Quality, Safety & Experience Committee and Board.
- Medical Collaborative Group has been formed and re-invigorated and improving collaboration between primary and secondary care with good attendance.
- Clinical Pathways Group have been established to approve any changes to clinical pathways that impact patient flows across CTMUHB.
- Improving Care Board has developed a portfolio of improvement programme and projects.
- National Safe Care Collaborative Programme Commenced.
- CTM Learning Academy – The vision of the CTM Learning Academy is to “Develop an ambitious and capable integrated multi-professional clinical workforce, improving patient and population health outcomes & wellbeing. To develop and deliver an inter-professional and collaborative learning approach, meeting the individual educational needs of each profession whilst also enabling and benefitting from diversity of thought and skill set.”. There are 4 Strategic Aims:
 - Establishing underpinning processes for Education Quality, Governance and sustainability

- Developing and Transforming our Current workforce
- Developing our Future Workforce
- Developing a Culture of Interprofessional Learning and Collaboration.

Research

- Research & Development Programme. Healthcare Research Wales have validated the Health Board's self-assessment of its Research and Development strategy and the feedback will be used to shape ongoing strategic direction. Research strategy in final draft form, currently out for wider consultation. The Research & Development Strategy approved by Board following endorsement from the Quality, Safety & Experience Committee. Increased oversight at Operational Management Board on RDI activity.

Flow Efficiencies and Productivity

- 'Optimise' – optimise flow improvement programme rolled out across all three acute sites.
- Medical Workforce & Nursing Workforce Productivity Programmes established. Medical Workforce Productivity Programme encompasses a performance and escalation group as well as a framework group for establishing standard practice at CTM.

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 site 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.	<p>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.</p> <p>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.</p>	<p>Currently 35 wards completed.</p> <p>8 white and 19 reaching Bronze accreditation.</p> <p>Results reviewed via panels to provide assurance to the Board, and further the wards involvement.</p> <p>Develop a bespoke Power App to:</p> <ul style="list-style-type: none"> 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

			<p>Implementation continues and will now extend outside of acute physical health areas to include mental health settings and community care.</p>
<p>2. Strategy & Framework Reviews and Development Safeguarding Strategy</p> <ul style="list-style-type: none"> o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 o Development of a safeguarding dashboard 	<p>Complete in terms of Safeguarding Strategy.</p> <p>Timeframe for Safeguarding dashboard is planned to be available in draft by the end of May 2025.</p>	<p>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.</p>	<p>Pilot dashboard has been developed and is in the pilot stage for user ability data presentation</p> <p>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</p> <p>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</p> <p>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.</p>
<p>3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;</p>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Safe Care • Timely Care • Equitable Care 	<p>Monitoring the performance data dashboards to determine if improvements are being made and sustained.</p> <p>CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda.</p> <p>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.</p> <p>By focusing on timeliness and effective care, CTMUHB has</p>

		<ul style="list-style-type: none"> • Effective Care • Efficient Care • Person-Centred Care <p>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.</p> <p>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.</p>	<p>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.</p> <p>CTMUHB's position in relation to NRI compliance has also improved over significantly over the last year.</p>
	<p>Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas.</p>	<ul style="list-style-type: none"> • Improved decision making and therefore improved patient care • Improved oversight of patient care from 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 	<p>Action complete.</p>
<p>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;</p>	<ul style="list-style-type: none"> • 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. 	<p>Embed Quality Improvement into everyone's day to day jobs, providing them with the tools, skills and ability to make improvements within their areas.</p> <p>Ensuring our people have the skills and empowerment to make changes and improvements.</p> <p>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.</p>	<p>Rolling programme of challenges for staff with measures around ideas, engagement and implementation.</p> <p>PREMS data now being routinely provided to Care Groups and to Q&S Committee.</p> <p>Working though potential for improved integration between planning, engagement and peoples experience with external stakeholders (e.g. Llais)</p>

			<p>Support and adjustment in transition to new PREMS/PROMS platform being led through VBHC.</p>
<p>5. Improving flow and efficiencies and productivity</p>	<ul style="list-style-type: none"> Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan. 	<p>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.</p> <p>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.</p> <p>Key actions under this programme include:</p> <ul style="list-style-type: none"> 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 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 	<p>Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Ensuring appropriate management of contracts</p> <p>Nursing: Nursing productivity:</p> <ul style="list-style-type: none"> 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). <p>Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position).</p> <ul style="list-style-type: none"> 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. Joint work with workforce colleagues on sickness absence reduction, implementation of approach, reporting and management support.
<p>6. Fragility of the Legal Services Directorate</p>	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Improved patient and stakeholder experience. Improved compliance and performance. Sustainable service fit for the future. Robust systems and processes. 	<ul style="list-style-type: none"> 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.

			<ul style="list-style-type: none"> • 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
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Linked National Priority Measures

<p>Care Closer to Home</p> <ul style="list-style-type: none"> • 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. <p>Patient Safety Solutions</p> <p>Infection Prevention and Control</p> <ul style="list-style-type: none"> • 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. <p>Children’s Charter</p> <p>To reinforce children’s rights and endorse CTM’s commitment to upholding these rights within its services.</p> <p>Safeguarding</p> <ul style="list-style-type: none"> • 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. <p>Chief Nursing Officer’s Launch of the Nursing and Midwifery Priorities – 2023-2024 – Development of a Nursing and Midwifery vision underway.</p> <p>National Patient Experience Framework.</p> <p>New national nurse education standards</p> <p>Dementia Standards - which include standards for inpatient hospital admissions.</p> <p>NHS Wales Quality and Safety Framework: Learning & Improving. Published by WG September 2021.</p> <p>The Health & Social Care (Quality & Engagement) (Wales) Act 2020 - Improving quality and public engagement in health and social care.</p> <p>National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities</p> <p>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)</p>

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

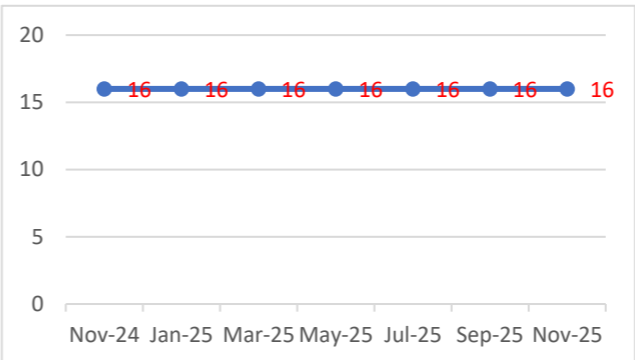
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
6111	Medical Examiner Delays. Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
4417	Management of Security Doors in All Hospital Settings	16
5646	Impact of Right Care Right Person approached. Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	16
6228	Effective and efficient management of requests from the HM Coroner.	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 <ul style="list-style-type: none"> Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care 	 Sustaining Our Future <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future 	 Inspiring People <ul style="list-style-type: none"> 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)

<p>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</p>	<p>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.</p>	<p>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.</p>
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Risk Lead <ul style="list-style-type: none"> Executive Director for People 	Assurance committee <ul style="list-style-type: none"> Quality, Safety & Experience Committee Operational Delivery Committee
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	Consequence	Likelihood	Score	
Initial	4	5	20	Risk Score Trend this Period: No change to risk scores this period.
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			Risk Score Trajectory 

<p>Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes</p>	<p>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.</p> <p>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 slightly to 7.18% in August 2025, compared to 7.03% in July. The rolling 12 months sickness rate was 7.04. There remains a risk to the financial impact if this continues with agency spend at M4 at £9.672m. Positively, turnover decreased slightly to 8.37% in</p>
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	<p>September 2025 (from – 8.91% 8.66 in August) but decreased to 8.66% in August 2025. Job Planning compliance is at 38% as at end of August 2025.</p> <p>The workforce risk remains significant and remains at 16 based on the following:</p> <ul style="list-style-type: none"> • 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. •
<p>Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p> <p>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.</p> <p>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.</p>

Current Control Measures	
<p>Strategic Alignment</p> <ul style="list-style-type: none"> • 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. <p>Recruitment and Resourcing</p> <ul style="list-style-type: none"> • 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 <i>Trac</i> 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. <p>Retention and Employee Experience</p> <ul style="list-style-type: none"> • 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 and Band 5 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. <p>Workforce Productivity and Temporary Staffing</p> <ul style="list-style-type: none"> • Nursing & Midwifery Productivity Programme – includes bank and roster optimisation workstreams. 	

- 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.
- 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 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 Aug 2025: staff-in-post +2.92% YoY (mainly M&D); turnover 8.66% (down from 11.08% in 2024); sickness 6.98% (vs 6.83% 2024); PDR 68.8% (target 85%); M&D appraisals 92.58%.
- 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 reduced from £3.4m (Aug-24) to £2.6m (Jul-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)
 - Majority of actions are incorporated into the FCP and SOP draft which is being submitted to ARC in Dec-25.
 - 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.

Nurse Productivity Programme Board

Internal Assurance

- Nurse Productivity Programme Board - Bank & Agency spend reduced from £2.1m (Aug-24) to £1.6m (Jul-25).
- Agency usage trending report (RN agency FTE Jan-Aug 2025; HCSW agency FTE general downward trend).
- Bank usage (Unscheduled Care): unregistered 109.55 FTE (Jul-25) to 53.39 (Aug-25); RN bank 15.80 FTE (Jul-25) to 58.29 (Aug-25).
- 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.

Attraction, Resourcing and Recruitment

Internal assurance

- Recruitment & Selection Policy (under review) and SOPs; monitored compliance via People governance.
- Time-to-Hire performance: 75.5 days (Aug-25) vs target 71; YTD 72 (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) Sept turnover 8.85% (down from 9.20% Aug).
- 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).

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.	<ul style="list-style-type: none"> Development of LHP Workforce Plan (OBC due Nov 2025). 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).	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Nurse Productivity Programme (Roster & Bank optimisation). Medical Workforce Productivity Programme (£3m target). 	Reduce agency reliance and optimise workforce efficiency.	<ul style="list-style-type: none"> Improved rostering efficiency and bank utilisation. Reduced long-term agency usage.
Sickness Absence			
High sickness absence rates impacting availability.	<ul style="list-style-type: none"> Comprehensive data review and organisation-wide action plan 	Co-ordinated improvement in attendance and wellbeing.	<ul style="list-style-type: none"> 1% reduction in sickness absence in 25/26 vs 24/25.
Workforce Data and Analytics			
Limited establishment reporting and analytics capability.	<ul style="list-style-type: none"> Developed Nursing & Midwifery establishment reports. Developing dashboards and robotics strategy. 	Improved workforce visibility, data-driven decisions and capability.	<ul style="list-style-type: none"> Live reporting accessible. Improved workforce data quality and analytical use.
Workforce Systems			
Limited interoperability across systems.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> ESR Go implemented. Reduced agency usage. Readiness for national system transition.
Attraction, Resourcing and Recruitment			
No signed-off Recruitment & Retention Plan; inconsistent processes.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Policy/SOPs approved. Increased site traffic and engagement. Reduced vacancy rates.
Retention			
Low participation in exit process and limited retention data.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Higher exit feedback response rate (target 30%). Visible retention metrics. Reduced voluntary turnover.
Culture, Values & Behaviours			
Seen as corporate not locally owned	<ul style="list-style-type: none"> Divisional datasets shared quarterly. Directorate-level leadership accountability. Measures embedded in People Plan 	Strengthen local ownership and connect values to daily behaviours.	<ul style="list-style-type: none"> 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: CTM Strategic Workforce Planning (SWP) Strategy and Framework developed and aligned to IMTP and HEIW standards, with improved governance and oversight through the Workforce Shape & Supply Group.
- 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.
- Recruitment & Retention: Recruitment and Selection Policy under review; targeted recruitment campaigns, including international recruitment for hard-to-fill medical roles, underway. Retention initiatives strengthened through the re-established Retention Programme, Nursing Retention Plan, and Lateral Moves Scheme.
- Productivity & Agency Reduction: Bank and agency spend showing a downward trend across Nursing and Medical workforce groups, supported by the Productivity Programmes and rate card compliance.
- Wellbeing & Attendance: Sickness absence analysis completed, with an organisation-wide action plan in development to support reduction of sickness rates and improved wellbeing.
- Culture, Values & Behaviours: Local ownership strengthened through divisional datasets, leadership accountability, and People Plan metrics; staff survey response rates and engagement improving

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
5304	The Air Handling Unit (AHU) for the pharmacy aseptic production suite. Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	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.	16
4218	Reduced on-site Consultant Microbiologist / IPC Doctor cover for Bridgend. New risk escalated to the Organisational Risk Register in September 2025. Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	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

Strategic Goal(s):



Creating Health

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



Sustaining our Future

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

Risk score
16

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

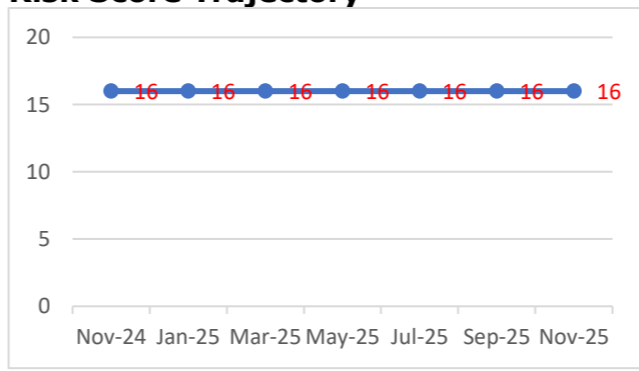
If the Health Board **does** not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints

Then we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy

Resulting in

- 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
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	Consequence	Likelihood	Score	
Initial	4	5	20	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

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)
<p>Review the Becoming an Engaging Organisation Strategy</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.

	<p>Engagement, including Head of Internal Engagement attendance at Strategy & Planning team meetings.</p> <ul style="list-style-type: none"> • 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. 	<p>the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives.</p> <ul style="list-style-type: none"> • 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. 	
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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

<p>Strategic Goal(s):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Improving Care</p> <ul style="list-style-type: none"> Delivering safe and compassionate care. Developing new models of care. Digital transformation for patients and staff Ensuring timely access to care </div> <div style="width: 45%;"> <p>Sustaining our Future</p> <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future </div> </div>	<p>Risk score 16</p>
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Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)

<p>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</p>	<p>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.</p>	<p>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.</p>
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Risk Lead	Director of Digital	Assurance committee	<ul style="list-style-type: none"> Operational Delivery Committee Strategic Development Committee
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	Consequence	Likelihood	Score																	
Initial	4	5	20	<p>Risk Score Trend this Period:</p> <p style="color: red;">No changes to risk score this period.</p> <p>Risk Score Trajectory</p> <table border="1" style="display: none;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr><th>Date</th><th>Score</th></tr> </thead> <tbody> <tr><td>Nov-24</td><td>16</td></tr> <tr><td>Jan-25</td><td>16</td></tr> <tr><td>Mar-25</td><td>16</td></tr> <tr><td>May-25</td><td>16</td></tr> <tr><td>Jul-25</td><td>16</td></tr> <tr><td>Sep-25</td><td>16</td></tr> <tr><td>Nov-25</td><td>16</td></tr> </tbody> </table>	Date	Score	Nov-24	16	Jan-25	16	Mar-25	16	May-25	16	Jul-25	16	Sep-25	16	Nov-25	16
Date	Score																			
Nov-24	16																			
Jan-25	16																			
Mar-25	16																			
May-25	16																			
Jul-25	16																			
Sep-25	16																			
Nov-25	16																			
Current	4	4	16																	
Target	4	3	12																	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)																			

<p>Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes</p>	<p style="color: red;">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:</p> <ul style="list-style-type: none"> 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. <p>Improvements - CTMUHB continues to make tangible progress across several dimensions of digital transformation:</p> <ul style="list-style-type: none"> 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.
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- **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)
<p>1. Closing the gap in Digital Literacy</p>	<p>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.</p> <p>The Head of Digital Business Change and Benefits has now started, this role will lead the development of an overarching strategy to support digital literacy.</p> <p>Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work</p>	<p>Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce</p>	<p>Less calls to the IT Service desk. Easier to deploy new digital solutions.</p>
<p>2. Training and Awareness Programme</p>	<p>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.</p> <p>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.</p> <p>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.</p>	<p>Developing capabilities to support service change enabled by digital and data technology.</p>	<p>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.</p> <p>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.</p>

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 is planned to be undertaken in September. Over the past 2 months a new patch management system and associated vulnerability management policy has been enacted, reducing our cyber threat score.	Improved response to cyber threat	Awareness and improvement to the cyber improvement
5. Develop a baseline Asset Register and product catalogue.	<p>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)</p> <p>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.</p> <p>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.</p>	Greater insight into digital assets Greater understanding of risk profile	Improved cyber posture
6. Poor adherence to policies	<p>Recognised requirement for policies to balance enablement with protection and for national digital strategies to place greater value on indirect clinical risk.</p> <p>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.</p> <p>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.</p>	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 –	Prioritise existing resources and available funding to meet the highest risk areas. We	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.	Improved project and programme delivery timeframes.

<p>exacerbated by the short-term nature of funding and seldom meets post implementation requirements.</p>	<p>have allocated additional revenue resources this year and a recruitment plan is forming.</p> <p>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.</p> <p>Timeframe: No timeframe set as this action is dependent on external parties. 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 organisations are facing.</p>		<p>Improved user experience with BAU digital services. Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.</p>
<p>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.</p>	<p>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.</p> <p>A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review.</p> <p>Timeframe: Report by January 2026</p>	<p>Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements.</p> <p>Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality</p>	<p>Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.</p>
<p>9. Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales</p>	<p>Need to develop a more robust SLA and contract monitoring and management process for critical suppliers.</p> <p>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 is under review with Digital and Data before starting the governance approval process.</p> <p>Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)</p>	<p>Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality</p>	<p>Improved system availability Increased productivity</p>

<p>10.Capacity within current team to deliver digital transformation agenda</p>	<p>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</p> <p>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</p> <p>In addition to the ePMA funding the Health Board has agreed to fund the Patient Centred Contact Transformation Programme as part of the Savings Delivery Programme (SDP). This will enable us to fundamentally change the patient experience and interactions with us as a Health Board while growing our Digital and Data capabilities.</p> <p>Recruitment is underway across multiple disciplines within Digital & Data, however the recruitment process takes time and thus inducting new staff quickly is proving challenging, this is exacerbated by the short-term project funding for roles.</p>	<p>Increased capacity facilitated through various Digital programme</p>	<p>Working with ChangeHub to broaden understanding of transformation that is enabled via Digital.</p> <p>Successful delivered transformation through the implementation of digital solutions.</p>
<p>11.Delayed delivery of the digital patient notes programme</p>	<p>Resourcing required to increase activity and accelerate completion of the programme</p> <p>The current contract for patient record scanning (Cito) is due to expire in March 2026, the Digital Transformation (Medical Records) team are working on a new business case for consideration by the Executive Team.</p> <p>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.</p> <p>The business case has been drafted and under review by the Digital and Data Senior Leadership Team. Once approved this will be</p>	<p>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</p>	<p>Remains a key element for our digital journey / alongside reduction and removal of paper from day-to-day clinical use.</p> <p>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).</p>

	<p>submitted through CTM governance for approval.</p> <p>Timeframe: 2-3-year programme of work.</p>		
12.No resourced function within CTMUHB focussing on benefits realisation	<p>As part of the funding from WG for a Mental Health Single Record the team will be employing a new Head of Digital Business Change and Benefits to take this work forward.</p> <p>The Head of Digital Business Change and Benefits has now started in the Digital Transformation Team. They are currently drafting a Digital Benefits Framework, accompanied with a Toolkit that will standardise how and what we measure in terms of benefits.</p> <p>The learning will be shared across the Digital & Data Directorate to ensure that benefits can be captured across all D&D functions.</p>	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
13.Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	<p>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.</p> <p>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.</p> <p>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</p>	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

	<p>technical solutions that are key enablers to deliver the programme benefits. Procurement should be completed during Q3 of 25/26.</p> <p>Timeframe: 2-3-year programme of work.</p>		
14. Recruitment challenges due to short term funding allocations leading to an increased use of 3 rd party contractors and fixed term contract arrangements.	<p>Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP).</p> <p>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.</p>	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.	<p>Business case for the Mental Health EHR has been approved and funded.</p> <p>Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.</p>	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	<p>Reduction in ambulance transfer</p> <p>Reduction in length of stay</p> <p>Admission avoidance</p> <p>Improved patient experience and flow</p>
16. Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	<p>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.</p> <p>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.</p>	<p>Speed up delivery of digital transformation.</p> <p>Improved utilisation of cutting-edge clinical technologies e.g. AI.</p> <p>Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).</p>	<p>Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management.</p> <p>Improved patient access to clinical services.</p> <p>Enabling staff to deliver high quality care.</p>

Linked National Priority Measures

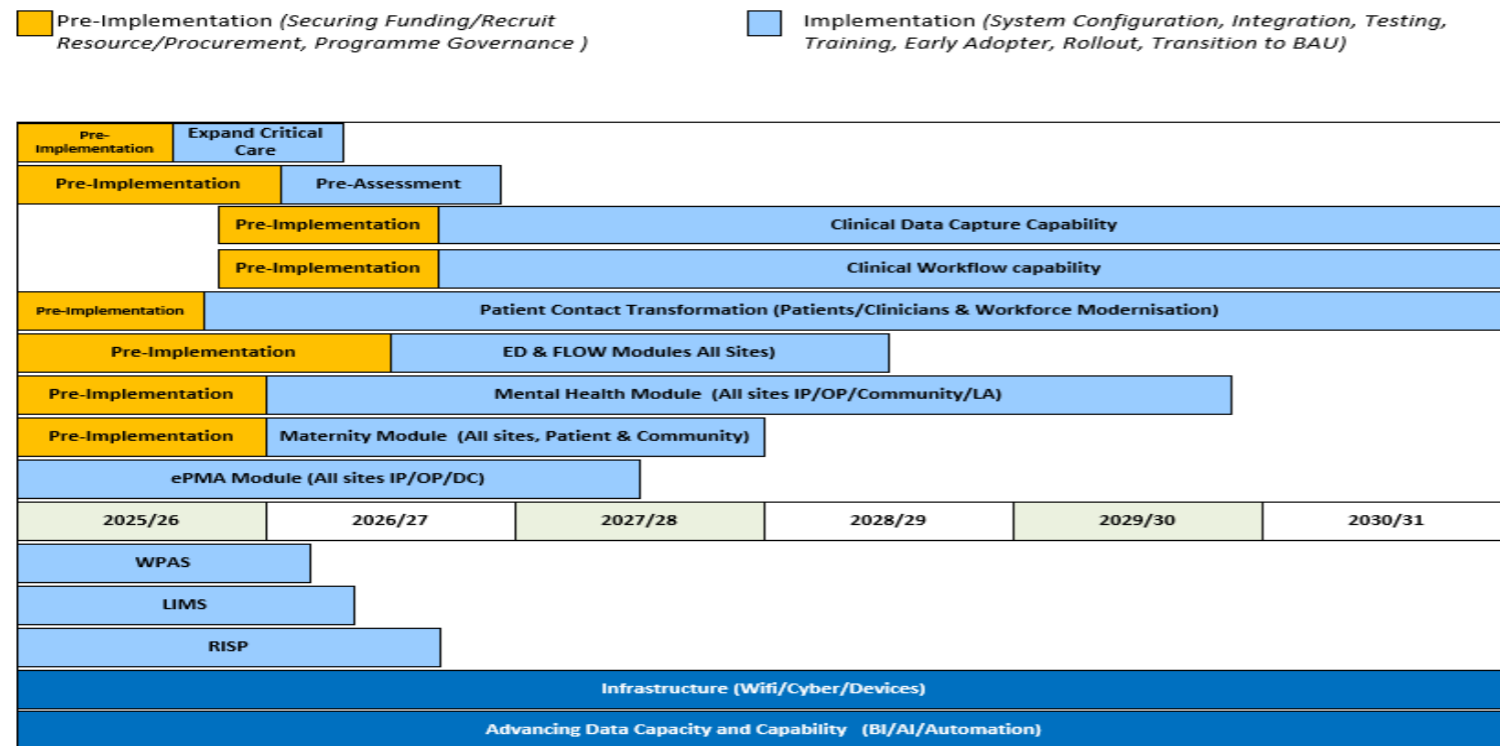
Digital and Technology

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

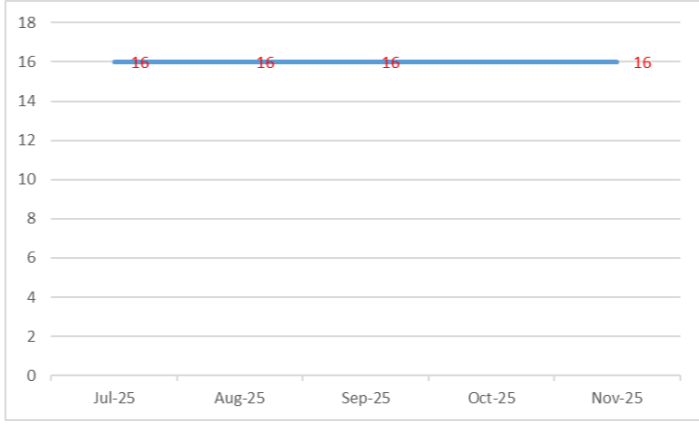
5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
6102	Patient pathways—working in two WPAS instances. Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	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
2795	EUC: Unsupported Windows 10 Desktop Operating Systems. Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	16
6039	Increased cost of VMWare Licensing.	16
6372	Cost escalation risk – Microsoft Enterprise Agreement renewal. New risk escalated in October 2025.	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)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p>Improving Care</p> <ul style="list-style-type: none"> Delivering safe and compassionate care. Developing new models of care. Digital transformation for patients and staff Ensuring timely access to care </div> <div style="width: 45%;">  <p>Sustaining our Future</p> <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future </div> </div>	Risk score 16
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Strategic Risk: Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)

<p>If: CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose estate.</p>	<p>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.</p>	<p>Resulting in:</p> <ul style="list-style-type: none"> 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
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Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee
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	Consequence	Likelihood	Score	
Initial	4	4	16	<p>Risk Score Trend this Period:</p> <p style="color: red;">No changes to risk score this period.</p> <p>Risk Score Trajectory</p> 
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

<p>Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes</p>	<p>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.</p>
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	<p>Risk reviewed in November 2025, 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.</p>		
<p>Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p>		
<p>Current Control Measures</p>			
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◦ 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. 			
<p>Sources of Assurance (Internal and External)</p>			
<p>Internal</p> <ul style="list-style-type: none"> • 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. <p>External</p> <ul style="list-style-type: none"> • 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. 			
<p>Gaps in Controls / Assurances</p>	<p>Actions taken to Mitigate Gaps</p>	<p>Intended Impact of Mitigating Actions</p>	<p>Indicators of Success (following implementation of mitigating actions)</p>
<p>1. National Skills shortage in Estates Roles (<i>Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market</i>) results in staffing challenges to deliver the estates functions.</p>	<ul style="list-style-type: none"> • 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. • Meeting scheduled with the People Directorates Attraction and Retention Lead to explore potential options to mitigate this risk. Two meetings have been undertaken with the People Directorate and the Estates Team are exploring various other recruitment opportunities / campaigns i.e. colleges, universities, various advertising 	<ul style="list-style-type: none"> • Competitor in the market. • Successful recruitment to roles when advertised 	<ul style="list-style-type: none"> • Full establishment and retention of Estates Workforce. • Estates Maintenance performance activity will demonstrate an improvement.

	platforms. This is very early stages in the development, anticipate some improvement in the next quarter.		
2. Increasing Backlog Maintenance position.	<ul style="list-style-type: none"> Secured Targeted Estates Funding (TEF) Proactive in securing additional funding from Welsh Government when available. 	<ul style="list-style-type: none"> Reduced backlog maintenance 	<ul style="list-style-type: none"> Targeted schemes delivered Improved patient environment Reduced estate risks.
3. Secure Funding to deliver Capital Schemes	<ul style="list-style-type: none"> Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes. 	<ul style="list-style-type: none"> Reduction in backlog maintenance and lifting of Fire Enforcement Notice. 	<ul style="list-style-type: none"> Funding secured to deliver the project
4. Deliver schemes within a live environment	<ul style="list-style-type: none"> Dialogue with service leads. Secure decant where appropriate. 	<ul style="list-style-type: none"> Minimal impact on service whilst project is delivered. 	<ul style="list-style-type: none"> 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

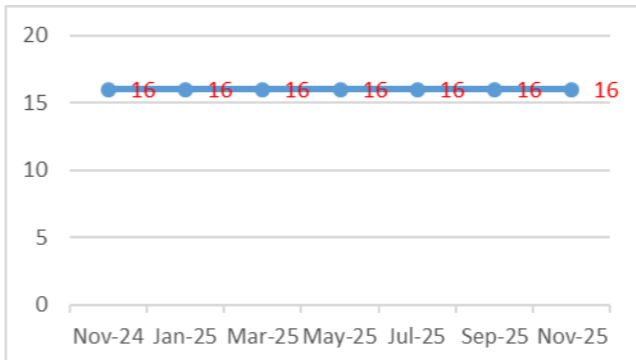
6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16
6379	CT Scanners at RGH damaged by power outage and manual generator/UPS switch over. New risk escalated October 2025.	16

<p>Strategic Goal(s):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p>Creating Health</p> <ul style="list-style-type: none"> Reducing health inequalities Equal focus on mental and physical health Supporting our communities Being a healthy organisation </div> <div style="width: 45%;">  <p>Sustaining our Future</p> <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future </div> </div>	<p>Risk score 16</p>
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Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.7)

<p>If the Health Board’s decisions fail to reflect our values or consider the long-term environmental or social impact</p>	<p>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</p>	<p>Resulting in negative environmental and social impacts, and loss of trust and confidence among stakeholders</p>
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Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee
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	Consequence	Likelihood	Score	
Initial	4	5	20	<p>Risk Score Trend this Period:</p> <p style="color: red;">No change to risk scores this period.</p> <p>Risk Score Trajectory</p> 
Current	4	4	16	
Target	4	2	8	
Risk Appetite	<p>Cautious (quality and safety; trust and confidence; legal and regulatory)</p>			

<p>Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i></p>	<p>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.</p>
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<p>Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p>
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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 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) 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 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 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.	Procurement team part of Environmental Sustainability Group and wider decarbonisation networks. Ongoing. 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	Decarb action plan 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.

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 nearing completion. The farm 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
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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
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	Consequence	Likelihood	Score
Initial	5	4	20
Current	5	4	20
Target	4*	2	8

Risk Appetite

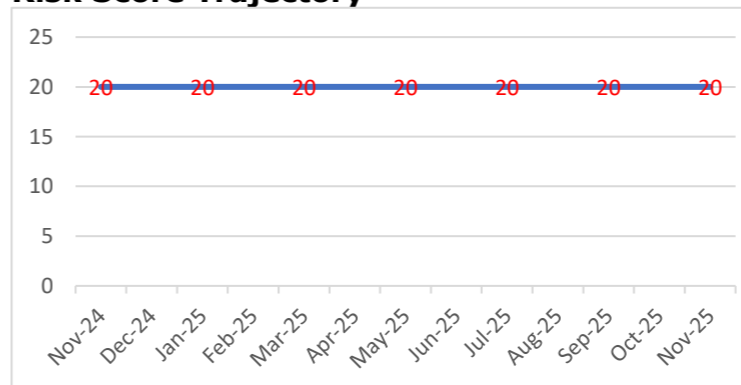
Cautious (quality and safety; trust and confidence; legal and regulatory)

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

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

	<p>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.</p> <p>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</p> <p>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.</p> <p>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.</p>
<p>Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>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.</p>

Current Control Measures

<p>Strategies & Plans</p> <ul style="list-style-type: none"> • 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 <p>Engagement Forums</p> <ul style="list-style-type: none"> • 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 <p>Needs Assessment & Consultation Processes</p>

- 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	Decreased variation in access and outcomes across the population of CTM.	Delivery of the outcomes associated with the Health Protection strategic plan

	<p>Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. Vaccine equity strategy</p>	<p>Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.</p>	<p>Delivery of the milestones in the Creating Health Delivery Plan</p> <p>Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard</p> <p>Measurable increase in investment in prevention activities/programmes across the Health Board.</p>
3. Capacity for population health management	<p>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.</p>	<p>The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.</p>	<p>PHM priorities defined as part of the Local Public Health Team portfolio.</p> <p>A clearly defined strategic plan for the delivery of PHM in CTM.</p> <p>A robustly resourced PHM function in CTM.</p>
4. Impactful action to address health inequalities	<ul style="list-style-type: none"> • 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 	<p>Decreased variation in access and outcomes across the population of CTM</p> <p>Increased focus and alignment of resources to meet the needs of vulnerable groups</p>	<p>Measurable improvements in outcomes for vulnerable groups.</p> <p>Less variation in access and outcomes across the CTM population.</p> <p>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.</p>
5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as; diabetes, cardiovascular disease, etc	<p>Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.</p> <p>A business case submitted as part of the IMTP to fund a children's weight management service</p>	<p>Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease.</p> <p>Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate.</p> <p>Resources moving into prevention strategies</p>	<p>CTM representation at all relevant partnership boards and programmes of work.</p> <p>Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio</p> <p>Improvement in outcomes for patients with chronic disease</p> <p>A funded child weight management service agreed</p> <p>A funded child weight management service in place</p>
6. Ability to influence wider system partners/ determinants of health	<p>Engagement in partnership fora (RPB, PSB, Leaders groups)</p>	<p>Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population.</p>	<p>CTM representation at all relevant partnership boards and programmes of work.</p>

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

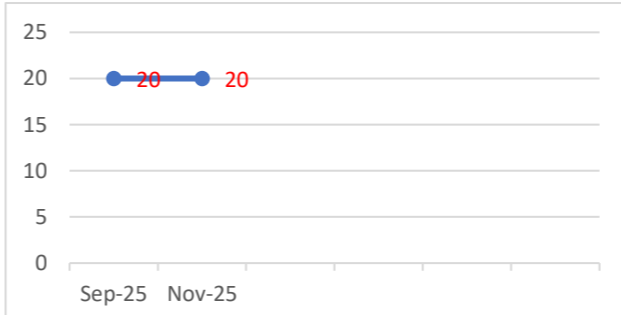
Strategic Goal(s)  Sustaining our Future <ul style="list-style-type: none"> • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future 	Risk score 20
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Strategic 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) and the planned break-even position for 2025-2026.	Resulting in inability to fund planned improvements and new services and increased regulatory scrutiny and enforcement. Breach of statutory duties, application of the escalation framework by Welsh Government, trust and confidence in the Health Board (reputational impact).
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Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee
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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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>	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 6 YTD position was a £4.3m deficit with a savings shortfall of £7.4m. WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in a unplanned £3.8m in year cost pressure and £5.1m recurrently. 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. The latest assessment of the recurrent forecast indicates a deterioration from a planned £1.7m surplus to a £4.2m deficit, again with a significant number of anticipated mitigations to deliver along with managing the material level of current year risks in order to maintain this forecast. Following the publication of the Welsh Government draft budget, the financial outlook for 2026/27 looks very challenging with potential of flat cash settlement.
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Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	The financial plan highlights a number of significant risks for in year and beyond . This risk will therefore be treated until there is confidence that the Health Board can achieve the planned break-even position.
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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	<ul style="list-style-type: none"> • Deliver budget holder training within Care Groups/Directorates – <i>Ongoing throughout 2025-2026.</i> • Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2025-2026.</i> 	<p>Budget holders, through regular training, will be better informed in terms of process and best practice.</p> <p>Greater focus on compliance.</p> <p>Informed decision making through confidence gained through training and experience.</p>	<p>Improved Budget Management.</p> <p>Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver effective and efficient financial management and accountability.</p>
2. A recognised risk of shortfalls in savings delivery	<ul style="list-style-type: none"> • 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. 	<p>A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables.</p> <p>Shared learning across directorates will identify areas of best practice and what has worked well.</p>	<p>Improved financial resilience and sustainability.</p>

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

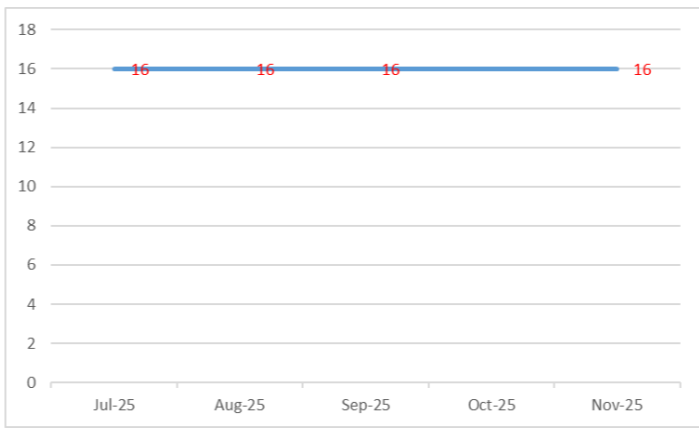
6239	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26	20
6240	Failure to achieve the planned break-even position in 2025/26.	20

<p>Strategic Goal(s)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p>Improving Care</p> <ul style="list-style-type: none"> • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care </div> <div style="width: 45%;">  <p>Sustaining Our Future</p> <ul style="list-style-type: none"> • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future </div> </div>	Risk score 16
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Strategic Risk: Ability to develop a fit for the future estate to reflect our future clinical service model – (Risk No.10)

<p>If CTMUHB is unable to invest in its estate so its fit for future.</p>	<p>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.</p>	<p>Resulting in</p> <ul style="list-style-type: none"> • 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
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Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee
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	Consequence	Likelihood	Score	
Initial	4	4	16	<p>Risk Score Trend this Period:</p> <p style="color: red;">No change to risk scores this period.</p> <p>Risk Score Trajectory</p> 
Current	4	4	16	
Target	4	2	8	
Risk Appetite	<p>Cautious (quality and safety; trust and confidence; legal and regulatory)</p>			

<p>Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i></p>	<p>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 November 2025 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.</p>
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Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	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 .
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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

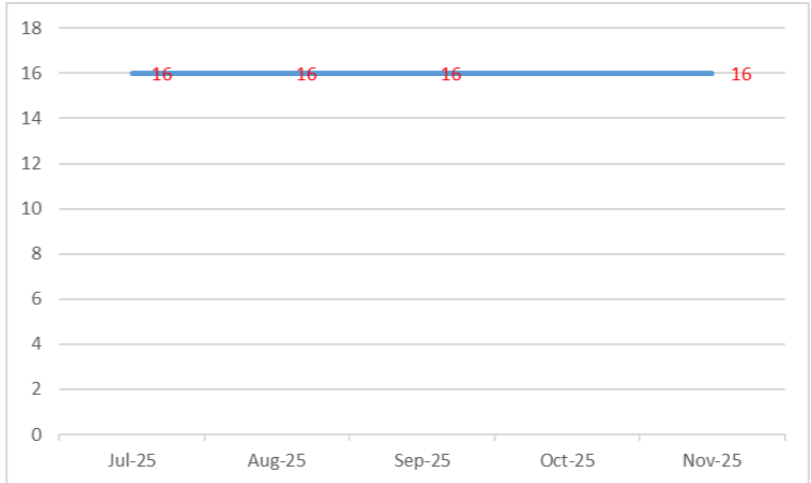
6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16

Strategic Goal(s)			Risk score 16
 Improving Care <ul style="list-style-type: none"> Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care 	 Sustaining Our Future <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future 	 Creating Health <ul style="list-style-type: none"> Reducing health inequalities Equal focus on mental and physical health Supporting our communities Being a healthy organisation 	

Strategic Risk: Delivery of an Integrated Care Model (Risk No.11)

<p>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.</p>	<p>Then there will be:</p> <ul style="list-style-type: none"> 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. 	<p>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.</p>
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Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee
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	Consequence	Likelihood	Score													
Initial	4	4	16	Risk Score Trend this Period: No change to risk scores this period.												
Current	4	4	16													
Target	4	2	8													
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			Risk Score Trajectory  <table border="1" style="display: none;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Jul-25</td> <td>16</td> </tr> <tr> <td>Aug-25</td> <td>16</td> </tr> <tr> <td>Sep-25</td> <td>16</td> </tr> <tr> <td>Oct-25</td> <td>16</td> </tr> <tr> <td>Nov-25</td> <td>16</td> </tr> </tbody> </table>	Month	Risk Score	Jul-25	16	Aug-25	16	Sep-25	16	Oct-25	16	Nov-25	16
Month	Risk Score															
Jul-25	16															
Aug-25	16															
Sep-25	16															
Oct-25	16															
Nov-25	16															

<p>Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes</p>	<p>The current score remains unchanged, although there has been progress with control measures.</p>
<p>Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.</p>	<p>This risk will be treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners</p>

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.

Commissioned National Association of Primary Care to work with key stakeholders to develop a clear model for delivery.

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.

Reviewing Locality delivery options and governance as complex regional landscape.

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	Integrated records and data sharing agreements in place

		different population groups and the drivers of health inequalities.	
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.	Shared space for decision making and constructive challenge.	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.
There has recently been a turnover of staff in key senior roles in each of the four statutory organisations. Attention needs to be given to maintaining and further developing a 'once for CTM' culture as new post holders arrive.	Role for the regional partnership in 'inducting' new colleagues into our way of working.	More collaboration and joint decision making.	Self-assessment of the quality of partnership working. This action has been proposed for closure as no longer considered to be a gap in control.

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.
- 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 care 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