CTMUHB Public Board Meeting

Thu 21 May 2026, 09:00 - 15:00

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information *Jonathan Morgan, Health Board Chair*

1.2. Apologies for Absence

Information *Jonathan Morgan, Health Board Chair*

1.3. Declarations of Interest

Information *Jonathan Morgan, Health Board Chair*

09:05 - 09:05
0 min

2. CONSENT AGENDA BUSINESS

Information *Jonathan Morgan, Health Board Chair*

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

09:05 - 12:05
180 min

3. IMPROVING CARE

3.1. Options Appraisal Future of Health Services in the Llynfi Valley

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

- 3.1a Options Appraisal Future of Health Services in the Llynfi Valley FINAL.pdf (36 pages)
- 3.1b Annex A - Community Pre-Engagement Report & Llais Stakeholder Engagement Feedback Report.pdf (20 pages)
- 3.1c Annex B - Local Public Health Data & Meeting National and Local Strategic Drivers.pdf (9 pages)
- 3.1d Annex C - Shortlisting Options Appraisal Scoring Worksheet.pdf (4 pages)
- 3.1e Annex D - Option Comparison Sheet.pdf (1 pages)
- 3.1f Annex E - Llynfi Valley Health & Wellbeing Centre Equality & Welsh Language Impact Assessment (EWLIA).pdf (5 pages)

3.1.1. BREAK - 10 MINS

3.2. Board Assurance Framework Report

Decision *Gareth Watts, Director of Governance*

- 3.2a Board Assurance Framework - Cover Paper UHB 21 May 2026.pdf (3 pages)
- 3.2b Board Assurance Framework May Iteration UHB 21 May 2026.pdf (74 pages)

3.3. Integrated Performance Report (Quality, People & Operational Performance) - To Follow

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

3.3.1. BREAK - 10 MINS

3.4. Specialist Palliative Care Services

Decision *Gethin Hughes, Chief Operating Officer*

- 3.4a Specialist Palliative Care Services UHB 21 May 2026.pdf (11 pages)
- 3.4b Engagement highlights report -Specialist Palliative Care Services.pdf (6 pages)

12:05 - 12:35
30 min

4. BREAK FOR LUNCH

12:35 - 12:55
20 min

5. GOVERNANCE/BOARD BUSINESS GOVERNANCE ACTIVITY

5.1. Action Log

Discussion *Jonathan Morgan, Chair*

- 5.1 Board Action Log UHB 21 May 2026.pdf (4 pages)

5.2. Matters Arising not Contained within the Action Log

Discussion *Jonathan Morgan, Chair*

5.3. Board Committee and Advisory Group Highlight Reports

Discussion *Committee Chairs*

5.3.1. Quality, Safety & Experience Committee 24 March 2026

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

- 5.3.1 Highlight Report QSEC 24 March 2026 UHB 21 May 2026.pdf (7 pages)

5.3.2. Operational Delivery Committee 30 April 2026 - To follow

Discussion *Rachel Rowlands, Independent Member/Committee Chair*

12:55 - 13:35
40 min

6. INSPIRING PEOPLE

6.1. Chairs Report (Inc. Affixing of the Common Seal /and Chairs Urgent Action)

Decision *Jonathan Morgan, Chair*

- 6.1 Chairs Report UHB 21 May 2026.pdf (6 pages)

6.2. Chief Executives Report

Discussion *Paul Mears, Chief Executive*

- 6.2 CEO Board Update Report UHB 21 May 2026.pdf (9 pages)

6.3. NHS Wales Staff Survey 2025 – CTM Responses and Priorities

Discussion *Hywel Daniel, Executive Director for People*

- 6.3 NHS Wales Staff Survey 2025 - Update UHB 21 May 2026.pdf (9 pages)

13:35 - 14:15
40 min

7. SUSTAINING OUR FUTURE

7.1. Month 12 Financial Performance Report

Discussion *Sally May, Executive Director of Finance*

- 7.1 M12 Finance Report Summary UHB 21 May 2026.pdf (10 pages)

7.2. Financial Accountability & Budget Framework 2026/27

Discussion *Sally May, Executive Director of Finance*

- 7.2a Financial Framework 26-27 UHB 21 May 2026.pdf (13 pages)
- 7.2b Appendix A Full Financial Plan 26-27 UHB 21 May 2026.pdf (12 pages)
- 7.2c Appendix B & C UHB 21 May 2026.pdf (2 pages)

7.3. Month 1 Financial Performance Report - Verbal Update

Discussion *Sally May, Executive Director of Finance*

7.4. Capital Programme Update 2025/26 and 2026/27

Decision *Sally May, Executive Director of Finance*

- 7.4 Capital Update UHB 21 May 2026.pdf (27 pages)

14:15 - 14:20
5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the Public Meeting held on 26 March 2026

Decision *Jonathan Morgan, Chair*

- 8.1.1 Unconfirmed Minutes for Public Board 26th March 2026.pdf (19 pages)

8.1.2. Unconfirmed Minutes of the In Committee Meeting held on 26 March 2026

Decision *Jonathan Morgan, Chair*

- 8.1.2 Unconfirmed Minutes In Committee Board 26 March 2026.pdf (3 pages)

8.1.3. Joint Commissioning Committee Governance Framework

Decision *Joint Commissioning Committee*

- 8.1.3a JCC Governance Framework Report UHB 21 May 2026.pdf (7 pages)

8.2. FOR NOTING

8.2.1. Annual Cycle of Business 2026

Information *Gareth Watts, Director of Corporate Governance*

- 8.2.1 CTMUHB Board Cycle of Business 2026 UHB 21 May 2026.pdf (9 pages)

8.2.2. Non-Routine Committee Business (Forward Plan)

Information *Gareth Watts, Director of Corporate Governance*

- 8.2.2 Non Routine Board Business Forward Plan 2026 UHB 21 May 2026.pdf (2 pages)

8.2.3. Nurse Staffing Levels (Wales) Act Reports

Information *Richard Hughes, Executive Director of Nursing*

- 8.2.3a NSA Report-May 2026 UHB 21 May 2026.pdf (8 pages)
- 8.2.3b Appendix A Nurse Staffing Report template (May 26 report) - Adult Paeds -V3 Final Version.pdf (17 pages)
- 8.2.3c Appendix B 2025-2026 Annual Assurace Report of the NSL v1 DRAFT.pdf (3 pages)

8.2.4. Internal Audit Annual Audit Plan

Information *Head of Internal Audit*

8.2.4 CTM - Internal Audit Plan 2026-27 v2.pdf (25 pages)

8.2.5. Creating Health Annual Report

Information *Philip Daniels, Executive Director of Public Health*

8.2.5 Creating Health Annual Report 25-26 UHB 21 May 2026.pdf (37 pages)

14:20 - 14:30
10 min

9. CLOSE OUT BUSINESS

9.1. Any Other Business

Discussion *Jonathan Morgan, Chair*

9.2. Meeting Feedback

Discussion *Jonathan Morgan, Chair*

Is there anything we should do more or less of?

Have we managed our time well and allowed open and balanced discussion?

Have we considered our values and acted in a way that supports embedding our values across CTM? Have we maintained a strategic focus?

Have we received sufficient assurance from a range of sources?

Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

14:30 - 14:30
0 min

10. Private/Closed Session Business

No items identified for closed discussion on this occasion

14:30 - 14:35
5 min

11. Date and Time of the Next meeting

The next meeting takes place on Thursday 25 June 2026 to approve the Annual Report and Annual Accounts for 2025/2026

Agenda Item
3.1

CTM Health Board

Options Appraisal: Future of Health Services in the Llynfi Valley

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Dale Stolzenberg Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Claire Thompson, Executive Director for Strategy & Transformation & Dale Stolzenberg Assistant Director of Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Strategic Development Committee	12/05/2026	Agreed for recommendation to Public Board with minor amendments

Purpose

Purpose of the Paper and Decision Required

The purpose of this paper is to:

- Set out the strategic case for change for a Llynfi Valley Integrated Health and Wellbeing Centre;
- Demonstrate that community pre-engagement feedback has been considered through this process;
- Summarise the options appraisal undertaken to date;
- Confirm the preferred site to enable the appointed external partners to work up the detail for the SOC / OBC and avoid additional or abortive costs of working up the detail for 2 sites; and
- Seek Public Board agreement for a preferred option for progression to completion of a full SOC / OBC.

The Board is not being asked to approve any submission into Welsh Government at this stage. A full Strategic Outline Case / Outline Business Case (SOC / OBC) will be brought before Public Board upon completion, indicatively before the end of the 2026/27 financial year.

This paper will cover the following:

1. Background
2. Desired Project Objectives / Outcomes
3. Community Pre-Engagement
4. Local Public Health Data
5. Meeting National and Local Strategic Drivers
6. Proposed Scope of Services
7. The Long-List
8. Assessing the Shortlist
9. Options Shortlist
10. Matters for Escalation: Preferred Option
11. Conclusion and Recommendation
12. Appendices

1. Background

Cwm Taf Morgannwg University Health Board (CTM UHB) was formed on 1 April 2019, providing and commissioning a full range of community-based and hospital services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local primary care services (GP Practices, Dental Practices, Optometry Practices and Community Pharmacy), health centres and community health teams.

The resident population of the Health Board is estimated at 449,346[1]. The region has high levels of deprivation, with 51.9% of the population of the Health Board area living in the two most deprived fifths in Wales.

[1] Mid-Year Population Estimates, England and Wales, June 2024, ONS

The highest levels of deprivation lie mainly in the valleys to the north of the Health Board area. Four of the 22 areas in 'deep-rooted deprivation' in Wales are in Cwm Taf Morgannwg (CTM). The deprivation in CTM is largely rooted in historical, economic, and social factors including coal mines and steelworks closure in the late 20th century; Valleys are physically separated by hills, making transport links less efficient; former mining towns experienced a lack of effective policy to attract different industries to the region, resulting in minimal infrastructure development, and ultimately experienced population decline, as younger people moved away for work.

The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTM UHB) are considerable when compared to Wales as a whole, and large inequalities exist within the Health Board area. Life expectancy for males and females in CTM UHB is less than the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for males and females[2].

Austerity measures since 2008 have affected not only the wider determinants of health, but also the capacity of services to address increasing demands placed upon them. A steepening social gradient in health has resulted in people living in areas of deprivation spending more of their shorter lives in ill health. The current cost of living crisis serves to compound these already stark inequalities. Taken in conjunction, we are at risk, warns Professor Sir Michael Marmot, of a "*significant humanitarian crisis*"[3].
Additionally, the region lags behind Wales in terms of practising healthy behaviours. Healthy behaviours impact on the rates of conditions such as diabetes, heart disease, dementia and cancer.

Recognising the public health challenges that exist across CTM, and in the Llynfi Valley in particular (which are covered in more detail in later sections), in 2022/23 CTM UHB considered the need to deliver more services (meet the "service gaps") for more people locally to help address these challenges.

The starting point was to consider how to redevelop an existing facility within the community - Maesteg Community Hospital - into a health and wellbeing centre under the IRCF, and business case fees were approved by the Welsh Government Health and Social Care Integration and Rebalancing Capital Fund (IRCF) in July 2023 for the completion of a Joint SOC / OBC.

The project is included in the CTM RPB Regional 10 Year Strategic Capital Plan (SCP) and its March 2025 Refresh[4].

IRCF funding was pursued for five key reasons:

1. IRCF is the preferred route for primary care and community schemes (having replaced the Primary Care Funding Pipeline);
2. The need for a range of health, wellbeing and integrated, multi-disciplinary services to tackle chronic ill-health across all age groups and support ill-health prevention in the local community;

[2] Public Health Outcomes Framework (PHOF), PHW, 2025
[3] The Marmot review 10 years on. Available at: the-marmot-review-10-years-on-executive-summary.pdf (instituteofhealthequity.org)
[4] CTM RPB Regional 10 Year Strategic Capital Plan (SCP) Refresh Supplementary Report, March 2025 Strategic-Plan-Supplementary_AW-Digital-1.pdf

3. Condition of Maesteg Community Hospital, which in 2019 was graded as 'C – Poor' with an estimated £3M maintenance backlog;
4. Rising, unaffordable costs of re-opening the Llynfi Ward at Maesteg Community Hospital following withdrawal of community bed provision after extensive activity to remove asbestos and address other roof-related issues within the ward space; and
5. Limited access to NHS Wales All Wales Capital funding for such a facility when considering wider estate challenges that exist across Wales, including in District General Hospitals.

About Maesteg Community Hospital

Maesteg Community Hospital has its origins in a temporary facility that was run by the Red Cross and established for injured servicemen from World War I in 1914. A permanent building was completed later in the war. The facility was funded by local townspeople following an appeal for funds, alongside weekly contributions from local miners.

Maesteg Community Hospital subsequently became a maternity hospital, and delivered a wide-range of services. However, over recent decades (under previous Health Boards), there has been a withdrawal of services offered from the building and a corresponding reduction in investment across the site.

When CTM UHB took responsibility for Maesteg Hospital in 2019, the building was graded as 'C – Poor.' The backlog maintenance position at that time was estimated at £3m.

CTM UHB has undertaken essential repairs, day-to-day and routine maintenance to continue to deliver safe, compliant services at Maesteg Hospital, as well as capital investment of £1.4m since 2019. These investments include the partial replacement of the roof and a new radiology suite.

As identified through community pre-engagement (more detail covered in later sections), three recognisable elements of Maesteg Community Hospital are the original L-shaped façade, external clock above the main entrance and 1930's tiles in the original children's ward depicting nursery rhymes.

Existing Services at Maesteg Community Hospital

Maesteg Community Hospital currently offers limited services and is not suitable for other services due to the poor condition and configuration of the building.

The following services are currently delivered from the site:

- Primary Care provision from Bron-Y-Garn Surgery
- Nurse-led and planned care outpatient appointments (with visiting consultants), including ophthalmology, lymphoedema and wound care
- Community Mental Health Team
- Office space for a number of teams, including medical records and school nurses / health visitors

Until late 2020, up to 24 community beds were located within the Llynfi Ward at the hospital site, but these beds were relocated to the Seren Field Hospital (and then Princess of Wales Hospital, Bridgend).

Community bed provision for the Llynfi Valley and wider Bridgend County Borough is addressed later in this paper.

However, current provision is not sufficient to meet the scale of health need or enable the required shift to prevention and community-based services.

Following due process the Welsh Government Building for Wales Design for Life Framework, CTM UHB appointed the following external partners in February 2024 to assist with the development of the SOC / OBC business case:

- MACE Consulting (Project Managers)
- Gleeds (Independent Cost Advisors advising CTM UHB on project costs)
- Kier Construction (Supply Chain Partner, including design and future construction)

Our external partners supported the development of costings for both the long-list and shortlist options, including creating a Schedule of Accommodation (SoA) based on the services envisioned and staff input on the necessary spaces required at a Llynfi Valley Health and Wellbeing Centre (outlined later in this paper).

2. Desired Project Objectives / Outcomes

The desired project outcomes identified are:

- Reduce the numbers of Llynfi Valley residents presenting themselves at A&E and Urgent Primary Care services at the Princess of Wales Hospital, Bridgend;
- Increase the range of Planned Care, Unscheduled Care and Nurse-led clinics in the Llynfi Valley to tackle high incidence of chronic conditions;
- Reduce the number of 'Did Not Attend' appointments from within the Llynfi Valley and surrounding communities across all age ranges, in particular paediatrics, by increasing range and type of clinics locally;
- Decrease the number of late presentations for a range of health issues, including increasing earlier interventions for chronic conditions in the community;
- Maintain and enhance access to community mental health services, including third sector provision; and
- Improved awareness, access and utilisation of third party and local authority services, such as the integrated multi-disciplinary network team, children's services and mental health support.

3. Community Pre-Engagement

Throughout this process, CTM UHB has undertaken ongoing, extensive community pre-engagement. CTM UHB fully recognises the profound importance of Maesteg Community Hospital to the people of Maesteg and the Llynfi Valley. The building is widely valued not only as a place of care, but as an integral part of the town's heritage and community identity, with strong and enduring public attachment.

Throughout the pre-engagement phase, this connection with the community has been explicitly acknowledged and respected. At the same time, CTM UHB has been clear that any future model of health and care must be responsive to current and future population need, reduce health inequalities and address the wider determinants of health, and align with national and local strategic drivers.

Accordingly, CTM UHB has adopted an early and proactive pre-engagement approach with communities and stakeholders across Maesteg and the Llynfi Valley. Between January

2023 and May 2026, purposeful opportunities were created for people to influence the project's direction and share their views at a formative stage, before any formal proposals or decisions were made.

A full report on our pre-engagement activity is included with this paper (Annex A).

4. Local Public Health Data

Summary

The Llynfi Valley experiences some of the poorest health outcomes in Wales. Key health inequalities in the Llynfi Valley (and wider Bridgend North area) are driven by high levels of deprivation and are reflected across the life course. There are significant gaps in healthy life expectancy compared to less deprived areas, alongside poorer maternal and child health outcomes, including rising low birth weight, lower breastfeeding rates, incomplete vaccination uptake and higher childhood obesity.

The population experiences a disproportionately high burden of chronic conditions such as cardiovascular disease, diabetes and mental health issues, with higher levels of frailty and multimorbidity. Lifestyle risk factors, including obesity and low physical activity, are more prevalent, while healthcare utilisation - GP contacts, emergency admissions and A&E attendance - is also higher, indicating greater underlying need.

These inequalities are compounded by an ageing population and are expected to worsen over time, with increasing prevalence of long-term conditions and dementia, and little evidence of improvement in overall public health outcomes in recent years.

Detailed data can be found in Annex B.

5. Meeting National and Local Strategic Drivers

This project is aligned with national and local policy priorities that emphasise prevention, integration and care closer to home. It supports the Welsh Government's A Healthier Wales vision and the Well-being of Future Generations and Social Services and Well-being Acts by promoting population health, improving care experience, and delivering sustainable, community-based services.

It reflects the aims of the Integrated Rebalancing Care Fund by developing an integrated health and wellbeing hub model based on co-location, "no wrong door" access and a hub-and-spoke approach. The project also contributes to the NHS Wales Six Goals for Urgent and Emergency Care by improving access, reducing hospital admissions and enabling more care at home.
Locally, it aligns with CTM 2030 and the Strategic Clinical Services Plan by supporting a whole-system, life-course approach to care, strengthening primary and community services, integrating with social care and third sector partners, and advancing prevention, chronic condition management and mental health support within the community, consistent with the "Community by Design" transformation programme.

Further detail can be found in Annex B.

6. Proposed Scope of Services

Clinical and Workforce Model

This will be developed in detail as part of the full SOC / OBC.

Revenue

The fundamental financial principle for this project is that services will be delivered on a revenue-neutral basis, achieved through reprovision, consolidation and redesigned delivery models rather than CTM UHB service expansion.

This is subject to confirmation through more detailed service and workforce planning as part of the SOC / OBC.

The current indicative opening date is 2030, which sits outside the current 2026-2029 Integrated Medium-Term Plan (IMTP), but services will need to consider this project in Year 3 of the next IMTP (2027-2030).

Proposed Health, Local Authority and Third Sector Services

Our ambition is to meet the health and wellbeing needs of local people of all ages *(local health and wellbeing challenges are set out in Annex B)* and deliver more outside of acute settings and do more in the community, which is why we're proposing the following services for a health and wellbeing centre in the Llynfi Valley:

Urgent Treatment Centre (Desirable)

- Minor Injury Care: This will be delivered by Emergency Nurse Practitioners (ENPs) with competence in managing injuries, such as limb injuries, wounds, minor head injuries and foreign bodies.
- Minor Illness Care: This can be delivered by GPs or Advanced Nurse Practitioners (ANPs). Minor illness nurses can provide additional capacity, but cannot work independently without either a GP or ANP. They have competence in managing minor illnesses such as ear infections, throat infections, chest infections and urinary tract infections.

Radiology (Core)

A Radiology Service covering X-Ray and Ultrasound will be continue to be provided, and will work closely with the Urgent Treatment Centre and local GPs.

GP Provision (Core)

There will be a re-provision of space for Bron-Y-Garn Surgery, who are currently based at Maesteg Community Hospital.

In addition, it is intended that a second GP Practice could be relocated from elsewhere in the community subject to ongoing discussions, which will further support the long-term sustainability of primary care provision in the Llynfi Valley.

The space provided for the GP Practice(s) will be based on the latest guidance and advice from NHS Wales Shared Services Partnership - Specialist Estates Services for primary care

premises, which includes maximising shared spaces, such as reception desk, waiting areas, patient toilets, baby change and baby feed, staff rest areas etc.

Outpatient Services (Core)

Maesteg Community Hospital currently delivers outpatient appointments for a range of services, and it is the intention of the project to increase the range of services delivered within the Llynfi Valley, including those services requiring mechanically ventilated treatment rooms, including:

- Nurse-led clinics, such as Lymphedema, Wound Care, AAA Screening, Healthy Bladder and Bowel, Diabetic Retinopathy and other ophthalmology services, Spirometry, Clinical Musculoskeletal Assessment and Treatment Service (CMATS), Podiatry, Movement Disorder Clinic, Health Visiting Baby Clinic and Midwifery. In addition, school nursing and health visitors will still operate from the site
- Audiology
- Specialist Medicine Services
- Child and Adolescent Mental Health Services (CAMHS)
- Planned Care Group services, such as Paediatrics and Neurodevelopment Services, Respiratory, Gastroenterology and Cardiology
- Sexual Health Services
- Gynaecology Services
- Virtual Clinics for a range of services, including potentially for those listed above

The consulting and treatment rooms must be multi-use, flexible, modern, adaptable and bookable in order to support those services listed above and any other services identified through the project.

Modern, flexible Outpatient rooms at a Llynfi Valley Health and Wellbeing Centre (even if the same number of rooms, albeit room numbers to be determined) that can be utilised for a wider-range of services could see a 50% increase in the number of patients of all ages seen (compared to current setup at Maesteg Community Hospital).

Community Vaccination Clinics

Community Vaccinations will continue to be delivered locally within a Llynfi Valley Health and Wellbeing Centre.

Community Mental Health (Core)

Continuation of services for Bridgend North delivered by the local Adult Community Mental Health Team (CMHT), which provides a range of services for adults (18–65 years) who have moderate to severe, unstable mental health problems. The team offers support to people with a range of mental health difficulties. Examples of these include psychosis, bi-polar, personality disorder, severe depression and anxiety. Community Mental Health Teams (CMHTs) work in partnership with Health and Social Services along with other voluntary sector providers.

Integrated Services for Adults (Core)

The Integrated Network Team for Bridgend North will be based at the Centre. It is an integrated CTM UHB and Bridgend County Borough Council (BCBC) multi-disciplinary team that provide integrated services with the Community Resource team focusing avoiding hospital admission and supporting discharge and community network teams by bringing together 15 different health and social care professions to provide seamless long-term care and support.

The integrated adult service includes the acute clinical team, telecare and assistive technology team, mobile response team, care and support at home reablement service, community occupational therapy, integrated network teams, District Nursing and Hospital@Home.

Integrated Services for Children (Core)

The BCBC Disabled Children's Team will co-locate at the Centre when the Paediatrics team are on-site, as well as the Neurodevelopment and Child and Adolescent Mental Health Services (CAMHS) teams. By being based in the same space / same days, this will help support CTM UHB and BCBC shared learning, develop relationships and understanding and provide improved access to services for local people.

In addition, the BCBC Early Help / Edge of Care Service will offer prevention and early intervention work with local families. As part of this offer, Third Sector support would be available through BCBC commissioned services, which could include Action for Children, Barnardo's, TGP Cymru.

Through September 2025 to January 2026, almost 100 families were referred for 'Early Help' intervention in the Llynfi Valley[5], which represents 90% of all referrals from Bridgend North (41% of all referrals from across Bridgend County Borough).

Third Sector Services (Core)

Space within the foyer / lobby area, as well as small consulting and group teaching rooms, will also be provided to support the delivery of sessional health-focused and information services from Third Sector and other organisations supporting social prescribing, such as those provided by Mental Health Matters Wales, Macmillan Cancer Support, Citizens Advice and Bridgend College.

Prevention and Early Intervention (Core)

Recognising the increased focus on prevention and early intervention, information sessions are envisaged that will be staffed by voluntary organisations, and provide information and advice on local community activities and groups. The activities could include:

- Smoking cessation services
- Alcohol screening
- NHS Health Checks such as glucose testing and cholesterol
- Pre-diabetes and obesity – helping our local communities address the food, nutrition and exercise improvements they need through a number of initiatives and support programmes

[5] Information received from Bridgend County Borough Council, February 2026

As outlined in Annex B, residents of the Llynfi Valley (and wider Bridgend), for example, shows that 14% of people are drinking alcohol above weekly guidelines, whilst 11% currently smoke and there is a higher percentage of adults and children who are overweight or obese compared to the Wales average.

Reprovision of Limited Office Space (Core)

There are a small number of staff currently based at Maesteg Community Hospital, such as Medical Records, where space will also need to be re-provided in a Llynfi Valley Health and Wellbeing Centre.

Shared Spaces (Core)

The Centre will also need to accommodate those spaces needed for public / staff car parking, toilets, changing places room, baby change and baby feed, facilities management and storage, as well as space for mechanical and engineering (M&E) plant for building functionality.

Services Comparison: Current vs Future

Service	Current	Future
Bron-Y-Garn Surgery	✓	✓
Second GP Surgery	✗	?
Nurse-led Appointments *(Wound, Lymphoedema, AAA Screening etc.)*	✓	✓
Current Outpatients *(supported by consultants, includes paediatrics, gynaecology etc.)*	✓	✓
Increased Outpatients *(Audiology, Sexual Health Services, ND Services, treatment rooms for minor procedures etc.)*	✗	✓
Radiology	✓	✓
Urgent Treatment Centre	✗	✓
Community Mental Health Team	✓	✓
Community Vaccination Clinics	✓	✓
Integrated Services for Adults *(Bridgend North Integrated Network Team: CTM UHB, Local Authority MDT Team)*	✗	✓
Integrated Services for Children *(BCBC Disabled Children's Team & Early Help Team, alongside CTM UHB services, inc. CAMHS / Paediatrics)*	✗	✓
Third Sector *(Mental Health Matters Wales, Citizens Advice etc.)*	✗	✓
Prevention and Early Intervention Services *(smoking cessation etc.)*	✓	✓
Community Dental Services	✗	✗
Community Pharmacy	✗	✗
Community Beds	✗	✗
Office Space *(Hot Desking, Medical Records, Health Visitors / School Nurses etc.)*	✓	✓
Shared Spaces *(Toilets, Baby Changing, Baby Feed, Staff Rest / Kitchen & Showers etc.)*	✓	✓

Services identified for inclusion are reflective of:

- Feedback from community pre-engagement in January and May 2023;
- Desired Project Objectives / Outcomes; and
- National and Local Strategic Drivers, including the IRCF Type C/D definition of hub services (see National Strategic Drivers section) and Priority 1 IRCF funding objectives

The co-location of services intends to enable the seamless and integrated delivery of health, local authority and third sector services for patients and the wider community, as well as providing clear signposting support to wider services available (a 'no wrong door' approach for patients).

Services Not Included at Shortlisting

Based on feedback during the aforementioned long-list workshop and from IRCF regarding specific services that would not be funded under IRCF policy, the following were included within the long-list, but were excluded from consideration in the shortlist of options:

- **Community Pharmacy (Optional):** It was determined by CTM UHB Pharmacy Services, based on the CTM pharmaceutical needs assessment, that there is enough provision of community pharmacy services within the Llynfi Valley.

- **Community Dental Services (Optional):** It was determined by CTM UHB Community Dental Team that demand within the Llynfi Valley does not justify provision of a dedicated community dental suite within a Llynfi Valley Health and Wellbeing Centre. Patients requiring treatment can be supported at the soon-to-be-opened Bridgend Health and Wellbeing Centre, which is the base for services for the Bridgend Locality.

- **Community Beds (Optional):** As CTM UHB has stated publicly since 2025, there are three reasons for this decision:

1. No funding available under IRCF policy for community beds in a Health and Wellbeing Centre, which rules out the return of a fully-functional ward with modern infection control and privacy / dignity standards to a facility in the Llynfi Valley as part of this proposed project (confirmed directly with the IRCF Team in September 2024).

2. There has been a significant shift in Welsh Government direction to provide more care at home, rather than in hospital for rehabilitation and reablement patients. A hospital is not necessarily the right place for most of the patients formerly supported at the 'Llynfi Ward' in Maesteg Hospital and this is supported by international evidence that shows admitting frail older people into hospital can lead to a decline in both their physical and cognitive ability. It has been estimated that 10 days of bed rest for healthy older people can equate to 10 years of muscle ageing and function. In-community care is often the safest and most effective health service provision for older people and includes rapid discharge and safe alternatives to hospital admission, such as 'Hospital at Home.' This essentially takes the hospital to the patient through a multidisciplinary team, including doctors, nurses, a physiotherapist and occupational therapist and other professionals.

3. Taking into account the shift to at home provision for rehabilitation and reablement patients, the costs of building a new ward, alongside providing the significant space needed to deliver necessary supporting services, such as therapies spaces and catering requirements, means the costs are also prohibitive.

Community Beds in Bridgend County Borough

CTM UHB recognise that the return of community beds to the Llynfi Valley is an important part of feedback from pre-engagement activity since 2023. The above sets out the reasons why they have not been included as part of this project. However, working with Local Authority partners, the Health Board is looking carefully at the way in which community beds are provided, to ensure they provide safe, accessible and good quality care that meets the changing needs of the population.

7. The Long-List (2024)

Following User Group Workshops in May-July 2024, draft Schedules of Accommodation (SoA) were developed based on the proposed services outlined (and at this stage included the provision of community beds).

Five different options were developed to RIBA Stage 1, which is known as the 'Preparation and Brief' stage, and establishes the project's foundation by defining objectives, budget, site information and project requirements. This stage also provides an informed cost estimate of each RIBA 1 option.

The range of options identified below were discussed against desired project objectives / outcomes and draft Critical Success Factors (including IRCF priority 1 policy) at a Workshop attended by a range of health board, local GP, local authority and third sector partners in 2024.

However, no preferred option was formally determined at this stage, pending discussions with the WG IRCF Team on capital affordability. This was judged a prudent approach, noting that other schemes across Wales had encountered affordability challenges. Through this discussion, it was established that all options reflected in the 2024 long list were significantly more expensive than the anticipated capital funding available. In addition, advice was provided that funding for community bed provision was not included of the IRCF funding scope.

The long-list options and informed costs estimates (based on 2024 prices) at this stage were (further detail available on request):

Option	Description	Cost (£M)
1. Maesteg Health & Wellbeing Centre	• 3998M² • All proposed services • Does not include community beds and Urgent Treatment Centre	£53,615,829
2. Maesteg Health & Wellbeing Centre, including Urgent Treatment Centre	• 4367M² • All proposed services • Includes Urgent Treatment Centre	£58,530,187
3. Maesteg Health & Wellbeing Centre, including community beds	• 5798M² • All proposed services • Includes community beds	£75,271,427
4. Maesteg Health & Wellbeing Centre, including community beds and Urgent Treatment Centre	• 6367M² • All proposed services • Includes community beds • Includes Urgent Treatment Centre	£81,347,868
The following option was discussed at longlisting, but was not costed (due to the increasing costs of options 1-4)		
5. Maesteg Health & Wellbeing Centre, including community beds, Urgent Treatment Centre, Community Pharmacy and Community Dental Services	• All proposed services • Includes community beds • Includes Urgent Treatment Centre • Includes Community Pharmacy • Includes Community Dental Services	>£81.5M

These costs reflected building conditions, abnormals and site constraints identified at the Maesteg Community Hospital site, which were estimated at c.£6.4M (inc. VAT) in total. This sum incudes a sum for the provision of temporary accommodation for some of the services presently offered at the site, including provision for Bron-Y-Garn Surgery and a limited range of health board services. These costs would increase if temporary accommodation was secured for full reprovision of all current services at the site

It should be noted that the £6.4m estimated cost is reflected within the shortlisted option 3 feasibility study (Annex D). The equivalent costs for Option 4 are £2.4M (inc. VAT) (Annex D)

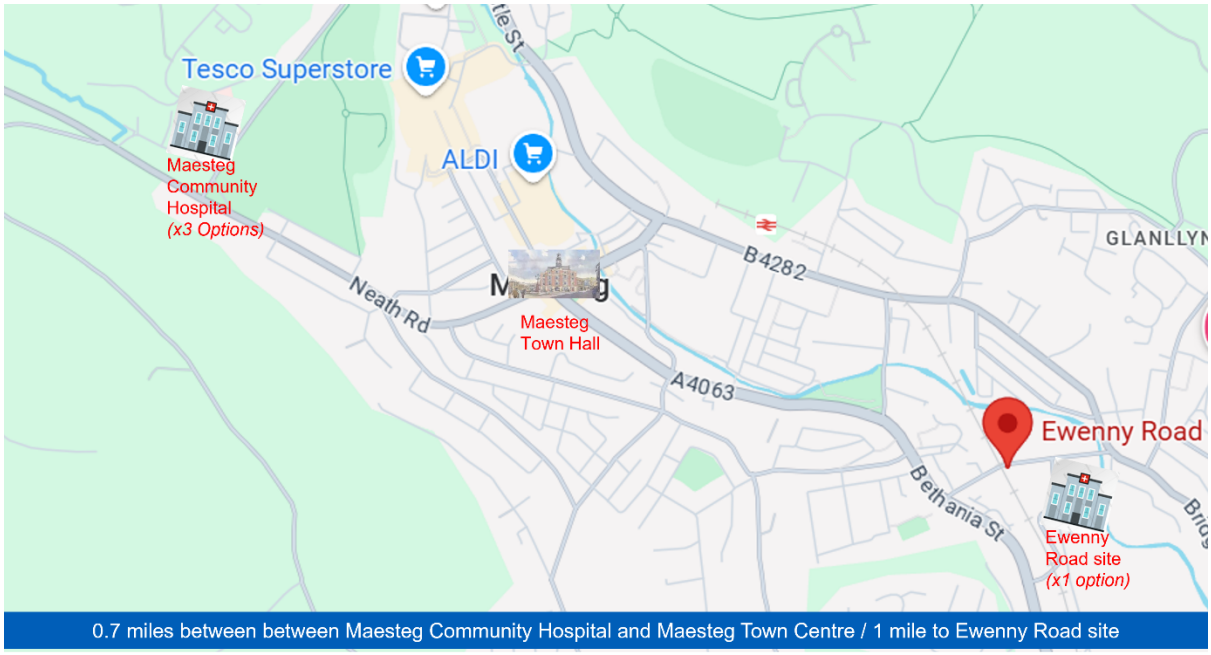
Revised Options

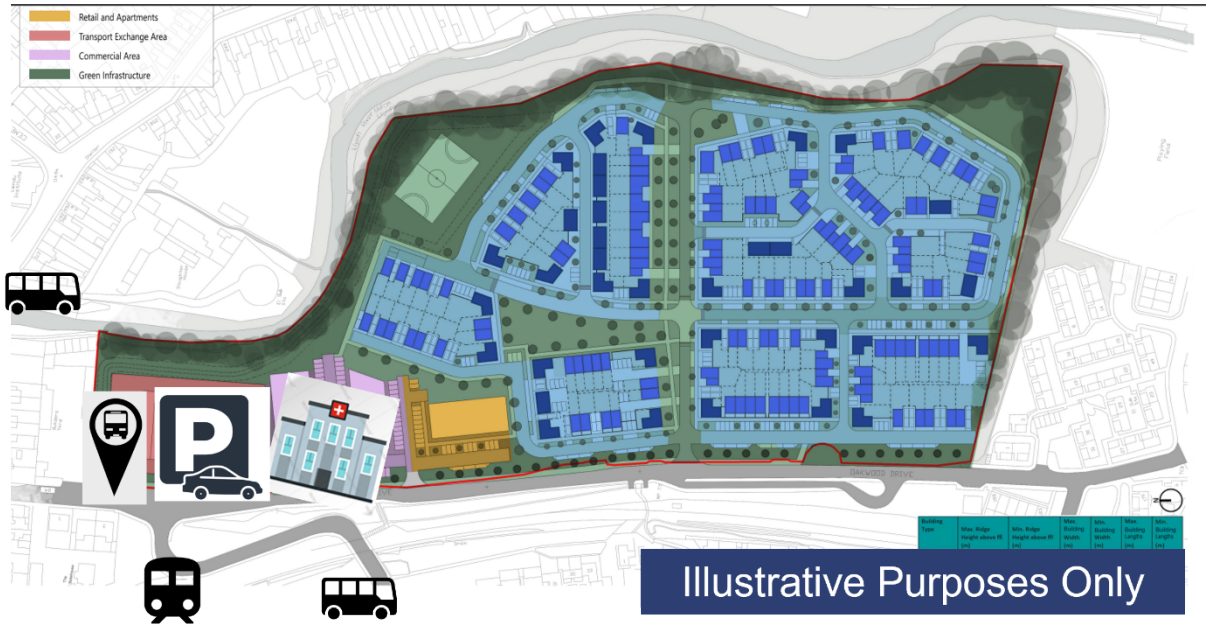
In response to the capital affordability and affordability challenges, CTM UHB and external partners worked together to determine whether there were other options at the Maesteg Community Hospital site that could meet the desired project objectives / outcomes, within IRCF policy (including the removal of community beds from the options under consideration) and be delivered within the anticipated capital budget.

Options generated included value engineering the SoA to reduce the space required to deliver the proposed services, phasing the project, building to anticipated budget and utilising alternative modular construction (Modern Methods of Construction).

The feedback from external partners regarding these options demonstrated the challenge of delivering the project objectives / outcomes from Maesteg Community Hospital, and the need to consider alternative sites for comparison and as part of the shortlist of options. There are limited sites available in the Llynfi Valley that are close to, or easily accessible from, Maesteg Town Centre. The alternative site identified was the former Revlon site near Ewenny Road, Maesteg after discussion with BCBC.

The Ewenny Road site is approximately 1 mile from Maesteg Town Centre:





In October 2025, the Welsh Government IRCF Team agreed that the Ewenny Road site could be considered as part of the shortlist of options to meet the desired project objectives and outcomes. Approval was also granted for additional business case development fees against a potential capital funding requirement of £33.9m. Initial correspondence requested fees based on a circa £35m scheme; however, this was subsequently revised to £33.9m following review with NWSSP Specialist Estates Services colleagues.

As a result, a capital cost envelope of £33.9m is considered to represent a reasonable assessment for a scheme of this size and complexity and is sufficiently robust for application within the options appraisal process.

8. Assessing the Shortlist

Assessment Criteria

The Desired Project Objectives, Design Investment Objectives and Critical Success Factors (outlined below) were used at a shortlisting options appraisal scoring workshop on Friday 8 May 2026. Workshop attendance included representatives from CTM UHB, local GPs and Third Sector colleagues. Local Authority services included were previously discussed and agreed with BCBC (see Annex C):

- Reduce the numbers of Llynfi Valley residents presenting themselves at A&E and Urgent Primary Care services at the Princess of Wales Hospital, Bridgend;
- Increase the range of Planned Care, Unscheduled Care and Nurse-led clinics in the Llynfi Valley to tackle high incidence of chronic conditions;
- Reduce the number of 'Did Not Attend' appointments from within the Llynfi Valley and surrounding communities across all age ranges, in particular paediatrics, by increasing range and type of clinics locally;

- Decrease the number of late presentations for a range of health issues, including increasing earlier interventions for chronic conditions in the community;
- Maintain and enhance access to community mental health services, including third sector provision; and
- Improved awareness, access and utilisation of third party and local authority services, such as the integrated multi-disciplinary network team, children's services and mental health support.

Design Investment Objectives for the Project

The Design Investment Objectives are the main aims of the project (reflecting Desired Project Outcomes and the emerging Clinical Service Plan), and is a standard Five Case Business Model approach to assessing project options:

#	Design Investment Objectives
DI1	Create an accessible local hub to meet the health and wellbeing needs for the Llynfi Valley and wider communities identified during community engagement, delivering services closer to home and reducing the need to travel further afield
DI2	Provide a joined up and seamless approach to the provision of primary, community and mental health services encompassing health, local authority, and third sector providers and enhance patient / user and staff experience
DI3	Improve the patient / service user environment and provide a workplace that supports closer working for multidisciplinary teams within the centre
DI4	Deliver a wide-range of services that will improve current and future health access and outcomes within the Llynfi Valley and wider communities
DI5	Reduce demand for acute health and local authority services on other sites by providing easier and earlier access to relevant health, care and wellbeing services within a heavily deprived area of Cwm Taf Morgannwg (as outlined by project objectives)
DI6	Ensure site can be accessed easily by the local population and staff
DI7	Minimise disruption to service delivery and patient access in the Llynfi Valley during construction

Benefits Register and Benefits Realisation

A detailed benefits register and benefits realisation plan will be judged against the Design Investment Objectives as part of the SOC / OBC on the identified preferred project site option. These benefits cover a wide range of areas:

- Cash Releasing Benefits (CRB)
- Non-Cash Releasing Benefits (Non-CRB)
- Quantifiable Benefits (QB)
- Non-Quantifiable or Qualitative Benefits (Non-QB)

The table below summarises some of the key benefits that the Design Investment Objectives will be assessed against:

Design Objective 1: Create an accessible local hub to meet the health and wellbeing needs for the Llynfi Valley and wider communities identified during

community engagement, delivering services closer to home and reducing the need to travel further afield		
Stakeholder Group	**Benefit**	**Category**
Patients	- Improved access to a wider range of services locally, resulting in reduced travel time and increased uptake of preventative and planned care - Digital inclusion and hybrid access models, increasing flexibility and reach of services - Accessible building with strong public transport links from across the Llynfi Valley (at time of completion) - Supporting self-management in the local population enabled through education, information and preventative services offered in partnership with social services and the third sector	Quantifiable & Qualitative (QB)
Staff: Clinical & Non-Clinical	- Reduce demand on local acute, community and primary care services by providing improved local access to wider-range of services	Quantifiable (QB)
Health Community / Others	- Support the successful delivery of national and local strategic drivers	Qualitative (Non-QB)
Design Objective 2: Provide a joined up and seamless approach to the provision of primary, community and mental health services encompassing health, local authority, and third sector providers and enhance patient / user and staff experience		
Patients	- Improved continuity of care across primary, community and mental health services, reducing duplication, delays and variation in patient experience	Qualitative (Non-QB)
Staff: Clinical & Non-Clinical	- Efficient use of resources through co-location and collaborative working - Improved health and Local Authority services integration by enhancing co-location of physical and mental health services across all ages	Qualitative (Non-QB)
Health Community / Others	- Prudent healthcare and the early intervention/ prevention agenda in social care supported - Admission avoidance to secondary care, reducing A&E attendances	Quantifiable (QB)
Design Objective 3: Improve the patient / service user environment and provide a workplace that supports closer working for multidisciplinary teams within the centre		

Patients	- Improved patient experience and comfort due to a modern, fit-for-purpose care environment	Qualitative (Non-QB)
Staff: Clinical & Non-Clinical	- The building will meet key Welsh Health Building Note (WHBN) requirements Recruitment, retention and well-being of staff enhanced - Reduce sickness absence - Improved recruitment outcomes	Quantifiable (QB)
Health Community / Others	- The community will benefit from a modern purpose-built building able to deliver a wider-range of services	Quantifiable (QB)
Design Objective 4: Deliver a wide-range of services that will improve current and future health access and outcomes within the Llynfi Valley and wider communities		
Patients	- Earlier access to preventative and treatment services, reducing escalation of need and unplanned care services provided by Health Board, Local Authority and Third Sector	Quantifiable (QB)
Staff: Clinical & Non-Clinical	- Reduced pressure on A&E in Princess of Wales Hospital, Bridgend through Urgent Treatment Centre - Improved patient access to preventative and treatment services earlier, limiting delayed access to services - Avoid multiple hospital admissions through co-location and collaborative working	Non-cash releasing
Health Community / Others	- More people accessing non-healthcare wellbeing services	Quantifiable (QB)
Design Objective 5: Reduce demand for acute health and local authority services on other sites by providing easier and earlier access to relevant health, care and wellbeing services within a heavily deprived area of Cwm Taf Morgannwg (as outlined by project objectives)		
Patients	- Reduced reliance on Princess of Wales Hospital for conditions manageable in community settings, improving system resilience - More patients accessing Health, Local Authority and Third Sector Services within the Llynfi Valley	Quantifiable (QB)
Staff: Clinical & Non-Clinical	- Reduced pressure on staff at Princess of Wales Hospital, Bridgend	Qualitative (Non-QB)
Health Community / Others	- Reduction in ambulance journeys with more people accessing relevant services locally (prevention-focused and Urgent Treatment)	Quantifiable (QB)

Design Objective 6: Ensure site can be accessed easily by the local population and staff		
Patients	- Reduced travel time / barriers to accessing the site via a variety of means (car, public transport, cycling etc.)	Quantifiable (QB)
Staff: Clinical & Non-Clinical	- Improved access to the site via a variety of means (car, public transport, cycling etc.) for current staff - Improving recruitment catchment	Quantifiable (QB)
Health Community / Others	- Increased utilisation and equity of access to non-NHS wellbeing and third-sector services	Quantifiable (QB)
Design Objective 7: Minimise disruption to service delivery and patient access in the Llynfi Valley during construction		
Patients	- Maintain service continuity during construction, avoiding displacement of patients and protecting access in a high-need community	Quantifiable (QB)
Staff: Clinical & Non-Clinical	- Current services continue to be delivered in the Llynfi Valley through the construction period to minimise impact on staff	Quantifiable (QB)
Health Community / Others	- Current services continue to be delivered in the Llynfi Valley through the construction period to minimise impact on the wider healthcare community, including Local Authority and Third Sector	Quantifiable (QB)

Critical Success Factors for the Project

The Critical Success Factors (CSF's) are the attributes that are essential to the successful approval and delivery of the project and are:

#	Critical Success Factors
CSF 1	Does the option support the CTM Regional Partnership Board 'Regional 10 Year Strategic Capital Plan (SCP),' long-term objectives set out under CTM2030 by Cwm Taf Morgannwg University Health Board and wider Welsh Government national strategic drivers?
CSF2	Does the option meet the funding criteria of IRCF (Priority 1)?
CSF3	Can Cwm Taf Morgannwg University Health Board and partners support the ongoing revenue consequences of the option?
CSF4	Is the service / option affordable from the anticipated available capital budget?
CSF5	Does the option meet the required build and quality standards, including decarbonisation requirements?

CSF6	Does the option retain the design elements important to the local community that were identified through pre-engagement (external façade, clock tower and children's tiles)?
CSF7	Does the option deliver service improvements within an acceptable timescale (before 2030)?

Definition of IRCF Priority 1

Looking specifically at CSF2 and whether IRCF Priority 1 objectives can be met is assessed via the following:

#	IRCF Priority 1 Principle	Commentary
1.	Co-location of services to enable seamless delivery A 'Hub and Spoke' network of integrated facilities	There must be a range of CTM UHB, Local Authority and Third Sector services responding to health and wellbeing needs identified through local public health data (as outlined)
2.	A 'Hub and Spoke' network of integrated facilities	The option must act as both a 'hub' for locally delivered services and a 'spoke' to more acute secondary care services and Local Authority / Third Sector services delivered elsewhere
3.	A 'No Wrong Door' Principle	The option must provide direct access to relevant CTM UHB, Local Authority and Third Sector services, or be a gateway to guidance / sign-posting to other appropriate services locally
4.	A graduated response	The option must deliver a structured approach to identifying and supporting individuals appropriately
5.	Town Centre First	The option must be close to Maesteg Town Centre, with good transport links up and down the Llynfi Valley
6.	Proportionate and Planned Investment	The option must be proportionate to meet the health and wellbeing needs of the Llynfi Valley and surrounding communities as part of a joined-up approach between CTM UHB, Local Authority and Third Sector
7.	Decarbonisation	The Option must consider decarbonisation and must meet NHS Wales 'Net Zero' policies and guidance

9. Options Shortlist

At shortlisting, 4 different options were developed to RIBA Stage 1, which is known as the 'Preparation and Brief' stage, establishes the project's foundation by defining objectives, budget, site information and project requirements. This stage also provides an informed cost estimate of each RIBA 1 option based on independent advice and guidance from Gleeds, our independent cost advisors who work on similar schemes across Wales and the rest of the UK.

These options and their informed costings will form part of the economic case for the business case to demonstrate value for money and the deliverability of the scheme within the identified funding envelope.

The SoA used for the shortlist options 3 and 4 is 2725M^2. This SoA was developed through a value engineering exercise following the funding discussion and long-list feedback from the Welsh Government IRCF Team in September 2024.

Both the Maesteg Community Hospital site (Option 3) and Ewenny Road site (Option 4) were evaluated against identical criteria to ensure a consistent and objective comparison.

The following options were assessed against a potential capital funding requirement of £33.9m, which is the most recent figure upon which business case fees were provided by the Welsh Government IRCF Team. For noting, this is not confirmed capital funding, which will only be determined through the successful completion of approvals of all business case processes.

#	Description	Cost inc. VAT (£M)	Benefits / Positives	Drawback / Negatives (Risks)
1. Do Nothing at Maesteg Community Hospital (Annex D)	• Maintain existing services • Backlog maintenance	**£985,200**	• Retains use of locally-historic building for health services • Retains site heritage identified by the local community through pre-engagement • No call on Welsh Government IRCF funding or additional capital funding • Services remain revenue cost-neutral • Lowest delivery risk as requires no construction or planning approvals	• Does not meet desired project objectives / outcomes • Does not meet IRCF Priority 1 aims for receipt of funding • Fails to address long-term infrastructure challenges at the site • Inability to deliver new and wider-range of health services at the site • Risks closure of site in medium-long term due to required infrastructure

			• No service disruption	investment beyond identified backlog maintenance Would require new application for All Wales Capital Funding (noting more than £1bn backlog call on this funding across Wales) • No 'Net Zero' investment in the site, including PV etc. • Large parts of building will remain unusable for patients / staff • Limited public transport options to the site for public and staff • Limited car parking options • No return of community hospital beds to the Llynfi Valley as part of this project • Reputational risk of perceived managed decline of site • Missed opportunity to access multi-million-pound IRCF funding • Non-compliance risk with current and future estate standards • May impact workforce recruitment and retention • Fails to support system-wide strategies (CTM2030, Community by Design, Six Goals etc.)
2. Do Minimum at Maesteg Community Hospital (Refurb existing ward space & backlog maintenance) (Annex D)	• Maintain current services • Limited additional services • Backlog maintenance • Develop Llynfi Ward as usable space • Other long-term site	**£4,854,272**	• Retains use of locally-historic building for health services • Retains site heritage identified by the local community through pre-engagement • Smaller amount of IRCF capital funding required • Return of usable space within the former Llynfi Ward (noting that this is not as a community beds ward) • Opportunity for limited enhancement of integrated services at the site	• Does not meet desired project objectives / outcomes (return to use of former ward space will only support 1 new service (i.e. Urgent Treatment Centre / second GP Practice / Treatment Rooms with air changes) • Limited enhancement of Health, Local Authority and Third Sector services at the site

	improvements, inc. roof replacement across majority of building		• Addresses some wider site infrastructure issues, including roof repair / replacement • Services would be revenue cost-neutral (must be tested through SOC / OBC) • Incremental improvement in patient and staff environment • Potential to pilot limited services changes in refurbished ward space • Shorter delivery timescale compared to Options 3 and 4 • Lower planning complexity as changes limited	• Limited ability to realise full benefits of integrated Health, Local Authority and Third Sector services at the site • IRCF Priority 1 funding requirements for receipt of funding met on very limited basis only • Requires new application for All Wales Capital funding for wider service and estate enhancement at the site, which is not guaranteed • Limited 'Net Zero' investment in the site, including PV etc. • Large parts of building will remain unusable for patients / staff due to site layout and condition • Limited public transport options to the site for public and staff • Limited car parking options on-site and off-site car park in managed / maintained by BCBC • No return of community hospital beds to the Llynfi Valley as part of this project • Reputational risk of perceived managed decline • Missed opportunity to access increased multi-million-pound IRCF funding • Non-compliance risk with future estate standards across wider site • May impact workforce recruitment and retention • Does not significantly support system-wide strategies (CTM2030, Community by Design, Six Goals etc.)
3. **Llynfi Valley Health & Wellbeing Centre at Maesteg**	• Redevelopment of the full site • Includes all proposed	**£40,085,743**	• Retains use of locally-historic building for health services	• Unaffordable when considered against anticipated capital budget • C.£6.4M of site-specific abnormals / constraints (decant of existing

Community Hospital (Annex D)	services, inc. Urgent Treatment Centre • 2725M^2		• Retains site heritage identified by the local community through pre-engagement • Delivers all proposed services and meets desired project objectives / outcomes • Meets IRCF Priority 1 aims for receipt of capital funding, including mostly meeting 'Net Zero' requirements • Supports 'Town Centre First' IRCF objective due to proximity to Maesteg town centre • Continuity of place for patients and staff • Supports staff recruitment and retention • Services would be revenue cost-neutral (must be tested through SOC / OBC) • Planning required but only within existing site boundaries / and on same topography	services, asbestos, new access needed etc.) and other on-costs ○ *Decant costs are for temporary accommodation of Bron-Y-Garn Surgery and limited Health Board services. Costs would increase for full reprovision of all existing site services* • Potential for sub-optimal design compromises due to compact nature of existing site boundaries and topography • Longer construction period due to works necessary to retain façade, demolish parts of site, address asbestos etc. • Significant impact and cost to local health service delivery during construction period • Limited public transport options to the site for public and staff • Need to overcome local covenant to use adjacent green space as car park due to limited space on hospital grounds • No return of community hospital beds to the Llynfi Valley as part of this project
4. Llynfi Valley Health & Wellbeing Centre at Ewenny Road (Annex D)	• New-build development • Includes all proposed services, inc. Urgent Treatment Centre • 2725M^2	**£34,269,041**	• Deliverable within a tolerable variance of the anticipated capital funding envelope at SOC stage (determined based on early feasibility study in May / June 2025) • Potential opportunities for cost-savings through the following design stages (RIBA 2)	• C.£2.4M (inc. VAT) abnormals and other on-costs (£4M less than Option 3) • Option means that Maesteg Community Hospital would close as a health facility upon a new site opening • Requires a robust longer-term plan for the Maesteg Community Hospital site that retains locally-historic building features

			• Delivers all proposed services and meets desired project objectives / outcomes • Meets IRCF Priority 1 aims for receipt of capital funding, including meeting 'Net Zero' requirements (easier to meet these standards in a new build) • No impact on health services currently delivered in the Llynfi Valley during the construction period • Shorter construction period due to improved site access / fewer abnormals and site constraints • Likely easier to find opportunities to reduce construction costs in a new build facility • New build can optimise clinical design from first principles • Supports staff recruitment and retention • Excellent public transport options from all parts of the Llynfi Valley and wider communities for public and staff, including rail line a 2-minute walk away and a transport interchange (bus / taxi rank / car drop-off) to be built adjacent to the site by BCBC • Opportunity to retain some important features from Maesteg Community Hospital, such as historical plaques, for utilisation in new building • Services would be revenue cost-neutral (must be tested through SOC / OBC)	• Stakeholder opposition to moving health services in the Llynfi Valley • Risk of perceived 'service relocation' rather than enhancement of integrated services • Dependence on external infrastructure (i.e. transport interchange) to maximise benefits of site location • Land acquisition and planning risks (noting mitigations outlined later) • No return of community hospital beds to the Llynfi Valley as part of this project

10. Matters for Escalation: Preferred Option

Following the Shortlist Options Appraisal Workshop on Friday 8 May 2026, the Preferred Option was determined as **Option 4 – a Llynfi Valley Health & Wellbeing Centre at Ewenny Road**.

This option:

- Best meets the agreed Design Investment Objectives and Critical Success Factors;
- Aligns most strongly with IRCF Priority 1 principles and Desired Project Objectives / Outcomes;
- Marginally exceeds the current capital funding assumption at SOC stage, but it remains within a tolerable range for business case progression, subject to scope refinement, value engineering and funding alignment; and
- Provides the greatest design and construction flexibility, public and staff accessibility and value for money.

Option 1 ('Do Nothing') and Option 2 ('Do Minimum') scored lowly against the Desired Project Outcomes, Design Investment Objectives and Critical Success Factors for the project; and whilst Option 3 (a Llynfi Valley Health & Wellbeing Centre at Maesteg Community Hospital) scored more highly compared to Options 1 and 2, it scored lower than key Design Investment Objectives Critical Success Factors, including around affordability from a capital funding perspective and patient access to services.

	Option 1	**Option 2**	**Option 3**	**Option 4**
Design Investment Objectives Score (out 0f 35)	7	10	21	28
Critical Success Factors Score (out of 35)	11	22	27	29
Total score (out of 70)	18	32	48	57
Overall Rank	**4**	**3**	**2**	**1**

The preferred option marginally exceeds the capital funding amount (34.2M v £33.9M) that each was assessed against at this stage. The SOC / OBC will explicitly explore scope refinement, value engineering and funding alignment opportunities prior to any request to IRCF for approval beyond the agreed envelope.

In short, there were three clear benefits identified during the Shortlist Options Appraisal Workshop that meant Option 4 ranked most highly:

- Capital affordability *(within tolerable range at this SOC stage)*
- Excellent public transport links
- Minimal disruption to local health services during the construction period

Ewenny Road Land Transaction

The land transaction with BCBC for the Ewenny Road site would be enacted using Welsh Government's Estates Co-Location and Land Transfer Protocol (LTP). The purchase of the land is subject to approval of all business case stages required for this project.

Initial Equality and Welsh Language Impact Assessment

An initial draft of the Equality and Welsh Language Impact Assessment of the preferred option has been completed (Annex E).

Existing Maesteg Community Hospital site

While redevelopment of Maesteg Community Hospital remains highly valued by the community for the provision of local health services, the scale of site constraints, abnormal costs and affordability gap means it cannot deliver the required model of care within the available funding envelope.

Collaborative work is underway with BCBC to develop a sustainable, longer-term strategy for the use of CTM UHB's Maesteg Community Hospital site. The clear intent of this work is to ensure that the site continues to serve the community in a meaningful way. It includes the consideration of future community-focused health, care, wellbeing, or complementary public uses. No decisions have been taken by CTM UHB regarding the disposal or potential redevelopment of the site at this stage. Future proposals for the site will be developed jointly with partners and shaped through further engagement with local elected representatives, health and local authority staff and the community before being brought forward for consideration.

This will be separate activity to the development of a Llynfi Valley Health and Wellbeing Centre at Ewenny Road, but we recognise that the two are closely linked.

Project Benefits and Benefits Realisation

A detailed Benefits Realisation Plan, aligned to these objectives and in line with those outlined in this paper, will be developed as part of the complete SOC / OBC and monitored through the Project Board and Executive Capital Management Group.

Key Risks

Key project risks identified at the end of RIBA 1 stage for the Preferred Option and will need to be considered through the SOC / OBC are:

Risk	Description	Likely Counter Measures
Capital affordability	Capital affordability and funding alignment, including understanding of decarbonisation / Net Zero requirements	The preferred option is currently marginally above the current capital funding assumption envelope, and additional value engineering or funding alignment will be required to ensure affordability at SOC / OBC stage

Approvals and Policy Risk	Final progression is dependent on continued alignment with Welsh Government policy, IRCF criteria (and follow-on funding post March 2027), and capital approval processes, which may evolve over the programme lifespan	Ongoing engagement with Welsh Government Capital and IRCF teams will continue to ensure the scheme remains compliant with national policy and approval requirements at each stage
Benefits Realisation	Some anticipated benefits (e.g. reduced A&E attendance, improved chronic disease management) assume a high-level of integration with primary care, Local Authority and third Sector services	Sustained engagement with Primary Care, Local Authority and Third Sector partners to co-design service models in line with IRCF Priority 1, agree roles and responsibilities, and secure shared ownership of outcomes. Supported through development of ICCS governance arrangements, Community by Design delivery models and Primary Care and Community Services Transformation programmes
Closure of Maesteg Community Hospital	The preferred option results in the eventual closure of Maesteg Community Hospital as a health facility, which we recognise will generate public concern, political challenge and media scrutiny	As outlined, collaborative work is underway with BCBC to develop a sustainable, longer-term strategy for the future use of the Maesteg Community Hospital site. Importantly, this preferred option represents a transition in how services are delivered locally, not a reduction in provision, with a broader range of services available within a modern, accessible facility
Revenue and Workforce	While the centre is designed to be revenue-neutral and workforce-neutral, this is dependent on successful service redesign, workforce availability, building design and delivery across partner organisations	Revenue neutrality and workforce sustainability will be fully tested within the SOC / OBC, with confirmation sought from service leads and partners before further approvals are requested

GP Provision	GP(s) concerns around premises costs, service charges, lease arrangements, or long-term financial exposure compared to their current accommodation	Premises and occupancy arrangements will be developed in line with NHS Wales guidance for primary care, ensuring that financial risk to GP practices is minimised and affordability is demonstrable
Programme Delivery and Timescale	The delivery timetable may be affected by planning approvals, infrastructure works, procurement timelines or construction market volatility	Programme delivery risks, including planning and construction market pressures, will be actively managed through established capital governance arrangements and regular reporting to the Project Board and ECMG
Transport and Access	Delivery of optimal access benefits is partially dependent on the timely delivery of external transport infrastructure led by BCBC	Close coordination with BCBC will be maintained to manage interdependencies, including transport and access arrangements, with risks escalated through established partnership governance where required
Scope Creep	The wide range of services envisaged could create pressure to expand scope beyond affordability or agreed objectives	Clear scope and change-control arrangements will be agreed as part of the SOC / OBC to ensure affordability and strategic focus are maintained

Constraints

The project is subject to the following constraints:

- A housing development immediately to the south of the preferred location with up to 200 new homes being built (first phase expected to be complete c.2028);

- A transport interchange is to be built immediately to the north of the preferred location. The latest information available states this will include 3 bus stops, a taxi rank, a drop-off point and a small number of car parking spaces for a park and ride serving the Ewenny Road Railway Station immediately opposite the preferred location (the timings are still to be confirmed); and

- A flood alleviation channel has been built to the east of the site (alongside the Llynfi River) and provides limitations on the developable site.

Timeline

The following identify indicative key dates, subject to formalisation of timeline based on the Public Board's acceptance of the preferred option:

Activity	Expected Date
Preferred Option Decision	21 May 2026
Receipt of Supply Chain Partner documentation on the preferred option	November – December 2026
Submit preferred option design into Planning at BCBC	January / February 2027
Submission for Public Board consideration / approval	January / February 2027
Submission of SOC / OBC into Welsh Government	March 2027
Welsh Government Scrutiny and Approval	June / July 2027 (subject to BCBC Planning agreement)
Completion of Full Business Case	March 2028

Community Engagement

Community engagement and involvement is a fundamental principle of this project, and will continue.

Community input has already played a significant role in shaping the case for change and the emerging proposals for a Llynfi Valley Integrated Health and Wellbeing Centre. This engagement will continue throughout the development of the SOC / OBC and any subsequent stages.

Pre-engagement has tested community priorities, including access, service range and location principles; further engagement will explicitly explore the implications of the preferred site.

In line with community and Welsh Government expectations for involvement and collaboration, CTM UHB is committed to:

- Ongoing, meaningful engagement with local residents, service users, staff, elected members and community representatives as proposals are refined, including in partnership with Llais;
- Transparency about what is, and is not, within scope at each stage of the project, including clear separation between decisions on service provision, the future of the Maesteg Community Hospital site and provision of community beds across Bridgend County Borough;
- Using community feedback to inform decisions, including service design, accessibility considerations and how local priorities are reflected in the project; and
- Ensuring that no final decisions are taken without further engagement, particularly where they may affect how local people access services or how key sites are used in the future.

In short, we want to engage all voices, particularly those seldom-heard groups, throughout our engagement activity, and build upon the work already undertaken to continue developing trust and confidence in the community.

Community involvement will therefore remain integral to the project, with feedback actively informing the development of the SOC / OBC and Full Business Case and supporting future decision-making by the Health Board and its partners.

A comprehensive plan, informed by Llais and existing feedback, is in development and will ensure meaningful engagement and involvement opportunities for all.

Wider Health Services Feedback

Whilst outside the direct scope of this project, we acknowledge local feedback that has been shared by Llais (Annex A), which highlights wider health access issues, including GP appointments, length of travel (and the cost of doing so) required to access health services across CTM, and community bed provision.

We will continue to engage with Llais on these broader access issues, as well as the development of a Llynfi Valley Health and Wellbeing Centre, which will play its part in helping address travel challenges to access health and wellbeing services for local Llynfi Valley residents.

Next Steps

Following agreement of the preferred option, CTM UHB and its external partners will develop a complete SOC / OBC, in line with the Five Case Model and will cover:

The Strategic Outline Case

The Strategic Case section will set out the strategic fit and the case for change, together with the supporting investment objectives for the scheme.

This will be in line with information provided in this paper.

The Economic Case

The Economic Case section will demonstrate that CTM UHB has selected a preferred option that optimises public value for money.

This will take into account work undertaken to date that has considered the RIBA 1 stage costs for each of the options considered.

The Commercial Case

The Commercial Case section will demonstrate that the preferred option will result in a viable procurement and well-structured deal.

The commercial case will outline the contract strategy. The approach is the one mandated in the Welsh Government NHS Infrastructure Investment Guidance and the contract will be the national Engineering Contract 3 with target cost.

The national Frameworks comprise companies with proven experience and resources to deliver complex health capital projects. All companies are subject to regular performance review by a Framework Board that comprises members from NHS Wales Shared Services Partnership (NWSSP), Welsh Health Boards, Welsh Government and industry bodies. Selection from the Framework therefore provides the Health Board and Welsh Government with assurance of the selected organisation's ability to successfully deliver the project.

The Supply Chain partner is Kier Construction Limited. Gleeds management Services Limited has been appointed to provide the roles of Cost Advisor and MACE Consult has been appointed Project Manager.

The form of contract will be the *NEC 3 Option C* with Target Cost that is utilised within the *Building for Wales Framework*. The contact will include the relevant "variation in price" clauses to allow for inflation.

The Financial Case

The Financial Case section demonstrates that the preferred option will result in a fundable and affordable deal.

It will set out in detail of the financial implications of the preferred option. The starting principle is that all services must be delivered on a revenue-neutral basis and financial / revenue implications will be developed in detail through the course of the business case.

The Management Case

The Management Case section will demonstrate that the scheme is achievable and can be delivered successfully in accordance with accepted best practice. It covers the formal mechanisms for managing the project to a successful conclusion, and describes: the project governance framework; the project plan; the arrangements for benefits realisation; the approach to the management of risk; and post-project evaluation.

This project will be managed in line with the Health Board's capital projects policies, and monitored through the 'Llynfi Valley Health and Wellbeing Centre Project Board' and 'Executive Capital Management Group (ECMG).'

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring People Improving Care Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: Growing Well Living Well Ageing Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Not Applicable

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred
	If more than one applies please list below: Effective Efficient Equitable Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This will be completed through the development of SOC / OBC
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality: POSITIVE/NEUTRAL NEGATIVE (subject to completion through the development of SOC / OBC) Outcome for Welsh Language: POSITIVE/NEUTRAL (subject to completion through the development of SOC / OBC)	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	As outlined, the preferred option may lead to the potential closure of Maesteg Community Hospital as a	

	health facility, subject to Welsh Government business case approvals and planning approvals
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)Revenue and resource impacts will be further developed and understood through the SOC / OBC Business Case

11. Conclusion and Recommendation

The analysis set out in this paper demonstrates a clear and compelling case for change in the Llynfi Valley. The population experiences some of the poorest health outcomes in Wales, driven by entrenched deprivation, high prevalence of chronic disease, an ageing population and increasing demand on urgent, primary and acute care services.

A comprehensive options appraisal has been undertaken, informed by public health evidence, extensive community pre-engagement, partner involvement and Welsh Government feedback. This appraisal has considered a full range of options, including "do nothing" and "do minimum" scenarios, redevelopment of the existing hospital site, and a new-build alternative.

The appraisal concludes that redevelopment of the Maesteg Community Hospital site, whilst community desirable, is not affordable due to significant site-specific constraints and abnormals. Conversely, a new-build Integrated Health and Wellbeing Centre at Ewenny Road provides the strongest alignment with national and local strategic drivers, desired project objectives, IRCF Priority 1 principles, accessibility requirements and long-term service sustainability, whilst offering the greatest opportunity to deliver value for money and net-zero aligned infrastructure.

The proposed Llynfi Valley Integrated Health and Wellbeing Centre at Ewenny Road will enable a step-change in how health, local authority and third sector services are delivered locally, supporting prevention, early intervention, admission avoidance and improved access, whilst reducing pressure on acute services at the Princess of Wales Hospital.

This paper seeks agreement on the preferred option only. Further scrutiny, assurance and approval will be sought through the full SOC / OBC and subsequent Full Business Case, in line with Welsh Government and NHS Wales capital governance requirements.

Recommendation

The Public Board is asked to:

1. **Note** the compelling case for change and the significant health inequalities impacting residents of the Llynfi Valley and surrounding communities;

2. **Note** the outcome of the long-list and shortlist options appraisal, including the reasons for discounting certain service options;

3. **Agree Option 4 – Llynfi Valley Integrated Health and Wellbeing Centre at Ewenny Road** as the **preferred option** for progression through the SOC / OBC business Case; and

4. **Approve** progression to the development of a full **SOC / OBC Business Case** in accordance with the Five Case Model, for subsequent consideration by the Board and Welsh Government.

12. List of Appendices

A. Community Pre-Engagement Report & Llais Stakeholder Engagement Feedback Report
B. Detailed Public Health Data for the Llynfi Valley & Meeting National and Local Strategic Drivers
C. Shortlisting Options Appraisal Scoring Worksheet
D. Option Comparison Sheet
E. Initial Equality and Welsh Language Impact Assessment

Agenda Item
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CTM Health Board

Delivering healthy futures for Maesteg and the Llynfi Valley: - pre-engagement highlights report, CTM Board (May 2026)

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public For Future Publication
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Head of Public Engagement and Involvement, CTM UHB
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Dale Stolzenberg, Assistant Director of Transformation.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Strategic Development Committee	12/05/2026	Noted as part of Llynfi Valley Health and Wellbeing papers

Acronyms / Glossary of Terms	
HFM	Healthy Futures Maesteg
Maesteg and Llynfi Valley SRG	Maesteg and Llynfi Valley Stakeholder Reference Group
CTM UHB SRG	Cwm Taf Morgannwg University Health Board Stakeholder Reference Group
CTM UHB	Cwm Taf Morgannwg University Health Board

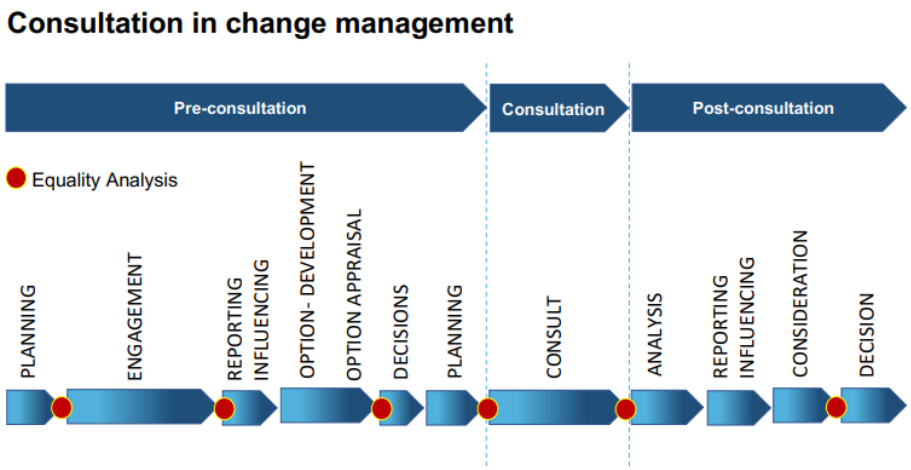
1. Situation /Background

1.1 This paper summarises the pre-engagement activity undertaken to support the 'Healthy Futures Maesteg' (HFM) transformation project (as part of the development of a Llynfi Valley Health and Wellbeing Centre) for Cwm Taf Morgannwg University Health Board (CTM UHB). This early work has focused on engaging with communities before decisions are made, reflecting CTM UHB's commitment to ensuring local voices shape service planning and change.

By engaging early (January 2023 - present) and without fixed proposals, CTM UHB has sought to build trust, strengthen relationships with communities and key stakeholders, to ensure any future service change for the people of the Llynfi Valley is developed with communities rather than presented to them.

This work reflects CTM UHB's wider commitment to meaningful engagement, co-production, and inclusion, particularly in communities experiencing health inequalities, and aligns with established good practice in public engagement and change management, including 'change management guidance from the Consultation Institute' ***(source 1)*** and the 'NHS Ladder of Engagement and Participation' - principles that have guided this pre-engagement phase.

Source1: Change Management, Consultation Institute



2. Specific Matters for Consideration

2.1 This paper outlines CTM UHB's pre-engagement approach for the HFM project and summarises the engagement activity undertaken between January 2023 and May 2026.

2.2 CTM UHB pre-engagement approach

CTM UHB fully recognises the profound importance of Maesteg Community Hospital to the people of Maesteg and the Llynfi Valley. The hospital is widely valued not only as a place of care, but as an integral part of the town's heritage and community identity, with strong and enduring public attachment.

Throughout the pre-engagement phase, this connection with the community has been explicitly acknowledged and respected. At the same time, CTM UHB has been clear that any future model of health and care must be responsive to current and future population need, reduce health inequalities and address the wider determinants of health, and align with CTM 2030 *Building Healthier Communities* ambitions and national policy priorities, including A *Healthier Wales* and *Integrated Rebalancing Care Fund (Priority 1)*.

Accordingly, CTM UHB has adopted an early and proactive pre-engagement approach with communities and stakeholders across Maesteg and the Llynfi Valley. Between January 2023 and May 2026, purposeful opportunities were created for people to influence the

project's direction and share their views at a formative stage, before any formal proposals or decisions were made.

2.3 Key themes of importance to the Llynfi Valley

A central focus of early community engagement was the identification of the ***Top 5 health and care priorities*** for people living in Maesteg and across the Llynfi Valley **(Source 2).** Understanding what matters most to local communities at this formative stage was essential in shaping the project's direction and establishing a strong basis for ongoing engagement.

Through listening-led conversations and dialogue with community members, stakeholders and CTM UHB staff, the health board gathered detailed insight into local experiences, concerns and aspirations for future health and wellbeing services **(source 1).** This feedback was analysed internally to identify a clear and shared set of themes and priorities **(source 2)**, highlighting the issues of greatest importance to the community and where change is most needed.

These community-led priorities have been central to informing the development of the project options and ensuring they are grounded in local need and expectation.

Source 1: Summary of thematic feedback from community-based conversations across the Llynfi Valley, January – May 2023

Source 2: Top five health and care priorities for the Llynfi Valley

2.4 Enabling meaningful and inclusive engagement

CTM UHB has maintained its commitment to meaningful and inclusive engagement throughout the pre-engagement phase, involving communities, stakeholders and staff at an early, formative stage, prior to any formal proposals or decisions.

Appendix 1 summarises the pre-engagement activity undertaken from January 2023 to present, aligning more latterly with the RIBA Stage 1 of the project i.e. project objectives and feasibility. Activity is summarised under these key engagement headings:

- Digital information and transparency
- Stakeholder engagement
  - CTM Staff
  - CTM SRG
  - General public & community leaders (inc. local charities)
  - Regional organisations
  - Elected representatives
  - Sector specific engagement (housing, charity, arts and culture)
  - Bridgend County Borough Council
- Trade Unions
- Supporting independent engagement activity (Inc. Llais and 'Save Maesteg Community Hospital' campaign group).

This activity included an open invitation for communities to engage in two-way dialogue through regular project updates, focused conversations, and a range of public engagement events. These opportunities enabled CTM UHB to hear lived experiences, understand local priorities and concerns, and gather feedback on what matters most to people.

Central to this approach has been the establishment of the Maesteg & Llynfi Valley Stakeholder Reference Group (SRG) with circa 85 members. Through the SRG, CTM UHB has worked closely with local community groups, organisations and networks across the Llynfi Valley, and wider Bridgend County Borough to:

- Raise awareness of the HFM project at a hyper local level
- Respond to questions and local concerns
- Seeking SRG support in disseminating information / updates

- Actively encourage public feedback

2.5 Supporting independent engagement

CTM UHB has actively cross-promoted Llais' independent 2026 engagement and survey activities for Maesteg Community Hospital to further support public participation and awareness. This approach will continue from May 8, 2026 (CTM UHB Public Board) noting the Senedd pre-election period.

CTM UHB has actively engaged on multiple occasions with the Maesteg Hospital League of Friends between 2023-2025 and met with the 'Save Maesteg Community Hospital Campaign Group' at the end of February 2026, which was attended by Llais.

3. Key Risks /Matters for Escalation

3.1 The Board is asked to note, for assurance, CTM UHB's approach to delivering meaningful public engagement and involvement for the people of Maesteg and the Llynfi Valley. This is in line with, and goes above, the 'change management guidance from the Consultation Institute' ***(source 1)*** and the 'NHS Ladder of Engagement and Participation' - principles that have guided this pre-engagement phase to support the HFM project.

3.2 The Board is also asked to note the summary of pre-engagement activity undertaken between January 2023 and May 2026, which has corresponded more latterly to the RIBA Stage 1 (project objectives and feasibility) phase of the HFM project.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Choose an item. If more than one applies please list below: Creating Health Improving Care Sustaining our Future Inspiring People

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

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

	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Board is asked to note, for assurance, CTM UHB's approach to meaningful public engagement and involvement in the Llynfi Valley, as demonstrated by engagement activity undertaken between January 2023 and May 2026 and the principles outlined in this paper.

Whilst outside the direct scope of this project, we acknowledge local feedback that has been shared by Llais (attached as part of this annex), which highlights wider health access issues, including GP appointments, length of travel (and the cost of doing so) required to access health services across CTM, and community bed provision.

We will continue to engage with Llais on these broader access issues, as well as the development of a Llynfi Valley Health and Wellbeing Centre, which will play its part in helping address travel challenges to access health and wellbeing services for local Llynfi Valley residents.

6. Next Steps

6.1 Public and stakeholder engagement is a fundamental principle of this project. The Board is asked to note CTM UHB's commitment to ensuring this will remain integral to the next phase of the project. Furthermore, that the principles and best-practice guidance set out in this paper will continue to inform the UHB's

approach to public engagement, aligned to the requirements of the next project phase and informed by Llais.

6.2 These principles will include:

- Delivering engagement in line with standards for openness, transparency, inclusivity and co-production
- Working with stakeholders to maximise public participation
- Using clear and accessible communications
- Maintaining two-way dialogue
- Acting on public and stakeholder feedback
- Ongoing evaluation and continuous improvement

Appendix 1

Delivering Healthy Futures for the Llynfi Valley: pre-engagement activity summary, January 2023-May 2026

Activity Type	Time Period	Activity Aim/s	Level of Maesteg and Llynfi Valley SRG / wider public access
Digital Information & Transparency			
Publishing Healthy Futures Maesteg (HFM) microsite	December 2022 - present	A central (digital) hub for latest updates on CTM UHB's plan to improve health, wellbeing and community services	Open access to **all SRG members** and promoted via regular newsletters for public access. **3020 total views** to the site between January 2023 – present 2023 - **1707**

		in Maesteg and the Llynfi Valley.	2024 - **244** 2025 - **346** 2026 - **723**
Publishing video highlights	January 2023	Digitally recorded highlights of conversations and feedback captured during public engagement events, January 2023 (4 events) - https://youtu.be/reoL5ZV1gB4	Video highlights circulated to **all SRG members** and published to HFM microsite. Also shared on CTM UHB's social media channels
Publishing *Frequently Asked Questions (FAQs)*	First created May 2025 and regularly updated (last updated in March 2026).	Public FAQs responding to questions from public, SRG and staff engagement.	Open access to **all SRG members**. Promoted via regular newsletters and on the microsite
Publishing a Llynfi Valley Health & Wellbeing Centre video briefing	January 2026	Publishing a clinical update to respond to public feedback about the delivery of a Health & Wellbeing Centre for the Llynfi Valley, Dr Geoff Smith (GP, Caerau) - https://youtu.be/reoL5ZV1gB4	Published to HFM microsite. Published to CTM UHB social media channels.
Public Engagement			

CTM UHB Stakeholder Reference Group (SRG)	2024 – present	Engaging formally with members of the CTMUHB SRG to provide project updates and to gather regional feedback and insights.	Project updates (presentations) to the CTM UHB SRG in **November 2024 and July 2025**
Staff	October 2022 – present	Engaging directly with staff to provide project updates and to involve them in shaping the HFM project plan.	Staff members personally invited to 6 organised staff engagement events across multiple CTM sites HFM newsletters routinely shared with CTM line managers for dissemination. **All SRG members** kept informed of staff meetings via newsletters and during in person meetings.
Community	**Public engagement events:** • 10 January 2023 – Caerau Development Trust (3–5pm & 5.30–7.30pm) • 14 January 2023 – Maesteg RFC (3–5pm & 5.30–7.30pm)	Engaging directly with the community to provide the HFM project vision and to involve people in shaping the HFM project plan by identifying areas of most importance for future health and wellbeing to Maesteg and the Llynfi Valley.	**Open to all**

	Maesteg and Llynfi Valley Public Information Event 25 May 2023 - Maesteg RFC • 4.30–6pm: elected officials & community leaders (SRG) • 6.30–8pm: open forum for residents	Feeding back on key themes of identified importance from January 2023 engagement and encouraging discussion on community-led solutions.	**All SRG members** invited to attend a pre-briefing on feedback from January 2023 public engagement. SRG members were provided with hand delivered community posters for local distribution to encourage community event attendance. These were also distributed to CTM UHB staff. The SRG pre-briefing was followed by a **general community information event** (open to all).
Local Community Leaders	December 2022 - present	Active offer to meet with local community leaders, supporting in-depth conversations with smaller groups to understand local priorities and concerns.	Attending meetings with **local SRG members including:** • Maesteg WI • Maesteg U3A • Noddfa
Elected Representatives	December 2022 – April 2026 (pre – Senedd election)	Providing updates (written and in - person) to political representatives of the Llynfi Valley and gathering local community insights.	Held meetings with **SRG politicians:** MS for Ogmore / Labour MP for Aberavon & Maesteg / Labour MS for South Wales West / Plaid Cymru MS for South Wales West / Conservative MS for South Wales West / Conservative

			MS for South Wales West / Plaid Cymru Bridgend Council Leader(s) All BCBC Llynfi Valley County Councillors All Maesteg Town Councillors All BCBC Cabinet Members
Regional (Third Sector) organisations	December 2022 – present	Supporting in-depth conversations with larger, regional organisations, to understand local priorities and to find community- led solutions in response to community feedback	Meetings with **local SRG members, including:** • Citizens Advice • Age Connects Morgannwg • Mental Health Matters Wales
Education Sector	2023 - present	Building early, long-term relationships with parents and families to develop their connections with local health and care services as current and future patients.	Meetings with **SRG members**: • Bridgend college • Local schools <u>2023- 2026</u> Proactively meeting with Bridgend College to engage them around the HFM project. <u>2025</u> Providing a bespoke HFM newsletter for parents/families/carers of Maesteg

			and Llynfi Valley schools in November 2025, and publishing on HFM microsite for wider public access.
Housing Sector	2023 - present	Addressing the vital link between housing and good health outcomes for residents and future generations accessing a health a wellbeing centre.	Meetings with **SRG members, including:** • Valleys to Coast
Arts and Culture Sector		Engaging with the arts and culture sector to support a current and future environment that promotes wellbeing, reduces isolation, supports mental health, and fosters a sense of belonging and community connection	Meetings with **SRG member**: • Awen Cultural Trust
Charity Sector	2023 - present	Engaging with the charity sector, active in the local Llynfi Valley area, for supporting wider HFM awareness and stakeholder engagement.	Meetings with **SRG member**: • Building Communities Trust

Wider public bodies	2023 – present	Meeting with wider public bodies to share HFM project awareness and to further promote engagement.	Meetings with **SRG member, including:** • South Wales Fire and Rescue Service
Trade Unions	December 2022 – present	Briefing Trade Unions as part of wider staff engagement.	Meetings with **SRG member**: • Royal College of Nursing (RCN) • Unison
Bridgend County Borough Council (BCBC)	December 2022 – present (noting Senedd pre-election period)	Ensuring HFM alignment with local BCBC priorities, including opportunities for joined-up planning and investment, collective leadership and shared outcomes.	Meetings with the following BCBC officials as **SRG members**: Corporate Director, Social Services and Wellbeing Corporate Director, Communities Corporate Director, Education, Early Years and Young People Head of Adult Social Care Head of Children's Social Care Integrated Community Services Manager (Bridgend Locality)
Written Communications			
Publishing regular project newsletters	January 2023 – present	Providing project updates with FAQs, and feedback from public engagement, for local cascade across Maesteg and Llynfi Valley.	Circulated to **all SRG members** for local distribution and promotion. Also promoted on HFM microsite. Between Jan 2023 - May 2026, a total of **9 newsletters** shared.

Feedback & Enquiries			
Dedicated email contacts for two-way dialogue	Pre - October 2025 Personal email addresses provided for HFM Project Director & Head of Public Engagement, CTM UHB. October 2025 - present CTM.HealthyFuturesMaesteg@wales.nhs.uk	Ensuring transparent and accessible routes for the public and stakeholders to raise questions and provide feedback.	Provided to **all SRG members** routinely. A total of **3 emails** received into - CTM.HealthyFuturesMaesteg@wales.nhs.uk (responses provided)
Independent External Engagement			
CTM UHB and Llais partnership meetings	2025 - present Monthly service change meetings of CTM UHB & CTM Llais Pre - 2025 HFM updates were captured during regular meetings with CTM Llais	Ensuring regular information sharing, including the latest project and public engagement update.	Updates to the CTM & Llais monthly partnership meeting during 2025 1 x HFM update to Llais Regional Director (1 May 2025) 1 x HFM update to the CTM & Llais monthly partnership meeting (13 October 2025) Updates to the CTM & Llais monthly partnership meeting during 2026

	Regional Director and former CTM Executive Director for Strategy and Planning.		12 January 2026 – discussions to arrange a CTM UHB and Llais site visit 2 February 2026 – CTM and Llais site visit 9 March 2026 - Maesteg Update 2 April 2026 – CTM and Llais meeting (HFM update) 6 May 2026 - CTM UHB and Llais partnership meeting <u>Pre - 2025</u> HFM updates were captured during regular meetings with CTM Llais Regional Director and former CTM Executive Director for Strategy and Transformation
Llais independent engagement activity	March – May 2026 (noting Senedd pre-election period)	Promoting for public awareness and involvement details of: • Llais Independent engagement events • Llais public 'Maesteg Community Hospital' public survey	

'Save Maesteg Community Hospital' Campaign Group	26 February 2026	Meeting with campaign representatives, chosen by members of the Campaign Group.	Attended by CTM UHB representatives - Chair, CEO and HFM Project Lead.

Local Public Health Data for the Llynfi Valley

Public Health information for the Llynfi Valley is included within data for Bridgend North cluster, which includes the 3 Bridgend North valleys (Llynfi, Garw and Ogmore). Approximately 51% of the Bridgend North population (c.43,000) lives in the Llynfi Valley, with an estimated population of 21,949 based on numbers of patients registered with local GP practices (as of 28 April 2026).

37% of the CTM population live in the deprived fifth of Wales. Caerau, a village in the Llynfi Valley, is ranked 4th most deprived community in Wales in the Welsh Index for Multiple Deprivation (WMID) 2025, and is up from rank 5 in the equivalent survey completed in 2019[1].

The most recent data shows a smaller gap in Healthy Life Expectancy for those living in the Llynfi Valley in 2018-20 (6.3 years males and 13.4 years for females) than that reported in previous reports for the period 2010-14 (21.5 years males and 16.2 years in females) when compared to more affluent areas, such as Porthcawl in Bridgend County Borough (12 miles from the Llynfi Valley). These figures continue to demonstrate the stark reality of deprivation and its impact on Healthy Life Expectancy in the area.

In 2021, across Wales more than 1 in 5 people were aged 65 years and over and since 2011, within Bridgend County, there has been an increase of 21.5% in people aged 65 years and over[2]. The average age of the population in Bridgend North is expected to increase over the next 20 years based on data from the CTM UHB Public Health Team, and the challenges of deprivation upon health and health services will increase.

Key statistics on public health within Bridgend North, compiled by the CTM UHB Public Health Team in October 2025, are:

- Low birth weight has increased over time. It has increased from 5.6% in 2016 to 7.3% in 2023, which is higher than the Wales average and slightly higher than the rest of CTM
- Breastfeeding in Bridgend North is lower than CTM and statistically significantly lower than the Wales average
- Uptake of 4 in 1 and MMR2 vaccinations are below 95% for children aged 4 and less than 90% of 4-year-olds are up to date with their vaccinations
- Uptake of the 3 in 1 booster is below 90% for children aged 16
- In 2023-24, the percentage of children with obesity in Bridgend North was 14.2%, the second highest of all CTM primary care clusters
- In the 2024/25 financial year, 19% patients failed to attend paediatric appointments at Maesteg Community Hospital. Anecdotal evidence estimates this to be as high as 33% for patients from the Llynfi Valley failing to attend paediatric appointments at the Princess of Wales Hospital, Bridgend

- A statistically significantly higher rate of patients on the atrial fibrillation, diabetes, mental health and stroke and TIA disease registers compared to the Wales average
- Bridgend North has a statistically significantly higher prevalence than the Wales average for most chronic conditions

[1] Welsh Index Multiple Deprivation (WIMD) 2025 Welsh Index of Multiple Deprivation (WIMD) 2025 results report: overall index [HTML] | GOV.WALES:
[2] Bridgend population change, Census 2021 – ONS

Statistical significance compared to Wales

Statistically significantly higher

Similar to Wales

Statistically significantly lower

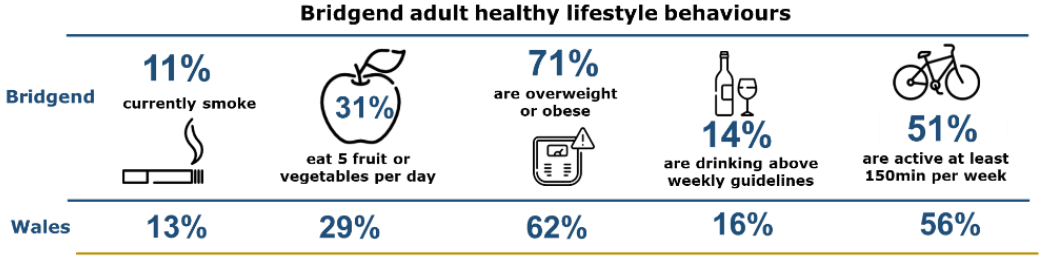
- Bridgend North has a

Chronic condition	Bridgend East	Bridgend North	Bridgend West	North Cynon	South Cynon	North Merthyr	South Merthyr	North Rhondda	South Rhondda	North Taf Ely	South Taf Ely	CTM	Wales
Asthma	7.0%	8.3%	8.2%	7.2%	6.9%	7.4%	7.7%	7.4%	7.8%	7.2%	7.6%	7.5%	7.1%
Atrial Fibrillation	2.6%	2.7%	2.4%	2.6%	2.5%	2.5%	2.4%	2.5%	2.5%	2.2%	2.3%	2.5%	2.3%
Cancer	3.4%	3.7%	3.7%	2.9%	3.0%	3.7%	2.3%	3.0%	2.8%	3.1%	2.9%	3.2%	3.3%
COPD	1.7%	2.9%	2.0%	2.8%	3.2%	3.4%	2.0%	3.1%	2.6%	2.3%	1.6%	2.4%	2.1%
Dementia	0.6%	0.7%	0.7%	0.6%	0.5%	0.7%	0.6%	0.6%	0.7%	0.6%	0.5%	0.6%	0.7%
Diabetes (aged 17+)	7.9%	9.5%	7.2%	8.7%	9.4%	9.2%	8.4%	9.2%	9.0%	8.5%	7.1%	8.5%	7.7%
Epilepsy (aged 18+)	1.0%	1.3%	1.0%	1.1%	1.1%	1.2%	0.9%	1.2%	1.2%	1.0%	0.9%	1.1%	0.9%
Heart Failure	1.2%	1.7%	1.2%	1.1%	1.2%	1.2%	1.0%	1.0%	0.9%	0.9%	0.7%	1.1%	1.1%
Hypertension	15.5%	19.0%	14.0%	16.0%	17.6%	17.6%	15.7%	17.9%	16.6%	15.9%	14.7%	16.3%	14.8%
Learning Disabilities	0.5%	0.6%	0.6%	0.4%	0.6%	0.6%	0.3%	0.6%	0.5%	0.5%	0.3%	0.5%	0.5%
Mental Health	1.0%	1.2%	1.3%	1.2%	1.0%	1.0%	0.9%	1.2%	1.1%	1.1%	0.9%	1.1%	1.0%
Obesity (aged 16+)	10.5%	16.3%	10.3%	17.2%	17.1%	18.1%	11.6%	16.3%	17.6%	15.6%	10.6%	14.3%	12.5%
Osteoporosis (aged 50+)	0.7%	x	x	x	x	0.5%	x	x	0.4%	0.5%	0.6%	0.4%	0.5%
Palliative Care	0.3%	0.4%	0.3%	0.1%	0.2%	0.3%	0.2%	0.2%	0.1%	0.2%	0.1%	0.2%	0.3%
Rheumatoid Arthritis	0.8%	0.9%	0.8%	1.0%	1.0%	1.1%	0.9%	0.9%	0.8%	0.8%	0.9%	0.9%	0.9%
Secondary Prevention of CHD	3.3%	4.0%	3.4%	3.6%	3.6%	3.8%	3.0%	4.1%	3.5%	3.2%	3.1%	3.5%	3.2%
Stroke & TIA	2.5%	2.6%	2.5%	2.1%	2.0%	2.4%	1.9%	2.4%	2.1%	2.0%	2.1%	2.3%	2.0%

statistically significantly higher prevalence than CTM for chronic kidney disease, depression/anxiety and moderate/severe frailty

- Health care utilisation is higher than CTM average for primary care utilisation, elective admissions and A&E attendances
- A higher percentage of adults and children who are overweight or obese compared to the Wales average, and fewer people were active for 150 minutes per week compared to Wales average

[3]



- Bowel screening uptake has decreased over time, albeit the uptake in 2023-24 was slightly higher than the CTM average, but slightly lower than the Wales average
- Breast screening uptake decreased slightly between 2017/18 and 2020/21, but is higher than the CTM and Wales average. Whilst remaining stable since 2020/21, the uptake in 2023-24 was lower than the CTM and Wales average
- Uptake of influenza vaccine was 72.7% in those aged 65 years and older was higher than the average CTM and Wales uptake. Uptake was 37.7% in patients younger than 65 years in one or more clinical risk groups, which is higher than the average CTM uptake, but lower than the Wales average

[3] Produced by CTM LPHT using National Survey for Wales data, 2021-22 and 2022-23 combined

- Uptake of the influenza vaccine among children aged 2-3 was 45.2%, which is higher than the CTM and Wales uptake average.

In December 2024, the CTM UHB Public Health Team identified projected increases in the prevalence of long-term and chronic conditions across the CTM area, including cardiovascular and respiratory disease, diabetes, rheumatoid arthritis and all cancers (exc. non-melanoma skin cancer). Given the demographic profile, deprivation levels and current burden of disease, these trends are likely to be mirrored within the Llynfi Valley. In addition, dementia prevalence in Bridgend County Borough is rising, with projections indicating that more than 3,000 people will be living locally with the condition by 2030, nearly doubling the 2011 figure.

In regards health care utilisation, patients from Bridgend North have higher GP practice contacts, more first outpatient appointments and higher emergency admissions when compared to Bridgend East and Bridgend West[4].

Notably, public health data has remained similar for Bridgend North since 2019 or, as identified, become even more challenging.

[4] Based on primary and secondary care data from Mar 2021 - Feb 2022

Meeting National and Local Strategic Drivers

This project supports and is informed by the relevant national and local policy context, including:

National Strategic Drivers

Health and Social Care Integration and Rebalancing Care Fund (IRCF) 2025-27

This fund supports the development of integrated health and social care hubs, facilitating the rebalancing of the residential care market and eliminating profit from children's residential care.

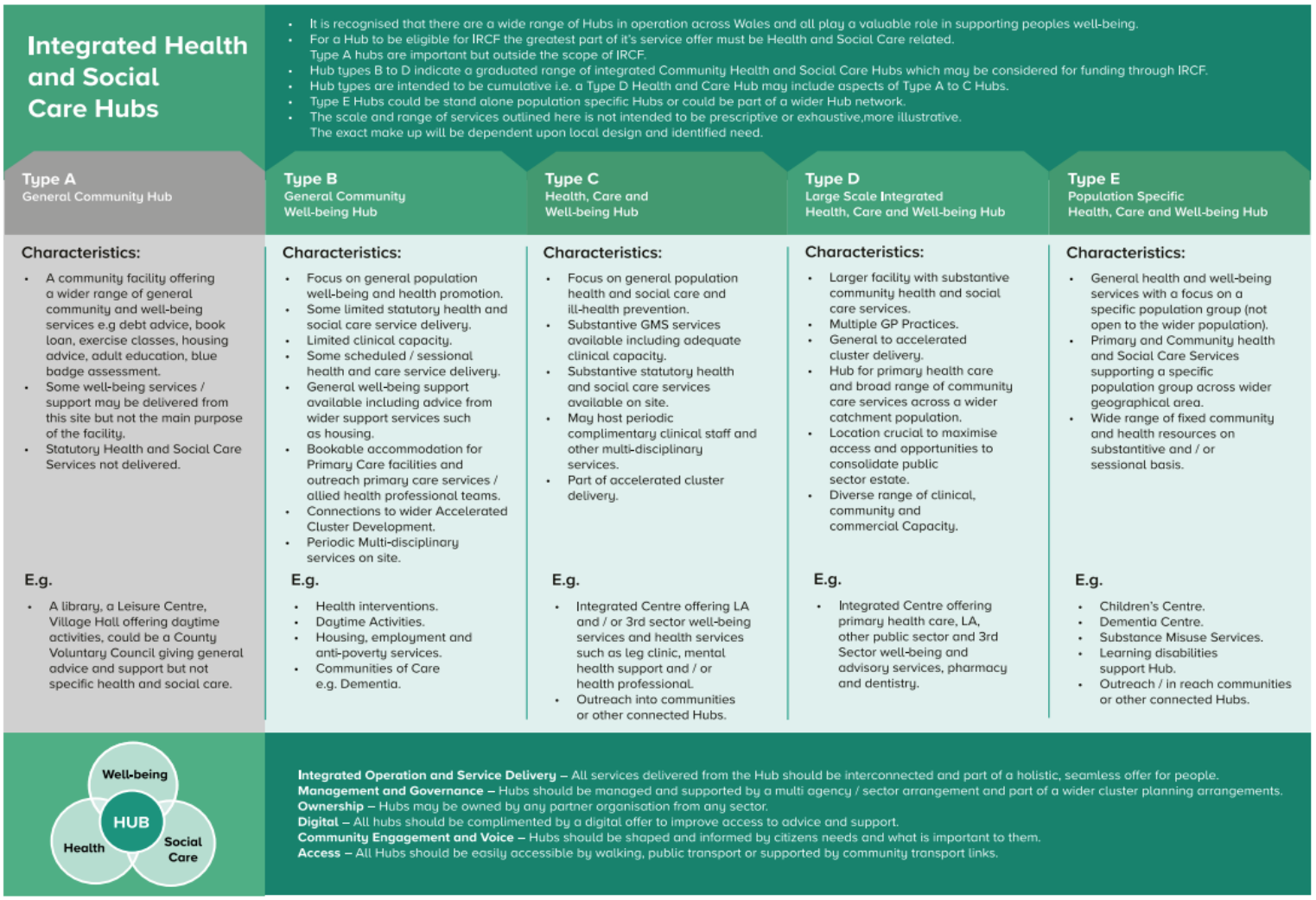
The development of integrated health and social care hubs and centres is outlined as Priority 1:

Priority 1: Development of integrated health and social care hubs and centres

An IRCF Integrated Health and Wellbeing Centre is defined as meeting the following key principles, which underpin the investment:

- Co-location of services to enable seamless delivery
- A 'Hub and Spoke' network of integrated facilities
- A 'no wrong door' principle
- A graduated response
- Town Centre first
- Proportionate and planned investment
- Decarbonisation

Health and Wellbeing Centres can deliver a range of services, and are categorised by Type A-C by IRCF (see below). This project is best categorised as a Type C/D Health and Wellbeing Centre.



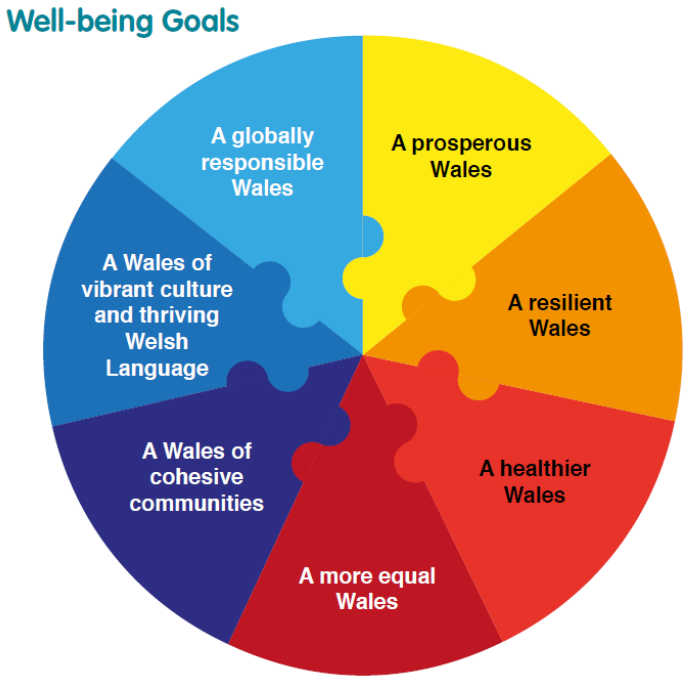
A Healthier Wales, 2018 ('A Healthier Wales')

A Healthier Wales sets out the vision to deliver against four mutually supportive goals, 'the Quadruple Aim'. They are to:

- improve population health and well-being through a focus on prevention;
- improve the experience and quality of care for individuals and families;
- enrich the well-being, capability and engagement of the health and social care workforce; and
- increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

The Well-being of Future Generations (Wales) Act 2015 (WFG Act)

The WFG Act requires all public bodies to change the way they work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle, and meeting the 7 Well-being Goals (see figure below):



By considering the 7-well-being goals, CTM UHB can better meet the needs of its current population without compromising the ability of future generations to meet their own needs. Sustainable developments connect the environment in which we live, the economy in which we work, the society that we enjoy and the cultures that we shared to the people that we serve and their quality of life.

The Social Services and Well-being (Wales) Act 2014 (SSWB Act)

The Social Services and Well-being (Wales) Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support. Its aim is to maximise each individual's well-being by increasing their sense of control; strengthening their resilience and ability to access resources to cope when needed. People will have more say in the care and support they receive. The Act also promotes a range of help available within the community to complement and reduce the need for formal care.

The implementation of the Act requires a continuous cultural and behavioural shift within the Health Board, especially in relation to working with the public with other strategic partners.

Welsh NHS 'six goals for urgent and emergency care'

The Six Goals, co-designed by clinical and professional leads, span the urgent and emergency care pathway and reflect the priorities in the Programme for Government 2021–2026 to provide effective, high quality and sustainable healthcare as close to home

as possible, and to improve service access and integration.

These goals represent the outcomes we expect for people who need to access urgent and emergency care. Successful delivery of the goals should enable optimal experience and outcomes for local populations and staff.

The Six Goals for Urgent and Emergency Care National Programme has been established to support local health boards and their partners to transform and improve delivery of urgent and emergency care services to the people in Wales. These goals represent the outcomes we expect for people who need to access urgent and emergency care. Successful delivery of the goals should enable optimal experience and outcomes for local populations and staff.

In particular, the relevant Six Goals are:

1. Signposting to the right place, first time
2. Alternatives to hospital admission
3. Rapid response in a physical or mental health crisis
4. Home-first approach and reduce risk of readmission

Community by Design

A 2026 NHS Wales health transformation programme to deliver better outcomes through integrated services in the community' and will focus on three key areas:

1. Developing a prevention first approach supported by a population health management approach
2. Developing a new model for the management of chronic conditions that supports people to remain well in the community
3. Ensuring that urgent and same day care needs are met in a way that strengthens the community by design approach and allows people to be supported in the community where possible and appropriate

Mental Health and Wellbeing Strategy for Wales 2025-2035

This strategy aims to ensure that people in Wales live in a country that promoted and empowers them to improve their mental health and wellbeing, free from stigma and discrimination.

Integrated Community Care System (ICCS)

This system focuses on a preventative approach to population health and wellbeing, delivering seamless health and care support at or as close to home as possible.

Local Strategic Drivers

CTM 2030

CTM 2030: Our Health, Our Future is our organisational strategy, which has been developed in conjunction with our staff, population and partners. The summary of CTM

2030 can be seen in the diagram below, setting our strategic goals and our 'life course' approach which supports the delivery of the goals. CTM 2030 covers all aspects of how we deliver population health through public health, primary, community and mental health; integrated care with local authorities and third sector; and our hospital services.

The four key pillars are supported by a series of groups that maintain engagement with partners from across local authorities, national and local third sector organisations and our own health board care groups, to develop and deliver priorities across CTM UHB and regionally where appropriate. The ethos for taking forward the identified priorities is in keeping with the vision of the UHB of being a population health focused organisation that works with its communities and partners to improve health and wellbeing. We have a life cycle and whole pathway approach to service improvement using Value Based Health Care (VBHC) principles and methodology wherever applicable.

The work programmes of the life cycle approach are characterised by:

- Developing system-wide plans for promoting and improving population health; supporting individuals and communities to become more resilient
- Evidence based pathway design that uses outcome data and needs assessments;
- Integrated pathway design that crosses the boundaries between health and social care;
- Designing health promotion and preventive interventions that ultimately reduce the need for health services in a traditional secondary care setting;
- Co designing and co creating services that enable people to take more responsibility for their own health and wellbeing; and
- A focus on long-term health and wellness

The CTM Strategic Clinical Services Plan

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

The SCSP provides a single framework to align work across urgent and emergency care, planned care, diagnostics, mental health, community services and primary care transformation, alongside regional programmes and partnerships. It supports 'Building Healthier Communities Together', keeping the focus on people and communities, not just buildings.

Annex E - Shortlisting Options Appraisal Scoring Worksheet - Llynfi Valley Health & Wellbeing Hub Option Appraisal Scoring May 2026 FINAL

		Option 1	Option 2	Option 3	Option 4
#	**Design Investment Objectives**	***Do Nothing***	***Do Minimum (Refurb existing ward space & backlog maintenance)***	***Llynfi Valley Health & Wellbeing Centre at Maesteg Community Hospital***	***Llynfi Valley Health & Wellbeing Centre at Ewenny Road***
DI1	Create an accessible local hub to meet the health and wellbeing needs for the Llynfi Valley and wider communities identified during community engagement, delivering services closer to home and reducing the need to travel further afield	0	1	4	4
DI2	Provide a joined up and seamless approach to the provision of primary, community and mental health services encompassing health, local authority, and third sector providers and enhance patient / user and staff experience	0	1	4	5
DI3	Improve the patient / service user environment and provide a workplace that supports closer working for multidisciplinary teams within the centre	0	2	4	4
DI4	Deliver a wide-range of services that will improve current and future health access and outcomes within the Llynfi Valley and wider communities	1	2	5	5
DI5	Reduce demand for acute health and local authority services on other sites by providing easier and earlier access to relevant health, care and wellbeing services within a heavily deprived area of Cwm Taf Morgannwg (as outlined by project objectives)	0	1	4	4
DI6	Ensure site can be accessed easily by the local population and staff	2	2	2	5

DI7	Minimise disruption to service delivery and patient access in the Llynfi Valley during construction	4	2	2	5
	Sub-total Investment Objectives (out of 35)	**7**	**10**	**21**	**28**

SCORING TEMPLATE

5	Fully meets Investment Objectives
4	Almost meets Investment Objectives
3	Partially meets Investment Objectives
2	Limited meeting of Investment Objectives
1	Barely meets Investment Objectives
0	Does not meet Investment Objectives

		Option 1	Option 2	Option 3	Option 4
#	Critical Success Factors	*Do Nothing*	*Do Minimum (Refurb existing ward space & backlog maintenance)*	*Llynfi Valley Health & Wellbeing Centre at Maesteg Community Hospital*	*Llynfi Valley Health & Wellbeing Centre at Ewenny Road*
CSF 1	Does the option support the CTM Regional Partnership Board 'Regional 10 Year Strategic Capital Plan (SCP),' long-term objectives set out under CTM2030 by Cwm Taf Morgannwg University Health Board and wider Welsh Government national strategic drivers ?	0	1	5	5
CSF2	Does the option meet the funding criteria of IRCF (Priority 1)?	0	1	5	5
CSF3	Can Cwm Taf Morgannwg University Health Board and partners support the ongoing revenue consequences of the option?	2	3	4	4
CSF4	Is the service / option affordable from the anticipated available capital budget?	5	5	0	4
CSF5	Does the option meet the required build and quality standards, including decarbonisation requirements?	0	2	4	5
CSF6	Does the option retain the design elements important to the local community that were identified through pre-engagement (external façade, clock tower and children's tiles)?	4	5	5	1
CSF7	Does the option deliver service improvements within an acceptable timescale (before 2030)?	0	5	4	5
	Sub-total CSF's (out of 35)	**11**	**22**	**27**	**29**

Overall total: Investment Objectives & CSF's (out of 70)	**18**	**32**	**48**	**57**
Overall Ranking (high is good)	**4**	**3**	**2**	**1**

SCORING TEMPLATE

5	Fully meets Investment Objectives
4	Almost meets Investment Objectives
3	Partially meets Investment Objectives
2	Limited meeting of Investment Objectives
1	Barely meets Investment Objectives
0	Does not meet Investment Objectives

Organisations represented at Options Appraisal & Scoring Workshop | Friday 8 May 2026

Cwm Taf Morgannwg University Health Board
Woodlands Surgery
Bron-Y-Garn Surgery
Bridgend Association of Voluntary Organisations
Regional Partnership Board

For noting:

Bridgend County Borough Council unable to send a representative, but Local Authority services included were previously discussed and agreed with BCBC

OPTION COMPARISON

Trust / Organisation: Cwm Taf Morgannwg University Health Board

Scheme: Maesteg Health & Wellbeing Centre

Version: 1
Issued: May 2026
Works Capital Cost Base: 1Q 2026

Maesteg Health & Wellbeing Centre

			Do Nothing			Do Minimum			Do Maximum - Existing Site			Do Maximum - Alternative Site		
		Review Adj	Cost excl VAT	VAT	Cost inc VAT	Cost excl VAT	VAT	Cost inc VAT	Cost excl VAT	VAT	Cost inc VAT	Cost excl VAT	VAT	Cost inc VAT
1	Building Cost		£750,000	£150,000	£900,000	£3,457,378	£691,476	£4,148,854	£14,398,624	£2,879,725	£17,278,348	£15,008,423	£3,001,685	£18,010,107
2	External Works		£0	£0	£0	£0	£0	£0	£9,248,812	£1,849,762	£11,098,575	£5,724,304	£1,144,861	£6,869,164
3	Works Cost (1+2)		£750,000	£150,000	£900,000	£3,457,378	£691,476	£4,148,854	£23,647,436	£4,729,487	£28,376,923	£20,732,726	£4,146,545	£24,879,272
4	~~Provisional location adjustment (if applicable)~~		~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~	~~£0~~
5	Sub-total (3+4)		£750,000	£150,000	£900,000	£3,457,378	£691,476	£4,148,854	£23,647,436	£4,729,487	£28,376,923	£20,732,726	£4,146,545	£24,879,272
6	Fees		£22,500	--- (d)	£22,500	£190,156	--- (d)	£190,156	£4,595,278	--- (d)	£4,595,278	£3,856,016	--- (d)	£3,856,016
7	Non-Works Cost													
	Land purchase costs and associated legal fees		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Statutory and Local Authority charges		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Planning and Building Control fees		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Other		£0	£0	£0	£86,434	£17,287	£103,721	£2,354,000	£470,800	£2,824,800	£1,244,000	£248,800	£1,492,800
8	Equipment Cost		£0	£0	£0	£77,091	£15,418	£92,510	£503,952	£100,790	£604,742	£450,253	£90,051	£540,303
9	Planning Contingency													
	(15% of 5-8 Costs)	10%	£77,250	£15,450	£92,700	£381,106	£76,221	£457,327	£3,110,067	£622,013	£3,732,080	£2,628,300	£525,660	£3,153,959
10	VAT Reclaim (over and above fees)			-£30,000	-£30,000		-£138,295	-£138,295		-£453,617	-£453,617			
10a	Uplift in PUBSEC to 1Q26 as necessary		£0	£0	£0	£0	£0	£0	£349,638	£55,899	£405,537	£295,477	£51,214	£346,691
11	Optimism Bias		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
12	Sub-total (6 to 11)		£99,750	-£14,550	£85,200	£734,788	-£29,369	£705,419	£10,912,935	£795,885	£11,708,820	£8,474,046	£915,724	£9,389,770
13	Inflation Adjustments (f)		Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
14	FORECAST OUT-TURN BUSINESS CASE TOTAL (5+12+13)		£849,750	£135,450	£985,200	£4,192,166	£662,107	£4,854,272	£34,560,370	£5,525,372	£40,085,743	£29,206,772	£5,062,269	£34,269,041

Equality and Welsh Language Impact Assessment (EWLIA)

If you're leading on a policy, service change or initiative, we recommend that you read our EWLIA Guidance here before completing this form.

Section 1: Title and summary

Title of policy or initiative and a brief description of its aims	The development of a health and wellbeing centre for the Llynfi Valley. The Llynfi Valley Health and Wellbeing Centre and the multi-disciplinary approach to service will address the need to provide integrated care closer to home, to reduce the demand on the acute services at Princess of Wales Hospital, Bridgend, and to enhance access to a wider-range of Health, Local Authority and Third Sector services across all ages, including a greater emphasis on prevention services and access to relevant health and wellbeing information. In short, the aim is to deliver more health, local authority and third sector services in the Llynfi Valley. This EWLIA covers the development of the health and wellbeing centre as a building from which services delivered. The services themselves will be delivered per their current structures (or through future developments), and any Equality or Welsh Language impacts will be captured by the service as part of their service developments / changes.

Section 2: Understanding the Potential Impact on Equality

This section is about understanding where the policy or initiative may have a potential impact on the protected characteristic groups. Note briefly what groups could be affected and a short summary of the potential impact on each group. Please note, there may be groups of which there is no impact.

The protected characteristic groups are: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; Sexual Orientation; Carers; Socio-Economic.

The development of a Llynfi Valley Health and Wellbeing Centre will have a neutral impact on all protected characteristic groups (except Disability). The new Centre will house a wider-

range of health, local authority and third sector services in the Llynfi Valley across all ages, and these services will be delivering using the same mechanisms that are used now, but in a different building / location. The development will have a positive impact upon the Disability protected characteristic group, as the new building will meet all current regulations regarding physical access into and around the building.

Now, based on the above, select whether your policy or initiative would have a positive, neutral or negative impact on the protected characteristics identified. Then place each group under the relevant categories:

Positive impact	Neutral impact	Negative impact
X Disability Protected Characteristic	**X** All services proposed	

Section 3: Strengthening or mitigating the identified impact on Equality

Consider what actions need to be taken to strengthen any positive impact of your policy/initiative (Green), or what actions are needed to avoid or mitigate any negative impact (Red). If no action is required (i.e. groups fall under neutral or no impact), you should leave blank. Please seek support by emailing CTM.Equality.WelshLanguageImpact@wales.nhs.uk if necessary.

Actions to be taken	Completion date	Responsible person
Ensure the Health and Wellbeing Centre meets all requirements of Welsh Health Building Notes 36 regarding physical access into and around the building. This will be discussed and agreed with NHS Wales Shared Services Estates	As part of RIBA 2 design (under SOC / OBC development) (c.March 2027)	Dale Stolzenberg

Section 4: Understanding the potential impact on the Welsh Language

This section is about understanding where your policy or initiative is relevant to national legislation and CTM UHB's ambition for the use of Welsh.

Please note whether your policy/initiative could impact the following Welsh language initiatives (it could impact more than one):

Perspective	Likely to have an impact?	Describe potential impact
Cymraeg 2050: A Million Welsh Speakers	TBC	This is primarily a change of location, rather than new services being developed. Services will need to provide information for a comprehensive assessment prior to completion of project business case: (i.e what they do offer now, and where it has identified a gap in Welsh language skills, how will it intend to address that in the future seeing this an opportunity to further improve?)
Welsh Language Standards Regulations 2017	Yes	Access to Welsh language through the following: • Receptions • Signage and visual environment
More Than Just Words 5-Year Plan	TBC	This is primarily a change of location, rather than new services being developed. Services will need to provide information for a comprehensive assessment prior to completion of project business case : (i.e what they do offer now, and where it has identified a gap in Welsh language skills, how will it intend to address that in the future seeing this an opportunity to further improve?)
Primary Care Services and Welsh language	No	This is primarily a change of location, rather than new services being developed. GP Practices

Now, based on above, note whether your policy or initiative would have a positive, neutral or negative impact overall by putting an **X** in the relevant box.

Positive impact	Neutral impact	Negative impact
X Welsh Language Standards Regulations 2017	**X** Cymraeg 2050 / More than just Words / Primary Care Services	

Section 5: Strengthening or mitigating the identified impact on the Welsh Language

This section is about ensuring any positive impact on Welsh can be increased, or how any negative impact can be mitigated. This will ensure CTM UHB carries out its business in a way that promotes opportunities to use Welsh and does not treat Welsh less favourably.

Consider what actions need to be taken to increase any positive impact of your policy/initiative (Green), or what actions are needed to avoid or mitigate any negative impact (Red). Please seek support by emailing CTM.Equality.WelshLanguageImpact@wales.nhs.uk if necessary.

Actions to be taken	Completion date	Responsible person
Ensure recruitment, in particular for Receptions, follow the current statutory guidance followed when a role is advertised	2030	Hiring Manager
Ensure all internal and external building signage is bilingual	As part of RIBA 6 and 7 (c.2030)	Dale Stolzenberg

Section 6: Governance

Name of person undertaking EWLIA	Dale Stolzenberg
Version (whether first or final draft)	First Draft (to be finalised before completion of SOC / OBC)
Sign off by Responsible Manager	Claire Thompson
Date of completion	8 May 2026

Once completed, please send a copy to CTM.Equality.WelshLanguageImpact@wales.nhs.uk.

This impact assessment will also need to be submitted with the covering paper for papers going to Operational Management Board, Deputies Group, Executive Leadership Group, any Board Committee and Board.

Agenda Item
3.2

CTMUHB Public Board

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic Risk Owner updates	April 2026/May 2026	Reviewed and signed Off
Executive Leadership Group	11 May 2026	Risks reviewed and management sign off received.
Post ELG Changes		
Audit, Risk & Assurance Committee	19 May 2026	Endorsed

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

1. Situation /Background

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

2. Specific Matters for Consideration

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

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

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

3. Key Risks / Matters for Escalation

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

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Dying Well, Growing Well, Living Well, Starting Well
	A Healthier Wales

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

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

5. Recommendation

5.1 The Board is asked to:

- **Approve amendments** made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT
Section 1 – Summary

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

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

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

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

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):	Risk score
Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care • **Sustaining Our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	**16**
Strategic Risk: **Enough capacity to meet elective demand - (Risk No.1a)**	

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

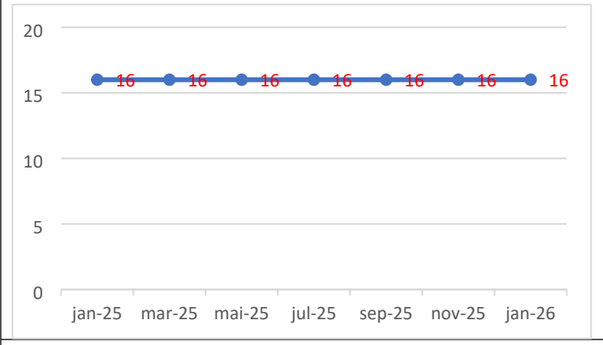
Risk Lead	• Chief Operating Officer • Executive Director of Strategy & Transformation	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	• End of year RTT >104 weeks was 98 patients with all these in Orthopaedics • Progress is maintained in all areas with HBS outpatient programme delivering 0 patients >52 weeks. • Cancer SCP maintained >63% and the service received automatic de-escalation to level 1 routine monitoring. With CTMUHB maintaining the position in Wales for 4 months. • National orthopaedic Cement supply issue has delayed the orthopaedic recovery plan by approximately 2.5 weeks. • Progress made in theatre start times and in outpatient SOS and PIFU rates. • Insourcing support for weekend elective Orthopaedics commenced on 13th December at Princess of Wales hospital. Contract for an additional 240 cases to be completed by end of March 2026. • HBSUK continues to have significant reduction on Waiting list each week. Total waiting list has decreased by >12,000 since June 2025. • Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics.

	• Vascular short-term issue. This is being resolved via implementation of the network criteria. • The Vascular Network INNU process has been adopted by CTMUHB. • Regional Outpatient Insourcing commenced at CTMUHB on 6th September 2025. Aiming to reduce Outpatient waiting times across all specialities • The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds. • All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC. • Regional Cataract Plan continues through Q2-Q4 to reduce Cataracts waits further. ~~• 4 theatres across CTMUHB (RGH) will be moved to Vanguard in November.~~ • Endoscopy recovery plan commencing August to December 2025. • PIT Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS. ~~• 4 Mobile theatres opened Mid-April and closed in August 2025.~~ ~~• 2 Prince Charles Hospital (PCH) theatres opened end of April 2025~~ ~~• 1 Theatre and Ward at PCH dedicated to Orthopaedic Inpatient surgery from May – July 2025~~ ~~• Critical incident declared at Princess of Wales (POW) on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc. cardiac) and trauma capacity~~ ~~• There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system.~~ ~~• There had been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community.~~ ~~• There has also been significant reallocation of internal capacity at POW and Royal Glamorgan Hospital (RGH) to respond to the critical incident.~~ ~~• Planning continues recovery phase following critical incident with the impact not yet quantified.~~ • There has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • The large-scale capital programme at PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. ~~• The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres.~~ • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. • Regional working continues and the positive and negative impact of this will be continuously reviewed. ~~It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.~~ Advancements have been made in achieving elective targets and implementing a comprehensive system approach to capacity management through improved system flow, but the Health Board continues to face routine operational pressures, especially during peak periods, that constrain elective capacity. These challenges necessitate regular monitoring and ongoing continuous improvement efforts to address rising demand.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures

Productivity, improvement and transformation programme (PIT)

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

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

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

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

1. Effective Waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatient & Preoperative Modernisation: utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics
3. Theatre Capacity: reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity
4. gGiRFT & Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery
5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

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

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

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

Planned Care Recovery Programme

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

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

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

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

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

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

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

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

Escalation Status programme work

Regional Working

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

Governance Structures

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

Operational Processes

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

Sources of Assurance (Internal and External)

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

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

Linked National Priority Measures

Access to Timely Planned Care

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

Current Performance Highlights

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

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

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

Associated Risks escalated to the Organisational Risk Register

~~5932~~	~~Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.~~	~~**20**~~
~~5961~~	~~Remedial roof works to resolve the water ingress at POWH.~~	~~**20**~~
4491	Failure to meet the demand for patient care at all points of the patient journey (this risk is currently under review with the care group)	**20**
6294	Insufficient Consultant Workforce – Endoscopy/Gastroenterology	**20**
~~5417~~	~~Risk de-escalated from the Organisational Risk Register in January 2026 as risk score reduced to a 12.~~	~~**20**~~
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model.	**16**
6451	Orthoplastic Referrals for limb reconstruction and infections	**16**

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

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

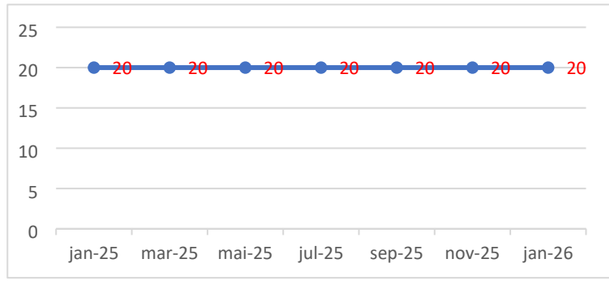
Risk Lead	• Chief Operating Officer	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

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

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

Current Control Measures

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

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

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

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

1. Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services
3. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice
4. GiRFT/SEDIT:

Clinical Implementation Networks: Emergency Medicine

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

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

Programme

- 6 Goals Programme Board
- Diabetes Programme Board

- Stroke Programme Board. 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.	• Unscheduled Care SMT to attend National Urgent and Emergency Care summit 27th April 2026
	• Urgent Emergency Care Action Plan has been developed in collaboration with NHS Wales Performance and Improvement Team utilising recommendations from key documents such as:
	  ○ GIRFT recommendations
	  ○ SDEC Review
	  ○ Ambulance Patient Handover Guidance
	  ○ ED Quality Statement
	  ○ MAG Report (April 2026)
	• Whole system learning through engagement and collaboration across the health board to mitigate the impact other factors may have on emergency demand, such as flow and discharge.
	• Sprint learning analysis to understand if this has an impact on emergency demand capacity.
	• Engagement in a health board session reflecting on winter planning, site flow teams, and extraordinary BCI actions.
	• Ambulance escalation cards live. ~~Rapid Improvement Action Plan developed, supported by ED Action Cards 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).~~
	• ED 12-hour Action Plan completed
		• ~~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
			• Improved patient experience

	• ~~Internal action plan in development to achieve a reduction in 12-hour Emergency Department Performance.~~
	• CTM Safe Transfer if Patients Policy to be implemented alongside action plan.
	• Action plan to review long waits for patients to be seen in ED in development within directorate.
	• Review of all patients in ambulatory areas over 24 hours. Planning meeting to be established across Care Groups to facilitate all GP expected patients not attending via ED and establish ambulatory pathways to improve 12 hour waits.
	• STAMP roll out across all sites including remodelling of acute medicine footprint/flow in POW and implementation of an 'SDEC First' model for GP expected patients at PCH – Quarter 1 ~~(planned for early February 2026)~~
	• Unite Programme Launch to provide a robust governance framework for all Unscheduled Care transformation projects.
	• UTC Pilot PCH extended until July 2026
	• 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 agency staff to support winter pressures/BCI.
	• 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		

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

- 45 mins ambulance handover by October 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

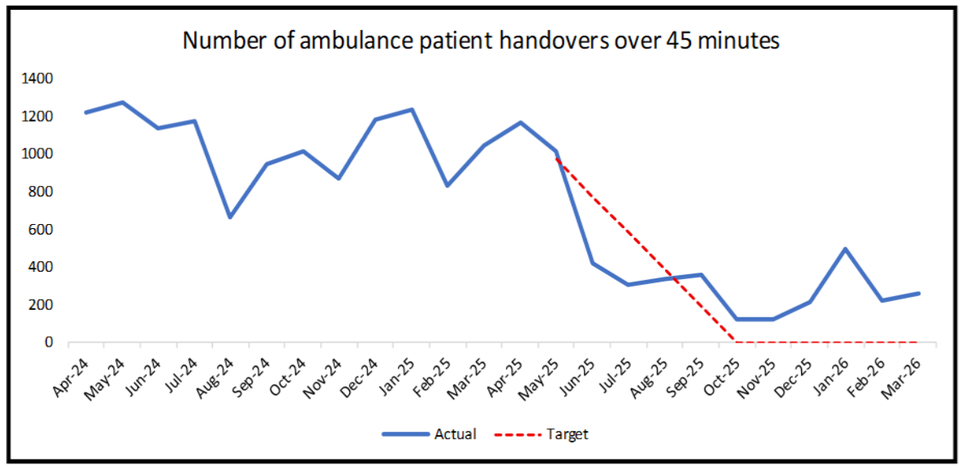
Handover 45 Report
(Hospital Emergency Department Handovers)

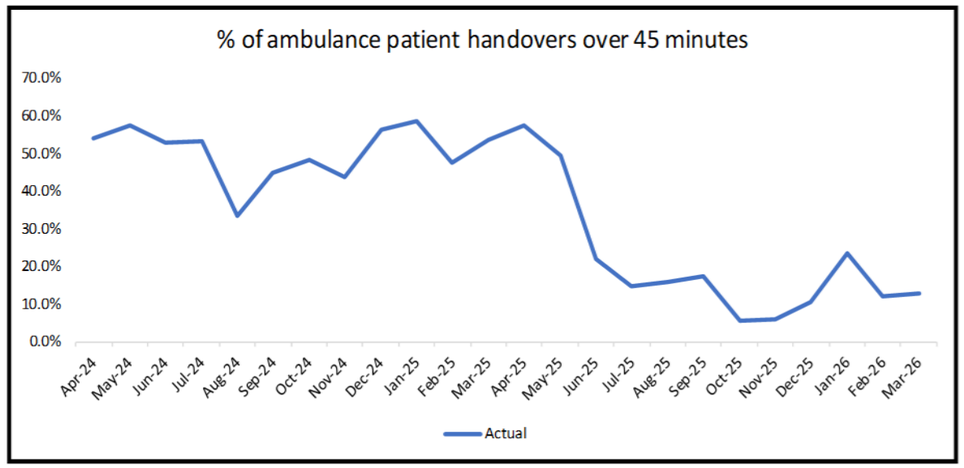
Monthly Handovers Within 45 Minutes % by Hospital - Previous 12 Months to Date (Mar 2025 to Mar 2026)

Hospital Name	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
Bronglais General Hospital Aberystwyth	45%	47%	40%	55%	75%	59%	63%	61%	49%	71%	60%	50%	54%
Glangwili Hospital Carmarthen	33%	36%	34%	36%	43%	54%	78%	80%	61%	59%	47%	58%	61%
Grange University Hospital Cwmbran	36%	33%	41%	41%	45%	37%	68%	65%	50%	43%	36%	43%	49%
Morriston Hospital Swansea	37%	33%	37%	73%	84%	87%	82%	82%	81%	66%	58%	49%	45%
Prince Charles Hosp Merthyr	46%	42%	42%	64%	88%	96%	99%	95%	97%	89%	77%	89%	84%
Princess Of Wales Bridgend	48%	48%	67%	77%	75%	74%	70%	95%	89%	85%	74%	90%	83%
Royal Glamorgan Hosp Pontyclun	43%	39%	50%	91%	87%	79%	76%	93%	94%	92%	77%	86%	92%
University Hospital Of Wales Cardiff	56%	53%	60%	62%	64%	92%	95%	87%	86%	83%	79%	74%	90%
Withybush Hospital Haverfordwest	53%	58%	52%	47%	48%	51%	56%	64%	71%	72%	75%	83%	86%
Wrexham Maelor Hospital Wrexham	31%	31%	29%	34%	52%	29%	30%	28%	29%	48%	26%	32%	29%
Ysbyty Glan Clwyd Hospital	30%	35%	50%	41%	43%	55%	47%	55%	37%	66%	42%	45%	44%
Ysbyty Gwynedd	32%	31%	30%	36%	33%	33%	27%	30%	27%	37%	29%	31%	29%

* part month

		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	1224	1275	1138	1171	667	948	1011	866	1186	1237	829	1046	1164	1016	416	302	334	356	119	123	211	496	225	261
	Target														969	775	582	388	194	-	-	-	-	-	-
% of ambulance patient handovers over 45 minutes	Actual	54.1%	57.3%	52.9%	53.2%	33.5%	44.6%	48.3%	43.5%	56.1%	58.6%	47.6%	53.6%	57.3%	49.3%	21.9%	14.6%	15.8%	17.3%	5.6%	6.0%	10.4%	23.3%	12.1%	12.7%





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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	1711	1964	1875	1900	1534	1560	1596	1530	1795	1705	1381	1657	1668	1854	1788	2081	2040	2033	2008	2004	2173	2342	1871	2373
	Target														1,391	1,113	835	556	278	-	-	-	-	-	-
% of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Actual	89.3%	88.3%	88.6%	88.6%	90.1%	90.3%	90.4%	90.5%	88.7%	88.9%	90.4%	90.3%	89.9%	89.3%	89.4%	88.3%	87.8%	87.8%	88.3%	87.9%	86.8%	85.9%	87.7%	86.8%

		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
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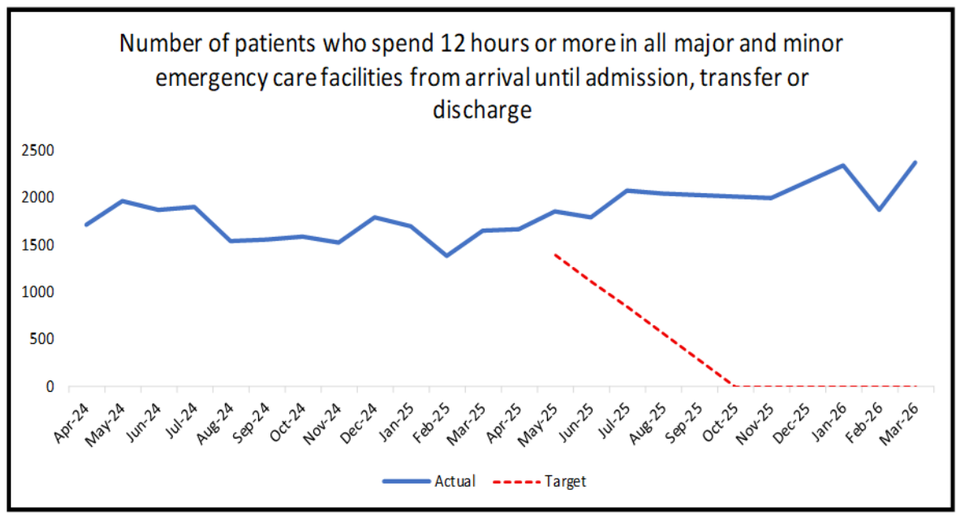

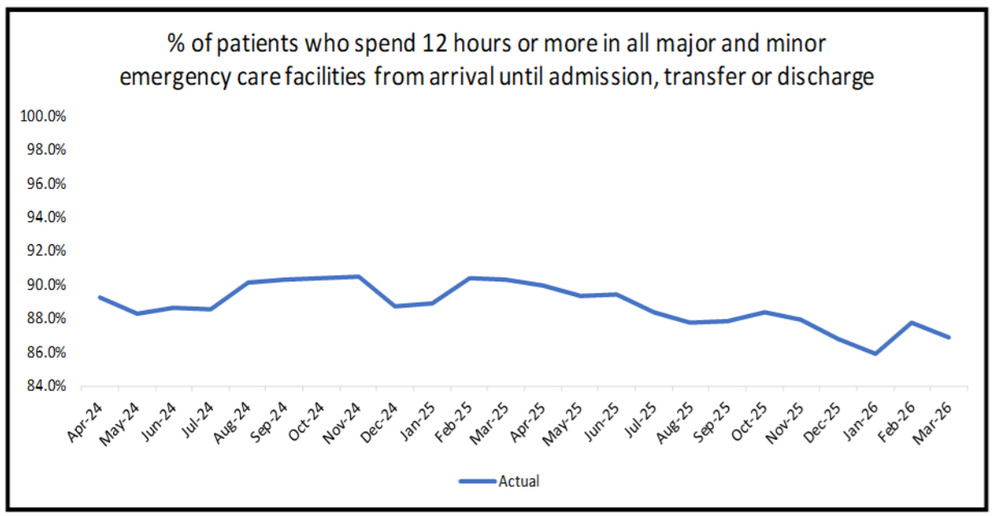

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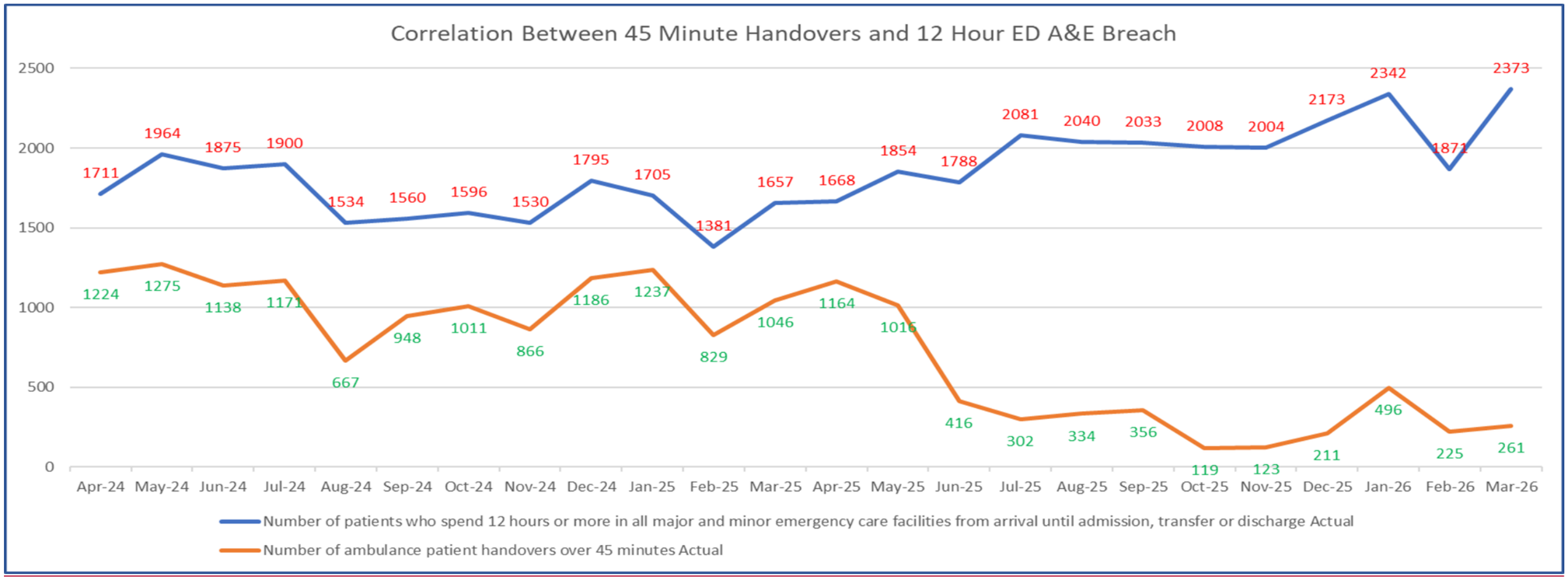


Were there any significant incidents affecting this strategic Risk this period:

~~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
A consultation with the stroke workforce to extend their base on the RGH site for up to 2 months was implemented on the 21st April 2025. 1x substantive consultant recruited June 2025. Start date in Jan 2026. 1x Stroke Consultant long term phased return. 1x Consultant returned from maternity leave.

Associated Risks escalated to the Organisational Risk Register

3826	Emergency Department (ED) Overcrowding	**20**
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**
5045	Access to Neurology Inpatient and Outpatient Services for CTM residents	**16**

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

Strategic Risk: **Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)**		
If the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	***Then*** we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	***Resulting in*** avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

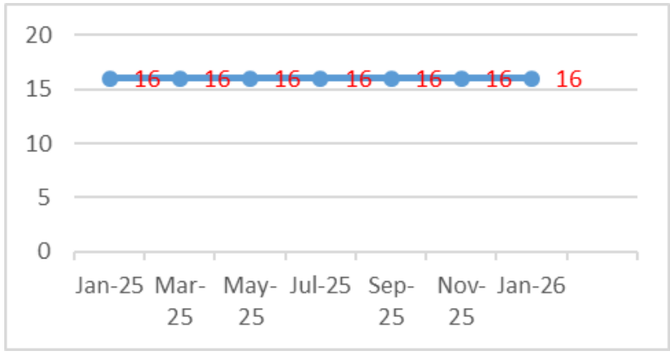
Risk Leads	• Executive Nurse Director • Executive Medical Director	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	CTM is seeking to achieve a treated risk score of **12**, reflecting a level that is organisationally tolerated and aligned with our commitment to safe, effective and compassionate care.

Current Control Measures

1. Strategic Frameworks & Governance

a) ~~Quality Strategic Plan: Replace expiring Quality Strategy with a measurable plan aligned to CTM2030 and Duty of Quality reporting. KPIs embedded in Annual Duty of Quality Report.~~ Duty of Quality Annual Report, Duty of Candour Annual Report, Strategic Plan and supporting Workplan in progress
b) Infection Prevention & Control Strategy (2024–2027): Fully implemented with quarterly progress reports to QSEC and annual Board assurance. Work plan and new operating model in place.
c) Safeguarding Strategy (2024–2027): Endorsed and embedded with compliance monitored through annual audits and safeguarding dashboards.
d) Clinical Governance Frameworks:
    i. Clinical Guidelines and SOPs are maintained with an annual review cycle.
    ii. CTM Learning Academy launched with four strategic aims: workforce development, governance, sustainability, and interprofessional learning.
e) Clinical Effectiveness Committee: Oversight of clinical audit programme, NICE guideline compliance, and escalation of issues to QSEC and Board.
f) Advanced Clinical Practice Board: Governance for advanced practice professionals.

2. Assurance & Improvement Mechanisms

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

- Medicines Management Group chaired by the Assistant Medical Director

3. Learning from Experience & Engagement

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

4. Innovation & Improvement

a) Improvement Community of Practice: >30 QI champions in place.
b) Monthly QI Training: >490 staff trained; ongoing programme.
c) Leading for Patient Safety Programme: Phase 2 launched Oct 2024 focusing on acute deterioration and quality management systems.
d) iCTM Business Plan (2025–2028): Aligned to CTM2030, focusing on experience, efficiency, and effectiveness.
e) Value-Based Healthcare Programme: Business cases under review; aligned to national priorities.
f) Care Group Service Improvement Groups: Operational since end of 2024; monthly meetings with improvement teams.
g) National Safe Care Collaborative Programme: Commenced with CTM participation.
h) Bereavement Clinical Lead: Implementing All Wales Care of the Bereaved Framework.
i) Carers Lead who will lead on the Carers agenda.
j) ~~PTR~~ Listening to People (LTP) Training (Wales' national approach to handling NHS concerns, complaints, incidents and redress which have replaced PTR since 1st April 2026): Updated to incorporate Duty of Candour; compliance monitored.
~~k) One year trial of a court of protection lead aligned to Safeguarding.~~ Pilot of senior Court of Protection lead for evaluation in April 2026.
l) Recruitment of a Domestic and sexual violence Health advocate funded for 2 years.
m) Extended the Infection, Prevention & Control (IPC) service over 7 days a week and into Community
n) Go Live for the EPMA

5. Research, Flow & Productivity

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

Sources of Assurance (Internal and External)

External Reports

Royal Glamorgan Hospital:

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

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

~~Internal Audit 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 (2025/2026). Listening to People Report (2026 onwards);
- 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 Annual Report
- Duty of Candour Annual Report

Quarterly Reports
- Quality Dashboard.
- Integrated Performance Dashboard.
- Quality Governance – Regulatory review progress updates.
- IPC Highlight reports.
- Care Group reports.
- High level update on mortality indicators.
- Research and Development Update.
- National Clinical Audit and NCEPOD studies.
- Maternity and Neonatal Improvement Programme Highlight Report.
- ~~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.~~ A strengthened approach to the governance of Healthcare Inspectorate Wales (HIW) Inspections and subsequent Improvement plans has been implemented through the development and full embedding of a centralised HIW tracker using the electronic platform of AMaT, this provides improved oversight and consistency of monitoring. This approach supports enhanced organisational oversight and reinforces the Health Board's commitment to robust governance and continuous improvement.
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- ~~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 (completed May 2025).
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3.
- Harm Free Care Agenda
- Patient Safety Solutions – safety alerts and notices.
- Mental Capacity Act (LPS).
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- ~~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. The OCP is now complete and will be implemented on 5 May 2026 with this being fully recruited to and complete by 31 July 2026.
- Legal Services Recovery Plan in place which will consider if there is enough capacity to manage all legal activity and if internal processes and systems need to be revisited to make changes and identify areas for further improvement. An Organisational Change Process (OCP) has concluded and will be implemented start of May 2026
- CTM Pathology services accredited to ISO 15189:2022 the international standard that specifies requirements for quality and competence in medical laboratories, ensuring accurate and reliable test results essential for patient diagnosis and treatment.
- Cardiac Physiology services in PoW are accredited 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.
- Implementation of weekly Learning from Events Panels

Qualitative Intelligence

- Monthly PREMS qualitative feedback received.
- Ongoing weekly Quality and Safety huddles take place with ~~Executive~~ the three Deputy Directors, Assistant Director of Quality & Safety ~~and Care Group Directors,~~ and the Quality and Safety Team to review concerns and complaints compliance across the Health Board with a weekly brief shared with all three clinical Executive Directors for assurance, awareness as well as an escalation being noted
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators.
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers.
- Service User and Staff Stories.
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed clinical area visits.
- Improvement case studies.
- Social Media feedback and intelligence.
- ~~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 Duty of Candour Safety & Learning Network, including currently chairing the Network meetings.
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network.
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.
- External audit in June 2024 in collaboration with Arjo Huntleigh regarding pressure ulcer prevalence has been completed and considered at the January 2025 Quality, Safety & Experience Committee.
- Health Education Improvement Wales (HEIW)– undertake regular reviews of services with respect to medical training of resident doctors.
- Ombudsman's Annual Letter.
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance.
- ~~The 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~~ fully implemented for assurance and monitoring of HIW ~~Audit~~ Inspection Recommendations with ~~the first report received in May 2024~~ bi-monthly reports received at the Quality, Safety & Experience 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 commenced 27/10/2025.
- Submission of bi-annual Nurse Staffing Act (Wales) Compliance and Assurance Reports to Board and Welsh Government.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Roll out of the Clinical Ward/Department Assurance Programme. Ward assurance provides ongoing confidence that core standards of care and safety are being met, identifying risks and areas for improvement. Ward accreditation is a more formal assessment that confirms a ward has met and can sustain agreed quality standards.	Rolling programme commenced. This will now extend into a yearly assurance programme which will encompass all data repositories	Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024. The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards) Extending program into Mental Health and Maternity ~~plus a further 20 areas across the acute site throughout 2025.~~	Currently 35 wards completed. 8 white and 19 reaching Bronze accreditation. There is a review of the assurance framework being undertaken. While this is completed, the team has continued to undertake targeted short assurance visits focused on key quality and safety indicators. While these visits are not scored for accreditation purposes, they provide ongoing visibility of ward standards and emerging risks, and are used to inform local actions and escalation where required. Results reviewed via panels to provide assurance to the Board, and further the wards involvement. Develop a bespoke Power App to: o Simplify data capture o Streamline reporting o Provide real-time visibility of ward performance o Reduce manual processes and consolidate information onto one platform Implementation continues and will now extend outside of acute physical health areas to include mental health settings and community care. At this stage, the ward accreditation programme is paused for review; however, assurance continues to be maintained through existing ward assurance programmes, alongside the development of a more robust and consistent ward assurance framework
2. Strategy & Framework Reviews and Development Safeguarding Strategy o ~~Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24.~~ o Development and implementation of a safeguarding dashboard	Complete in terms of Safeguarding Strategy. Timeframe for Safeguarding dashboard to be implemented ~~is planned to be available in draft~~ by the end of ~~May 2025.~~ June 2026 (currently being piloted)	The Safeguarding strategy and framework give a comprehensive approach to Safeguarding. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.	Pilot dashboard has been developed and is in the pilot stage for user ability data presentation. There is a national launch of the safeguarding module on the once for wales Datix site which is being piloted to capture professional concerns 1.9.25. This will not capture all safeguarding only professional concerns currently. This is now implemented. There is a ~~robust~~ work plan which is in place to support implementation of the safeguarding strategy and framework. The monitoring of these actions will be overseen thorough the safeguarding executive committee.

			Work continues in line with strategic plan. The risk associated with previous backlog of look after children health assessments now being reviewed as a number of actions have been undertaken to ensure the service is robust such as appointment of a new team leader, a live tracker implemented and improved governance arrangements with the. This review has now been completed and there is minimal backlog.
3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation.	Mortality Data Improving – CTMUHB are now collecting data on mortality with a plan to standardise the way mortality is reported through the Care Groups with oversight from a Mortality Board, which is now established. Agreement with Archus to establish a robust process for data monitoring.	Visibility and granularity of data will be available to support clinical decision making and learning, as well as identifying areas that may require greater focus.	Monitoring the performance data dashboards to determine if improvements are being made and sustained.
	CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Wales Performance & Improvement's (formerly NHS Executive) rollout of the National Quality & Safety Framework. This Framework ensures we measure quality across the six domains of quality and is consistent with all NHS Wales organisations. The domains being: • Safe Care • Timely Care • Equitable Care • Effective Care • Efficient Care • Person-Centred Care The Framework enables CTMUHB to benchmark our quality performance indicators against other NHS Wales organisations. In addition to the Framework, the Q&S team utilises the NHS Wales Performance & Improvement's (formerly NHS Executive) Beacon Dashboard to maintain alignment with other organisations across NHS Wales. The NHS Wales Performance & Improvement (formerly NHS Executive) workstream has also supported benchmarking of our Annual Q&S Report, thus ensuring a level of consistency with other organisations across NHS Wales.	CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda. Our Learning Processes, including the Listening & Learning Framework with its central repository and bi-annual Listening & Learning event, have supported improvements in cascading learning across CTMUHB. Rather than relying solely on standalone learning events—which are currently under review for their impact— CTM are reviewing areas which would support continuous learning through shared narratives, targeted improvement priorities, system-wide feedback loops, and the spread of evidence-based practice across wards and services, ensuring learning is embedded, sustained, and aligned to organisational priorities. Implementation of a Quality and Safety steering group which will be anchored by the Assistant director of Quality and safety will enhance this. This group will report to the Harm free care strategic oversight group for assurance and oversight ~~By focusing on timeliness and effective care, CTMUHB has significantly enhanced its concerns response compliance. CTMUHB is now recognised~~

			~~as an exemplar for concerns management across NHS Wales. Our team regularly benchmarks our performance against similar NHS organisations.~~ CTMUHB's position in relation to NRI compliance has also improved over the last year. Embedding the Listening to People Framework
	Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas.	• Improved decision making and therefore improved patient care. • Improved oversight of patient care form ward / team to Board against evidence-based standards and local indicators • Stimulate clinical team discussion and quality improvement areas. • Decision making • Real time insights to ensure mobilisation of support, adjustments and actions where needed	Action complete for Maternity. This action will be revised to reflect other areas across CTM in due course.
4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff.	• Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme. • Improvement into practice training taking place every other month. • Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the "Have Your Say" process. Recruited and appointed to posts.	Embed Quality Improvement into everyone's day to day jobs, providing them with the tools, skills and ability to make improvements within their areas. Ensuring our people have the skills and empowerment to make changes and improvements. To ensure as a Health Board we have the ability to track patient experience and use this data to continually improve our services to patients, families and communities.	Simply Do is implemented across CTM and actively promoted by the ICTM Improvement Team Viva Engagement Platform Launch December 2025 Rolling programme of challenges for staff with measures around ideas, engagement and implementation. PREMS data now being routinely provided to Care Groups and to Q&S Committee. Working though potential for improved integration between planning, engagement and peoples experience with external stakeholders (e.g. Llais) Support and adjustment in transition to new PREMS/PROMS platform being led through VBHC.
5. Improving flow and efficiencies and productivity	• Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.	Medical: Medical Workforce Productivity Programmes - Ensuring that the workforce meets the requirements of the Health Board – job planning, financial prudence (monitoring medical spend and exploration of potential savings and efficiencies), workforce establishment.	Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Ensuring appropriate management of contracts Nursing: Nursing productivity:

		Nursing: CTMUHB has been actively working on the Nursing Workforce Productivity Programme as part of its broader strategy to improve efficiency and effectiveness within the health board. Key actions under this programme include: • Bank Modernisation Action Plan: This includes proactive recruitment across 12 months. • Flexible Working Policy: Launched with accompanying promotion and implementation of an oversight mechanism in place which aligns to retention as a key initiative. • Internal Lateral Moves Scheme: For Band 5 Nurse and Midwives, launched in February 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	• Processes and installing of KPIs for the bank service (partially achieved). • Implementation and use of flexible working policy (implemented and active). • Implementation of lateral moves scheme (implemented and being actively utilised). Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position). • Comms issued to start agency via exception from December 2025. • Working with finance, workforce and operations on reporting and surveillance model on quality, operations and finance combined. • Joint work with workforce colleagues on sickness absence reduction, implementation of approach, reporting and management support. • This programme is being updated for both Medical and Nursing productivity as part of CTM's approach to IMTP, formative update will be provided in the new financial year
6. Fragility of the Legal Services Directorate	The next phase of the OCP has concluded and will be implemented at the start of May 2026, which includes the recruitment of key staff to strengthen the team and address the gaps identified following the recovery plan • ~~Legal Services Recovery Plan in place which will consider if there is enough capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement.~~ • ~~Recovery plan also considering the stability of the Legal Services Directorate.~~	• Improved patient and stakeholder experience. • Improved compliance and performance. • Sustainable service fit for the future. • Robust systems and processes.	• Compliance and performance metrics within the Integrated Performance Dashboard. • Decrease in cases being referred or escalated to next stages in the relevant process. • Increased compliance in KPI across legal and PTR. • Reduction in recovery measures in line with improving performance. • Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure. Following implementation of the OCP (including recruitment of full complement of the new team to be complete July 2026) • 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.~~ • Improving reporting, assurance and engagement with external stakeholders, including ongoing regular monthly meetings led by the assistant Director of Quality & Safety and the Deputy Director of Nursing with the Coroners Office, NHS Wales Shared Services

			Partnerships, Legal & Risk teams and Llais Cymru • Formal correspondence has been issued to external solicitors, with follow-up meetings held with a number of firms to address concerns and provide assurance on recovery actions, capacity improvements and revised processes • Working with finance colleagues on clinical negligence position and forecasting associated CTM share for 2026/27.

Linked National Priority Measures

Care Closer to Home

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

Patient Safety Solutions

Infection Prevention and Control

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

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

Children's Charter

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

Safeguarding

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

~~**Chief Nursing Officer's Launch of the Nursing and Midwifery Priorities – 2023-2024 –** Development of a Nursing and Midwifery vision underway.~~ **Chief Nursing Officer's Launch of the 2025-2030 Strategic Vision – We are ensuring full alignment with CTM's Nursing Strategic Plan, and the Executive Director of Nursing and Midwifery is working collaboratively with peers across Wales to support the implementation of the Chief Nursing Officer's 2025–2030 Strategic Vision**

National Patient Experience Framework.

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.

NHS Wales Quality and Safety Framework: Learning & Improving. Published by WG September 2021.

The Health & Social Care (Quality & Engagement) (Wales) **Act 2020 -** Improving quality and public engagement in health and social care.

National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities.

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

Current Performance Highlights

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

- Quality Dashboard
- Maternity & Neonatal Dashboard
- Cancer Standards.
- Unscheduled Care.

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

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

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

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

Associated Risks escalated to the Organisational Risk Register		
6052	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts). New risk escalated to the Organisational Risk Register in September 2025.	**20**
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	**16**
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	**16**
4417	Management of Security Doors in All Hospital Settings	**16**
~~6228~~	~~Effective and efficient management of requests from the HM Coroner. Risk score reduced to a 12. De-escalated from the Organisational Risk Register in January 2026.~~	~~**16**~~
6229	Timely development of management and response to Learning from Event Reports (LFERs).	**16**
6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.	**16**
~~1793~~	~~Lack of isolation facilities available – negative pressure rooms. New risk escalated to the Organisational Risk Register in September 2025.~~ De-escalated and removed from the Organisational Risk Register in February 2026	~~**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.~~ De-escalated and removed from the Organisational Risk Register in February 2026	~~**15**~~
4691	~~New Mental Health Unit~~ The Provision of Safe and Appropriate Estate for Inpatient Mental Health Care	**15**

Strategic Goal(s):

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

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

Inspiring People
- Viable and inspiring leadership.
- Promoting diversity and inclusion.
- Embedding our values and behaviours.
- Encouraging local employment

Risk score **16**

Strategic Risk: **Enough workforce to deliver the activity and quality ambitions of the organisation** *(including culture, values and behaviours)* **(Risk No. 3)**

If the Health Board fails to identify and plan for its current and future workforce requirements, and to promote CTMUHB as an attractive place to work	***Then*** we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.	***Resulting in*** increased gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.

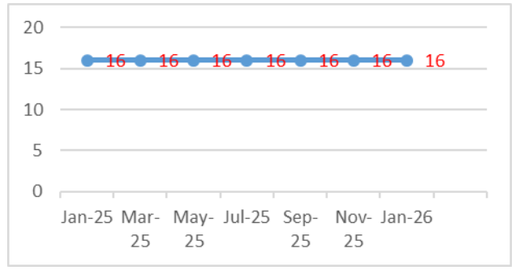
Risk Lead	• Executive Director for People	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

This risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. There are also workforce challenges and risks aligned to Health Visitor industrial action, proposed shift patterns changes and Llantrisant Health Park (regional workforce model agreement and outcome of the demand and capacity model for South East Wales). The latter is potentially impacting on timelines and delivering a multi-disciplinary workforce in a sustainable and affordable workforce plan. Therefore, although we are "treating" this risk it is recognised that significant progress on this will not be achieved in the short term.

Patient safety and quality could be compromised or delayed, increasing waiting times, because of workforce gaps due to lack of available skilled workers either in local or national labour market to meet demands and to avoid and reduce high-cost variable pay. This could also impact on the delivery of planned activity to meet targets leading to increased performance scrutiny. Staff wellbeing and morale is still a concern.

	Sickness rates continued to decrease ~~increased to~~ from 8.79% in December 2025 to 8.32% in January 2026 to 7.55% in February 2026. This is an increase of 0.48% on the February 2025 rate of 7.07%. The rolling 12 months sickness rate was 7.41%. ~~, compared to 8.05% in December 2024. The rolling 12 months sickness rate was 7.34%. There remains a risk to the financial impact if this continues~~ Forecasted ~~with~~ agency spend ~~at~~ for M12 2025/2026 is £9.42m which is a 3.8% ~~at £7.771m~~ for M&D. ~~and £11.67m~~ For Nursing and Midwifery ~~staff groups~~ the position is a forecasted reduction of 38% £13.3m at M12 2025/2026. Turnover reduced further in March 2026 to 8.29% from 8.50% in January 2026. ~~slightly decreased to 8.50% in January 2026 from 8.54% in November 2025~~. Job Planning compliance remains at 44% as at April 2026. There is considerable variation between care groups. This is being addressed by the Medical Workforce Productivity Programme ~~Rates did increase to 46% in December 2025 but reduced due to the expiry of other job plans during this period.~~ ~~While~~ Turnover has continued to steadily fall over the last 12 months increasing our retention, ~~and~~ while our approach to recruitment has been strengthened, we still have areas to improve, including solutions for hard to fill posts and improved time to hire. High sickness rates also continue to significantly impact on workforce availability. The workforce risk remains significant and remains at 16 based on the following: • Late delivery of key objective/service due to lack of staff – waiting list and capacity issues • Unsafe staffing level (>1 day)/competence. • Low staff morale. • Sickness rates • Poor staff attendance for mandatory/key professional training. • Reliance on temporary workforce usage and spend
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will continue to be treated through targeted action under the CTM People Plan, working with Care Groups and professional leads to strengthen workforce planning, recruitment, retention and wellbeing, and embed improvements into business-as-usual. Key activity includes improving access to workforce data and dashboards, building workforce planning capability, delivering targeted and international recruitment, strengthening retention through employee experience and career development, supporting wellbeing and reducing sickness absence, and reducing agency reliance through sustainable workforce productivity measures. These actions are expected to progressively reduce the risk, though progress remains influenced by national workforce supply constraints. Work is also underway with staff and Trade Union colleagues to agree consistent nursing, midwifery and HealthCare Support Worker shift patterns that support patient safety, staff wellbeing, workforce availability and financial sustainability.

Current Control Measures

Strategic Alignment

- People Plan launched – sets out People priorities and promises aligned to CTM2030 to drive cultural and workforce transformation.
- Integrated Medium-Term Plan (IMTP) and Education & Training Plans (ETPs) – professionally assured and approved at Executive level prior to submission to HEIW each March, 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.
- Value & Effectiveness Programme – identifies the workforce workstream priorities for 2026/2027.

Recruitment and Resourcing

- Vacancy Scrutiny Panel – ensures recruitment aligns to strategic priorities, maintains financial probity, and supports safe service delivery.
- Job Evaluation / Matching – maintains internal equity and compliance with national pay frameworks.
- Standardised Recruitment Process – delivered via *Trac* and supported by NWSSP Recruitment Services to ensure consistency, transparency, and legislative compliance.
- Medical Workforce Recruitment Plan – includes international recruitment, job description standardisation, and productivity actions reported through to Medical Workforce Productivity Programme Delivery Group.
- 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.
- Annual Service Level Agreement with Educ8 training to fund full time band 4 role to support apprenticeship academy.

Retention and Employee Experience

- Retention Programme – re-established with clear vision, governance, and measurable objectives.
- Stakeholder Engagement – ongoing collaboration with Care Groups, People Services, and HEIW.
- Nursing Retention Plan – tracked through RAG status and monitored ~~monthly~~ quarterly with stakeholders.
- Manual Retention Dashboard – monitors turnover, attrition, and stability.
- 'Moving On' and 'Joining Well' Surveys – provide insight into onboarding and exit experiences, with dashboards to inform improvement actions.
- Lateral Moves Scheme – supports internal mobility and retention for Band 2 HCSWs, Band 3 HCSWs from December 2025, and Band 5 nursing and midwifery roles.
- Flexible Working Policy (All Wales) – governs equitable decision-making and recording via ESR.
- Corporate Induction and PDR ("Your Conversation") – support early engagement, wellbeing, and feedback.

Workforce Productivity and Temporary Staffing

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

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.
- Sickness Management Framework – scoping of organisation-wide project underway to reduce sickness rates by 1% by October 2026 (baseline target July 2025 (rolling 12 months) rate 6.98% to 5.98%).
- Fixed Term Contract Policy (ongoing 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.
- Implementation of new Wales Resident Doctor contract, both for resident doctors and clinical fellows (LEDs) employed by CTM.
- Engagement in national student and PA recruitment streamlining processes – ensures future workforce pipeline sustainability.
- Audit Wales SWP recommendations – tracked through the Audit Tracker and monitored by the Audit, Risk & Assurance Committee. Majority are now business as usual.

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

External assurance

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

Medical Workforce Productivity Programme Board

Internal Assurance

- Medical Workforce Productivity Programme (MWPP): Delivery Group dashboards - Bank and Agency spend increased from £2.6m (Feb 2026) to £2.4m (Feb-25)
- Job planning compliance
- Audit Updates
  - Medical & Dental Variable Pay Audit and M&D Job Planning Audit- recommendations on Audit Tracker (~~reported to ARC Nov-25 and~~ updated ~~in readiness for February~~ for April/May 2026)
  - Majority of actions are incorporated into the FCP and SOP draft submitted to ARAC in February 2026. These will now be updated in line with the new HCRG, M&D bank and agency provider in place.
  - Medical & Dental Medical Rostering Audit – this process is being revisited in light of the implementation of the new Resident Doctor contract.
- SAS doctors regrading process in place. ~~launches (process agreed between Finance, People and Executive Medical Director's office) first cases considered in Oct-25.~~
- Resident Doctor contract changes ~~escalated to Executive Leadership Group (ELG) for information and awareness~~. CTM Implementation Group in place ~~is established~~, alongside CTM membership at both NWSSP and NHS Employers led All Wales groups.

Nurse Productivity Programme Board

Internal Assurance

- Nurse Productivity Programme Board - Agency spend reduced YTD from £20.04m TO £12.47m as at M11 2025/2026. ~~(Dec-24) to £1.3m (Dec-25).~~ This reduction is due to three factors: the reduction in hourly agency rates for RN shifts following the renewed All Wales Consolidated Agency Contract March 2025, agency by exception work and reduced annual leave during Christmas and New Year.
- Agency usage trending report - RN and HCSW agency usage ~~for~~ since January 2026 continues to ~~and across the year~~ show a ~~general~~ downward trend.
- Bank usage remains steady across RN and HCSWs.
- HealthRoster optimisation and data quality improvements continue as one of the workstreams for NMPP 2026/2027. ~~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.
- A revised all Wales Bank Terms of Engagement and an implementation plan is being updated to roll out Quarter 1 2026/2027 ~~April 2026~~.

Workforce Planning

Internal assurance

- Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-26) 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. Only one action remaining for completion.
- 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.

- Representation at the newly formed HEIW Workforce Supply Oversight Group (WSOG) from February 2026 focussed currently on nurse student streamlining vacancies for CTMs allocated graduating students for September 2026
- LHP OBC submitted to Welsh Government on 7 Dec 2025 which includes a Workforce Planning and OD section; workforce section for the joint LHP/SEW region OBC/FBC is in development for ~~submission June~~ completion in June 2026 or submission to WG in September 2026.

Attraction, Resourcing and Recruitment

Internal assurance

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

External assurance

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

Retention

Internal assurance

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

External assurance

- (Where available) triangulation with HEIW retention insights / all-Wales benchmarks.

Culture, Values and Behaviours

Internal assurance

- NHS Staff Survey results reported to Board and 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). Our focus on the NHS Wales Staff Survey has achieved a sustained improvement in response rates, from 18.1% in 2023, to 26.8% in 2024 to 35.6% in 2025, against an All-Wales average of 30%. This represents an additional 1,407 CTM voices. Our staff engagement index score (derived from seven questions in the survey) is 70.5% which is a slight improvement from last years 70.4%

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Strategic Workforce Planning			
Absence of clear, sustainable workforce plans aligned to CTM2030.	Absence of clear, sustainable workforce plans aligned to CTM2030.	A sustainable and skilled workforce capable of delivering CTM2030 priorities with reduced reliance on agency staff. To support better alignment between service transformation and workforce capacity.	Implementation of workforce planning strategy with agreed KPIs to support sustainable workforce plans aligned to CTM2030.
Regional Service & Site Workforce Planning			

Lack of coordinated regional workforce plans.	• Development of LHP Workforce Plan (FBC (draft March 2026) due May 2026). • Workshops to develop Perinatal, Ophthalmology and Theatres workforce plans.	Ensure right skills, roles and staffing models across regional services.	Ensure right skills, roles and staffing models across regional services.
New and Extended Roles			
Inconsistent governance for new and extended roles (PAs, ACPs, RNAs).	• Developed Framework and PA Working Group. • Supported rollout of ACP and RNA roles aligned to national standards.	Strengthen workforce governance, ensure appropriate deployment and maximise skill mix.	• Governance framework in place. • Positive use of PAs, ACPs and RNAs • reducing workforce gaps and agency reliance.
Workforce Productivity			
Inefficient roster and temporary staffing models; agency dependency.	• Nurse Productivity Programme (Roster & Bank optimisation). • Medical Workforce Productivity Programme (£3m target).	Reduce agency reliance and optimise workforce efficiency.	• Improved rostering efficiency and bank utilisation. • Reduced long-term agency usage.
Sickness Absence			
High sickness absence rates impacting availability.	• Comprehensive data review and organisation-wide action plan	Co-ordinated improvement in attendance and wellbeing.	• 1% reduction in sickness absence in 25/26 vs 24/25.
Workforce Data and Analytics			
Limited establishment reporting and analytics capability.	• Developed Nursing & Midwifery establishment reports. • Developing dashboards and robotics strategy.	Improved workforce visibility, data-driven decisions and capability.	• Live reporting accessible. • Improved workforce data quality and analytical use.
Workforce Systems			
Limited interoperability across systems.	• M&D Bank/Agency Tender and ESR Go implementation. • People Systems Group established. • Preparation for Future ESR 2.	Improve efficiency, reduce agency spend and strengthen system integration.	• ESR Go implemented. • Reduced agency usage. • Readiness for national system transition.
Attraction, Resourcing and Recruitment			
No signed-off Recruitment & Retention Plan; inconsistent processes. Timescale for implementation of new Resident Doctor contract in August 2026	• Draft Recruitment & Retention Plan. • Updated policy and SOPs. • Recruitment training and SharePoint resources. • Active attraction and social media strategy. • Participation in All Wales workstreams • CTM Resident Doctor Contract Implementation Group	Standardise processes, strengthen employer brand and improve fill rates. CTM being up to date with the rest of Wales on this project	• Policy/SOPs approved. • Increased site traffic and engagement. • Reduced vacancy rates. • Contract implementation in August 2026 • Accurate rota build and roster – payroll systems
Retention			
Low participation in exit process and limited retention data. Retention Programme Plan established but not agreed.	• Relaunched Lateral Moves Scheme and widened access to Band 3 HCSW's. • "Moving On" process due to launch. • Plan to Re-establish Retention Steering Group. • Improved retention data analytics.	Improve staff experience, reduce turnover and inform targeted interventions.	• Higher exit feedback response rate (target 30%). • Visible retention metrics. • Reduced voluntary turnover.
Culture, Values & Behaviours			
Seen as corporate not locally owned	• Divisional datasets shared quarterly. • Directorate-level leadership accountability. • Measures embedded in People Plan	Strengthen local ownership and connect values to daily behaviours.	• Improved staff survey results on "values in action." • Increased participation in CVB activities. • Reduced variation in staff experience.

Linked National Priority Measures

Workforce

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

Current Performance Highlights

Key Progress Highlights:

- Workforce Planning: IMTP Education Commissioning for 2027/2028 submitted to HEIW for 31 March 2026 or outputs in 2030. In addition, submitted the People Chapter and Minimum Data Set (MDS)
  - ~~A revised All Wales Bank Terms of Engagement and an implementation plan is being updated to roll out April 2026.~~
  - ~~Work is underway to address the skills, establishment and pay arrangements for bank staff following the Band 2-2 changes to ensure a viable, appropriately skilled and available bank workforce by July 2026~~
- Workforce Planning: LHP Phase 2 Workforce Planning and narrative for the workforce section of the joint LHP/SEW regional OBC/FBC is under development in partnership with key stakeholders and across the SEW region in readiness for submission to HBs in June/July 2026
- Productivity & Agency Reduction: Tender for the Managed Service provision for M&D bank and agency staff contract awarded.
- Recruitment: work underway with Nursing & Midwifery, People and Finance to increase the number of allocated nursing and midwifery student streamlining for September 2026. An updated position is being discussed at ELG and reporting to HEIW on 5 May 2026, that considers safety, affordability and sustainability.
- AFC Bank: 800 Bank only staff identified, bank only workers following the Band 2-3 changes to ensure a viable, appropriately skilled and available bank workforce and on track to meet the deadline of July 2026.
- ~~Workforce Planning: LHP OBC Phase 2 Workforce Planning section completed and included in the submission to WG on 7 December 2025. Responses to scrutiny questions sent in January 2026 and work underway to develop the workforce section of the FBC in partnership with key stakeholders.~~
- ~~Workforce Planning: IMTP Education Commissioning for draft submission sent to HEIW 31 January 2026, People Chapter being finalised and Minimum Data Set (MDS) discussions across strategic planning, activity, finance and people in place.~~
- ~~Workforce Data & Analytics: Enhanced reporting via establishment dashboards, improved data quality, and interoperability between ESR, HealthRoster and Locum systems to strengthen evidence-based decision making.~~
- ~~Productivity & Agency Reduction: Tender progressing regarding Managed Service provision for M&D bank and agency staff.~~
- Recruitment: international recruitment for hard-to-fill medical roles 2025/26 with NWSPP progressed, with two specialist grade psychiatrist started. A further Haematology doctor onboarding and ~~four~~ two ITU doctors ~~being offered to targeted~~ have been offered via NWSSP's overseas campaign ~~in~~ Jan/Feb 2026 with first Dr to join in June 2026. ~~Actions to improve internal recruitment resources and training for hiring managers are under way. Focus on building healthier communities and inspiring people, CTM~~
- Successful 3 careers events ~~have partnered~~ with local authority employability teams, DWP and Careers Wales ~~to provide 3 x career events~~ took place in March 2026 (c900 plus attendees) supporting potential applicants to apply for roles in CTM. ~~Retention initiatives strengthened through the re-established Retention Programme; Lateral Moves Scheme extended to Band 3 HCSWs.~~
- ~~Recruitment: work underway with Care Groups and Corporate nursing to confirm vacancies for nursing and midwifery student streamlining for September 2026.~~
- ~~Retention: Lateral Moves Scheme monitoring: Register cleansed. 346 eligible transfer requests (Jan 2025), scheme widened to include Band 3 HCSWs and time to hire has reduced by 34% since October 2025 (77 days to 51). 56% of eligible requests have successfully resulted in a transfer. Conversations to further widen access are planned with Facilities and AHPs.~~
- ~~Productivity & Agency Reduction: Phase 2 of the agency by exception for Nursing and Midwifery launched on 1 February 2026 supporting Care Group nursing and midwifery to approve and action agency requirements in line with standards agreed at Nursing and Midwifery Productivity Programme improving efficiency and accountability.~~
- ~~Wellbeing & Attendance: Sickness absence M&D internal advisory audit launched.~~
- ~~Promoted and delivered a positive CTM Apprenticeship Week 9 Feb to 13 Feb 2026.~~
- ~~Reframed leadership approach to NHS Staff Survey 2025 with activation of care group leadership response to local results enabled by corporate teams.~~

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

None identified.

Associated Risks escalated to the Organisational Risk Register

5753	Inadequate Special School Nurse Provision.	**20**
6294	Insufficient Consultant Workforce - Endoscopy / Gastroenterology.	**~~16~~ 20**
4973	Clinical Medical Cover within CTM Adult Mental Health Services.	**16**
~~5576~~	~~Palliative Medicine Staffing~~ Closed on the Organisational Risk Register in March 2026	**~~16~~**
~~6234~~	~~National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.~~ Risk likelihood score has been reduced from a 4 to a 3 and the risk de-escalated from the Organisational Risk Register in January 2026.	**~~16~~**
~~2713~~	~~Backlog of Reporting Radiology Examinations. New risk escalated in October 2025.~~ Score reduced to 12 and removed from the Organisational Risk Register in April 2026	**~~16~~**
6318	Tier 3 SHED Team Service Delivery. New risk escalated in October 2025	**16**

5877	New Worker Contract for Out of Hour GPs. New risk escalated in November 2025.	**16**
6397	Shortage of GPs to deliver urgent primary care services for escalation. New risk escalated to the Organisational Risk Register in January 2026.	**16**
6475	Industrial action of Health Visting staff members of the UNITE union. New risk added to the Organisational Risk Register in January 2026	**16**
6232	Stability of the Legal Services Function.	**15**

Strategic Goal(s):

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

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

Risk score **16**

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

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

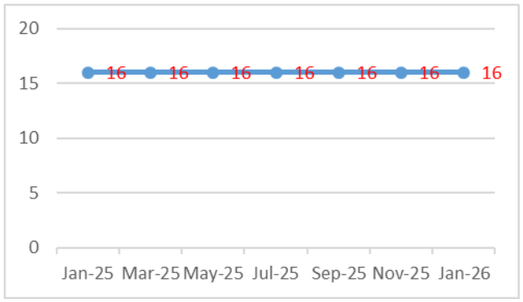
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	In recognition of the gaps identified around additional capacity requirements to develop and implement an engagement and involvement strategy associated with the Clinical Service Plan and wider service change requirement as well as the need to define a clearer process and procedure for supporting transformation and service change, the risk score has been increased in terms of likelihood to a 4 in July 2025. The gaps are captured in the mitigating action plan section of this risk.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being actively managed via the communications team and wider engagement function. As above, we will need to **tolerate** the fact that management of the risk will need to be ongoing.

Current Control Measures

Strategies & Plans

- 2030 Strategy – 'Our Health Our Future'
- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed*
- Public Engagement Plan for 'Our Health Our Future'
- Becoming an Engaging Organisation
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Acute Clinical Services Plan – Senior Leaders Group
- CTM Leaders Forum - New Terms of Reference developed with a further review scheduled for 2025.
- Staff Q&A
- (Staff) Leaders' Forum
- Stakeholder Reference Group
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- Links with Llais including representation on Board.
- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities.
- Community Voluntary Councils (Interlink RCT, BAVO, VAMT)
- OPAG (Older Person's Advisory Committee)
- CTM 50+ Forums
- Maesteg Stakeholder Reference Group
- Partnership with CTM WISE (Wellness Improvement Service)
- Regional Mental Health Forum
- Partnerships with colleges and education providers
- CTM Strategic Engagement Forum (established Sept 24). Chaired by Head of Engagement and Involvement.
- A collaboration with Veterans is being established through the development of a forum with partners from the Veteran Hubs, wider Armed Forces community, third sector organisations, Primary Care and CTMUHB.
- Working group for health protection and vaccination, including members of the community leaders' network

Needs Assessment & Consultation Processes

- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars

Sources of Assurance (Internal and External)

Board Development Session – held on the 14th December 2023 in relation to community engagement and the maturity journey for the Health Board in further developing its approach to being an engaging organisation.

Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan.

On the 7 April 2025, the Welsh Language Commissioner published her five-Year Plan, within which she encouraged others to speak with CTM as an example of good practice, this endorsement provided CTMUHB with the opportunity to showcase the work being done across the health board to enable our staff to learn and use the Welsh language.

Reports to other committees

- Community Health Council briefing papers to Quality, Safety & Experience Committee.

External
Activity commissioned from Opinion Research Services will provide detailed intelligence of stakeholders within CTM communities, including those at the hyperlocal level, enabling greater effectiveness and efficiency of public engagement and involvement activities.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Review the Becoming an Engaging Organisation Strategy	• Revisit to ensure the principles support the direction of travel, particularly their consistency and alignment with the ACSP engagement strategy, • Board Development Session reviewed the strategy on the 14th December 2023, outputs of which will now be taken forward. • Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders, and the risks associated with service change. Consultation desk review now complete. This will be removed on the next iteration. The content of the review is informing engagement planning going forward. • Development of specification for procurement of consultation partner to support creation of hyperlocal stakeholder mapping to enable improved targeting of engagement activities and resources. Collaboration with Regional Partnership Board on use of stakeholder management system to provide increased rigor and improved data capture. • External expertise commissioned from Opinion Research Services (ORS) in October '24, to develop stakeholder mapping. Outputs will provide broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Outputs will be delivered in last quarter 24/25. This work has begun, and interviews are scheduled to take place with Independent Members and key senior Health Board staff throughout January 2025. • Collaboration with South East Wales Health Boards to formalise Regional Communication and Engagement plans and activity. • Defining the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements. • Discussions to identify opportunities to improve robustness of partnership between Communications and Engagement and planning and transformation, and development of better-defined processes and procedures for supporting transformation and service change. • Closer, more formalised working relationships between Strategy and Planning and Communications and	• Alignment across health board strategy and change programmes. • Ensure Board awareness and continued relevance of strategy with current strategic and operational ambitions and objectives. • A more informed approach to public engagement and consultation activities relating to significant services change, based upon legal precedence and best practice and resulting in reduced risk of judicial review. • Identification and commissioning of an external provider with requisite experience and ability to lead development of stakeholder mapping to inform strategic service change. • Increased efficiency of public engagement planning and actions through shared data, targeting and delivery. Development of shared objectives and identification of opportunities for collaborative engagement activities. • Broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement Joined up working and efficient and effective use of shared capacity across the three South East Wales Health Boards. • Adequate capacity to engage and involve the population and wider stakeholders in ACSP and service change programmes. • More effective, efficient and sustainable support for service change and transformation with lower risk. • Closer working with the Strategy & Planning directorate will enable	• Consistency of narrative across strategic resources and change plans. • Continued Board support for BHT strategy and for development of involvement. Engagement and consultation resources aligned accordingly. • Delivery of a best-practice effective engagement and consultation plan to support strategic service change with minimal challenge and mitigating against judicial review. • Securing of partner to delivery through procurement process on budget and against expected schedule. • Delivery of shared engagement and involvement plans and delivery, realised through partnership working. Greater reach/traction of activities, with higher rates of participation/interaction. • Provision of a stakeholder map by ORS to be used for targeted involvement/ engagement/consultation • Development and implementation of a Regional Communication and Engagement Plan. • Development of the ACSP and service change public engagement/involvement strategy for CTMUHB. • A single policy/process for support of service change and transformation. • An annual plan for public and community engagement activities and objectives. • Improved vaccination uptake rates across CTM communities, and engagement with, and ownership of health messaging by third-sector groups (e.g. promotion through third sector owned channels and fora) • Improved patient feedback measures indicating improved access and experience of veterans when accessing CTM services. Increased engagement of veterans in future opportunities to influence and inform the development of health services.

	Engagement, including Head of Internal Engagement attendance at Strategy & Planning team meetings. • Development of a community working group to collaboratively tackle low vaccination uptake in CTM. • Delivery of Wales' first veterans' health event, in partnership with Valley Veterans and community partners. Sharing of learning within CTM and the wider Welsh health system. • Recruitment to increase capacity of engagement and involvement function	the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives. • Development of closer working relationships with community groups and populations, and improved insight into barriers experienced by communities in relation to their health and wellbeing. • Improved understanding of barrier facing veterans residing within CTM and development of improved information, processes, and support to improved veterans' health and wellbeing. • Increased capacity and broaden expertise/experience to manage increasing demand upon function	

Linked National Priority Measures

Nil

Current Performance Highlights

- Survey shared with all CTMUHB staff, to audit effectiveness of internal communications and engagement and opportunities to improve, including implementation of new engagement platforms.
- CTMUHB chaired Stakeholder Engagement Forum creating productive outputs, developing single plan for engagement priorities for 25/26 with Public Health, People, Welsh language, RPB.
- Revised approach to CTM2030 Leaders' Network to be implemented in April, to improve focus on enabling community groups to take actions that improve health and wellbeing of communities.
- Definition and costing of the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements.

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

None identified.

Associated Risks escalated to the Organisational Risk Register

Nil

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

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

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

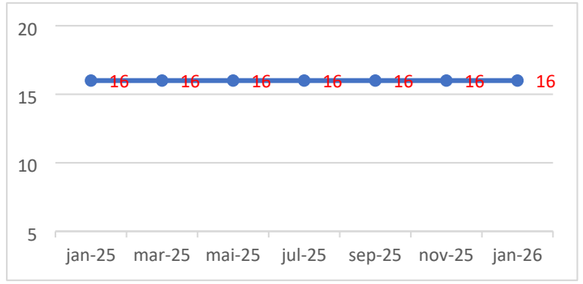
Risk Lead	Director of Digital	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



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

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

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

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

- Digitisation of Medical Records: Ongoing rollout and integration across sites.
- Cyber Resilience and Security: Deployment of a new network monitoring tool and enhanced reporting functionality. Enhancements to automated cyber threat alert classification and response, with a particular focus on strengthening out-of-hours capability. A new Head of Cyber has now been

	appointed. Monthly reviews by the Cyber Security & Availability Board ensure proactive threat management. • Advanced Technologies: Operational use of 15 AI applications across the UHB such as Dragon Medical One, IBEX, Heartflow, and CTMUHB's own CCLLM and ED Attendance Prediction tools. Interim Governance frameworks for AI are in place, prior to formal endorsement by the Board. • Infrastructure and Standardisation: Improvements in digital infrastructure across sites, consolidation of clinical systems post-Bridgend disaggregation, and standardisation of digital tools and processes. • Strategic Enablers: Mobilisation of contracts for e-prescribing, formalisation of shared care record agreements, and development of a patient-centred contact programme. **Remaining Vulnerabilities and Risk Justification** Several factors justify maintaining the current risk score: • Cyber Threats: The cyber threat landscape continues to evolve, with persistent reconnaissance activity and attempted phishing providing ongoing indicators of increased and changing risk. ~~Indicators of compromise were identified in May 2025.~~ Although managed without service disruption, the National Cyber Security Centre continues to advise caution. The risk of cyber-attacks remains high and is scored at 20. • Resource Constraints: The Digital & Data team is required to balance the increasing organisation demand and expectation, against the current financial envelope for capital and revenue allocations. Staffing challenges persist, and some national programmes do not have approved business cases or funding alignment. • Operational Sustainability: While strategic clarity is improving, gaps remain in asset registers, policy adherence, and workforce capacity to fully embed digital culture and agility. • Low Maturity Against International Benchmarks: CTMUHB remains at a low level of maturity and capability when assessed against international benchmarking frameworks such as HIMSS for Electronic Patient Records (EPR), and similarly for AI and Business Intelligence. This limits our ability for our patients to interact with us digitally, for our staff to work digitally and thus is limiting the expected returns and benefits we anticipate from our digital programme.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

Current Control Measures

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

- Incident Response Capability – Proven ability to manage cyber incidents without service disruption (e.g. May 2025 hostile actor compromise).
- Digital Inclusion and Accessibility Workstreams – Ensures equitable access to digital services across communities.

Sources of Assurance (Internal and External)

Reports to Operational Delivery Committee incorporating

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

Reports to other committees

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Closing the gap in Digital Literacy	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. The Head of Digital Business Change is progressing with the development of an overarching strategy to support digital and data literacy. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk. Easier to deploy new digital solutions.
2. Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3-year programme of work. Across the programmes funded by Welsh Government and the IMTP e.g. ePMA, we are working with Workforce colleagues to develop an approach to digital clinical training. Additional business change facilitators will support this activity. The Chief Nursing Information commenced on 1 April 2026. ~~has been appointed, they will be working collaboratively with the Head of Digital Business Change & Benefits to develop~~	Developing capabilities to support service change enabled by digital and data technology.	We are building our wider Digital training capability and skills facilitate training. Increase confidence and capability of all our staff in the use of digital and data technology for all the workforce. Develop a clinical digital skills strategy and framework adopting national and UK best practice to ensure that our colleagues feel confident in the increased reliance of technology in their day-to-day practice.

	~~a strategy on developing digital and data clinical skills fit for today and the future.~~ Working within the Digital Clinical Network and Digital Transformation function the CNIO will support the development of a plan for digital and data clinical skills.		
3. Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms
4. Tested and integrated cyber incident management plan	All Wales Cyber Incident Response exercise has been developed and was undertaken in September 2025. Lessons learnt report has been presented to CTM Civil contingencies/ EPRR group. The CTM Cyber Incident Response plan is under review from the Emergency Planning Response & Resilience (EPRR) team with a view to ensuring it links to organisational plans and terminology in a consistent manner. Testing of the Cyber Response Plan remains ongoing, including monthly scenario-based exercises and targeted ad-hoc testing of specific systems. The ePMA business continuity test was successfully completed in February 2026, and a forward testing schedule has been agreed for the next three months. ~~with monthly focused exercises and additional ad-hoc tests of specific systems completed in January and February 2026. A testing schedule has been agreed for the next three months.~~	Improved response to cyber threat	Awareness and improvement to the cyber improvement
5. Develop a baseline Asset Register and product catalogue.	Architectural components (including digital applications) are being captured on the all Wales Ardoq system - a centralised repository that continuously connects and updates data about our business strategy, processes, software systems and integrations. (A digital plumbing map) The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network and contributes to the Ardoq system.	Greater insight into digital assets Greater understanding of risk profile	Improved cyber posture

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

	~~We have allocated additional revenue resources this year and a recruitment plan is forming.~~ ~~A list of Digital capital requirements has been created and shared with WG totalling £10.8m. There are several high value assets that will become end of life in FY25/26 and FY26/27 that were purchased in the past via end of year slippage with no currently identified funding routes for replacement.~~ ~~To date for 2025/2026 we have been awarded £9,909,000 in Capital. This enables us to replace end-of-life legacy core networking, firewall, and server equipment. Work to upgrade infrastructure is prioritised within Digital and Data team, aligned to availability of skillsets. As a result, there is a delay in some equipment being replaced or deployed.~~ Timeframe: N/A - Rolling Annual Replacement. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider improvement opportunities, which is a continuing National challenge that all organisations are facing.		
8. Immaturity of the existing Electronic Health Record, which is difficult to integrate with, does not adhere to WG data and technical standards and whose Critical supplier(s) are unable to respond to CTMUHB's requirements and ministerial priorities within defined timescales.	WG have received endorsement from DDAT to proceed with the development of a needs assessment for an EHR for Wales, which they anticipate will be ready to go to the external (private sector) market in September. A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review. Timeframe: End of ~~Quarter 4 2025/2026~~ Quarter 2 2026/2027	Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements. Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.
9. Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales.	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. A draft supplier and contract management framework has been created alongside Cyber to create a tiered approach to supplier management with a variety of controls based on the tier. This has been approved by the Digital and Data Leadership Group and be	Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality	Improved system availability Increased productivity

	submitted for Health Board governance approvals. 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)		
10. Capacity within current team to deliver digital transformation agenda.	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW ~~Recruitment for the roles that have been funded by national and local programmes is ongoing. Majority of post are now filled with the last few members of staff starting Q4 of 2025/2026.~~ Unable to recruit some technical roles to support programme roll out.	Increased capacity facilitated through various Digital programme	Working with ChangeHub to broaden understanding of transformation that is enabled via Digital. Successful delivered transformation through the implementation of digital solutions.
11. Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme. The current contract for patient record scanning (Cito) has been renewed on a like for like basis. Legacy scanning for historical records remains an ongoing issue exacerbated by a renewed destruction embargo as part of the Infected Blood. ~~is due to expire in March 2026, the Digital Transformation (Medical Records) and the Executive Team have approved the approach for re-procurement. Procurement on track to complete by expiry date (March 2026).~~ ~~We are backfilling a medical records role to create more capacity on the business case.~~	Large volumes of paper are still required to be stored. Historical records are not being scanned and there for will still require accessible storage areas	Remains a key element for our digital journey / alongside reduction and removal of paper from day-to-day clinical use. The introduction of new technologies designed to reduce the creation of paper at source will overtime reduce the level of digitisation (scanning) required e.g. once ePMA is completed rolled it in estimated that this will reduce our scanning activity by 7%. The team current scan around 350k documents a month (creating 700k images).

	We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability. Timeframe: 2-3-year programme of work.		
12. Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record.	Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record. National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards. Patient Centred Contact Transformation has continued at pace. ~~Recruitment is now almost complete, significant progress has been made with patient engagement.~~ The procurement ~~documentation has been completed~~ for the technical solution has commenced, with contract award planned within Q1 26/27. ~~that are key enablers to deliver the programme benefits. Approval has been granted to proceed with procurement of digital tools in Q4.~~ Timeframe: 2-3-year programme of work.	Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow. Reusable digital data to enhance decision making	Improved productivity Reduction in errors associated with paper-based records and processes
13. Recruitment challenges due to short term funding allocations leading to an increased use of 3rd party contractors and fixed term contract arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs

	recurrent funding is still a challenge for some of the National/Local Programmes.		
14. CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to the community and closer to home, which underpin ACSP.	Business case for the Mental Health EHR has been approved and funded. Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow
15. Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	The Digital and Data IMTP submission has now been approved, this includes funding to engage a strategic partner to support and develop our digital and data strategic roadmap, and a procurement activity is underway. The Ministerial Advisory Group (MAG) report has now been published which highlights challenges with Digital Transformation across NHS Wales, the UHB is analysing the detail of the report.	Speed up delivery of digital transformation. Improved utilisation of cutting-edge clinical technologies e.g. AI. Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).	Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management. Improved patient access to clinical services. Enabling staff to deliver high quality care.

Linked National Priority Measures

Digital and Technology
National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),
Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)
Value Based Health and Care
Coding standards

Current Performance Highlights

- **Electronic Prescribing (ePMA) -** Planned go-live for the early adopter site (Ward 4 PoW) delivered in March 2026 ~~during November 2026 in Princess of Wales in Bridgend~~. **Implementation Timescale:** March 2026 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. Since the Phase 2 rollout, which included Secondary Care notifications in October 2025, there has been a 36.7% increase in CTM patients registered on the app, rising to 103,817 CTM patients as of 19 April 2026 ~~22.97% increase in CTM patients registered on the app, rising to 93,460 CTM patients as of 16 February 2026.~~
- **Medical Records & Patient Contact Services Operations -** The demand on the operational service remains high, with a high turnover of staff impacting our capability to deliver the current increased demand. Medical Records and patient contact services were key to delivering appointments for an additional 24,000 patients in 25/26 as part of the WG initiative to reduce waiting lists.
- **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. The workstream will now be extended to include colleagues from Aneurin Bevan University Health Board and Cardiff and Vale University Health Board as well as Tektology, our strategy digital partner.
- **Mental Health Procurement -** CTM and BCU are waiting for WG approval to award the contract. ~~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 -** Radiology Information System Programme go live 16th March 2026. ~~The implementation of the Radiology Information System Programme is progressing to plan with a go live of 16 March 2026~~
- **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 current deployment timelines are June for T3 (Microbiology) and July for T4 (Blood Sciences), with Blood Transfusion aiming for completion in 2026/27. ~~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.

- **Legacy Equipment Replacement -** CTMUHB has secured additional investment in Digital & Data from Welsh Government, enabling a significant upgrade to the organisation's core digital infrastructure. This funding underpins a comprehensive legacy equipment replacement programme, covering the core network, server infrastructure and Wi-Fi estate. These upgrades will improve resilience, performance, and the reliability and availability of critical digital services. PoW, RGH and PCH have suffered core network and paging incidents in January, February, and April 2026. Core network replacement is currently underway, and implementation has commenced at the Princess of Wales Hospital, before progressing to the Royal Glamorgan Hospital and Prince Charles Hospital.
- **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.

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

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

~~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. Integration Services have experienced ongoing and unresolved messaging delays, affecting most national systems (including LIMS, MPI, Radiology, Scan4Safety and ICNET), with incidents occurring at least weekly for over three months and delays of up to seven hours. These issues have repeatedly triggered Business Continuity SOPs, causing significant disruption to clinical workflows and information flows, and are now assessed by the CTM MDT as having a material functional impact at a time of sustained clinical pressure~~

Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully
Impact	5	4	4	3	3	3
Likelihood	4	2	2	4	4	5
Risk	**20**	**8**	**8**	**12**	**12**	**15**

Associated Risks escalated to the Organisational Risk Register

5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	**20**
4664	Ransomware attack resulting in loss of critical services and possible extortion	**20**
~~5226~~	~~Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025. Risk de-escalated from the Organisational Risk Register in May 2025.~~	~~**20**~~
4671	NHS Computer Network Infrastructure unable to meet demand	**16**
~~6039~~	~~Increased cost of VMWare Licensing.~~ Risk Score reduced to 8 and removed from Organisational Risk Register in March 2026	~~**16**~~
3337	~~Use of Welsh Community Care Information System (WCCIS) in Mental Health Services~~ Lack of a Single Electronic Patient Record in Mental Health Services in CAMHS	**15**
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	**15**
5040	Digital Healthcare Wales interdependencies	**15**

Strategic Goal(s)				Risk score
Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care		**Sustaining our Future** • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future		16
Strategic Risk: **Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)**				
If: CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose estate.	***Then:*** there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancements / improvements for patient care and staff wellbeing for now and the future.		***Resulting in:*** • An inability to deliver its services efficiently and effectively. • Poor environment and experience for patients and staff • Infrastructure problems • Unable to replace failing/ageing equipment. • Business continuity problems • Poor Estate compliance • Regulatory Compliance issues • Lack of digitally enabled facilities • High carbon footprint • Loss of services and productivity • Increased backlog maintenance	

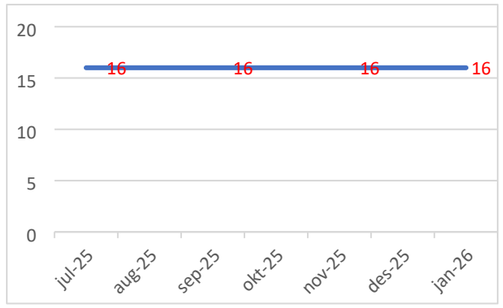
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

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

Current Control Measures

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

Sources of Assurance (Internal and External)

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

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. National Skills shortage in Estates Roles *(Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions.*	• The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend. • Concerns have been raised at a national level. • Ongoing activity continues with the support of the People Directorate to explore routes to further promote and attract candidates to roles advertised particularly around the	• Competitor in the market. • Successful recruitment to roles when advertised.	• Full establishment and retention of Estates Workforce. • Estates Maintenance performance activity will demonstrate an improvement. • Whilst recognising that there continues to be a National UK skills shortage the Health Board has had recent success in appointing to two Senior Estate Manager roles, and due to robust succession planning filled other gaps within the team which has provided stability.

	Band 6 opportunities within the team as it is acknowledged that recruiting to these roles continues to be a challenge.		•
2. Increasing Backlog Maintenance position.	• Secured Targeted Estates Funding (TEF) • Proactive in securing additional funding from Welsh Government when available.	• Reduced backlog maintenance	• Targeted schemes delivered. • Improved patient environment • Reduced estate risks.
3. Secure Funding to deliver Capital Schemes	• Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	• Reduction in backlog maintenance and lifting of Fire Enforcement Notice.	• Funding secured to deliver the project
4. Deliver schemes within a live environment	• Dialogue with service leads. • Secure decant where appropriate.	• Minimal impact on service whilst project is delivered.	• Business continuity is maintained whilst the project is delivered.

Linked National Priority Measures

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

Current Performance Highlights

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

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

Associated Risks escalated to the Organisational Risk Register

~~6234~~	~~National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.~~ Risk score reduced to a 12 in January 2026, therefore risk de-escalated from the Organisational Risk Register.	~~16~~
6235	Insufficient funding to address backlog maintenance across the estate.	16
~~6379~~	~~CT Scanners at RGH damaged by power outage and manual generator/UPS switch over.~~ Risk closed in February 2026.	~~16~~
4417	Management of Security Doors in all Hospital settings.	16
4958	Inadequate robust fire management response to fire incidents on site	16
4933	Inadequate response to a fire incident on site	16

Strategic Goal(s):

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

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

Risk score **16**

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

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

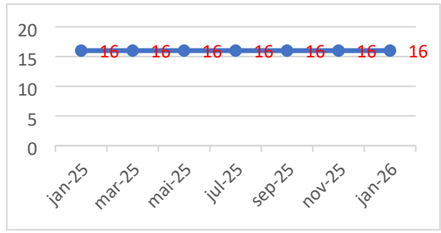
Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Current Control Measures

~~**Building Healthier Communities**~~
~~The Building Healthier Communities Steering Group aims to support delivery of the Socio-Economic Duty - for example, procurement, foundational economy, employability, probation.~~

Environmental Sustainability Group
The Governance and assurance arrangements for Environmental Sustainability have been overhauled and the ESG now reports directly into the Strategic Development Committee and is chaired by an Executive Director.

Wellbeing and Socio-economic duties
- Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.
- 'CTM 2030' delivery focusses on community developments, employment and local procurement where possible.

- CTM becoming established as an Anchor Organisation.

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

- Climate Action Plan will be presented to March 2026 Board for approval and was formally endorsed.
- ~~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. ~~The Board will be provided with regular briefings through SDC updates and future briefings.~~
- High level adaptation risks have been approved with a plan developed to address some of the challenges we will face – these are included in the Climate Action Plan
- The programme is managed by a Sustainability Manager
- REFIT Programme – Has been received, funding of £11.4m for PV, LED lighting, BMS optimisation as well as a small ASHP and battery storage project.

Public Services Board Climate Change Action Group (Director Level) has been established.
The Targeted Estates Fund (TEF) application for "Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture" has been awarded. Project manager has been assigned to oversee the works. The project is scheduled to be complete within the 2025-2026 financial year.

Innovation Activity – Sustainability Manager exploring opportunities around innovation and sustainability.

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan
- Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement
- Building Healthier Communities Steering Group
- Healthy Housing Alliance

Environmental Sustainability – Net Zero

- Environmental Sustainability Annual Report
- ISO 14001 (Certified Environmental Management System) accreditation
- NWSSP Internal Audit Services – Decarbonisation (Follow Up) Internal Audit Review.

Board / Committee Assurance mechanisms

The Decarbonisation programme updates are assigned to the Strategic Development Committee for reporting and assurance / scrutiny purposes. The Climate Action plan was received and approved at the Board meeting held on the 26 March 2026. ~~has received comments and assurance from Executive Leadership Group and Strategic Development Committee, seeking final approval through Board on 26th March 2026.~~

Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery has been undertaken. All Health Boards are subject to this review. Outcomes have been reported to the appropriate committee and associated actions added to the strategic risk as appropriate. Copy of the report available upon request from the Corporate Governance Team. Requirements for the audit have been incorporated into the new climate action programme to ensure compliance.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)

1. Climate Action Plan. Plan to be produced in line with the Welsh Government Climate Adaptation strategy due to be published April 2026.	Board sessions have been presented to the board to increase awareness and knowledge. The PSB have developed a CCRA for the region. Climate Action requirements are being established and risks developed in line with WG policy.	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to the current and expected impacts of climate change.	Long term success indicators due to the nature of the risk.
2. Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	The procurement team are included within the ~~part of~~ Environmental Sustainability Group and wider decarbonisation networks. This is ongoing, however, pace of progress likely to be slowed as financial considerations become more dominant.	Procurement processes always consider the carbon impact as part of the decision-making process.	Reduction in carbon footprint associated with procurement processes over the medium to long term.
3. Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021.	To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.	Tackling inequality is a focus of decision making.	Long term success indicators due to the nature of the risk.
4. Global energy crisis will impact on service delivery for our communities and staff; this is being closely monitored, as it will impact upon health and wellbeing.	CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Working alongside community partners to access identify and access opportunities for community support. Ongoing.	Impact of cost of living rises are reduced where possible.	Long term success indicators due to the nature of the risk.
5. Access to the necessary capital needed to deliver decarbonisation plan is limited	Climate Action Plan will be costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the Climate action plan are completed when funding is secured.	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 climate action as outlined in the organisation's plan.

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

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

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

Current Performance Highlights

- Decarbonisation Reporting has taken place of the course of the year.
- Annual Carbon Emissions report. Data has been reported for Carbon Emissions and submitted to Welsh Government in September 2025.
- The annual CTMUHB Annual Report & Accounts has captured the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).
- CTMUHB won 2 NHS Wales Sustainability awards and was shortlisted for several others. Significant funding was secured through SBRI and SFIS programmes developing solutions to waste sustainability challenges.
- All 3 of the ED's across the organisation have achieved Bronze GreenED accredited status.
- The Solar Panel Installation at Coed Ely Solar Farm is complete. This will help lower CTMUHB's emissions as it will receive 1MW of low-carbon power through an innovative power purchase agreement. The Coed Ely Solar Farm will provide enough energy to power approximately 8,000 homes annually while supplying low-carbon electricity directly to the Royal Glamorgan Hospital via a private wire network spanning three kilometres. Project is also underway to connect a direct wire to Prince Charles Hospital from a local school in Merthyr providing their surplus renewable energy. This innovative approach ensures that up to 15% of the hospital's annual electricity demand is met sustainably rising to 100% on peak summer days. Funding has been awarded through the ReFIT programme to fund efficiency and carbon reduction activities across the Health Board.

Were there any significant incidents affecting this strategic Risk this period:		
Associated Risks escalated to the Organisational Risk Register		
5374	Fulfilling our environmental and social duties.	**16**

Strategic Goal(s):	Risk score **20**

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

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

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

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

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

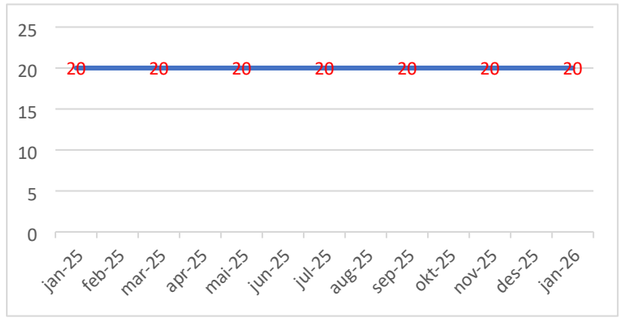
	Consequence	Likelihood	Score
Initial	5	4	20
Current	**5**	**4**	**20**
Target	4*	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

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

No change to risk scores this period.

Risk Score Trajectory



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

The risk score has remained unchanged. Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change, For example:
- 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 presented challenges in delivering PH interventions such as Income maximisation work for at risk groups ahead of winter~~

Also, despite funding being made available via the IMTP for the continuation of Children's services such as Pipyn, a gap still remains in the wider provision of weight management services and resulted in a slower than anticipated start to the programme.

	Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities. CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with 51.9% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2025). Linked to this, CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in healthcare demand may be higher than in the rest of Wales. Both life expectancy and healthy life expectancy in CTM is below the Welsh average. The gap in life expectancy at birth between the most and least deprived in CTM is now estimated at 6 years for males and 5.3 years for females. With regards to Healthy life expectancy, the gap is greater, at 10.7 years and 12.1 years for males and females respectively (PHW 2024). In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services and health board budgets Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board. If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures
Strategies & Plans • Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales". • CTM 2030 Strategy – 'Our Health Our Future' • Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021, updated November 2022. • Public Service Board – Well Being Plans. • Creating Health delivery plan approved. • CTM Health Protection Strategy drafted and approved. • Development of Acute Clinical Service Plan (ACSP). • Business case developed as part of IMTP process for child weight management but not yet approved. Engagement Forums • CTM Creating Health Portfolio Board • Regional Partnership Board • Public Service Board • Area Partnership Board • CTM2030 Leaders Groups • Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well • Engagement with community groups by Lead Independent Members • meetings with the three local authorities

- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities.
- CTM Health Protection Board
- Welsh Government Health protection Operational and Resilience Group

Needs Assessment & Consultation Processes
- Population Segmentation & Risk Stratification
- Pharmaceutical Needs Assessment
- Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing
- Wellbeing Assessment (PSB)
- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures
- CTM Leaders Network
- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars
- Primary Care clusters

Services:
- Integrated Level 2 and Level 3 Weight Management Services – established in September 2022.
- Smoking Cessation Service
- All hazards Health protection Service
- Pipyn 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	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.

	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. A case made to Welsh Government for additional funding to further close the gap in funding per head between CTM and the rest of Wales.		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 for 26/27 onwards.
2. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board. Creating Health Delivery Plan drafted in Q4 2023/24. Creating Health Delivery Plan refresh planned for April 2026 Health Protection Strategy. Vaccine equity strategy CTM Population Health Framework under development	Decreased variation in access and outcomes across the population of CTM. Increased prevention activities will avoid harm and reduce the financial burden of chronic disease. Clear focus and strategic aims to help develop CTM as a Population Health Organisation Improved understanding of requirements for change Embedding of Marmot principles in all core activities of the health board	Delivery of the outcomes associated with the Health Protection strategic plan. Delivery of the milestones in the Creating Health Delivery Plan Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard. Measurable increase in investment in prevention activities/programmes across the Health Board. Deliverables articulated related to CTM Population Framework with performance monitored against them. Measurable improvement in the difference in outcomes between least and most deprived as reported in the creating health dashboard.
3. Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board. Review of resource options underway, consideration for external short-term capacity Work underway to consolidate a shared clinical record.	The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.	PHM priorities defined as part of the Local Public Health Team portfolio. A clearly defined strategic plan for the delivery of PHM in CTM. A robustly resourced PHM function in CTM.
4. Impactful action to address health inequalities	• Whole system approach to Healthy weight • Help me quit/ hospital programme. • WISE • Cancer inequalities group • Implementation of Stroke equity Audit recommendations.	Decreased variation in access and outcomes across the population of CTM. Increased focus and alignment of resources to meet the needs of vulnerable groups	Measurable improvements in outcomes for vulnerable groups. Less variation in access and outcomes across the CTM population.

	• 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		Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan. Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.
5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as diabetes, cardiovascular disease, etc	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc. A business case submitted as part of the IMTP to fund a children's weight management service.	Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease. Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate. Resources moving into prevention strategies	CTM representation at all relevant partnership boards and programmes of work. Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio Improvement in outcomes for patients with chronic disease A funded child weight management service agreed. A funded child weight management service in place
6. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population.	CTM representation at all relevant partnership boards and programmes of work. 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 uptake of the Respiratory Syncytial Virus (RSV) vaccination for those turning 75 years old
- Percentage of adult smokers who make a quit attempt via smoking cessation services.
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks.
- Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within the last 15 months.
- Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within the last 15 months.
- Percentage of population (adult) receiving NHS dental care over a 24-month period – General Dental Services (GDS)
- Percentage of population (child) receiving NHS dental care over a 12-month period – General Dental Services (GDS)
- ~~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		
6179	High and increasing prevalence of overweight and obesity in children and adults	**20**
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	**16**
~~5726~~	~~Public Health Funding for Microbiology Testing~~ Risk closed in April 2026	~~**15**~~
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	**12**

Strategic Goal(s)	Risk score
Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future	**20**

Strategic Risk: **Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk No.9)**

If the Health Board fails to deliver and sustain an approved Integrated Medium-Term Plan and manage its revenue resources within the 'Revenue Resource limits' set by WG.	***Then*** we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3-year period)	***Resulting in*** Breach of statutory duties, application of the escalation framework by Welsh Government, trust and confidence in the Health Board (reputational impact).

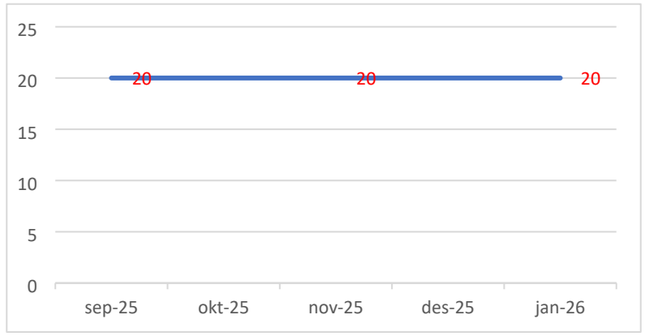
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee
The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.			

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

As part of the 2026-2029 IMTP, the Health Board has submitted a balanced financial plan for 26/27 for both Capital & Revenue resource. Both of these plans include risks, particularly the Revenue Plan which includes the delivery of £31.3m of savings together with £38.6m of risks and an assumption that WG will support the £18.4m Welsh Risk Pool pressure if the HB delivers a break-even financial position.

The HB awaits the formal response of the submitted IMTP and if the plan is approvable, development of robust savings plans will be critical to provide WG with confidence upon the deliverability of the IMTP financial plan.

The financial outlook for 2027/2028 and beyond looks very challenging and there is a significant risk to achieving a recurrent balanced financial plan.

~~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 10 Year To Date (YTD) position was a £1.4m deficit with a savings shortfall of £5.2m. Welsh Government (WG) have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in an unplanned £3.8m recurrent cost pressure~~

~~Following confirmation from WG of funding to support the increase in Welsh Risk Pool contributions together with the impact of the Band 2/3 Healthcare Support Worker settlements, the level of risk in achieving a breakeven position for 2025/26 is now minimal.~~

	~~M10 YTD~~	**~~Year-end Forecast~~**	**~~Recurrent Forecast~~**
	~~£m~~	**~~£m~~**	**~~£m~~**
~~Savings Shortfall~~	~~5.2~~	~~5.6~~	~~4.8~~
~~Operating Variances~~	~~(0.5)~~	~~0.7~~	~~1.2~~
~~Plan Phasing adjustments~~	~~2.8~~	~~0~~	~~0~~
~~Financial Plan Improvements~~	~~(4.0)~~	~~(4.8)~~	~~(2.7)~~
~~Accountancy Gains~~	~~(5.3)~~	~~(5.3)~~	~~0~~
~~Financial Allocation Adjustments~~	~~3.2~~	~~3.8~~	~~3.8~~
~~Band 2/3 Framework~~	~~0~~	~~0~~	~~2.8~~
~~Other Mitigating Actions~~	~~0~~	~~0~~	~~0~~
~~Grand Total~~	**~~1.4~~**	**~~0~~**	**~~9.9~~**

~~The latest assessment of the recurrent forecast indicates a deterioration from a planned £1.7m surplus to a £9.9m deficit. The full year effect of the Welsh Risk Pool which were supported for 2025/26 non recurrently remains a risk to this position if no further support is confirmed by WG.~~

~~Following the publication of the Welsh Government draft budget, the financial outlook for 2026/27 looks very challenging and there is a significant risk to achieving a balanced financial plan for 2026/27. Therefore, the risk score remains unchanged on this review.~~

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	The financial plan highlights a high level of risk for in year achievement but with a far more significant level of risk for 2027/2028 and beyond. This risk will therefore be ***treated*** until there is confidence that the Health Board can achieve the planned break-even position.

Current Control Measures

Financial Management

- Financial Accountability letters issued by CEO.
- Budget setting process and Budgetary control framework paper to be presented to EMB for approval.
- Standing Financial Instructions
- Scheme of Reservation & Delegation
- Local Counter-Fraud Service
- Monthly financial performance reviews for Care Groups and corporate directorates

Sources of Assurance (Internal and External)

Financial Management

- Annual Report and Accounts
- Monthly Finance Reports
- Monitoring Returns to Welsh Government

- Internal Audit Programme
- External Audit Programme
- Losses and Special Payments Report to Audit & Risk Committee

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	• Deliver budget holder training within Care Groups/Directorates – *Ongoing throughout 2026/2027.* • Deliver procurement training to departments where compliance with procurement processes is low - *Ongoing throughout 2026/2027.*	Budget holders, through regular training, will be better informed in terms of process and best practice. Greater focus on compliance. Informed decision making through confidence gained through training and experience.	Improved Budget Management. Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver effective and efficient financial management and accountability.
2. A recognised risk of shortfalls in savings delivery	• Develop a more streamlined ~~project and~~ programmatic approach to planning and delivery of efficiency savings schemes, with a focus on cost reductions and managing expenditure within allocated budgets for 26/27 as well as identifying pipeline schemes in delivery for 27/28. ~~for 25/26 as well as schemes in delivery for 26/27.~~ • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables. Shared learning across directorates will identify areas of best practice and what has worked well.	Improved financial resilience and sustainability.

Linked National Priority Measures

1. YTD position
2. Savings plan position

Current Performance Highlights

- The M1 YTD position yet to be reported ~~was a £1.4m deficit.~~
- Latest savings plans have only identified £14m of the £31.3m savings plan required.
- ~~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 is a high ~~minimal~~ risk to delivering a balanced financial plan for 2026/2027

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.~~

To be confirmed – awaiting Month 1 reporting.

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~~ Risk score reduced in terms of consequence in March 2026 and therefore de-escalated from the Organisational Risk Register	~~20~~
6596	Failure to reduce the £9.2m recurrent deficit at the start of 26/27 down to the planned £0.3m recurrent surplus at the end of 26/27	20

6597	Failure to achieve the planned break-even position in 2026/2027	20
~~6240~~	~~Failure to achieve the planned break-even position in 2025/26.~~	~~16~~

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

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

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

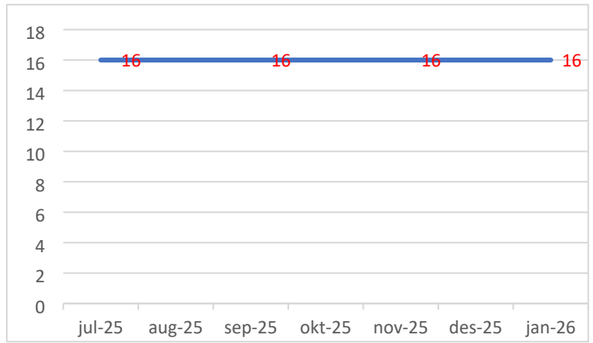
Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.

Risk score reviewed in April 2026 and no changes made. The Strategic Clinical Services Plan is still being developed. Funding for the estate is based on the highest risk factor and therefore funding allocations are based on informed risk-based decision making.

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

Current Control Measures

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

Sources of Assurance (Internal and External)

Internal

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Estate strategy to be developed on completion of the Clinical Service Strategy.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.
2. Enough Funding to deliver Capital Schemes.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.

Linked National Priority Measures

Current Performance Highlights

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

Associated Risks escalated to the Organisational Risk Register

~~6234~~	~~National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.~~ Risk score reduced to a 12 in January 2026, and therefore risk de-escalated from the Organisational Risk Register.	~~16~~
6235	Insufficient funding to address backlog maintenance across the estate.	16

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

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

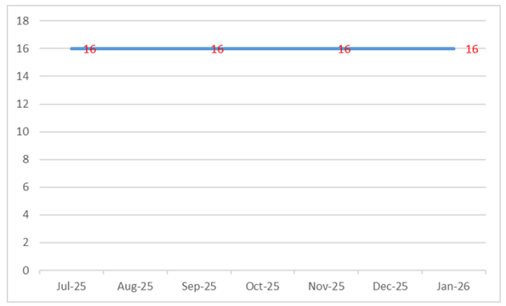
Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The current score remains unchanged, although there has been progress with control measures since the risk was originally scored. This includes the establishment of Hospital at Home, the Regional Partnership Agreement and progressing Locality delivery options.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will be **treated** and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

The Integrated Community Care System Program – work to support the development of an integrated services set of metrics in order to progress building of performance score cards, which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed, outline plan circulated for comments and development. A Regional Partnership (Section 33) Agreement has just been signed off by CTMUHB and the three local authorities, has been signed and sealed by all organisations.

Commissioned National Association of Primary Care to work with key stakeholders to develop a clear model for delivery. Current work includes preparing narrative to incorporate into CM and Regional Strategy documents, awaiting written document from National Association of Primary Care (NAPC).

Established Primary Care & Community Transformation Board with high Executive leadership.
Strengthening cluster clinical leadership capacity to help inform, influence and engage others on future models.
Continuously reviewing leadership capacity in Primary Care and Community Care Group. Strong medical leadership structure now in place.
Reviewing Locality delivery options and governance as complex regional landscape. The intention is to commence engagement amongst front-line teams about closer joint working. Work to refine Joint Partnership Board structures is ongoing.

Primary and Community Care Transformation Programme established. Its main purpose is to establish a sustainable model for primary and community care that underpins the future model of care across the Cwm Taf Morgannwg region under the Strategic Clinical Services Plan (SCSP). The programme will incorporate the principles and output of the community by design national programme. The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

Alignment and integration opportunities will be explored in relation to mental health and substance misuse services, children's and families' services as the work matures. The Service Director of Mental Health is also a member of the Board, as are Clinical Director for Therapies and the Chief Pharmacist.

Undertake comprehensive listening exercise to understand the issues to inform the improvement programmes.

CTM Regional Partnership – Local Authority, NHS and Third Sector leadership meeting bi-monthly. Regional Integration Fund (RIF) allocation supports regional working initiatives, including integrated care. Regional Partnership oversees production of Needs Assessment and Care Sector Market Stability Report. Establishment of a number of Boards/Working Groups to deliver against needs assessment.

Integrated Leadership Board – Senior level board underpinning the CTM Regional Partnership, established to provide integrated Executive-level leadership across health and social care across the region.

Partnership Leadership Team – established with Local Authority and NHS representation to spot challenges and progress opportunities across the partnership – meets monthly.

Implementation of the National Single Point of Access (SPOA) Framework as directed by the National 6 Goals Framework informing the Primary Care Transformation Programme.

Connectivity and alignment of this programme with other programmes such as Frailty Board, 6 Goals is a key remit of the Integrated Care Board.

The 3Ps programme is supporting people to make informed decisions about their health care, supporting them to manage their health while waiting for treatment. This work is being taken forward via a partnership approach in CTM, including the Community Voluntary Councils.

Sources of Assurance (Internal and External)

Reports

- Integrated Performance Report
- Regional Partnership and Integrated Leadership Board – highlight reports.
- Strategic Development Committee reports
- Regional Integration Fund reports
- WG Integration accountability meeting report on 12 February 2026 which identified areas of strength and pointed to areas where further focus is advised, as noted in the March iteration of the Board Assurance Framework and has now been responded to by the RPB chair.
    - ~~Inconsistent integrated working across the region;~~
    - ~~Assessment delays and hospital flow constraints;~~

- ~~Workforce pressures and specialist capacity gaps;~~
- ~~Process redesign and model modernisation;~~
- ~~Domiciliary Care and reablement capacity;~~
- ~~Seven-day service delivery;~~
- ~~Falls and care-home conveyance pressures;~~
- ~~Cultural change and practice improvement;~~
- ~~Strengthening hospital avoidance and early intervention capacity;~~
- ~~Improving real-time system oversight.~~

Board and Committee Assurance

The Board and the Strategic Development Committee are provided with updates on the developments with regards the Integrated Care Model as required within their respective cycles of business.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Data and digital solutions will be needed alongside strategic ambitions	Scoping for new community care digital record which is integrated with GP practices and interface with social care. Work with Local Authorities on the introduction of 'MOSAIC' which is replacing WCCIS as the social care records platform. Established a connecting care programme board to mirror the national programme, this incorporates implementation of a single clinical mental health record, a community care system record as well as alignment of those and the primary care and local authority systems.	The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the different population groups and the drivers of health inequalities.	Integrated records and data sharing agreements in place
Evidence base for alternative delivery models for practices	Commissioned to address gap. Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK. The Primary Care & Community Transformation Board is providing the system leadership and governance needed to move the Health Board with an evidence-led approach to alternative delivery models for integrated community service.	To support sustainability of GP practices and support robust primary care services	Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care. A Strategic plan for primary and community services
There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist.	Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models. Workforce and Digital leads to be convened to support progress.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain leading measures which will indicate if we are chancing the shape of our system to get better results.
Achieving a sufficiency of social care provision is essential. We need to build on our initial steps and develop a strategic commissioning approach for example for care home places. The re-setting of Joint Partnership Boards as county-level planning and doing fora is critical to effective delivery though local integrated teams.	JPBs being reset through the Primary and Community Care Transformation Program. Development of Regional Needs Assessment and evolution of the Regional Area Plan is an opportunity to gain agreement across the partnership.	Shared space for decision making and constructive challenge. A regional Area Plan with shared commissioning priorities, objectives and outputs.	Primary care transformation programme Joint working with local authority and regional development of integrated approach
Necessary prioritisation of internal transformation activity within the health board has knocked onto the planned timeline for structural integration.	Continued discussion with partner agencies and reprofiling/reassignment of action owners within the integration plan.	Greater internal coherence in terms CTMUHB transformation and reworked for programme for next steps on structural integration.	Greater confidence in CTMUHB's ability to deliver the programme.

Linked National Priority Measures

Ministerial Priorities

- Timely access to care
- Population health and prevention
- Building community capacity
- 6 Goals for Urgent and Emergency Care
- Community by Design

Current Performance Highlights

Focus has been on integrating health services within the Rhondda Cynon Taf (RCT) and Merthyr Tydfil localities as they are separate services at present. Commenced Organisational Change Process August 2025 to integrate health services in the first instance to create intermediate care services to prevent patients from entering acute hospitals where not appropriate and supporting discharge, is now complete. The next stage to create closer joint working with local authority front-line teams is scheduled to commence ~~from February~~ 2026.

In October 2025 the Hospital@Home team were mobilised. This involved:

- A comprehensive workforce plan aligning staff across previously separate services into one unified model.
- Continued strengthening of professional leadership across medical, nursing, therapy, pharmacy, and operational functions.
- A whole-system governance structure embedding Hospital@Home into the Six Goals UEC Programme Board and Improving Care Board, ensuring strategic alignment.

In collaboration with the other Care Groups and Local Authorities there has been a focus on reducing Pathways of Care Delays and a Home First approach

- Sustaining strengthened governance arrangements across Integrated Discharge Board and the Discharge Operational Group to provide shared accountability and remove system barriers.
- Continued digital enhancement of eToC, SDN, and ward-level tools to improve timeliness, accuracy and consistency of discharge information.
- Maintaining a strong focus on earlier identification, proportionate assessment, and standardised escalation, ensuring patients are supported home safely and promptly.

CTMUHB has significantly strengthened both Hospital@Home and POCD management, embedding consistent processes, strong governance and maturing digital enablers. Hospital@Home is now and operational discharge solution delivering measurable reductions in delays, while POCD oversight has become more robust, data driven and multidisciplinary. Future plans will scale these models further, expanding workforce capability, improving digital integration and deepening partnerships working – positioning CTM to deliver safer, timelier discharge and a fully realised Home First system. The next focus is other community services such as specialist nursing.

Focus on the development of the Navigation Hub for admission avoidance, e.g. virtual ward for Same Day Emergency Care and Respiratory; oversight of the Wales Ambulance Service Trust stack to intervene where patients can be triaged and signposted to Primary Care and Community; Care Home intervention service (87% success rate); and also falls service in collaboration with RCT Local Authority. SPOA continues to mature as a central mechanism for demand management, early redirection and clinically led triage. Key achievements include reduced care-home conveyances, full rollout of the falls pathway across all CTM areas, expansion of the virtual ward respiratory cohort and development of multiple new pathways via Navigation Hub (urgent bloods, community nursing, podiatry prescribing, head injury and 111-to-UTC diversion).

CTMUHB expanded its multi-agency Level 1 & Level 2 falls response across all localities, ensuring 8am-8pm coverage, 7 days a week. The model provides safer alternatives to ambulance conveyance, improves responded capability and support early intervention closer to home. Rollout progressed locality by locality, supported by Navigation Hub clinicians and Welsh Government pump-prime funding. Additional investment also enabled training sessions and provision of lifting equipment across community teams.

- Series of engagement & learning events taken place with GPs. Summary of key actions has been included in a communication newsletter to Primary Care.
- Mapping exercise of all the community services completed and shared with NAPC to inform their written document.
- ~~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/Part 9) Agreement signed by CTMUHB and the three Local Authorities - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard. The Regional Integrated Services Director along with the regional team will collaborate with the two Local Authorities and Health Board to create Local Authority level dashboards of key metrics, providing integrated managers with essential information to support statutory agency deliverables and regional priority measures.
- Impact from the actions and work of the transformation programmes.

- Integrated Manager post developed in conjunction with BCBC colleagues with a view to advertise June 2026.

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

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

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

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

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

Associated Risks escalated to the Organisational Risk Register

4491	Failure to meet the demand for patient care at all points of the patient journey	20
6179	High and increasing prevalence of overweight and obesity in children and adults.	20
~~6053~~	~~Failure to secure an alternative Clinical System for GP practices on Vision~~ Risk closed in August 2025	~~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.~~ Risk score reduced to 12 in November 2025 and removed from Organisational Risk Register	~~16~~
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16

Agenda Item
3.4

CTM Health Board

Specialist Palliative Care Services

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Directorate Manager Community Services Head of Operational Planning Primary Care and Community Care Group Head of Nursing
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Gethin Hughes, Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Executive Management Board Executive Leadership Group 19th Jan 2026 Llais 9th March 2026	24/02/2025	Approved Endorsed Supported
Executive Management Board	01.05.2026	Approved for Board approval

Acronyms / Glossary of Terms	
SPC	Specialist Palliative Care
ACP	Advanced Clinical Practitioner
OCP	Organisational Change Process
YCC	Ysbyty Cwm Cynon
PEoLC	Palliative and End of Life Care

1. SITUATION/BACKGROUND

1.1 Specialist Palliative Care (SPC) services provide care for a small but highly complex cohort of adults with life limiting illness whose needs cannot be met by generalist services alone. SPC is delivered across inpatient units, community settings and through specialist liaison into acute hospitals. This care is distinct from general Palliative and End of Life Care, which is provided to most people by generalist teams across primary, community and acute settings.

1.2 Over recent years, Cwm Taf Morgannwg University Health Board (CTMUHB) has experienced a combination of increasing need and significant system pressures, including:

- Rising demand for palliative and End of Life Care.
- Significant and persistent workforce challenges, most notably an inadequate and non-resilient palliative care medical model because of consultant and middle grade resignations and a shortage of consultants nationwide. This directly affected the Health Board's ability to recruit into and fill key vacancies and provide safe Specialist Palliative Care oversight at Ysbyty Cwm Cynon (YCC), Ward 6.

1.3 These challenges are particularly acute within Merthyr Tydfil and the Cynon locality, where analysis demonstrates:

- Higher mortality rates than other localities within CTMUHB.
- Lower engagement with Specialist Palliative Care support despite demonstrably higher levels of need.

1.4 CTMUHB has a comparatively high reliance on Specialist Palliative Care inpatient provision, with three SPC units (24 beds) serving a single Health Board population. A disproportionate amount of specialist medical and nursing resource is currently required to sustain these inpatient units, reducing the Health Board's ability to deploy specialist staff flexibly to community and acute settings where patients increasingly present and where unmet need is greatest.

1.5 Assessment

The challenges facing Specialist Palliative Care services, particularly in Merthyr and Cynon, are longstanding and have been subject to extensive review through a series of reports and assurance processes.

An options appraisal was undertaken to assess viable future models for Specialist Palliative Care services, considering:

- Clinical safety and quality of care
- Workforce sustainability, particularly medical oversight and resilience
- Equity of access across localities
- Alignment with national policy and demographic change

The appraisal concluded that there was only one viable option that would allow Specialist Palliative Care services to continue safely and sustainably across CTMUHB, and specifically to maintain a specialist service for the Merthyr and Cynon population in the context of an unsustainable medical model at Ysbyty Cwm Cynon.

The outcome of this options appraisal, including the recommendation to reduce Specialist Palliative Care inpatient units from three to two (24 beds to 16) and to rebalance specialist resources into strengthened community-based services, was approved by the Executive Management Board on 24 February 2025.

A full engagement process on the decision to close ward 6 has been undertaken for the purpose of clarifying the difference between Specialist Palliative Care and Palliative Care and End of Life, gaining views on the decision, to further inform our understand of impact, risks and the shaping of the future service model.

2. CASE FOR CHANGE – KEY DRIVERS

2.1 Clinical and Medical Workforce Risk

The Specialist Palliative Care inpatient service at Ysbyty Cwm Cynon (Ward 6) was clinically fragile, for the following reasons.

- There was a long-standing gap in substantive Consultant and subsequent middle grade sessions in Palliative Medicine in Merthyr and Cynon Locality.
- Recruitment to Consultant posts had been unsuccessful and this is reflective of the national workforce shortages in palliative care but also because the Specialist Palliative Care unit was not based on an acute site unlike the other two centres.
- The existing medical model lacks resilience and requires ongoing emergency arrangements to maintain safety.

To mitigate the risks of a fragile service and the medical workforce gaps the admission criteria for Ward 6 was changed in February 2025 to accepting either general palliative/end of life care or general nursing needs. The change to the status of the ward has stabilised and reduced the risk.

2.2 Demand, and Acute Hospital Pressure

CTMUHB has:

- The highest proportion of deaths occurring in hospital in Wales.

- The highest rate of Emergency Department attendance in the last months of life in Wales.

At the same time, Merthyr and Cynon experience a higher mortality rate and greater deprivation, highlighting the need for:

- Proactive appropriate specialist support in the community
- Earlier intervention
- Reduced reliance on acute hospital admission

This data has been a key factor in shaping the proposal to increase the focus on Specialist Palliative Care community teams in this locality.

3. PROPOSAL

The model approved by the Executive Management Board through the options appraisal, and subject to engagement, was to:

- **Reduce the number of Specialist Palliative Care inpatient units from three to two**, retaining:
    - Y Bwthyn, Royal Glamorgan Hospital
    - Y Bwthyn Newydd, Princess of Wales Hospital
- Closing:
    - the Specialist Palliative Care inpatient unit at Ysbyty Cwm Cynon (Ward 6).
- **To reinvest the £1.017mill budget of ward 6 into the remodelling of community focused Specialist Palliative Care** in Merthyr and Cynon Localities (Hospice@Home).
- **Mitigate the impact on Merthyr and Cynon** through development of enhanced community services for SPC in Merthyr and Cynon.
- **Strengthen SPC liaison support in acute hospitals.**
- **Introduction of direct admissions from the community into ring-fenced general palliative/end of life beds in community hospitals**, including Ysbyty Cwm Cynon, managed through clear criteria and specialist oversight.

The proposal is to be delivered within the existing budgetary envelope, through re-design and re-investment of current SPC resources.

4. ENGAGEMENT

4.1 A seven-week engagement period commenced on 11 February 2026 and completed on 1 April 2026.

Public engagement was supported by the Corporate Communications and Engagement Team of the health board.

The purpose of engagement, in line with Llais guidance, was to explain the approved proposal, understand its impact, identify risks and mitigations and inform ongoing public engagement on the changes.

Engagement activity included a dedicated SPC web page hosting all the engagement information and supporting documentation, which was also shared on wider health board channels including CTM social media channels. The SPC web page can be found here - Help shape the future delivery of specialist palliative care in our region - Cwm Taf Morgannwg University Health Board

Engagement documents and supporting information included

- Full briefing
- Summary briefing
- Easy read version
- FAQs
- Online survey
- A dedicated SPC email mailbox

The online survey generated a total 625 responses.

Engagement also included a public information event undertaken in week 3 of the engagement period, at the Cynon Linc building in Aberdare. The event supported individuals to gain further insight and information regarding the proposed changes, ask questions.

Attendees at the event were also encouraged to complete the public feedback survey, with the option to complete the survey digitally or to leave written copies.

The event was promoted on social media as a 'drop in' open invitation where one to one discussion could take place. It attracted members of the public, health board staff, along with elective officials, circa 80-100 people attended in total.

Engagement also consisted of several written briefings and presentations to several key stakeholders including the CTM Stakeholder Reference Group, elected representatives, third sector organisations of the region including the Community Leaders' Network (CLN) of the health board, GPs and their representative body the Local Medical Committee, Welsh Government, Union Representatives, Local Authorities, Llais, National Policy Leads for PEoLC and Specialist Palliative Care Interest Groups.

4.2. Summary and Analysis of Engagement Feedback

An engagement highlights report, of feedback from the 7-week engagement period, is attached as an appendix.

Engagement responses demonstrate a high level of emotional engagement with the subject of end-of-life care and strong attachment to local services.

Key findings and outcomes include:

- A consistent view that local inpatient SPC beds should be retained, particularly Ward 6 at Ysbyty Cwm Cynon.
- A fear that closure of Ward 6 equates to a loss of in-patient end of life care locally.
- Improved understanding, among some respondents, of proposals to increase community SPC provision.
- Limited public confidence that enhanced community services can fully replace inpatient provision.

Despite concerns raised, many conversations helped improve understanding of the rationale for change.

Whilst engagement confirmed anticipated opposition to the proposal, particularly the closure of Ward 6 at YCC, it did not identify an alternative viable model that would address the underlying clinical and workforce risks.

During the Health Board and Llais monthly partnership meeting, the feedback from Llais who attended the event was positive, and it was agreed there would be no further benefit to holding a second public engagement session for SPC specifically in Merthyr. The decision was based on the view that:

- Identified key themes of public concern will shape future communications with elected officials and staff for the remainder of the engagement period (noting many people were accessing information this way).
- Opportunities to clarify any misunderstandings through future dialogue with elected officials and staff.
- The ability to address any additional information needs not met through engagement to date.

Using the feedback the FAQs would continue to be reviewed and strengthened.

In summary, the key themes regarding what matters most at the end of life is: dignity, comfort, compassion, choice and closeness. The feedback highlights a deep community commitment to protecting local specialist palliative care services and ensuring that future models of care remain person-centred, equitable, and grounded in humanity.

These themes will be the guide for service planning and demonstrate the need for careful, compassionate decision-making rooted in the lived experiences of CTM's communities.

It should be noted that a key underlying issue coming through the feedback was that the public, as well as our wider health board staff, do not fully understand the difference between Specialist Palliative Care and Palliative Care and End of Life. This was a particular challenge during the consultation and was used to assess understanding at the start of conversations.

This insight will inform future public communications and engagement on this issue.

5. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

The closure of Ward 6 offers a long-term solution to current fragility of Specialist Palliative Care services in Merthyr and Cynon and provides the opportunity to strengthen and develop the offer of community-based care. The resources released from ward 6 will be re-invested in a community focused Specialist Palliative Care Service through 'Hospice@Home'.

The workforce currently working on ward 6, including our Clinical Nurse Specialists in Palliative Care, are obviously anxious and nervous about the change but are being supported by the Nurse Leadership team and they are involved and actively informing the shaping of the future workforce model.

Key changes to the new delivery model include:

- Introduction of a wider skill mix into the Palliative Care Clinical Nurse Specialists team. Strengthen the team and the nurse-based skills with band 5s and HCAs. This will achieve greater opportunity for career progression, upskilling but also future succession planning.
- Improved liaison by in-reaching into YCC Community wards and wider community teams, i.e. GPs, District Nursing.
- Enhance the medical provision through the recruitment into the vacant posts. A new invigorated and community focused model which is part of the wider CTM SPC team, will hopefully attract eager consultants who wish to work within the community.
- Strengthen bereavement services.
- Introduction of direct admissions into ringfenced beds in the community for patients who are palliative and end of life.

All staff will participate in an organisational change process (OCP) which will be supported by the Nurse Leadership Team, People services and their union representatives.

Since the implementation of the interim service model in Feb 25 there have been 786 admissions to the Specialist Palliative Care Units, 37 were from the Merthyr Cynon patch.

Consideration has been given to the perception that the Health Board is taking away a much-valued provision/service (namely ward 6) so it is important going forward that the redesign of Specialist Palliative Care is guided by the fact that we wish the expertise that exists on the ward not to be lost but to enhance and provide further reach to a far greater number of patients than just those admitted into the 8 beds in ward 6. Continued communication and engagement with staff, patients and key stakeholders will be key to this not only to shape the future but to continue to reassure and provide evidence of the positive impact the redesign of the services is having.

6. CONCLUSION

The Board is being asked to acknowledge:

- The feedback from the engagement programme which has taken place with community and wider stakeholders, which has included an in-person public

engagement event, provision of a dedicated online platform and briefings with key stakeholders.

- Maintaining the current model is not sustainable and only supporting a small cohort of patients in need of Specialist Palliative Care services.
- The proposed closure of ward 6 and the redesign of a community focused Specialist Palliative Care service through Hospice@Home provides a challenging but exciting opportunity to deliver improved Specialist Palliative Care to a wider proportion of the community who are in need.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Dying Well If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A More Equal Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred If more than one applies please list below: Equitable Person Centred Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Repurpose If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: The redesign of SPC will enable the delivery of more equitable and improved care to more patients within Merthyr Cynon Localities	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language**	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): will provide greater	If no, please include rationale below:

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	equality especially to vulnerable groups POSITIVE Outcome for Welsh Language (delete as appropriate): NEUTRAL	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	The decision is reputational because the perception is the Health Board is taking services out of the Localities. The reality is we are strengthening the provision by closing ward 6 and re-investing in the community provision	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	OCP will form part of the implementation of the proposal. There is an impact as the budget for ward 6 will be reinvested into SPC in the community (Hospice@Home)	

7. RECOMMENDATION

7.1 **APPROVE** the closure of Ward 6 and reinvestment into the development of a community focused Specialist Palliative Care model as proposed specifically:

i. Reduce the number of Specialist Palliative Care inpatient units from three to two, retaining Y Bwthyn, Royal Glamorgan Hospital and Y Bwthyn Newydd, Princess of Wales Hospital and closing the Specialist Palliative Care inpatient unit at Ysbyty Cwm Cynon (Ward 6).

ii. The development of enhanced community services for SPC in Merthyr and Cynon.

iii. Strengthen SPC liaison support in community teams, community hospitals and acute hospitals.

iv. Introduction of direct admissions from the community into ring-fenced end of life beds in community hospitals, including Ysbyty Cwm Cynon

7.2 **APPROVE** progression to implementation, including development and delivery of the Organisational Change Process.

7.3 The final decision will be made at the formal Board meeting on the 21st May 2026.

Next Steps:

Indicative times scales if approved by Board:

- End of May – Work though Governance and approvals, finalise OCP consultation document.
- Beginning of June – commence OCP – 6 weeks.
- Beginning of September – Close ward 6 in YCC and implement new community model.

Appendix

Engagement highlights report of Specialist Palliative Care in Cwm Taf Morgannwg

1.0 Background

Between February and April 2026, Cwm Taf Morgannwg University Health Board (CTM UHB) undertook engagement with staff, partners and the public to inform the future delivery of adult specialist palliative care (SPC) across the region. This engagement recognised changing end-of-life care needs and aimed to ensure services remain effective, compassionate and sustainable for current and future residents.

This paper summarises feedback from CTM UHB's structured engagement programme, *Help shape the future delivery of specialist palliative care in our region*. The public engagement phase ran for seven weeks and focused on gathering views to inform future service development.

2.0 Engagement Overview

CTM UHB is committed to meaningful, inclusive engagement with its communities. These principles guided the SPC engagement process, which aligned with recognised best practice in public engagement and change management and complied fully with the agreed CTM UHB-Llais service change protocol.

The seven-week engagement period ran from **11 February to 1 April 2026**. People were able to provide feedback through multiple channels:

2.1 Digital engagement

A dedicated SPC microsite enabled two-way communication and access to:

- A public survey
- Frequently Asked Questions (FAQs)
- Supporting documents, including an easy-read version of the proposal
- A dedicated email address to support alternative feedback options

2.2 Face-to-face engagement

A public drop-in session was held on **Thursday 5 March 2026 (11am–2pm) at Cynon Linc**:

- Attended by an estimated 80–100 members of the public
- Supported by 19 CTM UHB staff
- Delivered through one-to-one conversations
- While some concerns were expressed strongly, many discussions improved understanding of the proposed changes and were resolved positively

Members of the public were encouraged to attend the event via the Health Board's social media channels and SPC microsite.

2.3 Stakeholder engagement

Written briefings, presentations and meetings were delivered to a wide range of stakeholders, including:

- CTM Stakeholder Reference Group
- Local Authority Scrutiny Committees
- Primary and Community Care partners
- National policy leads
- Voluntary sector organisations
- Llais
- Trade unions
- Specialist interest groups
- Wider community networks
- CTM UHB staff

All feedback gathered during the engagement period is summarised in this paper and is informing the next phase of service development.

3.0 Engagement Responses

At the close of the engagement period on **1 April 2026**, the following engagement activity was recorded:

- **625** public survey responses
- **80-100** attendees at the public engagement event
- **284** views of the SPC microsite

- **3** emails received (and responded to) into the dedicated SPC email address - CTM.SPC_services@wales.nhs.uk

4.0 Thematic Summary of Feedback

Section 4 summarises staff and community feedback, structured by:

- Overall themes
- Key risks identified
- Specific themes of importance

4.1 Overall themes

End-of-life care was widely viewed as a reflection of the health system's values. Responses showed strong emotional engagement with the topic as well as the area, with many contributors drawing upon lived personal experience.

Respondents overwhelmingly value local, in-patient palliative care and believe it is fundamental to delivering dignified, equitable, and compassionate end of life care.

Key recurring themes included:

- Strong value placed on access to high-quality palliative and end-of-life care
- A dominant emphasis on the importance of local inpatient services
- Widespread concern that closure of Ward 6 would remove access to bed-based end-of-life care
- Low confidence in future proposals where inpatient provision appeared reduced
- Limited understanding of the distinction between specialist palliative care and end-of-life care

4.2 Key risks identified

Respondents highlighted risks including:

- Loss of dignity and comfort
- Increased trauma for families
- Widening inequalities
- Over-reliance on under-resourced community services
- Increased pressure on acute hospitals

4.3 Specific themes of importance

1) Importance of inpatient beds

Specialist inpatient units were viewed as essential, irreplaceable and needing to remain local.

Key points included:

- Strong opposition to closure or downgrading of local units, particularly Ward 6
- Positive feedback on current care quality
- Suggestions to retain Ward 6 through alternative models (e.g. nurse-led with specialist liaison)
- Concerns about dilution of care outside specialist environments
- Questions regarding data informing decisions
- Calls for more beds, rather than reconfiguration
- Recognition of benefits such as 24/7 care, rapid symptom control, continuity and dignity
- Concerns regarding access criteria at POW and RGH
- Travel distance cited as emotionally, financially and practically burdensome

2) Priorities at end of life

Comfort, dignity and pain control were seen as paramount.

- Specialist units associated with compassionate, private and appropriate care
- General wards described as noisy and unsuitable for complex palliative needs
- Limited confidence in home-based care meeting these priorities

3) Choice, autonomy and control

Strong support for choice over place of care.

- Recognition that home is not always safe or appropriate
- Preferences may change as illness progresses
- Loss of inpatient beds perceived as reducing choice

4) Limitations of home-based care

Home care was valued but viewed as under-resourced for complex needs.

Concerns included delays in pain relief, limited out-of-hours support, lack of rapid response, equipment shortages, and emotional burden on families.

5) Impact on families and carers

- Reassurance provided by specialist inpatient care
- Reports of carer exhaustion and trauma
- Importance of proximity, open visiting and family inclusion in care

6) Inequality and access

- Perceived deepening of existing inequalities in Merthyr and Cynon
- Transport barriers frequently cited
- Concerns for older carers and those with disabilities
- Loss of local beds viewed as inequitable across the Health Board area

7) Workforce and system pressures

- Concerns regarding staff shortages and service capacity
- Risk of increased A&E attendance and inappropriate ward placement
- Calls for investment, training and clear guidance
- Recognition of strong staff views and morale implications

8) Future care planning

- Need for earlier, more normalised conversations
- Clear, compassionate communication
- Acknowledgement that preferences may evolve

9) Communication and public understanding

- Widespread misunderstanding of specialist vs generalist services
- Anxiety generated by language such as "closing Ward 6"
- Requests for clearer messaging on beds, funding and service continuity
- Inconsistent information reported by staff
- Limited engagement with written materials

10) Engagement process

Views on the process were mixed:

- Positive feedback on conversational format
- Some expectations of a traditional public meeting
- Concerns regarding survey framing and promotion
- Requests for additional face-to-face events
- Limited criticism of the decision to engage rather than consult

5.0 Next Steps

Public and stakeholder engagement remains central to this work. CTM UHB is committed to ensuring these principles continue to guide future engagement on SPC services, informed by Llais.

This will include:

- Openness, transparency and inclusivity.
- Active partnership with stakeholders.
- Clear and accessible communication.
- Two-way dialogue.
- Demonstrable action on feedback.
- Ongoing evaluation and continuous improvement.

Board Action Log									
Name of Meeting: CTM Health Board									
Committee Chair: Jonathan Morgan UHB Chair									
Date of meeting the action originated from	**Minute Item reference**	**Minute Reference Page Number**	**Item Title / Summary**	**Nature of Action**	**Lead Officer**	**Lead Executive**	**Timescale for action to be completed**	**Status of Action**	**Narrative Progress Update**
30.05.2024	3,1		Listening & Learning Story	Report to be presented to a future meeting outlining the key actions required that needed to be taken forward	Care Group Nurse Director, Mental Health & Learning Disabilities	Executive Director of Nursing/Deputy CEO	28/11/2024 Was September 2025 Was November 2025	Closed	**Proposed for closure** The delay in progressing the original action was due to a change in personnel. However, this action is now super seceded - the Board has agreed it will get an annual update on progress against previous Learning and Listening stories brought to Board - we will now incorporate the learning from this story into the next overall report we bring to Board to ensure that the learning is appropriately captured.
29.05.2025	3,2	Page 7	Shift Patterns	Updates on progress in regards to the consultation exercise with staff and trade union colleagues to be presented to the Board at the July and September 2025 meetings.	Executive Director for People	Executive Director for People	31/07/2025 27 November 2025 26 March 2026 21 May 2026 **Now 30 July 2026**	Closed	**Proposed for Closure - Ongoing and Added to the Forward Work Programme** Updates on this matter are being included in the CEO reports and a substantive update is now planned for the July 2026 Board. This has been added to the forward work programme
31.07.2025	3,1	Page 4	LISTENING & LEARNING STORY – Transition of Care from Paediatrics to Adult Services	Update to be presented to the Board in 12 months' time outlining the progress made in this area. Update to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation	Executive Medical Director	Executive Medical Director	jul-26	Open	**In progress** This will be scheduled for discussion at the July 2026 Board. An update was also included in the Patient Stories overview report which was on the agenda for the November 2025 meeting
27.11.2025	4,2	Page 5	Chief Executives Report	Report on Ambulance Handover Times to be presented to the January 2026 Board to include the impact of the new one-hour maximum handover directive and the upcoming Welsh Government two-week sprint for a whole system reset prior to Christmas.	Chief Operating Officer	Chief Operating Officer	29.01.2026	Closed	**Proposed for Closure** A Report on Ambulance Handover Times was received at the January 2026 Board meeting. **At the March 2026 Board meeting members challenged the proposed closure of this action. C Thompson confirmed that ambulance handover times data was now being included in the performance dashboard report and agreed to share a related report on ambulance handover performance with Board members for assurance. This was shared with Members by email on 13 May 2026**

27.11.2025	5,3	Page 6	Board Assurance Framework	Proposal to be presented to the February Board Development Session regarding the intention to use the BAF as a planning tool to inform agendas for both Board and Committees, ensuring clear alignment between strategic risks and meeting discussions	Director of Corporate Governance	Director of Corporate Governance	26.02.2026	Closed	**Proposed for Closure** This was shared at the February 2026 Board Development Session. Following feedback received at the session further discussion has taken place between the Corporate Governance Team, the Chair, Vice Chair and CEO to agree on the next steps and a revised approach to best utilise the Board to help set the Board and Committee agendas. The Chair and Vice Chair are meeting with Committee Chairs to agree the way forward.
27.11.2025	5.4.1	Page 6	Quality, Safety & Experience Committee Highlight Report 23 September 2025	Executive Directors to ensure a plan was developed and put into place to address the concerns raised regarding Special School Nursing.	Executive Directors	Executive Directors	29/01/2026 **Now 28 July 2026**	Open	**In Progress** This matter is being discussed at the Operational Delivery Committee and it was agreed at the May 2026 meeting that a report outlining the plan to address the position will be presented to the July 2026 meeting
29.01.2026	6,1	Page 10	Integrated Performance Dashboard	WAST graphs be reinstated in the performance report	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	26.03.2026	Closed	**Completed** WAST graphs have now been reinstated
29.01.2026	6,1	Page 10	Integrated Performance Dashboard	Discussion to be held outside the meeting in relation to whether healthy weight management, specifically the children's weight management service, could be included under the population health metrics in the performance report. Discussion to also focus on how population health metrics could be presented in a meaningful way, taking into consideration the frequency and relevance of reporting.	Executive Director of Public Health & Vice Chair	Executive Director of Public Health & Vice Chair	26.03.2026	Closed	**Completed** Vice Chair has met with the Executive Director of Public Health regarding this action. Executive Director of Strategy & Transformation has advised that the following delivery target is proposed for 26/27 in our KPIs: Decrease levels of overweight and obese children in our most deprived areas measured through the NCMP
29.01.2026	8.2.3	Page 18	Highlight Report from the Joint Commissioning Committee	As part of the Board Development discussion in relation to the IMTP, strategic conversation to be held about significant risks in specialist commissioning noting the complexity and high cost of service areas involved	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	26.02.2026	Closed	**Proposed for Closure - Completed** A discussion was held at the February Board Development session in relation to specialist commissioning intentions and Welsh Risk Pool. A number of strategic conversations have also been held as an Executive Team regarding this matter. A further discussion was held at the March 2026 meeting as part of the IMTP discussion
26.03.2026	4.3.2	Page 8	Highlight Report from the Strategic Development Committee	Board Briefing to be held in relation to how local and national shared care record initiatives fit together	Director of Digital	Director of Digital	21.05.2026	Closed	**Proposed for Closure** This has been scheduled into the Board Briefing forward work plan for Quarter 3 2026/2027

26.03.2026	4.3.4	Page 8	Highlight Report from the Mental Health Act Monitoring Committee	Deep Dive into Adult Detentions to be shared with Board Members to increase awareness of the full service portfolio and the lifelong implications of detention.	Head of Corporate Governance & Board Business	Director of Governance	21.05.2026	Closed	**Proposed for Closure** Deep Dive circulated to Board Members by email on 11 May 2026
26.03.2026	5,2	Page 13	Chief Executives Report	Quality, Safety & Experience Committee to examine the issue in relation to Sexual Health Testing in more detail to ensure robust confidence in the system and facilitate further understanding among colleagues.	Executive Director of Nursing	Executive Director of Nursing	21.05.2026	Closed	**Proposed for Closure** A report will be presented to the July meeting of the Quality, Safety & Experience Committee

Board Action Log

Name of Meeting: CTM Health Board
Committee Chair: Jonathan Morgan UHB Chair

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
25.09.2025	7,1	Page 15	Strategic Clinical Services Plan	Consideration to be given be given as to how the Board could be updated on progress over the next 12 months.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	01/01/2026 **Now 26 February 2026**	Proposed for Closure	**Completed** Reporting requirements have been considered as part of the Annual Cycle of Business reviews undertaken. Annual Cycles of Business were shared at the February 2026 Board Development session. Updates on the Strategic Clinical Services Plan will be received at each meeting of the Strategic Development Committee and reported to Board via the Committee Highlight Reports.
25.09.2025	7,3	Page 18	Integrated Performance Dashboard	Update on timelines for further improvement in relation to Ophthalmology Follow-Up Not Booked metrics to be shared with Members outside the meeting	Chief Operating Officer	Chief Operating Officer	27.11.2025	Proposed for Closure	**Completed** Metrics shared with Board Members by email on 17 March 2026
29.01.2026	3,4	Page 7	Chief Executives Report	Briefing to be provided to the Board in relation to Specialist Palliative Care services and pathways.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	05.02.2026	Proposed for Closure	**Completed** Briefing provided to the Board on 5 February 2026
29.01.2026	6,1	Page 10	Integrated Performance Dashboard	Further analysis to be presented to a future meeting of the Operational Delivery Committee in relation to correlation between improved response times in the community and reduced handover delays	Chief Operating Officer	Chief Operating Officer	26.03.2026	Proposed for Closure	**Completed** This has been added to the forward work programme for the Operational Delivery Committee taking place on 28 July 2026.
29.01.2026	6,1	Page 10	Integrated Performance Dashboard	Further clarification to be sought outside the meeting as to whether access to the discharge app for "other partners" included third sector partners involved in discharge for older people, not just local authorities	Chief Operating Officer	Chief Operating Officer	26.03.2026	Proposed for Closure	**Completed** A response was sent to Board Members by email on 17 February 2026

Agenda Item
5.3.1

CTM Health Board

Highlight Report from the Quality, Safety & Experience Committee

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Carolyn Donoghue, Committee Chair, Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 24 March 2026.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Quality, Safety & Experience Committee is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.

2.2 The Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.
- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Board in relation to the CTMUHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

Highlight Report

Alert / Escalate	• Members received the **Winter Wrap Up Thematic Spotlight Presentation**. Whilst the Committee acknowledged the significant work undertaken to manage winter pressures, Members highlighted significant ongoing concerns about staff wellbeing, patient experience (boarding in particular) and the need for strategic system transformation, for example, Hospital at Home. In relation to boarding, members emphasised that boarding should not become the norm and whilst this was never acceptable, it was sometimes necessary to mitigate community risk. The need for dynamic risk assessment and psychological support for patients was discussed. • The **Children & Young People Highlight report** was received. Members raised concerns in relation to the ongoing **strike action being undertaken by Health Visting staff**, noting that strike action had now been extended until the middle of May 2026. Members noted that Community

	midwifery and children's nursing teams were supporting mitigations, with daily strike cell meetings taking place to ensure communication and risk oversight. Members noted that whilst the **risk score for special school nursing** remained high (20), this score may be reduced following review and consideration of national developments and local progress. • The **Diagnostics, Therapies, Pharmacy and Sciences Care Group Highlight Report** was received. Members expressed concerns regarding the ongoing issues with the **LIMS deployment,** noting the low confidence in meeting the September timeline and noting national escalation and weekly meetings were taking place to address risks. Members also expressed concern that **Pharmacy prescribers at Ysbyty Cwm Rhondda** were being asked to prescribe outside their scope with concerns raised about staff wellbeing and the impact of pressure on individuals.
Advise	• The **Peoples Experience Activity report** was received. Members welcomed the work being undertaken in relation to effective early resolution of concerns through the Patient Advice and Liason Service (PALS), supporting timely issue resolution and reducing escalation. Members noted the current progress being made in relation to the Organisational Change Process (OCP) within Patient Care & Safety and noted that whilst there was no dedicated PALS for Community, PALS officers were regularly attending community engagement events and noted the small resource within the team compared to the number of contacts received. Members welcomed the changes being made to extend visiting hours • The **Clinical Executives report** was received. Members noted that in relation to Physicians Associates, whilst national meetings were ongoing, progress was slow and no resolution was expected within the next year. Members noted that whilst current Physicians Associates remained in post, no new recruitment was planned until the position was clarified. Members noted the **high gabapentin usage** in CTM compared to other health boards and England and noted that whilst psychological support was part of the multidisciplinary approach to chronic pain management, this was not always a direct substitute for medication. • The **Unscheduled Care Group Highlight report** was received. Members highlighted the need to seek clearer targets and assurance on training, falls, and pressure damage and requested ongoing updates on improvement actions. • The **Planned Care Highlight report** was received. Members highlighted the need for further discussion on eye care improvements and noted the ongoing monitoring of trauma and patient flow challenges.

	• The **Primary Care & Community Care Group Highlight report** was received. Members noted the **dental contract challenges**, noting that dental practices were unhappy with the new contract as it adds performance monitoring and financial requirements, making the contract less attractive. Members noted that the **GP out-of-hours fill rates** remain a risk with particular challenges during bank holidays, noting this was a national issue under ongoing review. The positive developments in **paediatric General Anaesthetic (GA) lists and prison healthcare** were also noted. • The **Mental Health & Learning Disabilities report** was received. Members noted the **sustained improvement at Tŷ Llidiard,** noting inspectors observed continued progress since previous inspections. Members noted the **closure report for adult mental health improvement** actions which were now being monitored within care group governance. In relation to incidents and staffing pressures in **Ward 14 Princess of Wales Hospital**, Members noted that themes and trends from Ward 14 were monitored in the care group quality safety risk experience committee and that further detail would be shared outside the meeting • The **Quality Dashboard report** was received. Members noted that a meeting would be held with Public Services Ombudsman for Wals regarding concerns about redress cases being extended beyond expected timeframes. Members requested a future presentation on **duty of candour triggers** and frequency and requested further clarity on **patient absconsion definitions** and further clarity on the ongoing monitoring of the high number of **Nationally Reportable Incidents**. Members also raised concern about restrictive practices not being care planned.
Assure	• The Committee received a **Listening & Learning Story** which related to a patient who had a long history of diabetic foot ulcers leading to amputation. The story highlighted the complexity and cost of diabetic foot disease, the importance of podiatry, and the value-based healthcare project supporting inpatients from admission to discharge. Members welcomed the presentation, noting the powerful impact of the patient story and the importance of rapport, education, and coordinated care in improving outcomes for people with diabetes. • The **Research & Development Framework Assessment for 2026** was received. Members expressed satisfaction with the progress and the quality of the submission, noting it demonstrated significant improvement since the last meeting, and approved the submission. Members noted that feedback following the July Annual Review meeting would be shared with Committee members once available.

Inform	• The **Healthcare Inspectorate Wales Improvement Plan Tracker Report** was received and noted on this occasion. Members agreed to discuss an updated report at the June meeting of the Committee. • The **Mortality Indicators and Mortality Reviews report** was deferred for discussion at the June meeting. • A verbal update was provided in relation to the **Organisational Risk Register.** The following items were approved via the Consent agenda: • Unconfirmed Minutes of the meeting held on 20TH January 2026 • All Wales Top up policy The following items were noted via the consent agenda: • Non-Routine Committee Business (Forward Plan) • Annual Cycle of business • Organ Donation Sub Committee Highlight Report • Highlight Report from the JCC Quality, Safety and outcomes Sub - Committee
Appendices	•

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality**	Learning, Improvement & Research
	If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

4. Recommendation

4.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item
6.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jonathan Morgan, Chair
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Jonathan Morgan, Chair

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Acronyms / Glossary of Terms	
CEO	Chief Executive Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
MS	Members of the Senedd
MP	Member of Parliament
Q&A	Question and Answer

1. Background

1.1 This report provides an update to the Board on relevant matters in my capacity as Chair of CTMUHB. It also outlines where I have been required to affix the Common Seal of the Health Board for which endorsement is sought.

1.2 This overarching report also highlights for Board Members the key areas of activity and where appropriate any associated risks, some of which are referred to within the business of the Board meeting. The report also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Chair Update

This meeting of the Board takes place at a time of significant political change following the elections to the Senedd on 7 May and the appointment of a new First Minister and Welsh Ministers. A new government will set its own agenda for the next few years with a greater focus on primary and community services, prevention and tackling public health. I am looking forward to setting out how we are meeting the ambition for our NHS to be more responsive to people's needs, more digitally enabled and more local in its delivery.

It is also significant because of the progress we are seeing in our transformation agenda with the start of phase 1 of Llantrisant Health Park and today's Board discussion on the future of our healthcare services in the Llynfi Valley. Delivering change on this scale is not without challenge but I am confident the hard work and leadership of our Executive team and the Board will lead to long lasting improvement in the health outcomes for our population.

The recent Board session on our strategy focusing on both sustaining our services for the future and reimagining what we do as a healthcare system and where we do it is essential if we are to meet the health needs of the future. We have made commitments to publish a Case for Change this year and in doing so we will engage with our newly elected and re-elected Senedd Members for the communities of CTM to work with us in delivering a local health service that tackles ill health and promotes better public health.

2.2 Board Briefings and Board Development Sessions

2.2.1 The Board briefing held on the 16th April 2026 focussed on the following key areas as a Board:

- Health Visiting Industrial Strike Action
- Senedd Elections
- Health Board Activity

2.2.2 The Board Development Session held on the 23rd April focussed on the following key areas as a Board:

- CTM Strategy
- Integrated Performance Reporting
- Update on temporary Strokes Service change extension

2.2.3 The Board Development session held on the 30th April focussed on the following key areas as a Board:

- Update on Senedd Elections
- Emergency Service Change – Gastroenterology
- Health Visiting Industrial Action
- NHS Performance and Improvement

Diary Commitments

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- 1:1 Vice Chair
- Chair Peer Group Meeting
- CTMUHB Public Board Meeting and In Committee Board Meeting
- Independent Member Appraisal Meetings
- LHP Milestone Event with First Minister and Cabinet Secretary
- WNHSC Webinar with the Director General HSC&EY/CEO NHS Wales
- Community by Design Reference and Advisory Group
- 6 monthly Chair / CEO Meeting - Social Care Wales / NHS Confed
- Meeting with Sir Ciarán Devane - New CEO - the NHS Alliance
- Chair's Peer Group Meeting
- Meeting with Llais regarding Maesteg
- International Nurse's Day
- Strategic Development Committee In Committee Session
- Community by Design Reference and Advisory Group
- NHS Confed Board Meeting
- Consultant interview panels

2.6 Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3. Key Risks / Matters for Escalation

3.1 COMMON SEAL

3.1.1 The Board is asked to **ratify the use of the Common Seal** applied since the Board last met;

- **Contract between Cwm Taf Morgannwg University Local Health Board and TSF Contracts Limited whose registered**

office is at Unit 13 Felindre Court, Pencoed Technology Park, Pencoed, CF35 5AQ - relating to Fire Damper Replacement Project at Princess of Wales Hospital, Bridgend.

- **Contract between Cwm Taf Morgannwg University Local Health and Codi Homes and Communities Limited** relating to the sale of freehold land, Bryncethin Clinic, Heol Bryncwils, Sarn, Bridgend CF32 9UD.
- **Contract 3 – Phase 3, known as Section 7 Between CTM UHB and Tilburn Douglas Construction Limited -** Deed of Variation of Confirmation Notice No1 Dated 17 December 2020 Relating to Call off Contract Supply Chair Partner for works comprising Prince Charles Hospital Scheme3: Ground and First Floor Refurbishment,
- **Contract between (1)Assura HC UK Limited whose Registered Office is at 3 Barrington Road, Altrincham, WA14 1GY and (2) Cwm Taf Morgannwg University Local Health Board -** Licence to Carry Out Alterations relating to Ferndale Medical Centre, High Street, Ferndale, CF43 4XX.
- **Contract between (1) Cwm Taf Morgannwg University Local Health Board (2) MTX Contracts Limited whose registered office is Innovation House, Lower Meadow Road, Handforth, Wilmslow, Cheshire, SK9 3ND and (3) Ideal Building Systems Limited whose registered office is at Lancaster Road, Carnaby Industrial Estate, Bridlington, East Yorkshire, YO15 3QY** relating to the construction of a modular/pre-fabricated building solution for the New Build Llantrisant Health Park providing a Diagnostic and Treatment Centre at Ely Meadow, Talbot Green, Ynysmaerdy, Pontyclun, CF72 8L.

3.1.2 This requires endorsement by the Board as set out in the recommendations of this report.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 Members of the Board are asked to:

- **NOTE** the report.
- **RATIFY** the Affixing of the Common Seal as captured in section 3.1

Agenda Item
6.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Butt, Chief of Staff
Cyflwynydd yr Adroddiad / Report Presenter	Paul Mears, Chief Executive
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
BCBC	Bridgend County Borough Council
CDH	Community Diagnostic Hub
CPD	Continuing Professional Development
EMB	Executive Management Board
HCSW	Healthcare Support Worker
LHP	Llantrisant Health Park
MAG	Ministerial Advisory Group
OCP	Organisational Change Process

PCH	Prince Charles Hospital
POW	Princess of Wales
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RGH	Royal Glamorgan Hospital
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
YGT	Ysbyty George Thomas

1. Situation /Background

1.1 The purpose of this report is to keep the Board up to date with key issues affecting the organisation. A number of issues raised within this report feature more prominently within key reports on the main Board agenda.

1.2 This overarching report highlights for Board Members the key areas of activity of the Chief Executive, some of which is further referenced in the detailed reports, and also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Escalation Status and Accountability Framework

Colleagues were briefed on the proposed changes to the NHS Wales Accountability Framework at the last meeting of the Board. Since then, work has continued in partnership with Welsh Government colleagues to reflect upon the Ministerial Advisory Group (MAG) recommendations and subsequent actions to ensure the revised arrangements provide as much opportunity for efficiencies in the new framework.

Members of the executive team will meet with NHS Performance and Improvement for the inaugural 'Operational Touchpoint' meeting, on 27 May, ahead of the Welsh Government Escalation Board taking place the following day.

As a reminder, the executive team will be required to attend a bi-annual escalation meeting, and both executive and a small number of independent members will be required to attend a bi-annual Accountability Meeting. Both meetings will be in-person at Welsh Government offices.

Regarding our internal programmes of work against the 2026/27 escalation framework, we continue to focus on working towards de-escalation of urgent and emergency care with a specific focus on waiting times for patients attending our emergency departments. Colleagues are reminded that we are forecasting to maintain our position in relation to our 104-week planned care, as per our IMTP submission.

As a reminder, our health board escalation status is summarised as follows:

Area	Previous Status	Revised Status
Performance: Urgent and Emergency Care	Targeted Intervention	Targeted Intervention
Performance: Planned Care	Enhanced Monitoring	Enhanced Monitoring

2.2 Stroke Service Temporary Change – Extension

Since November 2024, the acute stroke services within CTM have undergone two urgent temporary changes.

- November 2024: The Princess of Wales Hospital (POW) acute stroke service was moved to the Royal Glamorgan Hospital (RGH) following major water ingress incident at POW.
- January 2025: The Prince Charles Hospital (PCH) acute stroke service was moved to RGH due to specialist medical workforce fragility across both sites, which posed a significant risk of service collapse.

These urgent changes were necessary to maintain the provision of safe and effective acute stroke care for the population of CTM. In May 2025, it was agreed to maintain these arrangements on a temporary basis (12 months) to stabilise specialist medical workforce, harmonise practices, reduce fragility of specialist stroke AHP provision, and enhance nursing structures.

An assurance and impact review has found no evidence of unintended negative impact on access to the CTM stroke service, nor is there any evidence of additional demand placed on the services of neighbouring providers. In the latter 6 months of the temporary service change, there have been several improvement initiatives implemented, which are enhancing the pathway management of stroke patients within the health board.

These arrangements remain in place and work is underway to deliver ongoing service improvements and to develop the optimal stroke service model for CTM. In the meantime, we have agreed at Executive Management Board that we will extend the temporary change for stroke services for a further 12 months. We have engaged with Llais on this extension and also staff working in the stroke service.

2.3 Inpatient Gastroenterology Services at POW

Effective 5 May, our planned care group implemented an emergency temporary service change in relation to inpatient gastroenterology services at the Princess of Wales Hospital (POW). The inpatient element of this service has been moved to the Royal Glamorgan Hospital (RGH) under this emergency arrangement. This service has been under sustained pressure due to significant medical workforce shortages. These challenges—affecting recruitment, locum availability, and staffing resilience—have reached a point where it is no longer safe or sustainable to continue delivering consultant-led inpatient care on the POW site, at this current time.

Despite extensive efforts to stabilise the service, including recruitment campaigns, agency solutions, and regional support, immediate action, approved by the Executive Management Board (EMB), was taken to protect patient safety. Through this temporary service change, the care group can ensure the continued provision

of safe emergency and inpatient care while longer-term workforce solutions are developed.

The Health Board has engaged with Llais under the emergency changes process and will continue to keep patients, staff, and the public informed as the changes are implemented.

2.4 Llantrisant Health Park Programme

I am pleased to report that Phase 1 of the Llantrisant Health Park programme to deliver a Community Diagnostic Hub (CDH) marked the commencement of construction on 9 March. The contractor, MTX, has already completed the first phase of groundworks (piling), ahead of programme and the next phase of drainage works is also making positive progress. Off-site construction of the steel frame and modular cells has commenced in the production facility and will continue over the summer and are scheduled to arrive on site in September 2026. The installation and fit out of the buildings will then commence and will complete in autumn 2027. After a period of commissioning, it is proposed that the CDH will start seeing patients in late 2027 to early 2028.

The recent procurement exercise to appoint a partner to equip and run the CDH has successfully concluded. Our new partner, Alliance Medical, is now working alongside the LHP team to support the successful delivery of the diagnostic hub.

Positive progress is also being made on the full business case of Phase 2 of the programme, the orthopaedic arthroplasty hub. Regional colleagues continue to develop the regional orthopaedic plan to support the detail in the business case which is proposed to be presented to Boards in July. Design works are largely complete, and capital costs are being developed to support the business case. Subject to Board approval, the full business case will be submitted to Welsh Government in July and an approval by early September will enable a start on site in the autumn. With a 2-year build schedule, it is anticipated that construction will complete in October 2028, and the first patients would be seen in the unit by the end of 2028.

I will continue to keep the Board appraised of progress via regular updates in this report.

2.5 Health Visiting Industrial Action

On 5 May, Unite the Union confirmed that the ongoing Health Visitor industrial action would now extend until 17 July 2026. Whilst we fully respect the right to strike action, we are saddened by this announcement and are working through what this means for our services. We are grateful to colleagues for their ongoing flexibility and commitment to ensuring essential services for local families can be maintained.

The Health Board met with Unite and ACAS for a fourth meeting on 30 April. At this meeting, Unite confirmed it was not prepared to consider or discuss any

options other than re-banding all Health Visitors to Band 7. Unite also reiterated that it remains unwilling to participate in the national expert partnership group, which has been established to review Health Visitor job descriptions across the NHS in Wales. The Health Board's view is that this decision is not in the best interests of our Health Visitors, and we hope Unite will reconsider this stance and engage in conversations with us about options for resolution, as encouraged by ACAS.

We have repeatedly stated that we cannot independently uplift every CTMUHB Health Visitor to Band 7, and that a unilateral decision taken by CTM on a local basis would have repercussions both for other Health Boards and other staff groups. However, we recognise the need for future service redesign and strong career pathways for Health Visitors, that are based on the needs of our services, communities and the families we serve. The expert partnership group is the platform through which this can be achieved.

Contrary to social media posts, leaflets and press releases from Unite, there is not an agreed Band 7 Health Visitor job description, and Welsh Government has not instructed the Health Board to uplift Health Visitors to Band 7. We have relayed this information to Unite. Welsh Government's stated expectation is that the Health Board and Unite work together in social partnership to find common ground and an early end to strike action. Welsh Government has also asked Unite to take part in the Wales-wide work and confirmed that they expect the job evaluation process to be honoured.

In recent weeks, the Health Board has been disappointed to see highly personalised criticism of colleagues taking place on social media and on communications produced and shared by Unite, as well as by members of the public. This does not reflect the professional and respectful way in which the Health Board expects negotiations to be carried out, nor is it in line with our social partnership principles. We will not tolerate any kind of abusive or inappropriate behaviour, and we have raised this as a matter of urgency with Unite.

Since 23 April, we have introduced weekly updates on the dispute to all CTM staff, to enhance transparency and provide accurate and factual updates.

Maintaining critical services during this period of industrial action continues to be a key focus. We are monitoring this closely and have implemented some new ways of working successfully, however there are elements of our services that we are currently unable to operate in full. We will continue to keep the Board apprised of any further significant developments in relation to this industrial action and will be briefing Welsh Government as required.

2.6 Nurse Shift Pattern Update

Following on from detailed previous discussions about shift pattern alignment at Board in May and December 2025, the Health Board commenced a period of formal collective consultation with Trade Union partners on 19 January, which was envisaged to run until 27 February 2026, totalling 6 weeks. At the request of

trade union partners, we agreed to extend the collective consultation period until 6 March 2026, and subsequently agreed a second extension request until 24 April 2026.

The purpose of the collective consultation period was to provide a fair, transparent and jointly governed mechanism for consulting trade unions on the following proposals:

Option 2: Endorsed in principle for consultation by Board in May 2025.
3 x 12.5-hour shifts per week, each with 2 x 30-minute unpaid breaks. In addition to 1 x 12.5-hour shift every 4 weeks (with 2 x 30-minute unpaid breaks).

Option 8: Modified proposal following informal engagement phase, endorsed in principle for consultation by Board in December 2025.
3 x 12.5-hour shifts per week, each with 2 x 30-minute unpaid breaks. In addition to a rotational 6.3-hour shift (with 20-minute unpaid break) in month 1 or a 12.5-hour make-up shift (with 2 x 30-minute unpaid break) in month 2. This is in addition to circa 42 hours learning and development/CPD time per year, for FTE staff.

Alternative suggestions continue to be invited, in line with our agreed design principles. Our aim remains to develop a consistent shift pattern for nursing, midwifery and HCSWs which meets evolving service needs across the Health Board and:

- allows us to provide high quality, safe services to our patients
- allows us to improve the health and well-being of our people
- increases our overall workforce availability
- delivers improved financial efficiency – more specifically, does not cost us more, and delivers a reduction in reliance on agency.

The Health Board's position remains that such changes are provided for under the employee's current terms and conditions. Nevertheless, we have entered into a collective consultation process with a view to reaching an agreement with regard to the shift pattern proposals, where possible. The collective consultation was conducted through a structured programme of meetings, in line with the agreed terms of reference. At the request of Trade Union partners, we agreed to extend the collective consultation period to 24 April 2026. At the conclusion of collective consultation, Unite, GMB, RCN and RCM submitted a joint closing statement. Unite provided a separate closing statement.

The next steps following the closure of the collective consultation stage include:

- Drafting a closure summary report, to share with Trade Union partners
- Review of final Trade Union position statements and feedback
- Substantive Board update and discussion on next steps
- Further engagement with Trade Unions on the approach to individual consultation, if endorsed at Board

• Continued partnership working on implementation planning, communications and engagement approaches.

It is recognised that this is a significant and complex change proposal, affecting a large section of our workforce, and one which will require substantial leadership resource and ongoing partnership working.

2.7 Bridgend Health and Wellbeing Centre

Following a programme delay of approximately four months to the previous report delivered to Board, I am pleased to update that construction of the new Bridgend Health and Wellbeing Centre has entered the final phases of work, with a revised Practical Completion Date of the 27 June 2026. Beyond this, a further four-week soft landing integration period has been scheduled post-construction activity, meaning the project is working towards an end user occupancy date at the end of July 2026. The intention is to prioritise the move of Bridgend Group Practice initially, with Health Board primary care services to follow in a sequenced fashion.

3. Key Risks / Matters for Escalation

As outlined within the report.

4. Assessment

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

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	Choose an item.	
Enw da / Reputational	Choose an item.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Choose an item.	

5. Recommendation

5.1 The Cwm Taf Morgannwg University Health Board is asked to **NOTE** this report.

Agenda Item
6.3

CTM Health Board

NHS Wales Staff Survey 2025 – CTM Responses and Priorities

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Lisa Whiteman-Pearce, Head of Organisational Development and Culture
Cyflwynydd yr Adroddiad / Report Presenter	Hywel Daniel, Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Executive Leadership Group	02/03/2026	Noted
Local Negotiating Committee	10/03/2026	Noted
Local Partnership Forum	17/03/2026	Noted
Executive Management Board	30/03/2026	Agreed priorities
Operational Delivery Committee	30/04/2026	Noted
Executive Leadership Group	05/05/2026	Noted pending further discussion

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
HEIW	Health Education and Improvement Wales

1. Situation /Background

1.1 The NHS Wales Staff Survey 2025 ran between 6 October and 1 December 2025, the third consecutive year it has been facilitated in the current format. It serves as a point-in-time reflection of how colleagues across the Health Board were feeling about their experience here and gives us data points from which progress can be measured internally and/or against national benchmarks. Its limitations include data recency, response rates and the level to which reports are available, as well as the general caveat of not knowing if the same people are responding year on year thus reporting changes in experience rather than different experiences.

1.2 This paper sets out recently received Staff Survey 2025 data at Health Board-level, what has changed, or not, since 2024 and summarises emerging trends.

1.3 CTM have continued to improve its response rates, with a total of 4960 (35.6%) colleagues having their say. This represents an additional 1407 individual voices and an 8.8% increase from 2024. Organisationally, we have surpassed the NHS Wales average of 30% and continue to have the highest response rate of similar sized health boards[1]. Furthermore, at tier two/Care Group level, all response rates increased.

2. Specific Matters for Consideration

2.1 This year's Staff Engagement Index Score is 70.5%, representing a 0.1% improvement from 2024**.** This is slightly below the all-NHS Wales average, but represents one of only three NHS Wales organisations to improve this year.

2.2 Across the factors measured to determine Engagement Index, positivity scores relating to 'Involvement' have decreased between 0.5 and 2%, 'Advocacy' has improved and 'Motivation' was a mixed outcome, with marginally fewer respondents indicating they look forward to coming to work.

2.3 At theme-level, positivity scores have largely increased and more are higher than the benchmark[2] than lower. Improvements have been made, for example, in Patient Safety, which talks to incidents and/or speaking up to raise concerns (up 3.5%) and being Compassionate and Inclusive (up 1.8%). However, positivity scores have fallen marginally in Nurturing Healthy Working environments, including factors relating to burnout and stress and negative experiences (Appendix One – page 8). CTM are neither the lowest nor highest performing organisation in any theme. We scored closest to the lowest performing organisation in 'we are stronger together', measuring line management and team working. We scored closest to the highest performing organisation under the theme 'we are continuously learning and improving', albeit one sub-theme (PADR) decreased from 2024 to 2025

[1] ABUHB 32.5%; BCUHB 24.9%; CAVUHB 34.8%; HDUHB 21.9%; SBUHB 19.1%
[2] All NHS Wales Health Board plus Velindre NHS Trust

2.4 At question level, the most notable improvements this year have been made in safety to speak up (a further 2.2%) and reporting of errors, openness to approach discussions about flexible working (up 3.9%) and more people feeling confident in the quality of care loved ones would receive here should they need it (up nearly 4%).

2.5 The most notable declines in the last year related to involvement in decisions and change (down a further 1.8%), time pressures (down 1.6%), exhaustion (down 2%) and mistreatment by the public/patients (down between 1 and 3% depending on the type of abuse).

2.6 Since 2023's survey, we are seeing positive trends in patient care, intent to stay, indicators of psychological safety, managerial effectiveness and support, flexible working and development/progression.

2.7 In the same period, we see continued declines in positivity in involvement in change/decisions, ability to show initiative and enact improvements, energy for life outside of work and mistreatment by the public/patients.

2.8 Access to free text comments was later than anticipated and further discussion/analysis is to be undertaken. However, we can note that we received proportionately more comments than previous years (27% of participants), comments were predominantly of a negative sentiment (70%) and many reflected what has been reported in quantitative data. Some emerging themes, subject to further analysis, suggest some common concerns about targets being prioritised over care quality, staffing levels and fair recruitment/selection processes.

2.9 Two CTM-wide priorities have been agreed – tackling the mistreatment of staff by patients and the public, and having quality conversations, predominantly focussed on input into change and decisions and identifying and acting on wellbeing concerns. A breakdown of question-level scores and why these are most important is referenced in Appendix Two – page 9. Additionally, we have identified areas of relative success than can be continued and scaled up (including speaking up safely and treating each other with respect), and areas that need iteration and/or gaps closed, including ensuring those speaking up receive feedback and continuing to offer robust and accessible development for line managers.

2.10 In addition to CTM-wide priorities, all Care Groups and Corporate Directorates have been asked to determine local priorities and action plans, presented at recent performance meetings. These will be updated and reported on bi-monthly.

2.11 Three themes were identified as priorities for improvement following the 2024 Staff Survey: morale, patient safety, and nurturing healthy working environments. These areas were selected due to comparatively lower scores and their importance in supporting staff wellbeing, safety culture and overall organisational performance.

2.11.1 This year's survey results show continued progress in some of these priority areas, particularly within the Patient Safety theme. As noted, this has shown the most significant year-on-year improvement, increasing from 56.9% positivity in 2024 to 60.4% in 2025, bringing the Health Board slightly above the NHS Wales benchmark. Improvements were evident across several related questions, including staff confidence that incidents and near misses are encouraged to be reported, that

action is taken following incidents, and that feedback is provided following safety events.

2.11.2 Morale has shown a small but steady improvement, increasing from 53.4% in 2024 to 53.8% in 2025, bringing it broadly in line with the NHS Wales benchmark. While this represents modest progress, morale remains one of the lower scoring themes, reflecting the ongoing pressures faced by staff across the organisation.

2.11.3 The theme we nurture healthy working environments has fallen from 57.2% in 2024 to 56.8% in 2025, but remains broadly aligned with the NHS Wales benchmark. Indicators within this theme as mentioned highlight the continued impact of workload pressures, staffing capacity and competing demands on staff experience.

3. Key Risks / Matters for Escalation

3.1 There are risks associated with **having too many priorities** and/or trying to address all areas of decline/lower scores – as described in the development of the People Plan 2025-2030, where 'everything is a priority, nothing is'. Priorities and plans need to be targeted and resourced to deliver.

3.2 There are risks of **not acting/not being seen to act**, including participation in future surveys, loss of trust, reduction in morale, increased disengagement and potential further risks of absence, regrettable turnover and reduced performance/productivity.

3.3 There is also the risk of **setting unachievable targets** and not managing our own expectations: each of the priority areas require changes to or introductions of processes/procedures, which in turn require development and communication, potentially training, before we can realistically expect to see shifts in behaviour. There are around five months until the NHS Wales Staff Survey 2026 opens, hence we shouldn't expect to see significantly better results in a short space of time; the slowing down of a decline or a plateauing of scores should be considered progress to be further built upon

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	Not Applicable
	If more than one applies please list below:

Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Any action taken under agreed themes will require impact assessment
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: Relevant action taken under agreed themes will require impact assessment
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Failure to act on feedback can further disengage staff, impacting wellbeing, performance, intent to stay, trust and future survey participation.	
Effaith Adnoddau	Yes (Include further detail below)	

(Pobl /Ariannol) / **Resource Impact** *(People / Financial)*	Suggested corporate priorities will improve experience of and in work. Depending on priorities agreed and detailed plans of action, they are likely to require input, action and output from various colleagues and teams. There is unlikely to be any non-pay requirement beyond existing budgets.

5. Recommendation

5.1 Board is asked to receive and note the update.

6. Next Steps

6.1 Further analysis and discussion of free text comments is underway.
6.2 Open feedback sessions are underway for all staff, led by the People Directorate and Executive Team.
6.3 Updates on CTM wide actions and priorities will be provided through existing People Plan reporting routes.
6.4 Circulate Staff Group reports when available from HEIW.
6.5 Evolve the People Plan and People Priorities to reflect survey output and feedback from staff.

Appendix One

Theme	Score	Change 24-25	Benchmark comparison	Sub-theme	Score	Change 24-25	Benchmark comparison
Morale	53.8%	Increase	Higher	Stressors	56.2%	Decrease	Lower
				Thinking about leaving	55.9%	Increase	Higher
				Work pressure	46.4%	Increase	Higher
Patient Safety	60.4%	Increase	Higher	No subtheme			
Staff engagement	57.2%	No change	Lower	Ability to contribute towards improvement at work	51.2%	Decrease	Lower
				Intrinsic psychological engagement	62.4%	Increase	Lower
				Staff advocacy and recommendation	55.5%	Increase	Lower
We are all able to speak up	66.4%	Increase	Higher	Autonomy and control	70.6%	Decrease	Lower
				Raising concerns	62.2%	Increase	Higher
We are compassionate and inclusive	69.9%	Increase	Higher	Compassionate culture	71.1%	Increase	Higher
				Compassionate leadership	66.9%	Increase	Lower
				Diversity and equality	64.1%	Increase	Higher
				Inclusion	71.1%	Increase	Higher
We are continuously learning and improving	64.1%	Increase	Higher	Development	60.4%	Increase	Higher
				PADR/Appraisal	71.8%	Decrease	Lower
We are stronger together	68%	Increase	Lower	Line management	66.2%	Increase	Lower
				Team working	69.5%	Increase	Lower
We champion flexible working	60.4%	Increase	Lower	Support for work/life balance	60.4%	Increase	Lower
We nurture healthy working environments	56.8%	Decrease	Higher	Burnout	29.5%	Decrease	Higher
				Health and safety climate	42.6%	Decrease	Higher
				Negative experiences	86%	Decrease	Higher
We recognise everyone's contribution	60.5%	Increase	Lower	No subtheme			

Appendix Two

CTM-wide priority	Current position	Why it matters
Involving staff in change and decision making: *Staff involvement in change should be treated as a core organisational improvement priority, given the continued decline in positive scores and its link to trust, psychological safety, implementation success and staff experience – prudent given scale of changes on the horizon*	Further 2% drop in positivity scores (nearly 8% decline since 2023) to 43.8% Increase in negativity score – over 30% respondents	• Higher psychological safety, which increases willingness to speak up about risks • Improved communication and trust between leadership and frontline teams • Improved mental wellbeing and resilience • Better understanding of operational realities, leading to more workable change plans • Stronger ownership of change, reducing resistance and implementation failure
Reducing violence, harassment and abuse from the public: *Prioritising the safety, wellbeing and effectiveness of the people who deliver our services will help them feel secure, respected and able to focus on their work without fear: this in turn can build trust and further improve the quality of care*	Around 30% have experienced abuse in the last 12 months Over 10% have experienced unwanted sexual behaviour at least once Over 25% have been harassed at least once 11% have experienced physical violence at least once All scores have increased in the last year, all bar one consistently increasing since 2023	• Protects staff wellbeing and ensures a safe, supportive environment (itself helping maintain or improve service and outcomes) • Supports retention, helping maintain a stable, experienced workforce • Promotes fairness and inclusion: Reduces disproportionate harm to vulnerable staff groups. • Strengthens the system by preserving trust and reducing disruption
Prioritising people conversations (wellbeing) *Stronger relationships and sustained attention to staff wellbeing create the psychological safety, trust and resilience that underpin safe, compassionate and consistently high-quality care and healthy working environments (core to our People Plan and Health and Wellbeing Action Plan)*	Nearly a third of staff feel they have unrealistic time pressures Between 34% and 38% staff feel emotionally exhausted, burnt out and/or frustrated 3% fewer people feel the organisation takes positive action on wellbeing Over a third feel they have no energy for friends/family in leisure time Over 40% report having felt unwell due to work related stress	• Early conversations about stress, workload and emotional strain help prevent burnout, sickness absence and turnover, safeguarding and continuity of care concerns. • Consistent check-ins build mutual respect, making it easier to address conflict, clarify expectations and maintain professional standards • Healthcare work is emotionally demanding; managers who create space for reflection and support help staff process difficult experiences and access wellbeing services, where needed, earlier • Job design is consistently associated with lower burnout and emotional exhaustion, higher job satisfaction and better mental health

Agenda Item 7.1	21 May 2026	CTM Health Board	M12 Finance Report

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Andrew Jones, Assistant Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

2025-26 Finance Report

Month 12 Summary

Summary

Situation

This Finance report outlines our draft financial performance for Month 12 (i.e. the period to 31st March 2026). As this report covers the full year position, it will remain a draft position pending submission for final audit.

A final report will be presented following submission of the M12 monthly monitoring return and Draft accounts.

This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 12 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.

Background

Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards:

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

Our draft financial plan for 25/26 was submitted to Welsh Government (WG) at the end of March 2025. This plan showed a breakeven position with a net risk to the plan of £41.8m. This plan has subsequently been approved by WG.

As the Health Board has an approved plan and has achieved a breakeven position over the last 2 financial years (2023/24 & 2024/25), the draft reported small surplus in 2025/26 would allow the Health Board to meet its financial duties.

Summary

Assessment	Recommendation
Pending final audit, the Draft position for M12 is summarised below: **Overall revenue position - 2025/26:** • The M12 draft position reported a £0.2m surplus for the period with a year-to-date Surplus of £0.1m against our plan. • The Health Board has met the duty to achieve a 3 year break even position against the revenue resource limit in 2025/26 **Recurrent revenue position:** • The submitted IMTP for 2025/26 planned for an underlying recurrent surplus of £1.7m by the end of 2025/26. • As at M12 we are reporting a forecast underlying deficit at the end of 2025/26 of £9.2m. This £9.2m recurrent deficit reflects lower than anticipated allocations along with a shortfall in savings achievement and increasing cost pressures including the Band 2/3 framework. **Capital position – 2025/26:** • The year end position is reporting a £79k surplus against the capital resource limit • The Health Board has met the duty to achieve a 3 year break even position against the capital resource limit in 2025/26.	The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 31st March 2026.

Contents

Executive Summary

Overall Revenue Position	• The M12 draft position reported a surplus of £0.2m and the M12 YTD position is now a £0.1m surplus. • The forecast recurrent position has been maintained at £9.2m in M12 (M11 : £9.2m). • The Health Board has met its statutory duty to achieve a financial break even position against the revenue resource limit over the past 3 years. • The reported position for 2024/25 remains a Draft Position pending final audit.
Savings Position	• Actual savings in M12 was £2.6m which is in line with the M12 target of £2.6m. The 2025/26 full year savings is now £25.7m and is £5.6m below the target of £31.3m. • The M12 forecast Recurrent savings is £25.3m, which is £6.0m below the £31.3m target. This represents a £0.2m deterioration from M11.
Cash	• The closing cash balance at 31st March 2026 was £4.9m.
Capital	• The capital resource limit for 2025-26 was £105.1m. • Expenditure to M12 amounted to £105.0m. The outturn capital position is a small surplus of £79k • The Health Board has met the duty to achieve a 3 year break even position against the capital resource limit in 2025/26.

Summary
Income & Expenditure Account

	M12 Actual	M12 YTD
	£m	£m
01. Revenue Resource Limit	(191.5)	(1,606.1)
02. Capital Donation / Government Grant Income	(0.0)	(2.5)
03. Welsh NHS Local Health Boards & Trusts Income	(7.1)	(75.8)
04. WHSSC Income	(1.1)	(14.3)
05. Welsh Government Income (Non RRL)	(1.3)	(3.5)
06. Other Income	(5.7)	(55.7)
Total Allocations & Income	**(206.6)**	**(1758.0)**
08. Primary Care Contractor	20.1	180.5
09. Primary Care - Drugs & Appliances	9.8	103.3
10. Provided Services - Pay	119.6	825.1
11. Provider Services - Non Pay	19.8	131.1
12. Secondary Care - Drugs	5.1	60.1
13. Healthcare Services Provided by Other NHS Bodies	26.7	307.9
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.8	80.4
16. Other Private & Voluntary Sector	2.8	17.0
17. Joint Financing and Other	1.7	18.8
18. Losses Special Payments and Irrecoverable Debts	5.0	8.2
22. DEL Depreciation\Accelerated Depreciation\Impairments	3.1	40.5
23. AME Donated Depreciation\Impairments	(15.4)	(14.9)
25. Profit\Loss Disposal of Assets	0.3	(0.0)
Total Expenditure	**206.4**	**1757.9**
Grand total	**0.2**	**(0.1)**

Key Points:

- The reported position is a DRAFT position, some values may change ahead of the monitoring return and Draft Accounts being submitted next month.
- The M12 year to date position is reporting a surplus of £0.1m.

Year-to-Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 2	2.0	3.7	0.0
Month 3	1.1	4.8	0.0
Month 4	1.5	6.3	0.0
Month 5	0.1	6.3	0.0
Month 6	(2.0)	4.3	0.0
Month 7	0.0	4.3	0.0
Month 8	(0.3)	4.0	0.0
Month 9	(0.6)	3.4	0.0
Month 10	(2.0)	1.4	0.0
Month 11	(1.3)	0.1	0.0
Month 12	(0.2)	(0.1)	0.0

Key Points:

- The reported position remains Draft pending final audit
- The M12 YTD overspend of £0.1m includes a £5.6m shortfall in savings.
- Following confirmation of lower than anticipated allocations for the 24/25 pay award (£1.7m lower than anticipated) and national insurance changes (£2.1m lower than anticipated), the YTD position has recognised a £3.8m adverse impact.
- As at M2 the Health Board has confirmed accountancy gains of £5.3m which has been recognised.
- Following a further executive review of the remaining plans for cost pressures and investments together with actions to improve the financial position, a total revised financial plan release to £5.3m has been implemented.
- Further details of the key drivers for the variance to plan are provided overleaf.

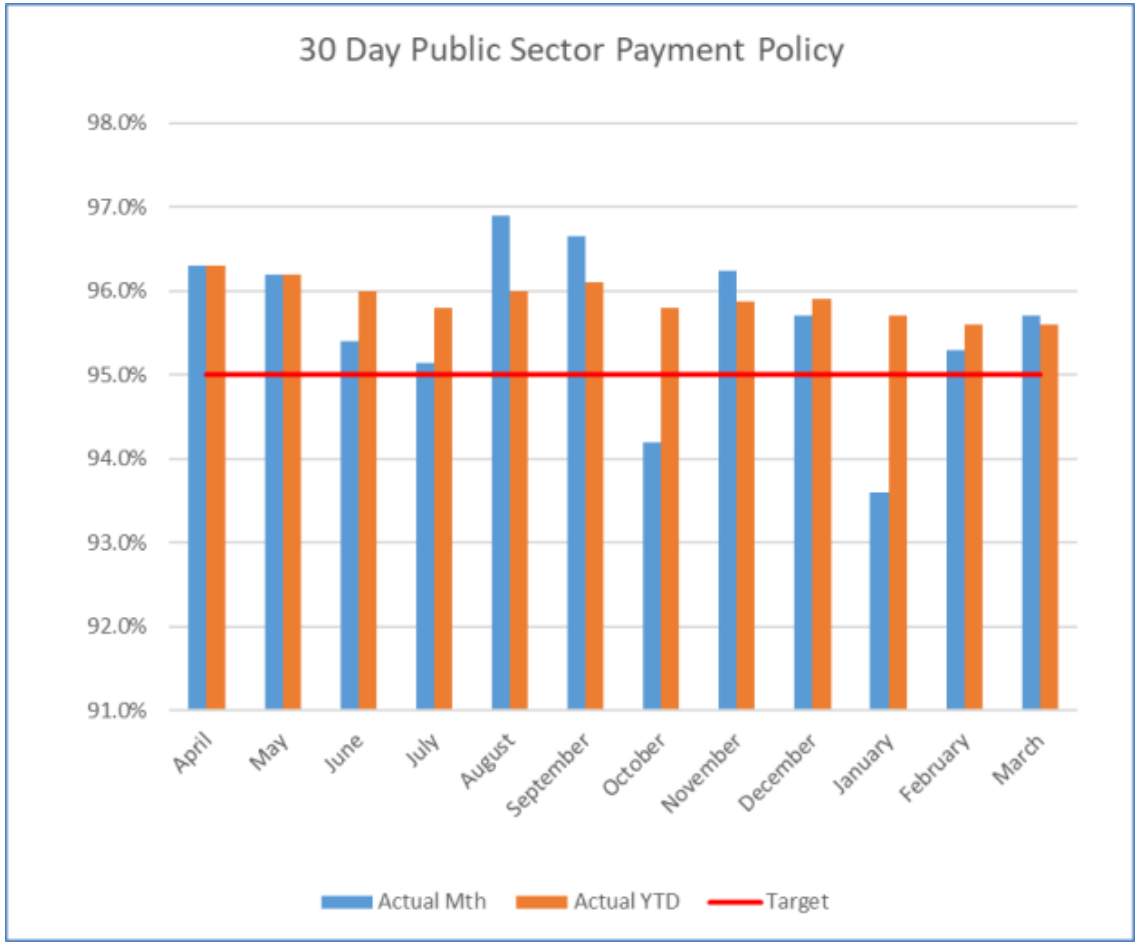
Year-to-Date Performance and Forecast

	Delegated Year-to-Date £m	Non-Delegated Year-to-Date £m	Total M12 Year-to-Date £m	M12 Forecast £m	M11 Forecast £m	IMTP £m
Savings Shortfall	5.4	0.2	5.6	5.6	5.6	0.0
Operational Variances	9.8	(8.7)	1.1	1.2	1.2	0.0
Plan Phasing Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Financial Plan Improvements	0.0	(5.3)	(5.3)	(5.3)	(5.3)	0.0
Accountancy Gains	0.0	(5.3)	(5.3)	(5.3)	(5.3)	0.0
Additional Financial Allocation	0.0	3.8	3.8	3.8	3.8	0.0
Other Mitigating Actions	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	**15.2**	**(15.3)**	**(0.1)**	**0.0**	**0.0**	**0.0**

Key Points:

- The reported position for 2025/26 remains a Draft Position pending final audit.
- The M12 position includes an overspend on Delegated budgets of £15.2m, offset by an underspend on non Delegated budgets of £15.3m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 12 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.
- Health Board has achieved a Revenue break even position in 2025/26.

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in March was 95.7%.
- The cumulative percentage year to date is 95.6%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.

Agenda Item
7.2

CTM Health Board

Financial Accountability & Budget Framework 2026/27

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Andrew Jones, Acting Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

1. Situation /Background

1.1 In accordance with the LHB Standing Financial Instructions, the financial plan for 2026/27 was agreed by the Health Board on 26 March 2026 and was submitted to the Welsh Government as part of the overall 2026/27 IMTP. We are awaiting feedback from WG.

1.2 The financial plan for 2026/27 is attached as Appendix A, builds on the 2025/26 financial plan and is based on the funding confirmed in the 2026/27 Allocation letter. The key assumptions driving the financial plan for 2026/27 are summarised below:

- A brought forward financial challenge from 25/26 of £9.2m, which is the starting point for the 2026/27 plan.
- Additional recurring allocations from WG for 2026/27 is £20.9m. This includes £15.1m of un-earmarked growth funding (excluding funding for pay awards and contractor professions, which are assumed to be fully funded by WG) plus £4.3m of recurrent funding for Investment in General Medical Services (GMS) and £1.2m of directed funding for NHS Wales Joint Commissioning Committee and Velindre NHS Trust.
- The plan also assumes a net non-recurring WG allocation reduction in 2026/27 of £0.8m.
- Provision for recurring inflation, cost and service pressures of £36.9m. This includes £15.2m for inflationary costs (excluding pay awards and contractor professions) plus £21.7m for other service and demand pressures.
- The plan includes £4.3m for investment in General Medical Services and £1.2m of directed funding for NHS Wales Joint Commissioning Committee and Velindre NHS Trust.
- Provision for non-recurring investments and cost pressures of £1.0m, together with £1.5m of non recurrent benefits.
- Recurring savings of £31.3m are planned in 2026/27. This is circa 3% of the HCHS allocation for 2026/27.
- Full delivery of the financial plan for 2026/27 would deliver an In year deficit of £9.2m. This would increase the £9.2m brought forward challenge from 25/26 and deliver a deficit of £18.4m. Full delivery of the plan would also improve the recurrent deficit going into 2027/28 by £9.5m.
- The Plan would deliver a balanced financial plan excluding the exceptional Welsh Risk Pool contribution, as such it is not anticipated that any exceptional Welsh Risk Pool allocation adjustment will be made.
- The plan includes a number of risks and uncertainties (see Annex A section 1.11). These risks and cost estimates will continue to be refined and updated during 2026/27.

1.3 The financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non recurring	Financial Challenge 2026/27		
	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	9.2	0.0	9.2
Brought forward financial challenge at 1 April 2026	**9.2**	**0.0**	**9.2**
Income changes			
Confirmed funding:			
Core Discretionary Funding - 1.11%	(13.8)	0.0	(13.8)
Core MH Funding- 1.11%	(1.3)	0.0	(1.3)
Core GMS Investment Funding 2026/24	(4.6)	0.0	(4.6)
Other Directed Funding	(1.2)	0.0	(1.2)
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	Tbc
Planned Care/Access Targets	tbc	0.0	Tbc
Invest to Save repayments	0.0	0.9	0.9
Robot	0.0	(0.1)	(0.1)
Sub total income changes	**(20.9)**	**0.8**	**(20.0)**
Cost pressures and investments			
Core GMS Investment	4.6	0.0	4.6
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	15.2	0.0	15.2
Service and demand pressures	19.7	0.0	19.7
Service improvement - locally determined	2.0	0.0	2.0
Other Non-recurring costs	0.0	1.0	1.0
Other Non-recurring benefits	0.0	(1.5)	(1.5)
WG Directed Funding	1.2	0.0	1.2
Contingency	0.0	0.0	0.0
Sub total cost pressures and investments	**42.7**	**(0.5)**	**42.2**
Savings and overspend reduction targets :			
New savings targets - 3%	(31.3)	0.0	(31.3)
Sub total	**(31.3)**	**0.0**	**(31.3)**
Total change on previous year	**(9.5)**	**0.3**	**9.2**
Financial Position	**(0.3)**	**0.3**	**0.0**

2. Specific Matters for Consideration

2.1 The purpose of this report is to set out the principles and assumptions to support the allocation of financial budgets to delegated budget holders and

detail the budgets held within available reserves consistent with the approved financial plan for 2026/27 and in accordance with the aims and objectives set out in the Board approved Integrated Medium Term Plan.

These budgets provide clarity on the financial envelopes for the local operational, workforce and financial plans to be developed by the executive budget holders. Delegated budget holders must not exceed the budgetary total set by the Board.

Appendix B attached summarises the initial budget setting proposals by care group and directorate to be implemented for month 1.

A separate budgetary accountability letter will be issued to each delegated executive budget holder to confirm the delegated budget for 2026/27 in accordance with the LHB Standing Financial Instructions (SFI 5.2.6).

2.2 Forecast Recurrent Deficits at 31st March 2026 - £9.2m

The Health Board has recently submitted its Draft accounts for 2025/26 which is indicating a small surplus of £0.1m against a forecast carry forward financial challenge of £9.2m deficit. The breakdown of this underlying deficit as assessed following Month 9 IMTP finance pack submission is summarised below:

	Delegated £'m	Non Delegated £'m	Total £'m
Operational Variances	12.2	(10.3)	1.9
Planning Variances		(4.4)	(4.4)
Band 2/3 Framework	0	2.1	2.1
WG Allocation Shortfalls	0	3.8	3.8
Savings Shortfall	5.1	0.7	5.8
Total	**17.3**	**(8.1)**	**9.2**

Following a detailed review of each Care Group and Directorate recurrent assessment, a revised underlying deficit of £18.9m for delegated budgets has been recognised, the table below summarises this position:

	Initial Deficit M9 £'000	Adjustment £'000	Recognised Deficit £'000
Planned Care	7,845	(590)	7,255
Unscheduled Care	4,307	(292)	4,015
Women & Children	1,584	(330)	1,254
DTPS	(763)	(1,730)	(2,493)
Mental Health	5,276	(1,043)	4,233
PC&C	1,398	(768)	630
Corporate Executives	3,067	(1,154)	1,914
Contracting & Commissioning	2,088	-	2,088
Total	**24,803**	**(5,907)**	**18,896**

Although this underlying deficit has been recognised as a reasonable assessment, it is not intended to fund these deficits in 2026/27.

Over the previous 2 financial years, the delegated baseline budgets have increased by £44.2m (24/25) and a further £33.8m (25/26) to reflect assessed underlying deficits. However, the latest outturn for 25/26 is indicating a further £15.2m underlying deficit.

This principle was intended to set recognisable budgets that budget holders would be accountable for. Continuation of this scale of underlying deficit deterioration is not sustainable whilst attaining to achieve a balanced financial position.

For 2026/27, the approved recurrent budgets from 2025/26 will be the baseline initial budgets for 2026/27 with no additional funding for underlying deficits.

As per previous years, the budget for NICE and Primary Care prescribing will be based upon the actual outturn for 2025/26 following publication of the final outturn reports from NWSSP. An interim adjustment of £3.4m has been deducted from the baseline Medicines Management budgets pending final outturn reports.

2.3 Inflationary Pressures - £15.2m

The Board approved financial plan assessed the inflationary pressures for 2026/27 as £15.2m (excluding pay awards and contractor professions):

	26/27 £m
Inflationary costs	
CHC inflation	3.5
NHSFNC inflation	0.3
Non-pay inflation	6.4
Primary care prescribing inflation	1.4
LTA uplifts (inflation and demand pressures)	2.3
Unfunded pay inflation	1.3
Total	**15.2**

The allocation of inflationary pressure funding to 2026/27 budgets is proposed as follows:

CHC Inflation £3.5m – To be allocated based upon the current value of CHC placements within Mental Health and Primary & Community Care as at the 1st April 2026.

NHS FNC Inflation £0.3m – To be allocated in full to Primary & Community Care.

Non Pay Inflation £6.4m – To be allocated based upon recurrent non pay and income budgets excluding Primary Care Contractors, Contracting & Commissioning and NICE/High Cost Drug reserve.

Primary Care Prescribing £1.4m – To be allocated in full to Primary Care Prescribing budget within DTPS.

LTA Uplifts £2.3m – To be allocated in full to Contracting & Commissioning.

Unfunded Pay Inflation £1.3m – To be retained within reserves pending confirmation of 2026/27 pay award settlement from WG.

2.4 Recurrent Cost Pressures - £19.7m

The Board approved financial plan assessed the Service and demand cost pressures for 2026/27 as £19.7m:

	26/27 £m
Service and demand pressures	
CHC growth	1.5
Primary care prescribing- volume growth	4.4
NICE- internal	3.3
NICE- external	3.0
NWJCC demand and cost pressures	1.9
Recurrent LTA settlement agreements	2.1
Other Internal cost/demand/service pressures	3.5
Total	**19.7**

CHC Growth £1.5m – To be allocated based upon the current value of CHC placements within Mental Health and Primary & Community Care as at the 1st April 2026.

Primary Care Prescribing £4.4m – To be allocated in full to Primary Care Prescribing budget within DTPS.

NICE Internal £3.3m – To be allocated in full to NICE/High Cost Drug reserve within DTPS.

NICE External £3.0m – To be allocated in full to Contracting & Commissioning.

NWJCC Demand & Cost Pressures £1.9m - To be allocated in full to Contracting & Commissioning.

Recurrent LTA settlement agreements £2.1m - To be allocated in full to Contracting & Commissioning.

Other Internal Cost Pressures £3.5m – To be retained within reserves and released for approved cost pressures following quarterly reviews of evidence of impact.

2.5 Service Improvement - Local - £2.0m

The Board approved financial plan included £2.0m for prior approved business case commitments. This funding will be initially retained within reserves and issued to appropriate service areas following quarterly reviews of plans and progression against the agreed business cases.

2.6 Core GMS Investment - £4.6m

The 2026/27 allocation letter confirmed an additional £4.6m of funding for investment into the GMS contract, this will be allocated in full to Primary & Community Care budget.

2.7 WG Directed Allocations - £1.2m

The 2026/27 allocation letter confirmed allocations to be passed through to other organisations:

- NHS Wales Joint Commissioning Committee £0.6m
- Velindre NHS Trust £0.6m

This funding will be allocated to Contracting & Commissioning budgets for pass through to the relevant organisations via the LTA processes.

2.8 Non Recurrent Plans - £1.0m

The Board approved financial plan included £1.0m for non-recurrent plans during 2026/27. This funding will be initially retained within reserves and issued to appropriate service areas following quarterly reviews of plans:

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

2.9 Pay Award 2026/27 (including Real Living Wage) - £21.6m

The Board approved financial plan excluded the impact of pay awards and primary care contractor settlements for 2026/27 as these were assumed to be fully funded by Welsh Government pending final central government funding arrangements.

As the 2026/27 pay award for agenda for change staff (including Real Living Wage) has been approved and will be implemented in April 2026, the budget setting process will include an anticipated allocation for an estimate of the 2026/27 agenda for change pay award increase which will support the funding of delegated budgets. It is estimated that the impact of the agenda for change pay award increase to be issued as part of the initial budget setting will be £21.6m, this will be allocated in line with underlying pay budgets.

The 2026/27 pay award for Medical & Dental staff has recently been approved and will be implemented in June 2026, these budgets will be uplifted in Month 3 in line with underlying pay budgets.

The remaining 2026/27 settlements for Primary Care Contractors will be funded to delegated budgets once settlements have been approved.

2.10 Band 2/3 Framework - £2.1m

The Board approved financial plan included the recurrent impact of the implementation of the Band 2/3 framework for Health Care Support Workers at £2.1m within the non-delegated underlying deficit.

The implementation of the framework is anticipated to be applied in June or July 2026. Until this date there will be no impact upon the delegated recurrent budgets, this budget will be retained within reserves until allocated in line with underlying pay budgets following confirmation that the framework has been applied.

2.11 Resident Doctors New Contract - £tbc

The Board approved financial plan excluded the impact of the new resident doctor contract that is planned to commence in 2026/27 as it is anticipated to be fully funded by WG.

The funding for the Resident Doctor contract will be issued to delegated budgets once the contract has been approved and the timeline for implementation agreed.

2.12 Recurrent Savings Targets - £31.3m

As noted in section 2.2 above, underlying deficits will not be funded in 2026/27, as such the proposal for savings targets has changed for 2026/27.

The proposal for 2026/27, would be that the principles of budget setting should be based upon the delivery of plans within the approved budgets set out in the 2025/26 accountability letters after allowing for any approved in year budget adjustments along with recognition of inflation and agreed cost pressures.

The Board approved savings plans for 2026/27 is £31.3m, it is proposed that the savings target will be reflected in delivering a balanced financial position for each Care Group or Directorate, where this forecast deficit is less than 2% of appropriate budgets, the budgets will be adjusted to make the savings challenge at least 2%, except for communities which will have a reduced savings challenge of 1% to reflect the strategic direction of the Health Board. Given that all Corporate Directorates (except PC&S) delivered a surplus position in 2025/26, a 2% savings achievement will be applied to recurrent budgets. The PC&S target will be to return back to a balanced position without any further savings target applied.

As in previous years the following budgets have been excluded from savings targets:

Primary Care ringfenced allocations for GMS and Dental
NWJCC Budget within Contracting & Commissioning
Regional Integration Funding (RIF) within Planning & Partnerships

In following this principle, there will be a requirement to remove £7.0m of planned savings from delegated budgets to reflect the new plan. The distribution of this £7.0m together with the broader implied savings challenge that each care group/Directorate need to achieve to meet a break even position is attached at Appendix C.

2.13 Central Reserves

As part of setting a financial plan the creation and subsequent management of reserves is a critical element. Reserves can be categorised as:

- Brought forward commitments from 2025/26
- 2026/27 Plans for commitments yet to commence
- 2026/27 Plans for pressures/risks yet to materialise

The current financial plan includes the following reserve assumptions:

2025/26 Brought Forward Commitments

The following reserves remain within central reserves relating to prior year commitments yet to be approved for recurrent allocation to delegated budgets:

- £0.7m – Recurring Reserves b/f 2025/26
- £2.2m – Investment Funding reserves b/f 2025/26
- £3.5m – Planned Care Recovery Reserve (£5m recurrent budget)
- £1.8m – WG Anticipated Allocations Reserve

These reserves will be released to delegated budgets upon approval of the plans and confirmation of the schemes commencing.

2026/27 Commitment Plans yet to Commence

The following reserves remain within central reserves relating to 2025/26 planned investments yet to be approved for allocation to delegated budgets:

- £2.0m – 2026/27 Prior Commitments funding
- £1.0m – 2025/26 Non Recurrent funding Plan.

2026/27 Cost Pressures/Risks yet to materialise

The following reserves remain within central reserves relating to 2026/27 cost pressures or risks yet to be approved for allocation to delegated budgets:

- £3.1m – 2025/26 Non Pay Inflation funding
- £1.3m – Unfunded Pay Inflation funding
- £3.5m – 2026/27 Cost Pressures funding

2026/27 Unidentified Savings Target

The financial plan has allocated £31.0m of the £31.3m savings target to delegated budgets. The remaining £0.3m of savings target yet to be allocated will be retained within reserves pending identification of central programmes to be achieved.

2.14 Accountability Letters and budget sign off arrangements

The CEO will issue accountability letters to each Executive Director which includes the formal budget sign off arrangements for 2025/26.

Director	Areas included in CEO accountability letters
Chief Operating Officer (COO)	Planned Care Care Group Unscheduled Care Care Group Children & Families Care Group DTPS Care Group Mental Health Care Group Primary Care & Community Care Group Facilities COO Management
Executive Director of Finance	Finance Estates
Executive Director of Strategy & Transformation	Strategy & Transformation Contracting & Commissioning
Executive Medical Director	Medical Directorate
Executive Director of Nursing, Midwifery and Patient Care	Patient Care & Safety
Executive Director of People	People
Executive Director of Public Health	Public Health
Director of Governance/Board Secretary	Corporate Development
Director of Digital	Digital

In addition to the above, the COO will also be sending accountability letters to the Care Group directors within his portfolio.

3. Key Risks / Matters for Escalation

3.1 There are a number of significant risks that have been identified in the 2026/27 financial plan which have been assessed at £38.6m.

These risks will be closely monitored through the year together with any emerging new risks or opportunities. Specific risks will be clarified through the monthly Finance meetings with Care Groups and directorates and through feedback from Welsh Government on the submitted plan.

The key overarching areas of action needed to deliver the planned break-even position for 26/27 are as follows:

- It is essential that all Care Groups and directorates exercise strong budgetary control and manage their finances within their increased budgets.
- All Care Groups and directorates along with the central programmes will need to develop robust savings plans to fully deliver on the £31.3m savings targets.

4. Assessment

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

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

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

5. Recommendation

5.1 The Board is asked to NOTE the contents of the Financial Accountability and Budget Framework for 2026/27.

Appendix A: Cwm Taf Morgannwg University Health Board Financial Plan 2026-27

1. FINANCE

This Finance section includes information on the following areas:

1.1 STATUTORY FINANCIAL DUTY

Cwm Taf Morgannwg University Health Board (CTMUHB) has statutory duties required under the National Health Service (Wales) Act 2014, where section 175 places two financial duties on Local Health Boards:

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

Cwm Taf Morgannwg University Health Board (CTMUHB) has achieved the requirement to have an approved plan for 2025/26 and is forecasting that the 3 year break even position for revenue and capital expenditure will also be achieved in 2025/26.

	2023/24	2024/25	2025/26
Plan approved by Welsh Ministers	No	Yes	Yes
3 year financial balance - Capital	Achieved	Achieved	Forecast Achieved
3 year financial balance - Revenue	Failed	Failed	Forecast Achieved

To achieve the statutory financial duties in 2026/27 the Health Board would be required to prepare an approvable plan and deliver a break even capital and revenue expenditure position in 2026/27.

1.2 FINANCIAL PERFORMANCE IN 2025/26

CTMUHB has recently submitted its M11 Monitoring Return to Welsh Government (WG). This showed a forecast break-even position for 2025/26 and a forecast carry forward financial challenge at the end of 2025/26 of £9.2m. The movement between the break-even forecast and the £9.2m carry forward financial challenge is illustrated below:

	£m
Forecast position 25/26	**0**
Accountancy gains	5.3
Full Year Effect of Savings	0.2
Band 2/3 Framework	2.1
Non Recurrent operational benefits	0.7
Other Non Recurrent items	0.9
Forecast C'fwd Financial challenge 31 March 2025	**9.2**

The movement between the financial challenge at the start of the year and the carry forward challenge at the end of 2025/26 is summarised below:

	£m
B'fwd Financial challenge 1 April 2025	**(1.7)**
Savings Shortfall	5.8
Band 2/3 Framework	2.1
Allocation Shortfall (NI & 24/25 Pay award)	3.8
Net other movements	(0.8)
Forecast C'fwd Financial challenge 31 March 2025	**9.2**

1.3 FINANCIAL STRATEGY

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven over a reasonable timeframe.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To utilise financial improvement to re-invest in improving service quality and outcomes wherever possible.
- To achieve closer alignment over time between the needs based formula funding allocations from WG, and our actual use of resources, and so improve equity of resource use.

1.4 FINANCIAL PLAN FOR 2025/26 (YEAR 1)

The financial plan for 2026/27 builds on the current financial plan and is based on the funding confirmed in the 2026/27 Allocation letter. The key assumptions driving the financial plan for 2026/27 are summarised below:

- A brought forward financial challenge from 25/26 of £9.2m, which is the starting point for the 2026/27 plan.

- Additional recurring allocations from WG for 2026/27 is £20.9m. This includes £15.1m of un-earmarked growth funding (excluding funding for pay awards and contractor professions, which are assumed to be fully funded by WG) plus £4.3m of recurrent funding for Investment in General Medical Services (GMS) and £1.2m of directed funding for NHS Wales Joint Commissioning Committee and Velindre NHS Trust.
- The plan also assumes a net non-recurring WG allocation reduction in 2026/27 of £0.8m.
- Provision for recurring inflation, cost and service pressures of £36.9m. This includes £15.2m for inflationary costs (excluding pay awards and contractor professions) plus £21.7m for other service and demand pressures.
- The plan includes £4.3m for investment in General Medical Services and £1.2m of directed funding for NHS Wales Joint Commissioning Committee and Velindre NHS Trust.
- Provision for non-recurring investments and cost pressures of £1.0m, together with £1.5m of non recurrent benefits.
- Recurring savings of £31.3m are planned in 2026/27. This is circa 3% of the HCHS allocation for 2026/27.
- Full delivery of the financial plan for 2026/27 would deliver an In year deficit of £9.2m. This would increase the £9.2m brought forward challenge from 25/26 and deliver a deficit of £18.4m. Full delivery of the plan would also improve the recurrent deficit going into 2027/28 by £9.5m.
- The Plan would deliver a balanced financial plan excluding the exceptional Welsh Risk Pool contribution, as such it is not anticipated that any exceptional Welsh Risk Pool allocation adjustment will be made.
- The plan includes a number of risks and uncertainties (**see Annex A section 1.11**). These risks and cost estimates will continue to be refined and updated during 2026/27.

The financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non recurring	Financial Challenge 2026/27		
	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	9.2	0.0	9.2
Brought forward financial challenge at 1 April 2026	**9.2**	**0.0**	**9.2**
Income changes			
Confirmed funding:			
Core Discretionary Funding - 1.11%	(13.8)	0.0	(13.8)
Core MH Funding- 1.11%	(1.3)	0.0	(1.3)
Core GMS Investment Funding 2026/24	(4.6)	0.0	(4.6)
Other Directed Funding	(1.2)	0.0	(1.2)
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	Tbc
Planned Care/Access Targets	tbc	0.0	Tbc
Invest to Save repayments	0.0	0.9	0.9
Robot	0.0	(0.1)	(0.1)
Sub total income changes	**(20.9)**	**0.8**	**(20.0)**
Cost pressures and investments			
Core GMS Investment	4.6	0.0	4.6
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	15.2	0.0	15.2
Service and demand pressures	19.7	0.0	19.7
Service improvement - locally determined	2.0	0.0	2.0
Other Non-recurring costs	0.0	1.0	1.0
Other Non-recurring benefits	0.0	(1.5)	(1.5)
WG Directed Funding	1.2	0.0	1.2
Contingency	0.0	0.0	0.0
Sub total cost pressures and investments	**42.7**	**(0.5)**	**42.2**
Savings and overspend reduction targets :			
New savings targets - 3%	(31.3)	0.0	(31.3)
Sub total	**(31.3)**	**0.0**	**(31.3)**
Total change on previous year	**(9.5)**	**0.3**	**9.2**
Financial Position	**(0.3)**	**0.3**	**0.0**

The key elements of the 25/26 Financial Plan are explained in the following sections:

1.5 INCOME CHANGES FOR 2026/27

A summary of the assumed new allocations from WG for 2026/27 is shown in the table below:

	26/27 £m
Recurrent:	
Core un-earmarked – share of £90.9m funding (1.11%)	(13.8)
Core un-earmarked- share of £8.6m Mental Health funding (1.11%)	(1.3)
NHS pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc
Core GMS Investment 2026/27 – Share of £37.9m funding (5.8%)	(4.6)
Directed Funding	(1.2)
Total Recurrent	**(20.9)**
Non Recurrent:	
Earmarked funding – Robotic surgery	(0.1)
Invest to Save repayments	0.9
Total Non Recurrent	**0.8**

The key points to highlight are as follows:

1.5.1 Core un-earmarked funding

The Health Board has received a 1.11% uplift for 2026/27 which equates to £13.8m plus a further £1.3m for Mental Health services.

1.5.2 Earmarked funding

The Health Board has received specific ear-marked funding for the following areas, which have corresponding expenditure budgets within the financial plan (See Section 1.7):

- Core GMS Investment of 5.8% - £4.6m
- Directed Funding for NHS Wales Joint Commissioning Committee - £0.6m
- Directed Funding for Velindre NHS Trust - £0.6m

1.5.3 Other funding assumptions

As indicated in the Director General letter to Chief Executives dated 19th December 2025, funding is being retained by WG to support national priorities. This financial plan does not currently include any anticipated funding for the following programmes, pending agreement on the funding to be provided by WG:

- Hospice Commissioning Framework
- Access Targets Support
- Standardising CHC Information and intelligence
- Central NHS Pensions Employers Contributions

In addition to these national priorities, the following funding has been retained centrally by WG pending agreement on the distribution of funding to Health Boards, this financial plan does not currently assume any funding nor costs relating to these impacts and that these areas will be fully funded and assumed to be neutral to the plan:

- 2025/26 Pay award funding
- 2025/26 Primary care contractor pay & inflation settlements
- 2025/26 Increase in National Insurance impact upon Pay and Primary Care contractors

1.6 INFLATIONARY, SERVICE DEMAND AND COST PRESSURES FOR 2026/27

The table below shows the projected inflationary, demand and other cost pressures for 26/27.

	25/26 £m
Inflationary costs (excluding pay awards and contractor professions)	
CHC inflation	3.5
NHSFNC inflation	0.3
Non-pay inflation	6.4
Primary care prescribing inflation	1.4
LTA uplifts (net position between expenditure and income)	2.3
Unfunded pay inflation	1.3
Subtotal	**15.2**
Service and demand pressures	
CHC growth	1.5
Primary care prescribing- volume growth	4.4
NICE- internal	3.3
NICE- external	3.0
NWJCC demand and cost pressures	1.9
Recurrent LTA settlement agreements	2.1
Other Internal cost/demand/service pressures	3.5
Subtotal	**19.7**
Total	**34.9**

The basis for the above estimates is outlined below:

1.6.1 Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC)

The Health Board currently spends circa £70m per annum on external CHC placements. The anticipated cost increases for 2026/27 have been based on average price inflation of circa 5.0% per annum (£3.5m) and volume growth of circa 2.4% per annum (£1.5m). The plan also includes £0.3m for NHSFNC price inflation, which is 3.3% on a base spend of circa £9m. Although Consumer Price Inflation (CPI) has reduced from 2025/26, the impact of inflation upon CHC fee rates remains high due to the above inflation increase of the Real Living Wage (RLW).

1.6.2 Non Pay Inflation

The plan includes £6.4m for non-pay inflation on a base spend of £200m. This is based upon an estimate of 3.2% for 2026/27.

1.6.3 LTA uplifts (inflation and demand pressures)

Provision has been made for a 1.11% tariff increase on all income and expenditure LTAs at a net cost of £2.3m for 2026/27. This reflects the direction given in the initial allocation letter.

1.6.4 Primary Care Prescribing

The financial plan includes provision for the following cost pressures in 2026/27 based on a forecast out-turn in 2025/26 of £103m. This is the starting point for the 25/26 Plan, which includes:

- Price inflation of 1.4% = £1.4m
- Volume growth 4.3% = £6.9m

Any NCSO or Category M price movements in 2026/27 will represent a risk or opportunity to the Plan.

1.6.5 NICE and New High Cost Drugs

The cost of NICE technical appraisals and nationally adopted high cost drugs has been a significant cost pressure in recent years. The latest planning assumption is an annual increase of £6.3m for 2026/27. This includes:

- Internal NICE growth within CTM (£3.3m)
- Anticipated financial impact of growth in NICE and other high cost drugs for CTM residents at Velindre Trust and other Health Boards (£3.0m).

1.6.6 Welsh Risk Pool (WRP)

The cost of clinical negligence and other claims previously met by the Welsh Risk Pool have been met by Health Boards since 2015/16. A risk sharing arrangement has been put in place such that all costs are shared between LHBs proportionate to their shares of the devolved budget. Following confirmation that organisations that can achieve a finance balance excluding the Welsh Risk pool exceptional contribution, will not have an adjustment to their allocation. This plan has only allowed for the Welsh Risk Pool adjustment equal to that actioned in 2025/26.

1.6.7 NWJCC Demand and Cost Pressures

The financial plan includes a sum of £1.9m for NWJCC demand and cost pressures in 2026/27. This is consistent with the latest plans from NWJCC, agreed at the Joint Committee, which require additional investment of £1.9m over and above the £1.9m (1.11%) being provided for the LTA uplift for inflation and demand pressures.

1.6.8 Recurrent LTA Settlement Agreements

Agreement has been reached between CTMUHB and SBUUHB to reflect the under-performance of both the provider and commissioner LTAs over a 3 year period commencing in 2024/25 through to 2026/27. This agreement will reduce the income received from SBU and payments CTM make to SBU. The net impact in 2026/27 will be a cost pressure of £1.5m.

Agreement has been reached between CTMUHB and ABUHB to reflect the under-performance of the CTMUHB provider LTA, the impact of this adjustment will be a cost pressure of £0.6m.

1.6.9 Local Cost, Demand and Service Pressures

A £3.5m provision has been made in the financial plan for 2026/27 to cover local cost, demand and service pressures.

1.7 INVESTMENT IN SERVICE IMPROVEMENT IN 2026/27

The following table sets out the planned investments for 2026/27:

Service improvement	**2025/29 £m**
Earmarked Recurring investment:	**£m**
Core GMS Investment of 5.8%	4.6
Directed Funding for NHS Wales Joint Commissioning Committee - £0.6m	0.6
Directed Funding for Velindre NHS Trust - £0.6m	0.6
Sub total	**5.8**

Local Recurring investment:	**£m**
Prior Approved EPMA Business Case (WG Funding ceases 2025/26)	1.9
Prior Approved Digital Cellular Pathology Business Case	0.1
Sub total	**2.0**
Total Recurring investment	**7.8**

1.8 OTHER NON RECURRING COSTS AND BENEFITS IN 2026/27

The following table set out the planned Non recurrent costs and benefits for 2026/27:

Non Recurring costs	**2025/29 £m**
Invest to Save schemes and other investments to support savings delivery	0.5
New retrospective CHC claims settled in year	0.2
DHCW National Programmes	0.2
Leadership & Management development	0.1
Total	**1.0**

1.9 EXCEPTIONAL WELSH RISK POOL (WRP) PRESSURES IN 2026/27

The financial plan has recognised the latest forecast of the Welsh Risk Pool requirements provided by NWSSP of £18.4m for 2026/27. The Welsh Risk Pool is funded by a combination of Direct allocations from WG of £109m per annum plus a further contribution from Welsh Provider Organisations to meet the anticipated full requirement. At 2025/26, the baseline contribution from Welsh Providers was £36m, of which CTMs contribution was £5.3m. The latest forecasts from NWSSP indicate that the forecast funding requirement from Welsh Providers in 2026/27 of £162m an increase of £126m over the 2025/26 baseline of £36m. For CTMUHB the requirement would an additional £18.4m using the latest risk share.

1.10 SAVINGS PLAN FOR 2026/27

Recurring savings of £31.3m are planned in 2026/27. This is circa 3.0% of the discretionary HCHS allocation of £1,044m. Further information on the latest savings plans to meet this target in 2026/27 has been provided in a separate Annex and is summarised below:

	2024/25 £m
Recurring savings target for 2026/27	31.3
Forecast savings – Green and Amber schemes only	8.1
Further savings required	**23.0**

1.11 KEY RISKS TO THE 2026/27 FINANCIAL PLAN

The key risks to the 2026/27 financial plan are summarised in the following table:

Risk Assessment of 2025/26 financial plan	Risk and opportunity assessment	£m
Risks:		
Delivery risk on latest savings plans of £8.1m of Identified Plans	M	1.6
Delivery risk on latest savings plans yet to be identified	M	23.0
Delegated risk assessments- High risk (100%)	H	8.2
Delegated risk assessments – Medium risk (50%)	M	3.0
Health Visitors Band 6 Challenge	M	0.8
NWJCC plans not delivering	M	2.0
Deterioration of Welsh Risk Pool forecast	M	Tbc
Primary Care Prescribing growth following new GMS investment	M	Tbc
DHCW Investment Plans	M	Tbc
CHC Pressures on Growth and Fee rates	M	Tbc
Cross border dispensing with NHS England	H	Tbc
LTA Funding Disputes	H	Tbc
Pressures to maintain Waiting Times Targets	H	Tbc
Industrial action in 26/27	H	Tbc
Opportunities:		
Balance sheet opportunities.	H	Tbc
Retrospective Microsoft vat recoveries.	M	Tbc
NWSSP distribution opportunities	M	Tbc
WG Funding Opportunities	M	Tbc
Welsh Risk Pool Forecast improvement	M	Tbc
Redressing LTA income shortfalls	L	Tbc
Redressing distance from target HCHS revenue shortfall	L	Tbc
Total		**38.6**

1.12 INDICATIVE FINANCIAL PLAN FOR YEARS 2 AND 3

The key assumptions driving Year 2 and Year 3 of the 3 Year financial plan are summarised below:

- A brought forward surplus from 26/27 of £(0.3)m excluding exceptional Welsh risk pool, which is the starting point for the Year 2 plan.
- Additional recurring allocations from WG for Year 2 and Year 3 of 1.2% per annum.
- Pay awards and contractor professions settlements will continue to be fully funded by WG in years 2 & 3.
- Provision for recurring inflation, cost and service pressures of £31.2m for Year 2 and Year 3. This compares to £34.9m for Year 1.
- The plan includes increased provision for local service improvement schemes, Year 1: £2.0m, Year 2: £3.9m and Year 3: £5.8m. Years 2 and Years 3 reflect approved business cases for the new Velindre Cancer Centre and the Llantrisant Health Park endoscopy and diagnostic Community Diagnostic Hub.
- Recurring savings of £23.0m (2.2%) per annum are planned for Year 2 and Year 3. This compares to £31.3m (3.0%) in Year 1.

- Full delivery of the 3 year financial plan would deliver an In year surplus each year and a small recurrent surplus at the end of Year 3 excluding the exceptional Welsh Risk Pool contribution.
- The latest forecast from NWSSP has indicated that the exceptional Welsh risk pool contributions will increase by a further £2.8m for Year 2 and £2.9m for Year 3.

Full delivery of the recurrent financial plan in Year 1 (2026/27) should therefore present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.

The indicative financial plan for Years 2 and 3 is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non recurring	2026/27			2027/28			2028/29		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	9.2	0.0	9.2	-0.3	0.0	-0.3	-4.7	0.0	-4.7
WG Funding Assumptions	-20.9	0.8	-20.0	-16.5	0.0	-16.5	-16.5	0.0	-16.5
GMS Investment	4.6	0.0	4.6	0.0	0.0	0.0	0.0	0.0	0.0
Inflationary Pressures	15.2	0.0	15.2	14.2	0.0	14.2	14.2	0.0	14.2
Service & Demand Pressures	19.7	0.0	19.7	16.9	0.0	16.9	16.9	0.0	16.9
Non recurrent Pressures/Benefits	0.0	-0.5	-0.5	0.0	1.8	1.8	0.0	1.0	1.0
Prior Commitments/Investments	2.0	0.0	2.0	3.9	0.0	3.9	5.8	0.0	5.8
Directed Expenditure	1.2	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Savings	-31.3	0.0	-31.3	-23.0	0.0	-23.0	-23.0	0.0	-23.0
Planning Position – Excluding WRP	**-0.3**	**0.3**	**0.0**	**-4.7**	**1.8**	**-2.9**	**-7.2**	**1.0**	**-6.2**
Welsh Risk Pool Pressure	0.0	0.0	0.0	2.8	0.0	2.8	5.7	0.0	5.7
Planning Position – Including WRP	**-0.3**	**0.3**	**0.0**	**-1.9**	**1.8**	**-0.1**	**-1.5**	**1.0**	**-0.5**

R = recurring NR = non recurring	Financial Challenge 2026/27			Financial Challenge 2027/28			Financial Challenge 2028/29		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
B'Fwd Core Plan deficit	9.2	0.0	9.2	(0.3)	0.0	(0.3)	(4.7)	0.0	(4.7)
Brought forward financial challenge at 1 April 2026	**9.2**	**0.0**	**9.2**	**(0.3)**	**0.0**	**(0.3)**	**(4.7)**	**0.0**	**(4.7)**
Income changes									
Confirmed funding:									
Core Discretionary Funding - 1.11%	(13.8)	0.0	(13.8)	(15.1)	0.0	(15.1)	(15.1)	0.0	(15.1)
Core MH Funding- 1.11%	(1.3)	0.0	(1.3)	(1.4)	0.0	(1.4)	(1.4)	0.0	(1.4)
Core GMS Investment Funding 2026/24	(4.6)	0.0	(4.6)	0.0	0.0	0.0	0.0	0.0	0.0
Other Directed Funding	(1.2)	0.0	(1.2)	0.0	0.0	0.0	0.0	0.0	0.0
Assumed funding:									
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc
Planned Care/Access Targets	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc	tbc
Invest to Save repayments	0.0	0.9	0.9	0.0	0.0	0.0	0.0	0.0	0.0
Robot	0.0	(0.1)	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0
Sub total income changes	**(20.9)**	**0.8**	**(20.0)**	**(16.5)**	**0.0**	**(16.5)**	**(16.5)**	**0.0**	**(16.5)**
Cost pressures and investments									
Core GMS Investment	4.6	0.0	4.6	0.0	0.0	0.0	0.0	0.0	0.0
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 26/27	tbc	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	15.2	0.0	15.2	14.2	0.0	14.2	14.2	0.0	14.2
Service and demand pressures	19.7	0.0	19.7	16.9	0.0	16.9	16.9	0.0	16.9
Service improvement - locally determined	2.0	0.0	2.0	3.9	0.0	3.9	5.8	0.0	5.8
Other Non-recurring costs	0.0	1.0	1.0	0.0	1.8	1.8	0.0	1.0	1.0
Other Non-recurring benefits	0.0	(1.5)	(1.5)	0.0	0.0	0.0	0.0	0.0	0.0
WG Directed Funding	1.2	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub total cost pressures and investments	**42.7**	**(0.5)**	**42.2**	**35.1**	**1.8**	**36.8**	**37.0**	**1.0**	**37.9**
Savings and overspend reduction targets :									
New savings targets - 3%	(31.3)	0.0	(31.3)	(23.0)	0.0	(23.0)	(23.0)	0.0	(23.0)
Sub total	**(31.3)**	**0.0**	**(31.3)**	**(23.0)**	**0.0**	**(23.0)**	**(23.0)**	**0.0**	**(23.0)**
Total change on previous year	**(9.5)**	**0.3**	**(9.2)**	**(4.4)**	**1.8**	**(2.6)**	**(2.5)**	**1.0**	**(1.5)**
Financial Position	**(0.3)**	**0.3**	**(0.0)**	**(4.7)**	**1.8**	**(2.9)**	**(7.2)**	**1.0**	**(6.2)**
Welsh Risk Pool Pressures	0.0	0.0	0.0	2.8	0.0	2.8	5.7	0.0	5.7
Revised Financial Position – Including Welsh Risk Pool	**(0.3)**	**0.3**	**(0.0)**	**-0.3**	**0.3**	**0.0**	**-1.9**	**1.8**	**-0.1**

The table below shows the projected inflationary, demand and other cost pressures over the 3 years of the plan and explains the key changes from Year 1.

	26/27 £m	27/28 £m	28/29 £m	Assumptions for Year 2 and 3
Inflationary costs (excluding pay awards and contractor professions)				
CHC inflation	3.5	3.5	3.5	No Change in Years 2 and 3
NHSFNC inflation	0.3	0.3	0.3	3.3% Yr1, reducing to 3% in Years 2 and 3
Non-pay inflation	6.4	6.0	6.0	3.2% Yr1, reducing to 3% in Years 2 and 4
Primary care prescribing inflation	1.4	1.4	1.4	No Change in Years 2 and 3
LTA uplifts (inflation & demand pressures)	2.3	2.0	2.0	No Change in Years 2 and 3
Consultant commitment awards	0.3	0.3	0.3	No Change in Years 2 and 3
Agency/Bank inflation	1.0	0.8	0.8	No Change in Years 2 and 3
Subtotal	**15.2**	**14.2**	**14.2**	
Service and demand pressures				
CHC growth	1.5	1.5	1.5	No Change in Years 2 and 3
Primary care prescribing- volume growth	4.4	4.4	4.4	No Change in Years 2 and 3
NICE- internal	3.3	3.0	3.0	Slight reduction in Years 2 and 3
NICE- external	3.0	3.0	3.0	No Change in Years 2 and 3
Other Internal cost/demand/service pressures	3.5	3.0	3.0	Slight reduction in Years 2 and 3
NWJCC demand and cost pressures	1.9	2.0	2.0	Slight increase in Years 2 and 3
Recurrent LTA Settlements	2.1	0.0	0.0	No further impact past Year 1.
Subtotal	**19.7**	**16.9**	**16.9**	
Claims Welsh Risk Pool (WRP)	18.4	2.8	2.9	As per latest NWSSP forecasts
Total	**53.3**	**34.0**	**34.1**	

Appendix B - Initial Budget Setting Summary

Directorate	CSG	Rollover Budget	RIF Adjustment 26/27 only	Pay Inflation	Non Pay Inflation	Income Inflation	CHC Inflation	FNC	Primary Care Prescribing	LTA Uplift	Unfunded Pay Inflation £1.3m TBC	CHC Growth	Primary Care Prescribing Growth	NICE Internal	NICE External	NWJCC Demand/Cost Pressures	Recurrent LTA Settlements	Other Internal Cost Pressures £3.3m TBC	Service Improvement £2.0m TBC	Core GMS	WG Direct Allocations	Non-Recurring Plans £1.0m TBC	Agreed Baseline Adjustments	Recurrent Savings Targets £31.3m TBC	Total
CXXX-Corporates	CCXX-Patient Care & Safety	£14,543,269	£58,000	£388,038	£136,908	(£31,932)																			£15,094,283
	CHXX-Public Health	£4,685,212	£140,951	£148,580	£20,227	(£7,681)																			£4,987,289
	CPXX-Strategy & Transformation	£29,097,623	(£7,572,281)	£128,898	£85,782																				£21,740,022
	CWXX-People Service Group	£10,371,411		£275,126	£75,769	(£6,492)																			£10,715,814
	CSXX-Estates	£29,930,747		£264,856	£997,477	(£27,279)																			£31,165,801
	CFXX-Finance	£5,133,196		£163,095	£17,871	(£6,288)																			£5,307,874
	CIXX-Digital	£24,759,489		£612,274	£177,758	(£6,661)																			£25,542,860
	CNXX-National Imaging Academy	£1,713,890		£23,353	£18,212	(£1,560)																			£1,753,895
	CRXX-Research & Development	£979,054		£35,762																					£1,014,816
	CDXX-Corporate Governance	£776,581		£19,009	£9,206	(£588)																			£804,208
	CEXX-Chief Executive	£3,943,286		£54,986	£2,991																				£4,001,263
	CTXX-Therapies & Healthcare Sciences	£103,014		£2,785	£757																				£106,556
	CMXX-Medical Director	£801,903		£3,660	£1,116																				£806,679
CXXX-Corporates Total		**£126,838,675**	**(£7,373,330)**	**£2,120,422**	**£1,544,074**	**(£88,481)**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£123,041,360**
DXXX-Chief Operating Officer	DTXX-COO Management Team	£9,309,812		£258,711	£14,955	(£2,664)																			£9,580,814
	GFXX-Facilities	£45,977,236		£1,940,650	£546,515	(£251,674)																			£48,212,727
DXXX-Chief Operating Officer Total		**£55,287,048**	**£0**	**£2,199,361**	**£561,470**	**(£254,338)**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£57,793,541**
FXXX-Children & Families	FPXX-Children & Young People	£49,519,856		£1,180,172	£63,495	(£37,442)	£17,147					£6,961													£50,750,189
	FOXX-Obstetrics,Gynaecology & Sexual Health	£40,816,882		£908,012	£69,702	(£14,354)																			£41,780,242
FXXX-Children & Families Total		**£90,336,738**	**£0**	**£2,088,184**	**£133,197**	**(£51,796)**	**£17,147**	**£0**	**£0**	**£0**	**£0**	**£6,961**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£92,530,431**
MXXX-Mental Health & Learning Disabilities	MOXX-Older Adult	£19,936,552	£791,675	£626,908	£11,179	(£420)																			£21,365,894
	MLXX-CAMHS & Specialised Services	£19,080,200	£811,558	£558,416	£34,555	(£66,016)																			£20,418,713
	MAXX-Adult	£36,124,944		£1,002,878	£31,643	(£26,151)																			£37,133,314
	MBXX-Business, Strategy, Commissioning and Improvement	£57,001,632		£85,227	£84,463	(£4,657)	£2,627,785					£1,128,106													£60,922,556
MXXX-Mental Health & Learning Disabilities Total		**£132,143,328**	**£1,603,233**	**£2,273,429**	**£161,840**	**(£97,244)**	**£2,627,785**	**£0**	**£0**	**£0**	**£0**	**£1,128,106**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£139,840,477**
NXXX-Non Delegated	NAXX-Allocations	(£1,536,924,813)																							(£1,536,924,813)
	NCXX-Control Accounts - Other	(£3,499,244)		£95,331																					(£3,403,913)
	NRXX-Reserves & Contingencies	£38,544,256																							£38,544,256
	NPXX-Capital Charges	£30,295,000																							£30,295,000
NXXX-Non Delegated Total		**(£1,471,584,801)**	**£0**	**£95,331**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**(£1,471,489,470)**
OXXX-Contracting & Commissioning	OCXX-Contracting & Commissioning	£179,555,769								£2,300,000					£3,000,000	£1,900,000	£2,100,000				£1,200,000				£190,055,769
OXXX-Contracting & Commissioning Total		**£179,555,769**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£2,300,000**	**£0**	**£0**	**£0**	**£0**	**£3,000,000**	**£1,900,000**	**£2,100,000**	**£0**	**£0**	**£0**	**£1,200,000**	**£0**	**£0**	**£0**	**£190,055,769**
PXXX-Planned Care	PGXX-General Surgery and Gastro Services	£53,781,258		£1,137,498	£76,139	(£9,948)																			£54,984,947
	PAXX-Anaesthetics, Critcal Care, Theatres, T&O	£105,991,323		£1,862,863	£259,480	(£14,712)																			£108,098,954
	PSXX-Specialist Services	£43,154,456		£620,209	£93,646	(£518)																			£43,867,793
	PQXX-Planned Care Management	£250,283		(£22,760)	£18,775																				£246,298
PXXX-Planned Care Total		**£203,177,320**	**£0**	**£3,597,810**	**£448,040**	**(£25,178)**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£207,197,992**
TXXX-Diagnostics, Therapies & Specialities	TQXX-Healthcare Science	£12,988,109		£278,887	£94,477	(£2,437)																			£13,359,036
	TCXX-Clinical Support Services	£30,359,194		£499,938	£205,369	(£4,406)																			£31,060,095
	TPXX-Pathology	£34,446,173		£472,442	£256,161	(£45,603)																			£35,129,173
	TTXX-Therapies	£32,090,865	£48,507	£1,060,528	£36,865	(£35,679)																			£33,201,086
	TMXX-Medicine Management	£182,488,918		£538,111	£92,046	(£7,622)			£1,400,000				£4,400,000	£3,300,000									(£3,383,000)		£188,828,453
TXXX-Diagnostics, Therapies & Specialities Total		**£292,373,259**	**£48,507**	**£2,849,906**	**£684,918**	**(£95,747)**	**£0**	**£0**	**£1,400,000**	**£0**	**£0**	**£0**	**£4,400,000**	**£3,300,000**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**(£3,383,000)**	**£0**	**£301,577,843**
UXXX-Unscheduled Care	USXX-Speciality Medicine	£53,615,665		£1,464,672	£92,600	(£3,290)																			£55,169,647
	UEXX-Emergency & Acute Medicine	£66,516,816		£1,504,941	£69,369	(£204)																			£68,090,922
	UIXX-Integrated Medicine	£41,687,071		£846,722	£15,500	(£1)																			£42,549,292
	UNXX-Unscheduled Care Management	£1,838,663		£1,217	£19,583																				£1,859,463
UXXX-Unscheduled Care Total		**£163,658,215**	**£0**	**£3,817,552**	**£197,052**	**(£3,495)**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£167,669,324**
XXXX-Primary & Community Care	XRXX-Community Transformation	£30,597,135	£3,183,590	£1,129,454	£59,773	(£697)																			£34,969,255
	XMXX-Community Services	£54,718,305	£2,538,000	£897,699	£83,318	(£7,802)	£855,068	£300,000				£364,933													£59,749,521
	XDXX-Primary Care - Dental & Optometry	£36,132,846		£118,418	£6,990	(£2,466)																			£36,255,788
	XGXX-Primary Care - GMS & Health Protection	£98,339,909		£295,174	£80,108	(£13,394)														£4,600,000					£103,301,797
	XUXX-Primary Care - UPCC & Navigation Hub	£8,426,254		£118,692	£480																				£8,545,426
	XBXX-HM Parc																								£0
XXXX-Primary & Community Care Total		**£228,214,449**	**£5,721,590**	**£2,559,437**	**£230,669**	**(£24,359)**	**£855,068**	**£300,000**	**£0**	**£0**	**£0**	**£364,933**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£4,600,000**	**£0**	**£0**	**£0**	**£0**	**£242,821,787**
Grand Total		**£0**	**£0**	**£21,601,432**	**£3,961,260**	**(£640,638)**	**£3,500,000**	**£300,000**	**£1,400,000**	**£2,300,000**	**£0**	**£1,500,000**	**£4,400,000**	**£3,300,000**	**£3,000,000**	**£1,900,000**	**£2,100,000**	**£0**	**£0**	**£4,600,000**	**£1,200,000**	**£0**	**(£3,383,000)**	**£0**	**£51,039,054**

Appendix C - Savings Proposal 1.00

	F/Cast Underlying Deficit	Adjustments	Reviseed Deficit	Minimum Target	Initial Planning Adjustment	Benchmark Baseline	New CRES Budget Adjustment	Financial Challenge		
	£'000	£'000	£'000		£'000	£'000		£'000	%	
Planned Care	7,845	- 590	7,255	4,066	-	203,301	-	7,255	3.6%	
USC	4,307	- 292	4,015	3,273	-	163,655	-	4,015	2.5%	
Primary Care	- 106	- 588	- 694	-	- 694	142,103	-	-	0.0%	Excludes ringfenced budget
Comm	1,505	- 180	1,325	854	-	85,410	-	1,325	1.6%	
MH	5,276	- 1,043	4,233	2,641	-	132,043	-	4,233	3.2%	
C&F	1,584	- 330	1,254	1,808	-	90,415	- 554	1,808	2.0%	
Meds Mgt	- **3,155**	- 278	- **3,433**	3,013	- **3,433**	178,335	- 3,013	3,013	2.0%	Excludes CPCF ringfenced budget
Path	276	- 544	- 268	691	- 268	34,288	- 691	691	2.0%	
Rad	1,777	- 600	1,177	605	-	30,250	-	1,177	3.9%	
Therap	335	- 227	109	642	-	32,093	- 533	642	2.0%	
HCS	4	- 82	- 78	222	- 78	11,012	- 222	222	2.0%	
TOTAL CARE GROUPS	**19,648**	**- 4,753**	**14,895**	**17,815**	**- 4,473**	**1,102,904**	**- 5,013**	**24,381**	**2.6%**	
Facilities	1,088	354	1,442	920	-	45,978	-	1,442	3.1%	
Corporates	1,980	- 1,508	472		- 687	137,258	- 1,947	3,107	2.8%	Excludes ringfenced budget
C&C	2,088	-	2,088	526	-	179,392	-	2,088	7.9%	Excludes JCC ringfenced budget
DELEGATED TOTAL	**24,803**	**- 5,907**	**18,896**	**19,260**	**- 5,161**	**1,465,532**	**- 6,960**	**31,017**	**2.8%**	
NON DELEGATED TOTAL	- 11,400	1,688	- 9,712		5,161	- 1,465,532		283	0.0%	
TOTAL	**13,403**	**- 4,219**	**9,184**	**19,260**	**-**	**-**	**- 6,960**	**31,300**	**2.1%**	
Corporates:								-		
COO Mgt	56	- 227	- 171	183	- 171	8,993	- 183	183	2.0%	
PC&S	841	-	841	254	-	14,718	-	841	6.6%	Excludes ringfenced budget
Corp Devel	10	- 46	- 36	16	- 36	741	- 16	16	2.1%	
CEO	147	- 128	19	77	-	3,869	- 77	96	2.5%	
Finance	125	- 105	20	103	-	5,133	- 103	123	2.4%	
PH	-	-	-	94	-	4,685	- 94	94	2.0%	
Digital	343	- 227	116	499	-	24,960	- 499	615	2.5%	
Med Director	-	- 59	- 59	16	- 59	743	- 16	16	2.2%	
Strategy & Transformation	- 22	- 198	- 221	118	- 221	28,878	- 118	118	2.1%	Excludes ringfenced budget
Estates	- 0	- 201	- 201	599	- 201	29,730	- 599	599	2.0%	
Therapies & HC Sciences	-	-	-	40	-	2,002	- 40	40	2.0%	
People	480	- 317	163	203	-	10,148	- 203	366	3.6%	
Nat Imaging Acad	-	-	-	-	-	1,714	-	-	0.0%	Excludes ringfenced budget
R&D	-	-	-	-	-	946	-	-	0.0%	Excludes ringfenced budget
Central	-	-	-	-	-	-	-	-	0.0%	
Total Corporates	**1,980**	**- 1,508**	**472**	**2,201**	**- 687**	**137,258**	**- 1,947**	**3,107**	**2.8%**	

Agenda Item
7.4

CTM Health Board

Capital Programme Update 2025/26 and 2026/27

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Carolyn Blockley, Head of Capital
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Executive Capital Management Group - 2026/27 plan approved - Endorsed disposal	24/03/2026	Approved/Endorsed

Operational Delivery Committee	30/04/2026	Endorsed for Board Approval

Acronyms / Glossary of Terms	
AWCP	All Wales Capital Programme
BCBC	Bridgend County Borough Council
BJC	Business Justification Case
CRL	Capital Resource Limit
CRM	Welsh Government Capital Review Meeting
DPIF	Digital Priorities Investment Fund
ECMG	Executive Capital Management Group
ED	Emergency Department
FEN	Fire Enforcement Notice
FBC	Full Business Case
IRCF	Integration and Rebalancing Care Fund
IFRS	International Financial Reporting Standards
IPC	Infection Prevention and Control
ICT	Information and Communication Technology
IMTP	Integrated Medium Term Plan
KHHP	Keir Hardie Health Park
NBV	Net Book Value
NWSSP SES	NHS Wales Shared Services Partnership Specialist Estates Services
OBC	Outline Business Case
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RIBA	Royal Institute of British Architects
RGH	Royal Glamorgan Hospital
SOC	Strategic Outline Case
TEF	Targeted Estates Funding
WG	Welsh Government
YCR	Ysbyty Cwm Rhondda
YCC	Ysbyty Cwm Cynon

1. Situation /Background

The purpose of this report is to provide an update on the final Capital Resource Limit (CRL) and actual capital expenditure in 2025/26. The report provides a brief update on a number of current major capital projects as well as plans for the 2026/27 discretionary programme

2. Specific Matters for Consideration

2.1 25/26 Capital Funding Position

The latest capital funding position for 25/26 is shown in **Table 1** below comprising £7.375m discretionary , £96.099m All Wales Capital funding and £1.597m IFRS 16 funding giving a total CRL from WG of **£105.071m.**

This reflects an increase of **£10.493m** in All Wales Capital funding since the previous update in January 2026, although several of these additional allocations were anticipated at that time. The majority of the increase (£7m) relates to year-end bids for additional funding for equipment replacements, including digital equipment.

Following approval of the LHP Phase 1 FBC, £0.6m of funding was drawn down in-year, along with £1.5m for the approved Invest to Save Decarbonisation scheme. The remainder of the increase reflects a CRL transfer from Swansea Bay Health Board, covering works they are undertaking on CTM-owned properties at Glanrhyd. All changes are highlighted in **Table 1** below

A final adjustment will be made to the CRL later in April 2026 to accurately reflect the latest spend position to the end of the financial year. This does not impact the bottom-line funding position , only movements been lines where slippage has been managed by the Health Board.

The outturn position has not been finalised as at the reporting date however is expected to be in the region of £0.08m underspend against the total funding available, this underspend equates to 0.08% of the total WG funding received. This is subject to further internal and Wales Audit Office review.

Table 1 Confirmed CRL funding 2025/26	Current CRL £'000
Discretionary allocation 2025/2026	7,375
Prince Charles Hospital Refurbishment - Phase 2	27,265
Purchase of Units 2 and 3, Prince Charles Hospital	3,310
National Imaging Academy Wales Discretionary	200
Princess of Wales Hospital replacement of roof covering, Fire Enforcement Notice and Electrical Upgrad	10,277
Works at Ysbyty George Thomas - Linked to POW Roof	149
Works at Ysbyty Cwm Cynon - Linked to POW Roof	643
Diagnostic and Medical Equipment 2024-25	169
Llantrisant Health Park – Site Demolition Costs	700
Llantrisant Health Park – RIBA Stage 3	1,056
Llantrisant Health Park – Fees to OBC Phase 1 – Community Diagnostic Hub	2,828
Llantrisant Health Park -Fees to FBC Phase 1 - Community Diagnostic Hub	1,888
Llantrisant Health Park - Phase 1 - Community Diagnostic Hub	600
Llantrisant Health Park - Fees to OBC Phase 2 - Regional Orthopaedic Hub	1,934
Efab - Fire	136
Efab - Decarbonisation	339
Backlog Maintenance - 2024-25	1,079
TEF - Fire	1,071
TEF - Infrastructure	4,403
TEF - Decarbonisation	1,205
TEF - Mental Health	1,794
TEF - Infection Prevention Control	1,052
TEF - Decontamination	1,366
Interventional Radiology (IR), Royal Glamorgan Hospital	1,571
Pharmacy Robot, Royal Glamorgan Hospital	1,200
Non-Radiology Ultrasound Replacement	474
Mental Health Quality and Safety Schemes	593
Radiology Ultrasound Replacement	858
Hospital Helicopter Landing Site Schemes 2025-26	170
End of Year Funding 2025-26	650
End of Year Digital Funding 2025-26	1,614
NIAW End of Year Digital Funding 2025-26	205
Replacement Diagnostic and Treatment Equipment	204
End of Year Digital Funding - December 2025	1,500
End of Year Funding - January 2026	1,377
End of Year Digital Funding - January 2026	4,869
End of Year Estates and Equipment Funding - December 2025	549
Entonox cracking devices	11
Decarbonisation project	1,500
Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) for NIAW	70
AI for diagnostic imaging services at NIAW	200
Transfer from HEIW for National Programme Theatre Laptop	3
Dental Suite, Caswell HQ	46
Seclusion Suites, Caswell	126
Taith Newydd	1,130
DPIF	
DPIF - single clinical record within mental health and learning disabilities' (MHLD)	250
DPIF - Digital Maternity Cymru Implementation 2024-25	50
DPIF - Medicines & Prescribing: Electronic Prescribing & Medicines Administration (ePMA)	1,417
DPIF - RISP funding for National Imaging Academy Wales	53
DPIF - RISP	422
DPIF - Connecting Care	326
IRCF	
Bridgend Health & Wellbeing Centre	10,485
Maesteg Health and Wellbeing Park	712
All Wales Capital Funding	**96,099**
IFRS 16 Funding	**1,597**
Total WG Funding	**105,071**
Disposal of Assets with NBV	315
Government granted/Donated income	306
Total Capital Funding as at 31.3.2026	**105,692**

2.2 Major Capital Schemes

The status and brief update on the major capital projects is provided in **Appendix 1.**

2.3 2026/27 Discretionary Programme

The high-level discretionary plan for 2026/27 was discussed and agreed at ECMG in January 2026, further detail was then presented for approval in March ECMG.

Table 2 below shows the calculated discretionary position over the last few years and shows the total funding available to be allocated in 2026/27 of £10.883m

Table 2 Discretionary Funding and Allocations						
Funding Sources	**21/22**	**22/23**	**23/24**	**24/25**	**25/26**	**26/27**
Discretionary Capital Funding	**10,230**	**7,782**	**9,006**	**10,230**	**12,000**	**13,474**
TEF Top Slice			- 1,428	- 1,899	- 3,196	- 3,960
Capital Scheme Commitments B/F	690	- 1,600	- 1,046	- 1,800	- 1,500	- 2,000
Property Disposals			247			
10.5% Over commitment	1,092					
13.5% Over commitment			845	882		
17.5% Over commitment		1,051			2,100	
25% Over Commitment						3,369
Total Funding (Including over-commitment)	**12,012**	**7,233**	**7,624**	**7,413**	**9,404**	**10,883**
Total CRL	**79**	**63**	**76**	**95**	**105**	

This reflects the confirmed Targeted Estates Funding (TEF) contribution of £3.960m, an estimate of £2m for brought forward schemes and a 25% overcommitment. This overcommitment is an increase on prior years but reflects that this is intended to manage slippage on the whole programme and not just on the discretionary element.

The actual closing CRL for each year is shown in the last line of table 2 above for information , the opening CRL for 2026/27 is expected to be c£143m. The proposed overcommitment is therefore only 2.4% of the total opening funding position. There will be options in the year to reduce spend if required to manage the position should slippage not materialise naturally.

Based on the above available funding, the agreed split across departments is included in **Table 3** below.

Table 3 Discretionary Allocations		
Departement Allocations	**Draft Disc Proportion 26/27**	**Potential Allocations £000**
Forecast Opening Position	10,883	
ICT	19%	2,068
Equipment Replacement	16%	1,741
Statutory	15%	1,632
Backlog Maintenance	19%	2,068
Service Driven Schemes	31%	3,374
		10,883

The approved split is very similar to previous years and provides a large allocation for service driven schemes. This apportionment recognises that significant additional funding is usually received in year from WG for ICT and equipment, c£4m has already been top sliced as a contribution to TEF schemes covering backlog maintenance and statutory ,therefore a higher proportion of the remaining discretionary is allocated to service driven scheme.

There are already a significant number of bids prioritised by the care groups that have not progressed in the timescales desired in 2025/26 which exceed this allocation and hence will be put on hold. Other funding sources will be utilised where possible, bids have already been submitted to WG for Mental Health schemes that would ease the pressure on this allocation. There are however capacity constraints in the capital team and a limit to the service disruption that can be managed also which means , even with additional funding , not all care group priority schemes will progress in year.

Full details of the approved schemes across all department headings can be seen in **Appendix 2**, as well as schemes on hold within service redesign. For completeness **Appendix 3** provides the full list of TEF funded schemes which run over the two years 2025/26 and 2026/27.

2.4 IMTP

Following the prioritisation exercise undertaken across NHS Wales in 2023/24 and 2024/25, the Welsh Government (WG) endorsed two priority projects for business case development by CTMUHB . The projects are:

- the development of Llantrisant Health Park (LHP);and
- the final phase of the Prince Charles Hospital Ground and First Floor Refurbishment Scheme, required to lift the Fire Enforcement Notice on the site.

As directed by WG all other major business case proposals are currently outside the scope of the All-Wales Capital Programme unless they fall within established ring-fenced funding streams. The Health Board has therefore sought to maximise opportunities through these specific funding sources. Significant additional allocations have been secured though the Targeted Estates Fund (TEF), Diagnostics Replacement Programme, Digital Priorities Investment Fund (DPIF) and Integrated and Rebalancing Capital Fund (IRCF). In addition, repayable grant

funding has been secured for decarbonisation schemes through the Welsh Government Energy Service.

The table below restates priorities submitted as part of the 2024 prioritisation process with an update on progress in securing funding. As can be seen below a substantial number of schemes have progressed despite the restrictions on major business case development. The TEF fund, in particular, has enabled several schemes to progress swiftly without requiring full business cases, noting these schemes primarily address backlog maintenance with limited alternative options beyond replacement of existing infrastructure.

Further discussion is required in 2026/27 to review and assess the remaining priorities in order that estates priorities are integrated with the clinical services plan. Discussions will also be held with Welsh Government on the next round of priorities for business case development. Where possible, funding will be sought via future TEF rounds and other recurring funding streams such as Mental Health.

Priority	Scheme	Update
1	Llantrisant Health Park Infrastructure Programme	Phase 1 FBC approved , awaiting approval of Phase 2 OBC
2	POW Theatres - Fire Safety Requirements	Approved as part of PoWH Roof and Compliance Programme and complete August 2025
3	PCH - Phase 3	Approved Feb 2026
4	POW Programme of infrastructure work	Approved in part with PoWH Roof and Compliance Programme, other priorities also approved through TEF as a phased approach
5	Endoscopy Scope Decontamination POW	Approved through TEF
6	RGH Mechanical Infrastructure	Phase 1 approved through TEF
7	Diagnostic Imaging Replacements	Funding approved in 2025/26
8	Additional ward facilities on 3 major DGH sites	Additional ward facilities provided in community sites linked to PoWH roof
9	Phased Outpatient Reconfiguration	
10	Consolidation of Mental Health Services	Phased approach of elements of this through ringfenced mental health funding
11	ITU - reconfiguration	
12	HSDU Single Site Decontamination	
13	Third Eye Theatre at POW	Initially addressed with Surgicube
14	Regional Pathology	
15	Interventional Cardiology Unit	
16	Emergency Dept South	
17	Reconfiguration of Obs & Gynae South	
18	Mortuary capacity PCH	
19	Diagnostic Imaging Replacements	Ringfenced funding to support
20	Centralised haematology day unit	
21	Expand Central Production Unit	
22	Single CTM Contact Centre	

2.5 Approved All Wales Capital Programme 2026/27

The table below outlines approved schemes for 2026/27. Profiles are subject to confirmation and adjustments following closing of the 2025/26 position but all allocation below are within already approved funding limits.

Capital Projects with Approved Funding 2026/27	£'000
Prince Charles Hospital Refurbishment - Phase 2	18,382
Prince Charles Hospital Refurbishment - Phase 3	18,073
Llantrisant Health Park Phase 1	70,167
IRCF - Bridgend HWBC	1,600
IRCF - Maesteg HWBC -Business Case Fees (SOC/OBC)	670
IRCF - Llanilid HWBC Business Case Fees (SOC/OBC)	700
IRCF - Kier Hardie Health Park Learning Disabilities Fees (BJC)	126
REFIT Decarbonisation Project	9,914
Targeted Estates Funding	12,975
National Imaging Academy Wales Discretionary	200
Interventional Radiology (IR) RGH	400
Total AWCP Approved	**133,207**

2.6 Anticipated All Wales Capital Programme Allocations 2026-27

As per feedback from the All-Wales NHS Prioritisation exercise, no major business cases are in development aside from those with ringfenced funding. This will however be reviewed in discussion with WG 2026/27 and the '10 year plan' updated to ensure a pipeline of schemes are in development going forward.

Unapproved Schemes	£'000
Llantrisant Health Park Phase 2	33,366
IRCF - Maesteg HWBC -Business Case Fees (FBC)	TBC
IRCF - Llanilid HWBC Business Case Fees (FBC)	TBC
IRCF - Kier Hardie Health Park - Learning Disabilities	500
Mental Health Estate Targeted Improvements fund	TBC
Cardiac PACS	600
Diagnostic Equipment Replacement Programme	TBC
Digital Priorities Investment Fund	TBC
Total Unapproved	**34,466**

2.7 Disposals

The Sale of Pontypridd Health Centre completed in February 2026 with disposal proceeds being reinvested into ICT as approved by the Health Board.

The transfer of Bryncethin Clinic completed 1st April 2026 as part of the land swap arrangement with Linc Cymru for the land on which Bridgend Health and Wellbeing Centre is being built. The remaining two clinics required as part of the land swap are Quarella Road and Bryntirion, these will transfer on completion of the Health Centre later in 2026/27.

Following the previous estates rationalisation work under the Value and Effectiveness Portfolio Board, Pontypridd Cottage Hospital was identified as one of the properties for potential disposal. The remaining services have now confirmed plans to fully vacate the property and hence approval is required to progress with the disposal. Under the Public Sector Protocol, the property will initially be listed on the NHS Wales Estates Database (formally Electronic Property Information Mapping Service -EPIMS) for interest from other public sector partners. If no

interest is received, then the property will be published on the open market. An updated formal valuation is required however the value was previously estimated at c£800k in early 2025 . It should be noted that there are restrictive covenants in place on the hospital building stating it can only be used for 'hospital and dwelling houses or outbuildings in connection with the hospital'. Indemnity insurance policies are being explored in relation to this and legal advice sought to confirm the position.

The Board are asked to approve the request to dispose of Pontypridd Cottage Hospital as part of the estate rationalisation programme.

Key Risks / Matters for Escalation

The Capital Resource Limit for CTM has increased significantly year-on-year since 2022/23, which is a very positive indicator of the level of investment secured to address estate and service-related risks across the Health Board. However, delivering a programme of this scale presents considerable challenges—not only for Capital and Estates teams, but also in terms of the inevitable service disruption that some schemes will cause.

Whilst a substantial proportion of the 2026/27 funding increase is associated with the LHP programme and therefore does not impact the existing estate, there remains a large number of complex schemes within the remaining TEF and discretionary programme to be delivered. Expectations around delivery timescales for these approved schemes, and the limited capacity to accommodate additional priorities as they emerge, will need to be carefully managed across the Health Board.

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Whole-systems Perspective

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below: Effective Efficient
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: N/A
Cyfreithiol / Legal	Yes (Include further detail below)	
	Legal implications of the capital programme are assessed for each project and advice sought accordingly	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau	Yes (Include further detail below)	

(Pobl /Ariannol) / **Resource Impact** *(People / Financial)*	The paper discusses the use of capital resources

4. Recommendation

4.1 The Board are asked to

NOTE the closing 25/26 capital funding and expenditure position
NOTE the approved Discretionary plan for 26/27 including 25% initial overcommitment and detailed plans for ICT, Equipment, Backlog, Statutory Compliance and Service Redesign
NOTE progress on Major Capital Schemes
NOTE allocations approved and anticipated for 2026/27 as included in IMTP
NOTE disposals in 2025/26 and 2026/27
APPROVE the disposal of Pontypridd Cottage Hospital
NOTE The scale of the expanding capital programme and significant delivery challenges that will need careful management across the Health Board.

Appendix 1 – Major Capital Schemes Update

PCH ground and first floor Phase 2

CRL funding for 25/26 for phases 2 and 3 is £30.575m this includes funding of £3.31m for the purchase of the modular buildings at PCH currently rented as part of the scheme (units 2 and 3). This purchase was completed in December.

The full scheme is due to complete in October 2026 and the **current forecast is that there will be a £4.7m underspend against the total budget of £224.9m.**

Sections 1, 2, 3 and 6 have been completed.

Construction work is ongoing concurrently in the 2 remaining work sections, namely Sections 4 & 5.

The remaining contingency balance on the scheme for Phase 2 is currently £0.230m.

Final accounts have been agreed on sections 1, 2 and 6 and the gainshare for these is confirmed at £2.6m. However, the remaining gainshare figure is yet to be determined as Section 3 final account is yet to be agreed and Sections 4 & 5 are still in progress. A request to retain the confirmed gainshare to date to cover inflationary pressures on the scheme has been made and agreed with WG; however, based on the latest forecast position this is unlikely to be required .

Agreed at last Capital Review Meeting (CRM) with WG that an element of the forecast underspend on this scheme will be declared and returned by end of June 2026.

PCH ground and first floor Phase 3

The Full Business Case for Phase 3 was submitted to WG on 19th December 2025 following Board approval. Presentation made to the Welsh Government Infrastructure Investment Board 13th February 2026 and funding approval for spend of £41.679m was given 26th February 2026. The scheme commenced March 2026.

Bridgend Health and Wellbeing Centre

A revised construction programme has been submitted to the Health Board by Wynne Construction with a new Practical Completion Date of the 27th June 2026. A further four week soft landing integration period has been allowed for meaning a targeted end user occupancy date at the end of July 2026. The feasibility of a reduced integration period is being reviewed to minimise impact of the delay.

The dates given above are subject to the following risk :-

Whilst work on the Health Centre is progressing as planned, a risk has been escalated regarding the section 111 highway agreement that Linc are progressing for the scheme

The section 111 highway agreement requires sign off by BCBC- this has been ongoing for some time with the latest response received 17th February 2026 with 7 items (relatively minor) still to resolve. Confirmation has now been received that the technical specification has been approved by BCBC.

Following this sign off, there is a legal agreement and external surety to be put in place by Linc as the lead client. These need to be completed and contractor mobilised to start works by 4th May 2026 at the latest, in order to achieve the above targeted Practical Completion date.

Full works are due to take 12 weeks however not all works impact access to the Health Centre. Exact requirements pre Health Centre occupation are being discussed by the Health Board directly with local authority planning.

Further to this issue being escalated to the project Senior Responsible Officer (SRO), the Health Board has approached BCBC directly to request the below:-

- Permission to commence works in parallel to the legal agreement and/or
- Permission to occupy the Health Centre in advance of the works being completed

Whilst initial feedback given in early March was positive, no formal update from BCBC has been given to the Health Board

Expressions of interest were received from two pharmacy providers, next steps are now being agreed with procurement.

The transfer to Linc of Bryncethin has been confirmed for 1st April 2026

On completion of the Health Centre and hence transfer of land to the Health Board, the 2 remaining clinics will transfer to Linc

RGH Theatres (Vanguard)

Activity in Theatres ceased on 13th March and Endoscopy (by Cardiff and Vale UHB) will cease at the end of March. Discussions, including a site visit, have been held to determine the removal works and associated cost and this has been received. However, the cost has significantly increased from the original estimate, so explanations have been sought with discussion ongoing. No progress on agreement of final account for enabling works

Maesteg/Llynfi Valley

The Health Board intends to make a formal decision on the preferred way forward for this scheme at its May Board meeting. This timeline represents a change from the planned programme for the SOC/OBC and will incur additional costs, estimated circa £250k, and 2025/26 in year slippage of c£270k. IRCF colleagues have been informed of the updated timeline and the Project Director will further update IRCF in writing after the May Board meeting.

Discussions also ongoing re impact of complying with NHS England Net Zero building standard. This is deemed by the appointed SCP as a scope increase compared with the 2021 Welsh guidance on which the original fees were based. The SCP has advised that the impact is a substantial increase in fees and a potential increase in build costs. The view of NWSSP-SES is that this should not result in a significant cost impact and hence the SCP has been asked to provide details of the anticipated additional costs for the business case process and construction so that further discussions can be held. Updated guidance on the Net Zero Carbon approach from the Framework Team is awaited.

Targeted Estates Funding (TEF) Schemes

Background

The Welsh Government has approved £23.63m of schemes over 2 years as part of its TEF programme to upgrade and replace significant elements of the Health Board's Estates infrastructure across various sites. The Health Board must contribute 30% of this funding, which is top sliced from the opening discretionary position.

A total of 52 schemes have been approved all of which come under one of six headings: Infrastructure, Fire Safety, Mental Health, Decarbonisation, IPC & Decarbonisation. By their very nature, each scheme is technically complex and significant external mechanical and electrical engineering expertise is required to ensure appropriately designed schemes are prepared for competitive tender and experienced contractors are appointed to ensure delivery. In some cases, however, procurement of contractors will be via direct ward to ensure compatibility with existing systems and processes (this is particularly the case regarding our fire and Building Manage Systems).

RGH Air Handling Unit (AHU) Replacement Theatres 1-4

This package of works incorporates four TEF bids with the principal project to replace end of life air handling unit plant feeding theatres 1-4 at the Royal Glamorgan Hospital. Also includes upgrade to the emergency and general lighting in Theatres 1 and 2 as well as cosmetic upgrades to all four theatres.

Part of the same package of works is upgrading the UPS (uninterruptible power supply) battery backup and installing IPS (isolated power supply) to the Intensive Therapy Unit (ITU) department to bring it in line with current standards. Also

taking the opportunity to replace the obsolete nurse call currently serving the area.

The final element of this works package is to introduce new UPS and IPS to the Coronary Care Unit (CCU) at the Royal Glamorgan Hospital. This will provide flexibility and resilience to the site, as well as providing a safe and resilient electrical system for our patients ensuring they remain safe by removing the risks of electrical failure or electrical faults that may cause them harm.

The works have been split into three phases, Phase 1 theatre works, Phase 2 CCU works and Phase 3 ITU works. The high level sequencing of works agreed to date is that:-

- Theatres works, independent to other phases
- CCU will be decanted to Ward 1, this allows the CCU work to be done;
- Once completed ITU will decant into CCU, this allows the ITU work to be done;
- ITU will then return;
- CCU to return

Latest Update

Works complete in March, Theatres 3 and 4 became operational 11th March and Theatres 1 and 2 were operational 16th March. This is within the limit for the continued hire of the theatres re: IFRS 16 impact. The revenue cost attached to the extended hire of the theatres was clarified, however, it was not required as the original 48-week contract has been confirmed as ending 15th March 2026 from the effective "Go Live" date on 10th April 2025, a week after the original handover on 4th April.

The ongoing discussion relating to CCU decant delayed this element significantly, it is now agreed that the decant will be to Ward 1. Philips have completed a site survey for the installation of telemetry on Ward 1 with options for Wards 3 and 5 in future, these will however not form part of the scheme.

POWH Centralised Scope Decontamination

A sum of £1.82m has been approved to centralise scope decontamination in POWH. The principal driver is to retain JAG accreditation for Endoscopy as the current non-compliant layout has led to the loss of accreditation, but the scheme includes decontamination for all the flexible endoscopes on site in other services such as Urology and ENT. A provisional layout has been agreed with the users and this informed the brief.

A design team was appointed in August 2025 and hence design is progressing with fortnightly meetings. This scheme will mean the old, vacant modular building (former Booking Clerks' office) will be demolished and replaced like for like (thus not requiring a planning application) to be able to decant the occupants of the

former Histopathology laboratory that will be refurbished for the scope decontamination department. The modular building layout has been agreed and this is about to be tendered under a new NHS Modular Framework that started in March 2026.

The layout of the scope decontamination unit has been agreed and the tender package is being produced.

Although several meetings have been held on the revenue implications, a service lead to co-ordinate these between several clinical services needs to be nominated. Finance staff have been involved but recent discussions have been intermittent.

Ty Llidiard Extra Care Areas (ECA)

Lead Consultants for this scheme worked closely with the Care Group to progress the detailed design. Specialist anti-ligature & anti-barricade doors with associated access control systems are an essential requirement for this environment and have been incorporated into the detailed design and funded from discretionary capital.

Following a successful tender process works commenced in January 2026. The scheme has seen some challenges attempting to work in a live environment and work has been paused on a number of occasions. This has been discussed regularly with the service who have now agreed to decant the area fully as agreed in the initial plan.

PoW Hospital Sterilisation and Decontamination Unit (HSDU) AHU Replacement

Work commenced mid-October to replace the air handling unit in PoWH HSDU. For the duration of the works programme all services transferred from HSDU PoWH to HSDU RGH. Work is complete, with handover on 13th February and the service returned from R Glam with "Go Live" on 16th February. Following completion of this work and the return to PoWH, minor works underway at RGH including a replacement steriliser, racking and drying cabinet. Discussions continued with the PCH Major Projects team which ensured their timescales to vacate HSDU PCH and handover to the contractor on 2nd March 2026 was met.

While the unit was vacated the opportunity was taken to do other minor improvement works that had previously been approved such as new height adjustable sinks and backlog maintenance works around fire and BMS. These works are all contained within funding already approved.

Mental Health works – YCC and Angelton

The capital team have been working with the Care Group to establish a viable programme of works for the IP&C & Anti-ligature works in Angelton along with the two phases of work to develop fit for purpose Older Adult Wards. It was

agreed that these works will be packaged together with one contractor to give maximum flexibility with the order in which the works progress, given the uncertainty around access to these areas. This has delayed the programme slightly as well as delays in access to areas and agreeing decant plans; this is being managed in conjunction with care group leads. A design consultant has been appointed and is currently working closely with the care group and PM to ensure the correct requirements are met. Design stage completion targeted for end of April 2026.

PoWH Roof works

Whilst the funding for remaining roof replacements/upgrades is programmed into 2026/27, urgent works were identified and progressed in year in 2025/26. These relate to areas outside the Phase 1 roof works programme. The works were scoped following recent water ingress in Ward 16 and Y Bwthyn Newydd. A direct award for these works was confirmed and work commenced December 2025, and these areas have now completed. This will bring forward c£300k of spend into 2025/26**.**

Pinewood House

Essential refurbishment works are being undertaken to raise security, IPC and H&S standards. The main body works include renewal of 12 bathrooms / showers / WC's, new front / rear door access controls, new air conditioning to annex rooms, new fire doors, new flooring, new decorations and the relaying of external pathways.

Appointed design consultants have worked closely with end users and PM to establish requirements. Works currently out to tender with targeted main contractor appointment end of March.

PCH ED

The upgrading of existing MH assessment rooms to ensure that they are fit for purpose and safe for the function of assessing patients in MH crisis. Essential Rhymney Block enabling works included within the scheme.

Main contractor appointed mid-January, works commenced late January and due to complete early April.

Other TEF Schemes

Project managers are working on a further 28 TEF funded schemes including nurse call replacements, lift upgrades and significant fire safety works. Updates will be provided based on risk. Discussions have commenced regarding a number of key 26/27 schemes that have a service impact; as a reminder some of the are listed below.

RGH

- Negative pressure isolation room – **service confirmed that location is preferably in Ambulatory Emergency Care Unit (AECU), detail needs to be worked up**
- A&E IPS/UPS to resus and majors
- A walk around with Unscheduled Care is arranged for 24th March to discuss potential decant options.

PoWH

- Negative pressure isolation room- **service confirmed that location is preferably in Acute Medical Unit (AMU) , detail needs to be worked up. One meeting has been postponed because of BCI and is being rearranged.**
- A&E IPS/UPS to resus and majors
- Main entrance toilets

Also planned for 2026/27 is the replacement boiler for the laundry . Welsh Government have however requested further conversations be held with them and NWSSP about the long-term future of the site before this scheme is progressed.

Llantrisant Health Park

Phase 1 Community Diagnostic Hub

FBC approval was formally received on 9th February 2026. Letter of Intent immediately issued to enable critical modular and steel orders to be placed to maintain programme. RIBA 5 design works commenced in early January to finalise the groundworks design and prevent any delay with the commencement of piling activities. Work on site is already commencing and temporary welfare facilities have been set up with more permanent facilities arriving in April with full site set up complete by end April.

Initial ground investigations have commenced and have discovered a number of obstructions in the ground relating to foundations. These are currently not expected to impact on programme, but additional costs will be applied for re their removal. Their removal will have to be instructed but discussions have commenced with demolition services limited as to why these were not removed as part of their scope. This discussion will be ongoing and the final release of retention to DSL has been put on hold until there is a resolution.

The main site wide planning application and SAB (Sustainable Drainage) application have been approved. All pre-commencement planning conditions have been addressed with planning submissions however recently feedback has been received raising more questions on 2 of the 4 conditions. Steps are underway to urgently address the questions. Groundworks need to commence from 23rd March to remain on programme and urgent discussions will take place with the planning

department. Current programme indicates 1 week delay due to the extended WG approval timeline – all parties are hoping that this can be made up over the course of the contract.

ECC contract undergoing last drafts prior to be signed and executed by all parties. Tender for Project Management (PM) and Project Management Office (PMO) have concluded, Archus have remained in place on the PMO but the PM will move to Mott MacDonald from 1st April. Handover arrangements are being confirmed to ensure a seamless transition. Initial meetings with Alliance Medical (ISP) have been had and technical information is being provided. Ongoing meeting arrangements being determined.

A final scrutiny grid has been received from WG since the last meeting and a follow up meeting was held with WG and NWSSP Specialist Estates Services (SES) colleagues on 26th February. A completed grid plus a final FBC incorporating the capital target cost and an enhanced options appraisal narrative has been shared with WG colleagues.

A breaking ground ceremony was held on 26th March in the with First Minister and Cabinet Secretary.

Phase 2 – Regional Orthopaedic Hub

Following a letter from WG in January, a revised and updated OBC had been prepared and submitted to WG at the end of February addressing a number of WG questions around the revenue, capacity and workforce plans for phase 2. Further correspondence was received on 16th March confirming that due to a number of outstanding questions that an approval of the OBC would not be given before the election period. However, there was confirmation that work should not be halted and that funding would be made available to continue to make progress.

A sum of £1.77m has been requested to continue to maintain progress to end of July. This will take the contractor through to the end of the RIBA 4 design stage. This work will compete by end May and will result in a tendered target cost. This could support an OBC/FBC submission to WG at end June and mitigate the programme impact of a delayed OBC approval. A formal response to WG is being prepared to the letter of 16th March.

Llanilid Health and Wellbeing Hub

Fees were approved October 2025 for SOC/OBC business case development across 2025/2026 and 2026/27. The project is obviously at a very early stage but a very high-level estimate of £17.22m has been submitted for a building 1,500 – 1,800 m2. Figures were based on advice from consultants working on other similar projects across Wales and input from NWSSP SES.

Interviews have recently been held, with NWSSP-SES, and the Health Board has appointed a Project Manager and Cost Advisor. Discussions will be held on 26th

March with the site developer Persimmon which will be crucial to determine health board costs for site works.

Keir Hardie Health Park

Fees approved to develop costs for inclusion in BJC for IRCF capital investment. The scheme is being driven by the Local Authority to redesign and extend the existing footprint and facilities of the Learning Disabilities Unit based at the Integrated and Health Wellbeing Hub at Keir Hardie Health Park in Merthyr Tydfil. The building is owned by the Health Board, but the service is run by the Local Authority hence they are leading on developing the case.

The business case is being written by the Regional Capital Project Manager the Health Board will however manage the design and procurement process to establish the costs for inclusion within the case. Target for tendered costs to be secured by Sept 2026

Invest to Save - RE:FIT Framework

Repayable funding of £11.4m approved in December 2025 to progress a number of decarbonisation schemes across the Health Board. High level information provided below. Funding of £1.5m provided for 2025/26 which will be spent on materials only with the main works commencing in April 2026 . Further detail will be provided on commencement of the scheme but there is significant work ongoing to ensure an order can be raised to the supplier and contracts signed ASAP to allow delivery of materials before the end of March 2026

Description	RGH	POW	PCH	WMR	KHHP	YCC	YCR	Community Sites*
Low carbon heating				✔				
LED lighting and lighting controls	✔			✔	✔	✔	✔	
Solar Panels (PV)		✔				✔		✔
BMS optimisation	✔	✔	✔					
Battery Energy Storage				✔				

*Community sites to include Dewi Sant Health Park, Tonypandy Health Clinic, Maritime Resource Centre, Trealaw Resource Centre and Pencoed Medical Centre

Appendix 2 – Detailed Discretionary Plan 2026/27

Backlog Maintenance

Estates have reviewed and prioritised the below schemes based on risk. A number of these schemes are a continuation of schemes from 2025/26. The below leaves a small contingency of £80k , if other risks escalate then schemes from the above will be put on hold to manage.

Location	Type	Description	Allocation £
Royal Glamorgan Hospital	Theatre General Lighting Upgrade and UPS Upgrade	Upgrade of theatre general lighting and upgrade of UPS and earthing arrangements to current standards. Theatres 1,2,3 & 4 have been completed. Leaving 5,6,7,& 8 left to complete. Budget for this year should be sufficient to complete 2 x theatres. Exact theatres TBC with theatre lead, timing also to be agreed re impact on delivery.	150
Royal Glamorgan Hospital	Chiller Replacement	Replacement of Chiller, delayed from 2025/26	90
RGH/YCR	Nurse Call	Completion of nurse call replacements -continuation from 2025/26	200
Princess of Wales Hospital	Road Repairs/Resurfacing	Steel plates put over road as a temporary measure , awaiting report and scope of work on completion of survey.	450
Princess of Wales Hospital - Short Stay	Boilers Refurbishment	Continuing from 2025/26 - Short Stay Boilers at end of life , 2 major refurbishments required - will be phased over 2 years so 1 in each year	30
Glanrhyd Hospital	Boilers Refurbishment	Continuing from 2025/26- Burners obsolete, insufficient parts and unable to maintain. Phased refurbishment , two to be replaced in year	30
Prince Charles Hospital - Residences	Boiler Refurbishment	Continuing from 2025/26- The Boiler and associated control system for the Residence Block 10 is obsolete. There are many issues / breakdowns with this system.	30
Princess of Wales Hospital Template 15	Boilers	Continuing from 2025/26- Boilers require major refurbishment, would be unable to heat area if they fail	30
Royal Glamorgan Hospital	Boiler Replacement	2 x Hot Water Boilers need replacing. Numerous failures the last few years and parts are either obsolete or becoming obsolete.	75
Ysbyty George Thomas	Boiler Replacement	One of the 3 heating & hot water boilers has failed and is beyond repair and needs replacing to ensure site resilience.	**75**
Princess of Wales Hospital	Boiler Replacement	Childrens clinic - 2 x Heating (Only) boilers to be replaced due to ongoing issues and availability of parts	**85**
Royal Glamorgan Hospital	Calorifier Replacement	2 x calorifier replacement. One has failed and the boiler manufacturer no longer trades and parts are unavailable	**40**
Tonteg	Heating & Hot Water	Make alterations to heating boilers and heating pipework. Install two new boilers in each block and tap into gas main to supply new gas feed from main to feed boilers in block	**65**
Royal Glamorgan Hospital	Burner and Sequencing panel replacement	Sequencing panel is obsolete and is causing issue with water temperatures and operation of the LTHW boilers. Phased replacement to change burners and sequencing panel.	**75**
Princess of Wales Hospital - Ward 14, 15, 20 and childrens ward Treatment room	Refurb of Treatment Rooms	Upgrades required to a number of rooms, likely 2 in year. IP&C issue as well as safe storage of controlled drugs . Ward 20 and Childrens ward are priority . Delayed from 2025/26	80
Princess of Wales Hospital - Template 15	Air Conditioning	Failure of A/C kit feeding areas of template 15. A/C is linked to AHU Plant. Currently there is no cooling in Urology, IT dept, Eye clinic etc. Phased upgrade depending on budget, 3 system to address out of 9.	50
Prince Charles Hospital - Ground Link Corridor	Flooring	The floor of the Pharmacy area link corridor (link from Lifts to Maternity) has suffered water damage and is "bubbling". Delayed from 2025/26	52
Prince Charles Hospital - H Block	Water Tanks	The water tanks are displaying signs of internal corrosion. There are no backup tanks.	50
Royal Glamorgan Hospital	Flooring	Flooring replacements across the site , IP&C and health and safety risk to patients visitors and staff.	**25**
YCR, YGT & Community	Flooring	Flooring replacements across the site , IP&C and health and safety risk to patients visitors and staff.	**25**
Princess of Wales Hospital	Flooring	Flooring replacements across the site , IP&C and health and safety risk to patients visitors and staff.	**25**
Prince Charles Hospital	Pavements & Roadways	Resurfacing works required in a number of areas across the site particularly car parks and main thoroughfares . Areas outside of scope of G&FF	**20**
Princess of Wales Hospital	Pavements & Roadways	Resurfacing works required in a number of areas across the site , particularly around the residence block.	**50**
Royal Glamorgan Hospital	Pavements & Roadways	Significant improvements made in 2025/26 but small works required around the old consultants car park and main carpark areas.	**25**
Kier Hardy Health Park	Pavements & Roadways	Resurfacing works required, complaints received around the deterioration of the road markings. Budget to remedy both issues	**20**
North Cornelly	Store Room Lintel	Concrete lintel has failed and has rendered a store room unusable for staff and health visitors	18
Princess of Wales Hospital	Multi-Storey Car Park - top deck	Expansion gap compound has failed. In the hot summer months the product melts and drips onto vehicles. New product has been identified to stop this melting	20
Royal Glamorgan Hospital	Air Compressors	2 x compressors along with driers and ancillary equipment need replacing feeding compressed air to HSDU sterilisers, Path lab sterilisers etc. Replacement due to numerous failures and limited availability of parts	40
Princess of Wales Hospital	Steam Trap Replacements	Replacement of faulty /failed steam traps. Causing issues with steam quality and impacts energy performance	25
Princess of Wales Hospital	CT & VT Pump Replacements Across Site	Survey has highlighted a number of obsolete CT & VT pumps across site. Phased replacement to newer models that have better parts availability	25
Royal Glamorgan Hospital	External Lighting Upgrade and Replacement	Numerous external lights have failed and we cannot get the originals that fit on the bollards. Source new alternatives and replace to reduce the risk of slips, trips and falls	14
		Total	**1,988**
		Proposed allocation	**2,068**
		Balance	**80**

Statutory Compliance

Location	Description	Allocation £
Legionella Management		
HB Wide	Numerous original design swan neck taps throughout site require replacing. This is to meet statutory requirements and address issues with legionella and pseudomonas in alignment with IPC requirements, and meeting WHTM control of legionella and pseudomonas.	15
HB Wide	Carry out statutory risk assessments on HB properties.	12
HB Wide	Addressing NWSSP audit findings to meet statutory requirements and compliance, WHTM 04-01 and L8 legal requirements. Carry out repairs and upgrades in line with risk assessment surveys and welsh water audits	20
Keir Hardie Health Park	Cold Water Booster (no spare) , delayed from 2025/26	40
Royal Glamorgan Hospital	Continuation from 2025/26. Copper corrosion - address ongoing corrosion issue of copper pipe work.	15
FIRE		
Dewi Sant Health Park	Phase 4 of emergency lighting install. Currently uncompliant and insufficient emergency lighting throughout plant areas and roof top plantroom	80
Dewi Sant Health Park	Remediate issues identified by South Wales Fire and Rescue	18
Ysbyty George Thomas	Emergency lighting install. Currently uncompliant and insufficient emergency lighting throughout roof / attic space	50
RGH / POW / PCH	Fire door repairs and replacement as identified within statutory Fire Risk Assessments FRA's, including fire doors replacements in main corridor POW to meet fire regulations.	80
HB Wide	Addressing FRA statutory requirements	20
WMR	Replacement of sprinkler system / interface from closed protocol to open protocol. Significant delays from current supplier ADT in remediating any faults which puts the site at risk as well as patient records	60
LIFTS		
HB Wide	Remediation of faults, defects and issues as a result of Lift statutory insurance inspections & recommendations	35
HB Wide	Upgrade of analogue phone lines. Replace with network point and analogue to digital convertor	10
ASBESTOS		
HB Wide	Remedial Works and Management of Asbestos	150
VENTILATION		
HB Wide	Works to comply with TR19 & HTM 03-01. Statutory requirements for a number of inspections of critical duct work and allowance for remedial work identified	40
HB Wide	NWSSP audits requirements to meet WHTM requirement	30
ELECTRICAL - HV / LV		
HB Wide	5 yearly electrical testing and resulting works required	275
Royal Glamorgan Hospital	Install load bank connection point to enable load bank testing of generators	100
East Glam Laundry	Emergency generator connection to overcome NGED power failure and protect site from loss of power	30
RGH	Spare Switches for redundancy & resilience due to long lead times on availability	25
YCR	Spare Switches for redundancy & resilience due to long lead times on availability	80
PoWH	Temporary generator connection point	143
PoWH	Generator Controls Upgrade - existing are obsolete	65
MEDICAL GASES		
HB Wide	Continuation of Medical Gas Compliance Works & NWSSP-SES Audits	25
PoWH - Hospital Street	Medical gas valves / AVSU require replacement within the maintenance schedule.	30
PCH	Upgrade work following medical gas maintenance	12
YCC	Replacement of obsolete and faulty medical gas alarms across site	16
PCH	Replacement of obsolete and faulty medical gas alarms - maternity & childrens ward	12
PCH	Entonox Leak - Phase 2	13
Ysbyty George Thomas	AVSU replacement	20
OTHER		
HB Wide	As fitted Drawings. A programme of works is required to carryout a full updating of as fitted drawings to meet statutory requirements.	10
HB Wide	Works required following DSEAR audits in 2025/26.	15
HB Wide	Oil Storage Tanks - Continued improvement works to better our compliance against the Oil Storage Regulations 2016	20
RGH	Bridge inspections - Bridge inspections required to determine safe working load and inspect damage of steel support stay following a tree fall	50
HB Wide	Health & Safety - improvements & upgrades to plantroom spaces and workshops	20
	Total	**1,636**
	Proposed allocation	**1,632**
	Balance	**- 4**

Equipment

The below priorities were agreed at operational capital group

Care Group	Item Description	Location	Amount £'000 (include VAT)	SON REF	Risk
C&F	Airvo Highflow Oxygen x3 - current optiflow equipment not suitable for applying in ED or on patients needing radiology investigations whilst on high flow as this equipment is not battery use.	PoWH/RGH/PCH	28	1762	15
C&F	Vein Finder Ultrasound - current vein finder is outdated and does not provide the ability to view veins in paediatric patients. request for ultrasound scan which will be used for venous view, bladder scan and other paediatric requirements. Requires ultrasound governance sign off before proceeding	RGH	25	1763	12
C&F	Bipolar Resectascope - reduction in single-use equipment costs as well as clinical waste reduction	PCH	7	1774	12
C&F	Centralised Fetal Monitoring	PoWH/PCH	26	1554	12
MH	ECG (additional) - requested to provide physical health monitoring in the Bridgend CMHT	Bridgend CMHT	10	1651	4
DTPS	Replacement blood issue fridge	PCH	13	1662	10
DTPS	GE Supine bike for cardiac stress tests - replacement as existing condemned	PoWH	14	1611	15
Facilities	Replacement Catering Equipment at Central Production Unit (CPU)	CPU	94	1610, 1713, 1614	15
Facilities	Regen Ovens -continuation of phased replacement	HB Wide	232	1600	20
PC	Replacement Ventilators - linked to move.	PCH	337	1700	20
PC	High Speed Drill System for Orthopaedic surgery.	PoWH	21	1715	16
PC	Piezo Drill - Maxfac	PCH	15	1042	15
PC	Theatres - Intra-Abdominal Ultrasound	PCH	140	1145	15
PC	ENT Drill - additional as only able to list one patient due to equipment availability.	RGH	17	1146	15
PCC	ECG replacement - declared obsolete by the manufacturer, with limited availability of replacement parts.	DSHP	8	1595	10
PCC	POCT Alinitiy Analysers - provide additional patient clinical information in real time ,which will improve patient clinical outcomes and provide care closer to home	Nav Hub	18	1594	12
PCC	ENT Microscope for Aural Care - replacement. Risk the current microscope at YCC will fail and cannot be repaired, resulting in cancelled clinics	YCC	14	1607	6
PCC	Dental Chairs - replacement. The current dental chair and associated clinical equipment in the Dental Teaching Unit have exceeded their expected operational lifespan, having been in use since 2009 with a 10 year lifespan. Due to the age of the equipment, replacement parts are now extremely limited or unavailable, making repairs increasingly difficult	DTU	105	1690- 1693	12
UC	X ray Table - Coronary Care -The current x-ray table in the temporary pacing room in CMU is broken and over 20 years old, this has been condemned and needs replacing.	RGH	27	1645	16
UC	Hamilton T1 Ventilator - Replacement of Draeger Oxylog 3000 Plus Ventilator with one Hamilton T1 Ventilator to bring the PCH ED transport ventilator into commonality with Anaesthetics and Critical Care Services in PCH, ACCTS/EMRTS and the vast majority of other secondary care units in South Wales	PCH	22	1674	20
Clin Eng	Portable Safety Testers - Current safety testers used on all sites are at minimum 12 years old. Devices are used to confirm compliance of electrical safety on all medical devices which are serviced and maintained by Clin Eng in the HB.	HB Wide	58	1621	6
PC/HB	Standardisation of Hemofiltration machines across CTM - delayed from 2025/26	PoWH/RGH	400		
		Total	**1,631**		
		Available Funding	**1,741**		
		Balance	**110**		

Service Driven Scheme

The funding for service driven schemes is largely allocated to already approved schemes with other well-developed schemes taking this over the funding available. These schemes will continue until firmer costs are available to formally approve. The profile of these is also not confirmed

Service Driven Schemes	Care Group	£'000	Update
Approved			
Access control PoWH	Facilities	300	Continuation of 2025/26 phase of works
S136 suite - PoWH	MH & LD	750	At detailed design stage
RGH Women's Hub	C&F	600	Due to complete 1st quarter 2026/27
In Progress			
Blast chillers- CPU	Facilities	1,500	Revising procurement strategy as no tenders returned.
Containment level 3 RGH	DTPS	500	Additional to WG allocation
PoWH Ward 19&20		150	Scope agreed 19/3. Developing tender pack
Total		**3,800**	
Proposed Allocation		**3,374**	
Balance		**- 426**	

There are a significant number of other priorities presented and discussed by Operational Capital Group . The below are proposed for early-stage progression

Remaining Priorities	Care Group	£'000
Proposed for Development		
DSHP Security - Provide additional access control and CCTV to support the site security vulnerability risk assessment (SVRA) recommendations and risk based on site security incidents	C&F/Facilities	107
Cardiac PACS - Requires upgrading by Oct 2026 to continue to provide access to cardiac imaging in CTM. Discussion ongoing re requirement for a PACS manager to support	UC	600
Dental Teaching Unit - Ventilation works required	PCC	40
Replace Mortuary Door to maintain required negative pressure	DTPS	13
WDA Drug Store Relocation from YCR to PoWH . YCR unit unsuitable for the storage of controlled drugs. The wholesale unit drives income which can be increased from the relocation.	DTPS	71
Anti Barricade doors - required in a number of MH wards YCC and Glan, some covered by WG funding and bids also submitted for additional	MH & LD	267
CPU Ramp - likely picked up as part of works above	Facilities	6
Cell Path Feasibility -There is not enough laboratory and office space for Cellular Pathology to operate the core service safely or support increasing demand, service disaggregation and future Health board changes;	DTPS	30
		1,134

The remaining priorities presented to operational capital group as shown below for information - these schemes will be on hold in 2026/27

Priorities on Hold	Care Group	£'000
YGT CCTV	Facilities	120
YCR CCTV	Facilities	91
YGT Nurse Call	UC	70
PoWH Catering - Replace end of life refrigeration equipment	Facilities	300
Ventilation Works Physiology PoWH	DTPS	482
Safeguarding Room RGH	C&F	30
Tylorstown Fire Works	PCC	162
		1,255

ICT

The breakdown of the digital capital programme in 2026/2027 is shown below. This was agreed by Digital & Data SLG on 11 February 2026.

Allocations	/£k
ICT Allocation	**2,068**
Capitalised IT Staff	520
Rolling Replacement Programme	617
IT Equipment new staff	151
Strategic schemes:-	
WNCR	20
Enablement of therapies systems	90
Enablement of community systems (inc mental health)	90
ICU solution for Bridgend	100
Infrastructure Review delivery (includes active and passive networking, telecoms, and devices)	200
Bridgend specific schemes (disaggregation)	160
VitalHub (Jayex) expansion into The West	120
Balance/contingency to be committed to further ICT strategic schemes (subject to business cases)	0
ICT Allocation Total	**2,068**
Balance of ICT Allocation	-

The higher proportion set aside for capital salaries in 2026/2027 reflects the need to commission the assets purchased during 2025/2026, bringing the c£8m of assets into use as quickly as possible, that were funded through Welsh Government slippage late in the 2025/2026 year. It was agreed that the additional spend on salaries should be a temporary, in-year position, and should not result in a revenue staffing pressure in future years.

Appendix 3 – Approved TEF Bids (with initial funding profile)

Infrastructure – All risks	2025-26 £m	2026-27 £m	Total £m
RGH –Phase 1 Mechanical package - AHU refurb, replacement Theatres 1 - 4	2.455		2.455
RGH – Main theatre lighting Replacement including UPS batteries (Theatres 1,2 linked with above)	0.161		0.161
PoW – Theatre Recovery Medical Gases A & B	0.377		0.377
PoW – Theatre Surgeons Panels	0.390		0.390
RGH – A&E / UPS & IPS to resus and major beds	0.024	0.431	0.455
PoW – Continued Roof Replacement and Upgrade	0.052	0.958	1.010
PoW – Elec Infrastructure upgrade	0.126	0.379	0.505
PoW Chiller Replacement	0.100	0.117	0.217
RGH – Phased Nursecall replacement		0.300	0.300
PoW – Nursecall replacement	0.300	0.300	0.600
YCR – Nursecall replacement	0.100	0.2	0.300
Replacement of Street and HRC fuse board replacment electrical infrastucture - RGH		0.108	0.108
RGH – Atrium Roof	0.217		0.217
PoW – A&E / UPS & IPS to resus and major beds		0.466	0.466
YCC - Atrium Roof		0.109	0.109
Phased Lift replacement, upgrade of 2 lifts	0.100	0.189	0.289
PoW – Main entrance toilets		0.282	0.282
RGH ITU - IPS/UPS		0.518	0.518
RGH – CCU / UPS & IPS		0.518	0.518
	4.401	**4.876**	**9.277**

Fire Safety	2025/26	2026/27	Total
Princess of Wales - Continuation of works to replace & install new fire damper and associated fire compartmentation works.	0.300	0.314	0.614
Fire compartmentation and Fire dampers - HB Wide (inpatient sites)	0.200	0.45	0.650
PoW – Further emergency lighting replacement	0.278	0.300	0.578
YCC and YCR – Fire Detector replacement and Panel Upgrades	0.05	0.202	0.252
EN54 Upgrade – RGH & PCH	0.243		0.243
	1.071	**1.266**	**2.337**

Mental Health	2025/26	2026/27	Total
Pinewood Mental health recovery and rehabiliation facility vital upgrade work	0.572	0.150	0.722
Centralised S136 Crisis Suite	0.151	0.065	0.216
Ty Llidiard Extra Care Areas	0.433		0.433
Angelton IP&C advised Improvments	0.240		0.240
Anti ligature Ward 14 PoWH- activity room corridoor		0.210	0.210
PCH Crisis Suite /place of safety	0.211		0.211
Backlog Maintenance and Modernisation of Quarella Road site (old THQ)	0.065	0.206	0.271
Tonteg Site Refurbishments and Estates Backlog	0.008	0.140	0.148
Develop fit for purpose Older Adult Ward including Anti ligature		0.338	0.338
Glanrhyd - Continued Roof Replacement and Upgrade	0.003	0.562	0.565
RGH – MHU Emergency lighting system and fitting replacement	0.1	0.2616	0.362
	1.783	**1.933**	**3.716**

Decarbonisation	2025/26	2026/27	Total
YCC – Biomass boiler replacement	0.249	-	0.249
Whole HB - Decommissioning of nitrous oxide plus gas capture	0.197	-	0.197
YGT – BMS Upgrade and MCP Panel Upgrades	0.075	0.074	0.149
HB Wide BMS – BMS Strategy work including MCP Panels and controls (PoWH)	0.132	0.100	0.232
Community site solar PV - DSHP Admin Block , Tonypandy HC , Aberdare HC, Maritime, Trealaw, Pencoed	0.056	0.274	0.330
E Glamorgan Laundry Boiler	0.027	0.882	0.909
EV Gardenening Equipment	0.033	-	0.033
BMS Optimisation RGH, POW, PCH	0.207	-	0.207
Williamstown - ASHP	0.007	0.144	0.151
Williamstown – Solar Battery storage	0.222	-	0.222
	1.205	**1.474**	**2.679**

Infection Prevention Control	2025/26	2026/27	Total
Negative Pressure Isolation Room RGH	0.150	0.960	1.110
Negative Pressure Isolation Room PoWH	0.100	1.124	1.224
East Glam – Laundry Roof	0.217		0.217
PoWH IAP - AHU Replacement	0.585		0.585
	1.052	**2.084**	**3.136**

Decontamination	2025/26	2026/27	Total
PoWH Centralised Scope Decontamination	1.000	0.818	1.818
Replacement of 3 porous load sterilizers at the Princess of Wales Hospital HSDU and RGH		0.300	0.300
Sterile equipment storage racking and controlled environment Storage cabinets - RGH HSDU		0.225	0.225
Additional Washer Disinfector PoWH HSDU	0.140		0.140
	1.140	**1.343**	**2.483**

Agenda Item	8.1.1

Unapproved Minutes of the Public Board

Date and Time of Meeting	Thursday 26th March 2026 9:00
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Dilys Jouvenat	Independent Member – Third Sector (Virtually)
	Carolyn Donoghue	Independent Member – University
	Hayley Proctor	Independent Member – Trade Union
	Patsy Roseblade	Independent Member – Finance/Audit (Virtually)
	Neil Mesher	Independent Member – Commercial Business
	Kathy Mason	Independent Member – IT & Information Governance
	Helen Lentle	Independent Member – Legal
	Rachel Rowlands	Independent Member – Community
	Rhys Goode	Independent Member – Local Authority
	Paul Mears	Chief Executive Officer
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Lauren Edwards	Executive Director for AHPs and Health Science
	Philip Daniels	Executive Director of Public Health
	Claire Thompson	Executive Director of Strategy & Transformation (In part)
	Sally May	Executive Director of Finance
	Richard Hughes	Executive Director of Nursing
	Lisa Curtis-Jones	Associate Board Member
	Paul Deenik	Associate Board Member
	Sarah Medlicott	Associate Board Member

In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement & Fundraising (Virtually)
	Daniel Price	Regional Director, Llais Cymru (Virtually – In part)
	Emma Walters	Head of Corporate Governance & Board Business
	Abe Sampson	Head of Charity & Income Generation (In part)
	Joanne Thomas	Lead Nurse, Unscheduled Care (In part)
	Laura Fowler	AHP Improvement Lead (In part)
	Jenny Oliver	Head of Peoples Experience (In part)
	Darren Griffiths	Audit Wales (Virtually – In part)
	Hannah Jones	Audit Wales (Virtually – In part)
Meeting Observers	Mina Saad	Meeting observer
	Sharon Edwards	Corporate Governance Officer (Virtually)
	Tajwar Md Naqib Farhan	Aspiring Board Member Programme
	Cai Griffiths	Meeting observer (In part)

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	The Chair welcomed everyone to the meeting, particularly those joining for the first time and guests and colleagues joining for specific agenda items. The format of the proceedings was also noted by the Chair.
1.2	**Apologies for Absence**
	Apologies for absence were received from: • Alex Brown, Associate Board Member
1.3	**Declarations of Interest**
	There were no interests declared.
	Questions from the Public

	The Chair advised that questions had been received from a member of the public ahead of the meeting in relation to the Health Visiting Industrial Action. Three questions have been raised which are: *1.What specific actions are currently being taken to resolve the dispute with health visitors?* *2.What is the expected timeline for restoring full services?* *3.I have been made aware of concerns that health visitors may not have been paid for work undertaken whilst not on strike. Can you clarify whether this is accurate, and if so, how this aligns with employment law and your duty to resolve the dispute and restore services for families?* The Chair advised a formal response to the questions raised would be provided and invited H Daniel to comment on the questions raised. H Daniel confirmed that the board would write back directly to the individual who raised the questions and confirmed that ongoing discussions were being held with Unite and health visiting staff about all issues related to the current industrial action and added that further detail on the position would be provided later in the meeting. The Chair concluded by saying that an update on the industrial action had been included in the Chief Executives report which would create a further opportunity to discuss this matter. The Chair advised that some further questions had been received ahead of this meeting which related to the Shift Pattern consultation, which had been deferred as an item on the agenda for today's meeting to the May 2026 Board. The Chair advised that responses to these questions had been provided and added that the questions and responses would be presented to the Board at the end of May 2026.
2.	**CONSENT AGENDA BUSINESS**
2.1	The Chair asked members if there were any items from the consent agenda that Board Members wished to bring forward to the main agenda for discussion. There were none. The Chair advised that the Board agenda had been reshaped to align with CTM 2030 strategic objectives, with an aim to show a direct line of sight from the organisation's strategic direction to the Board's work. Members noted that the new agenda style was intended to help people understand how the Board structures its discussions in a more strategic way, connecting strategic goals to operational delivery.
3.	**IMPROVING CARE – SHARED LISTENING AND LEARNING**
3.1	**Shared Listening & Learning Story- Care received via the Stroke Service**

J Thomas, Lead Nurse for Unscheduled Care and L Fowler, Allied Health Professionals (AHP) Improvement Lead shared a presentation with Members. The story:

- focussed on the patient's partner's experience as a carer after his stroke and extended hospital stay.
- highlighted emotional, psychological, and financial impacts on the carer, including feelings of isolation, anxiety, and lack of support during discharge and at home.
- highlighted positive aspects including the patient's hospital care and support from the Stroke Association after discharge, however gaps were identified in carer support, information, and preparation for discharge.
- outlined the immediate actions which included educating staff to extend compassionate care beyond the patient, identifying carer needs early, and sharing the story across clinical teams for reflection and improvement.
- Identified longer-term plans including improving information sharing, developing carer peer support (e.g., coffee mornings, Carers Week events), reviewing information boards, and rolling out carers passports to better identify and support carers.
- emphasised partnership working with third sector organisations and the need for ongoing support for carers, not just during hospitalisation but after discharge.

The Chair extended his thanks to colleagues for presenting the story, describing it as powerful, well-articulated, and a detailed exploration of the challenges faced by families after life-changing events like stroke. The Chair emphasised that many families experience similar situations and highlighted the need for better collaboration and support services, including partnership working with local government and third sector organisations. The Chair stressed the importance of supporting individuals who become carers unexpectedly, noted that the impact extends beyond the patient to the whole family and committed to improving support and collaboration, not just within the health board but with wider partners, to deliver what people need in these circumstances.

In response to a query raised by P Mears as to whether consideration had been given to utilising volunteers who were stroke survivors or carers with lived experience to regularly visit the stroke ward to talk with current patients and carers, offering peer support and sharing their journeys which may help to address feelings of loneliness and isolation after discharge, J Oliver confirmed that the carer identified in the story was willing to support with this alongside other patients who had expressed an interest in volunteering.

D Hurford highlighted the importance of preparing both the patient and the carer for discharge, noting that the carer's ability to cope was as crucial as the patient's readiness and expressed concern that if carers were not adequately supported, their own health may deteriorate due to stress and

anxiety, potentially leading to a cycle where both patient and carer require further care. D Hurford supported the idea of involving community services early and providing wraparound support, moving beyond viewing stroke care as just an acute service issue and offered help to improve the process if colleagues would find this helpful.

D Jouvenat emphasised the value of working with the third sector and suggested inviting Citizens Advice to Carers Week events to provide benefit checks and financial support and added that many people do not recognise themselves as carers, highlighting the need to help people identify themselves as being carers so they can access the appropriate support.

G Hughes stressed the importance of ongoing support for families after discharge, noting that vulnerability increases once the patient is home and highlighted the need to build relationships with community teams prior to discharge to ensure continuity of care and support.

C Donoghue advised she was struck by how overwhelming it must be for carers when all the equipment arrives at home, emphasising the emotional impact and raised concerns about assumptions made regarding carers' abilities and the risk of discharging patients before ensuring carers can cope, especially given system pressures. C Donoghue also highlighted the distress caused by being asked to sign a Do Not Resuscitate (DNR), noting that this was a significant and often unprepared-for issue for families, and suggested the process could be improved. D Hurford acknowledged the concern raised by C Donoghue about the distress of being asked to sign a DNR and advised they would follow up on how the process is handled outside the meeting, clarifying that unless someone has legal power, carers should not be signing DNR forms.

H Lentle raised concerns about older people and others in the community facing difficulties accessing services due to bureaucracy, communication issues, and technology barriers and questioned how the health board ensured vulnerable individuals were not falling through the system. Members noted the Health Board acknowledged the importance of inclusive communication and noted the ongoing work with quality, diversity, and communications teams to address these issues. Members noted that a patient contact transformation programme was being undertaken which focussed on inclusivity and preventing exclusion, including collaboration with third sector partners and noted the developing relationships with carers during inpatient care in order to identify needs early and ensure support systems were in place for discharge.

L Curtis-Jones advised that the carer would have been entitled to a carers assessment through the local authority, which could provide financial and other support and highlighted the existence of carers officers in each local authority and a regional carers network, stressing the importance of making

	links so unpaid carers do not miss out on the support that was available to them. P Roseblade highlighted that carers sometimes do not live with the patient, so caring may be done over a distance and questioned the communication between carers, community workers (such as district nursing), and the hospital stroke consultant, sharing personal experience of a lack of communication that resulted in unclear understanding of the patient's true problems during hospital appointments. P Mears agreed that continuity and integration between hospital-based care and community-based care needed improvement and emphasised the need for more effective dialogue between hospital clinicians and community staff. P Mears highlighted the importance of a digital record system to enable better communication, noting current challenges due to disjointed records between acute and community settings and added that better digital solutions would allow for efficient sharing of information and improve coordination between different parts of the hospital system. S Blackburn noted that while campaigns and awareness days like Carers Week were useful for raising the profile of carers, it would be important to ensure that this story was not just a one-off spotlight but becomes a launch for ongoing support and recognition and advised that the communications and engagement team would use all platforms and channels to listen to carers and share their stories, acknowledging that carers' responsibilities do not currently feature as highly as they should. R Hughes emphasised that the level of discussion generated by the story demonstrated the power of sharing human experiences and urged the board not to forget these stories when discussing services moving forward. R Hughes highlighted the tendency to focus on the acute element of stroke services, adding that the journey extends far beyond the acute setting. L Edwards expressed her gratitude to her colleagues for presenting the story and to the family for sharing personal details of a challenging time.
Resolution:	The Listening & Learning Story was **NOTED.**
4.	**GOVERNANCE / BOARD BUSINESS GOVERNANCE ACTIVITY**
4.1	**Action Log**
	The Chair presented the action log. Members referred to the action relating to the first action contained on the action log which had been on the action log since May 2024 and requested that a review of this action was undertaken to determine its validity. R Hughes agreed to undertake a review of the action outside the meeting and provide a response to the Board. In response to a query raised by H Lentle in relation to the action proposed for closure in regard to Ambulance Handover times, C Thompson confirmed that ambulance handover times data was now being included in the

	performance dashboard report and agreed to share a related report on ambulance handover performance with Board members for assurance. In response to a query raised by K Mason in relation to the last action being proposed for closure which related to strategic discussions about significant risks, C Thompson confirmed that this action will be addressed as part of the presentation later on the agenda regarding the Integrated Medium-Term Plan.
Resolution:	The Board **NOTED** the action log and agreed to close the actions being proposed for closure, subject to the above caveats.
4.2	**Matters Arising not Contained within the Action Log**
	There were no matters arising.
4.3	**Board Committee and Advisory Group Highlight Reports**
4.3.1	**Highlight Report from the Quality, Safety and Experience Committee**
	C Donoghue presented the highlight report from the Quality, Safety and Experience Committee held on the 20 January 2026 and provided a verbal update of the items the Committee wished to escalate to the Board at the meeting that was held on 24 March 2026, which included: • a winter wrap-up presentation that reviewed performance, quality initiatives, infection control, and patient care during winter pressures. The committee found assurance in maintained patient care and improved throughput but raised concerns about ongoing patient experience issues, such as boarding and seated areas in A&E affecting dignity and privacy. • A discussion on the health visiting staff strike and mitigation measures, as well as the risk score for special school nursing, noting improvements due to national and local developments • The ongoing issues with the LIMS deployment, with low confidence in meeting the September timeline, • Concerns regarding pharmacy prescribers at Ysbyty Cwm Rhondda (YCR) being pressured to prescribe outside their scope. R Hughes and L Edwards noted the value of the winter wrap-up discussion, advising that it set a blueprint for future committee reviews and emphasised the need to focus more on workforce experience and community risks, not just acute sector risks. The Chair emphasised the need to balance acute and community risk reporting, recognising the need for more information and focus on community care in board and committee agendas. Members agreed with the lack of visibility of community care in board reports, suggesting improvements in performance reporting and digital solutions to better capture community activity, risks, and outcomes. Members also stressed the importance of including primary, secondary, and tertiary prevention in future planning. The Chair advised that he would welcome the view of S Medlicott as to the type of information that could be included in Board reports moving forwards.

Resolution:	The Board **NOTED** the report
4.3.2	**Highlight Report for the Strategic Development Committee**
	K Palmer presented the highlight report for the Strategic Development Committee held on the 11 February 2026. In relation to the item contained within the alert/escalate section regarding the limitations and constraints of the current Secure Anonymised Information Linkage (SAIL) data model, S Morris clarified that whilst the local work was aligned with the national shared care record program, national funding and business case approval was delayed, which had prompted the Health Board to act proactively in terms of progressing with the local Population Health Management system and shared care records solution. K Mason suggested that it may be helpful to hold a Board Briefing on this matter on how local and national shared care record initiatives fit together to enable the Board to understand the position better. L Curtis-Jones welcomed the positive escalation that had been included in the report in relation to The Whole System: Whole Heart Strategy for Babies, Children and Young People (2025–2030) strategy and the positive impact this was having.
Resolution:	The Board **NOTED** the report
Action:	Board Briefing to be held in relation to how local and national shared care record initiatives fit together
4.3.3	**Highlight Report from the Stakeholder Reference Group**
	P Deenik presented the highlight report from the Stakeholder Reference Group which the Committee were asked to Note and Approve the Member nomination.
Resolution:	The Board **NOTED** and **APPROVED** the Member nomination.
4.3.4	**Highlight Report for the Mental Health Act Monitoring Committee**
	K Palmer presented the highlight report for the Mental Health Act Monitoring Committee which included two positive matters for escalation. In relation to the Deep Dive undertaken into Adult Detentions, G Hughes suggested sharing the comprehensive presentation on adult detentions more broadly with board members to increase awareness of the full service portfolio and the lifelong implications of detention.
Resolution:	The Board **NOTED** the report
Action:	Deep Dive into Adult Detentions to be shared with Board Members to increase awareness of the full service portfolio and the lifelong implications of detention.
4.4	**Audit Wales Structured Assessment 2025**
	D Griffiths presented the report and highlighted the following key matters for Members attention: • The review highlighted that the board conducts business effectively, manages risks well, and has a clear strategic vision and robust financial

	planning, but needs to show clearer impact from mitigating actions and measurable improvements in high-risk areas. • Six recommendations were made: improve risk reporting, address Welsh risk pool risks, embed audit actions, coordinate strategic programmes, standardise IMTP plans, and improve quality reporting. • The report and management response will be reviewed in detail by the Audit, Risk and Assurance Committee. G Watts provided an update on the clearance process, advising that whilst this would have normally been received at the Audit, Risk & Assurance Committee prior to Board, it was not possible to achieve this due to timings this year. G Watts extended his thanks to P Roseblade and S May for their clearance of the report and to R Hughes and C Thompson for their assistance in formulating some of the responses. Members noted that progress against recommendations would continue to be tracked by the Audit, Risk and Assurance Committee. G Watts also extended his thanks to N Couch and D Thomas for their continued support. The Chair also extended his thanks to Audit Wales colleagues for the way in which they had provided support to the Board and asked for his best wishes to be conveyed to D Thomas prior to his retirement.
Resolution:	The Board **NOTED** the report
4.5	**Audit Wales Annual Audit Report**
	D Griffiths presented the report and reiterated his thanks to Health Board officers and members for their cooperation and support throughout the year.
Resolution:	The Board **NOTED** the report
5.	**INSPIRING PEOPLE**
5.1	**Chair's Report**
	The Chair presented the report and highlighted the key matters for Members attention. In presenting the report, the Chair: • Emphasised the importance of publishing a "case for change" for the healthcare system this year, highlighting ambition, challenges, and opportunities for CTM over the next 5–10 years. • Recognised the work of colleagues in developing the clinical services plan and primary and community care strategy. • Celebrated the recent 40th year NHS service awards and announced preparations for the next annual awards, inviting board members to participate in judging.
Resolution:	The Board resolved to: • **NOTE** the report. • **RATIFY** the Affixing of the Common Seal
5.2	**Chief Executive's Report**
	P Mears presented his report and highlighted the key matters for Members attention. P Mears: • Announced de-escalation of cancer services from enhanced monitoring to routine arrangements, reflecting improved compliance and consistent

progress, though planned care and urgent/emergency care remain escalated.
- Provided an update on specialist palliative care engagement, with over 600 responses; proposals will return to the board in May after engagement concludes.
- Detailed ongoing industrial action by health visitors (Unite), explaining the dispute over job banding, the lack of agreed national job description, and efforts to resolve through ACAS talks and national coordination.
- Noted appended updates on shift pattern consultation (decision delayed to May) and Public Health Wales sexual health test and post service issues

H Daniel provided a detailed update in relation to the current position regarding the Health Visitors strike action, with the following key points noted:

- initial ACAS talks with Unite were limited, as Unite would only discuss moving all health visitors to Band 7, not other options.
- since then, informal communication with Unite has improved, but resolution is not expected immediately.
- that Unite had refused to discuss service derogations (critical cover during strikes), which is unusual compared to other strikes.
- Hoped to address derogations and broader options in upcoming ACAS talks.
- Outlined contingency arrangements to maintain core health visiting services, including communication channels and safeguarding prioritisation.

R Goode emphasised the human impact of the strike, noting health visitors' financial worries and reluctance to strike and raised concerns from Unite's letter about alleged pay issues for striking members, requesting clarification. H Daniel confirmed pay complexities due to strike, annual leave, and payroll timing, and confirmed that all health visitors were paid via fastest possible method (faster payments), and added that the issue was a process error, and was not deliberate. Members noted that further details on pay and Unite's letter would be discussed in closed session.

In response to a query raised by K Palmer as to whether there were any timescales attached the development of the national job description, H Daniel advised that whilst the first meeting for developing the national job description had taken place, no set timescales have been given. Members noted that whilst work was progressing, Unite and RCN were not currently participating in this process.

The Chair referred to an additional report appended to the Chief Executives report in relation to Public Health Wales Sexual Health Test and Post Service: Safeguarding and System Assurance Update and invited P Daniels to provide Board Members with an update.

	P Daniels explained that Public Health Wales became aware of issues with the sexual health test and post service in November 2025, including safeguarding failures, data handling errors, and manual process mistakes. Members noted that under-16s were able to access the online service by falsely claiming to be older, and safeguarding questionnaires were not validated for online use, leading to missed follow-ups for at-risk individuals. P Daniels added that there were patient safety concerns, such as false positives due to manual errors, and information governance issues where patient data was sent to incorrect health boards. Members noted that Public Health Wales had implemented immediate fixes, including automating processes, improving safeguarding checks, and commissioning an external review to address the root causes and ensure lessons were learned. P Daniels advised that the Health Board had responded by reviewing its own safeguarding procedures, directly contacting affected young people, and strengthening internal links between sexual health, safeguarding, and public health teams. Members noted that the Health Board was fully engaged with retrospective safeguarding processes and was awaiting further information from Public Health Wales, emphasising the importance of maintaining public confidence and updating local procedures as needed. R Goode expressed appreciation for the update, emphasised the importance of the sexual health test and post service, noting its value and uniqueness in reducing harms and risks, requested that the Board be kept updated on developments and expressed concern about Public Health Wales' transparency and openness in handling the issue. R Goode queried whether any patients living with bloodborne viruses (such as HIV) had their status inadvertently revealed to other health boards due to data handling errors, highlighting the potential impact on patient confidence and treatment adherence, and requested that CTM investigate this issue with Public Health Wales and ensure affected individuals receive appropriate support. P Daniels acknowledged that much of the service was run outside the Health Board and committed to maintaining communication with Public Health Wales to seek assurance regarding the concerns raised, including the handling of bloodborne virus data. P Daniels also confirmed that further announcements from Public Health Wales regarding bloodborne virus issues were expected and assured that Board would be kept updated as more information emerges. The Chair suggested that ongoing updates about the sexual health testing issue should be provided to the board, given its importance as a public health measure and recommended that the Quality, Safety & Experience Committee examine the issue in more detail to ensure robust confidence in the system and facilitate further understanding among colleagues.

	D Jouvenat questioned whether Public Health Wales had identified every person affected by the errors in sexual health testing and whether those individuals were receiving the necessary support and advised that whilst she felt confident in the Health Board's internal processes, she felt concerned about support mechanisms for those outside CTM. In response to a query raised by D Jouvenat as to whether Public Health Wales had put appropriate support mechanisms in place for all affected individuals, P Daniels advised that whilst he could not confirm at present that appropriate support mechanisms had been put into place, the purpose of commissioning an external review by Public Health Wales was to provide assurance that all affected individuals had been identified and supported. L Curtis-Jones advised that Local Authorities had not been made aware of these issues until they were invited to attend a meeting in February 2026 to discuss the matter. L Curtis-Jones highlighted concerns about safeguarding, specifically that underage users could register as older on the system and not be flagged, and that risk factors (like domestic violence) might not have been properly referred to the appropriate health boards. L Curtis-Jones also noted that the numbers of affected individuals provided by Public Health Wales seemed high, given that local authorities and health boards had not received corresponding referrals, which suggested a gap in communication and awareness. In response to a query raised by H Lentle about the timescale for the Public Health Wales review and whether the health board and others could put pressure to expedite it, P Daniels advised that the target date for completion of the review was the 18 April 2026. D Hurford emphasised the importance of focusing on patient safety issues as the priority, noting that Public Health Wales was asking health boards to assure they've reviewed their patients, which he considered to be the right process. D Hurford stated that there will be significant learning from the situation, mentioning that the Information Commissioners Office (ICO) referral would bring rigor and likely result in fines and clear guidance and expressed reassurance about the ICO's involvement highlighting safeguarding as the most significant issue. In response to a query raised by K Mason, P Daniels confirmed that the Board was likely to get sight of the terms of reference and scope of the independent review. The Chair discussed reviewing standing orders to ensure compliance with the duty of candour, expressing concern that current rules for in-committee discussions may not align with openness and transparency requirements and advised that he would reflect on this matter and would come back to the Board with his reflections and suggestions. P Mears suggested seeking input from others, such as Audit Wales and the Good Governance Institute, to

	improve the process and indicated this may be a topic for a national conversation and emphasised that matters should be discussed publicly unless there are clear reasons (e.g., commercial or personal data) for private discussion.
Resolution:	The Board: • **NOTED** the CEO report. • **NOTED** the Public Health Wales Sexual Health Test and Post Service: Safeguarding and System Assurance Update and **Agreed** that although the Health Board's Sexual Health Services have followed due process by making clinical decisions based on our internal 2020 SOP within professional discretion, the Health Board cannot yet provide full assurance that all of the safeguarding issues have been dealt with appropriately until the PHW expert group have concluded their investigations.
Action:	Quality, Safety & Experience Committee to examine the issue in relation to Sexual Health Testing in more detail to ensure robust confidence in the system and facilitate further understanding among colleagues.
6.0	**IMPROVING CARE**
6.1	**Integrated Performance Report (Quality, People & Operational Performance)**
	C Thompson introduced the report and together with Executive colleagues, highlighted a number of key items for Members attention. P Mears highlighted the positive news about vaccination rates, noting the collective success of the vaccination team, general practice, school nurses, and others in achieving high coverage, especially among children. P Mears added that despite general vaccine hesitancy, families were prioritising vaccinating their children, which was encouraging and suggested learning from the successful winter flu vaccination campaign to further improve uptake among families and communities. P Daniels advised that the teams were actively working with schools and education partners to improve vaccination programmes, including timing and promotion strategies and referenced ongoing conversations with S Blackburn regarding communications, especially targeting clinically vulnerable populations. P Mears noted that vaccination rates among children in the community were higher than among staff, indicating a need to improve staff vaccination strategies and emphasised the proven effectiveness of community-based models like the "It Takes a Village" campaign. P Mears referenced discussions at the CTM Leaders network about the campaign's success and the challenge posed by lower staff vaccination numbers, emphasising the importance of consistent messaging. R Rowlands acknowledged the CTM 2030 Leaders Network's involvement in vaccination efforts, noting that the concept of leveraging successful campaigns was introduced there, congratulated the team for continuing this

	collaborative approach and highlighted the opportunity to learn together and potentially replicate similar initiatives. R Rowlands referred to the recent Meningitis outbreak in England and shared a personal story about a friend facing difficulties in obtaining vaccination status from their local GP as a result of GDPR, which raised concerns about accessibility for students living away from home. D Hurford explained that as Caldicott Guardian, patient information could not be given over the phone due to legal and practical constraints and emphasised the importance of data protection. S Medlicott described a pragmatic approach being taken within GP practices and advised that if staff personally know the patient and recognise their voice, and the patient provides identifiable data, they may decide to share information. Otherwise, the response aligns with strict data protection protocols. S Morris stated that statutory advice around GDPR and related responsibilities for GP practices was not held by the Health Board but was commissioned from Digital Health and Care Wales. S Morris emphasised the need to ensure that the Health Board does not contradict advice provided by this commissioned body. R Rowlands praised a presentation she had recently witnessed by the Director of Facilities, describing it as fantastic and highlighting a strategic but compassionate approach to managing sickness absence performance. S Blackburn provided an update on the Listening to People initiative, which was awaiting communication materials, which would be used to engage both internally and externally with the CTM population. S Blackburn emphasised the need for consistent messaging across Wales and advised that promotion across corporate channels would begin as soon as the materials were received. The Chair referenced the de-escalation in cancer performance, noting improvements in getting people onto the single cancer pathway within the required timeframe, and highlighted the challenging target of reaching 80% by the end of March, stressing the importance of not becoming complacent with current performance levels (63-65%). The Chair sought assurance that work was ongoing to improve in order to achieve the target. G Hughes confirmed the ambition to reach 75% for the next year and outlined clear actions for each tumour site, adding that detailed plans and actions were in place to sustain and improve performance.
Resolution:	The Board **NOTED** the report.
6.2	**Integrated Medium Term Plan 2026 /2027 Approval**
	C Thompson, G Hughes and S May presented the report and shared a presentation with Members.

	P Mears confirmed that CTM was the only health board eligible to receive Welsh risk pool cover from Welsh Government, which was contingent on delivering a balanced plan for next year and emphasised the importance of this improvement incentive. P Mear described a helpful session with care groups, clinical directorates, clinicians, operational managers, business partners, and finance staff to review the plan for next year. Members noted that the session aimed to clarify objectives, challenges, and financial constraints, and showcased case studies from each care group demonstrating service improvements and quality enhancements, often achieved without significant additional funding. P Mears highlighted that these examples illustrated how improvements can be made through efficient use of resources and creative thinking. C Donoghue questioned whether the increase in senior-level posts indicated a top-heavy structure, referencing the shift from localities to care groups. H Daniel advised that the percentages appeared higher due to smaller numbers, noted the impact of a hosted organisation restructure, and explained that investments in nursing and general management leadership were intentional and necessary. P Mears added that CTM has the lowest headcount increase in senior grades nationally, acknowledged the need for ongoing review, and explained that transformation and change sometimes required additional capacity in key areas, emphasising the importance of flexible use of senior leaders across the organisation. Members noted that a skills analysis of the most senior leaders was currently being conducted to identify how people with specific skills could be brought together from across the organisation to support projects and transformational change programmes. K Palmer noted that the suicide prevention and self-harm strategy lacked specific actions in the plan and suggested these should be included and also observed that there appeared to be missing information regarding Learning Disability (LD) services and requested a double-check for completeness. C Thompson confirmed that work was ongoing with public health and L Curtis-Jones confirmed there was a suicide prevention strategy workshop planned, which would likely produce actions that could be included in the plan. N Mesher complimented the comprehensiveness of the plan, noting its complexity, expressed admiration for the detail included and reflected on the challenge of communicating and leading such a detailed plan, questioning how to distil its themes for the whole organisation and make it understandable for all staff. N Mesher also emphasised the importance of changing the language around savings, advocating for a focus on value and effectiveness rather than just efficiency, and highlighted the need to excite people about working smarter and achieving a balanced budget. P Mears agreed with the comments made and stated that after submitting the plan, there should be collaboration with the Communication Team to translate the

	plan into key messages for internal and external audiences, celebrating successes and positive aspects for the next 12 months. L Edwards advised that the event with clinical and corporate leaders was well attended, helped them make sense of the whole picture, with leaders expressing an interest in sharing the slides in their respective care groups to share relevant messages. K Mason endorsed the comments made in relation to communication of the plan, mentioning that visual materials (like diagrams) could help people understand how the plan fits into the overall strategy. The Chair emphasised that achieving a balanced financial plan does not mean the Health Board was not investing in services and stated that it was possible to aim to deliver within financial means and improve quality and highlighted the importance of explaining this to the community and external stakeholders, including new political stakeholders, what has been achieved over the past three years. S Blackburn advised that communicating with new political stakeholders was key, given that this resonated most in terms of demonstrating the value of the Health Board's work. G Hughes added that the workforce was eager to improve services for patients and highlighted the importance of engaging the community to maintain enthusiasm and ensure successful transformation. H Lentle referred to the 40-year staff celebration event and described it as a great place to start communicating about what the Health Board does and what its staff could achieve, highlighting that attendees spoke positively about their careers and the opportunities for change and growth within the organisation.
Resolution:	The Board agreed to approve the IMTP for submission to Welsh Government, with the caveat that approval was contingent on written confirmation being received that Welsh Government would provide cover for the Welsh Risk Pool element.
6.3	**Strategy Deployment Framework for 2026 / 2027**
	C Thompson presented the Strategy Deployment Framework (SDF), advising it had been reviewed by the Strategic Development Committee (SDC) and was now before the Board for approval for use in 2026/27. Members noted that the framework aligned four key strategic initiatives within the accountability framework and operational metrics. C Thompson highlighted the integration of interrelated streams of work, including secondary care, fragile services, primary community care transformation, integrated community care services, and mental health transformation, as part of the strategic clinical services plan.

	Members noted the ongoing national work being undertaken in relation to the National Clinical Services Plan and the plans to provide further updates to the Committee and at a future Board Development Session. K Palmer emphasised the importance of being clear on milestones and timescales within the framework, which was acknowledged.
Resolution:	The Board **APPROVED** the Strategic Deployment Framework for 2026 / 2027
6.4	**Board Assurance Framework Report**
	G Watts presented the report highlighting the updates to risks were in red text. G Watts referenced previous discussions at the Board Development Session held at the Princess of Wales Hospital in relation to deploying the Board Assurance Framework to assist with agenda planning and future board development sessions, which was in the process of being worked through. D Hurford commented that the Board Assurance Framework highlighted system-level drivers of clinical risk rather than individual specialties and reassured that clinical risks and red-rated delivery areas were included, with mitigation and management approaches in place.
Resolution:	The Board **APPROVED** the Board Assurance Framework Report
6.5	**Highlight Report from the South East Wales Regional Joint Committee**
	G Watts introduced the highlight report from the second meeting of the South East Wales Regional Joint Committee, held at the end of February. Members noted that the committee received updates on the regional programme across multiple areas, including updates in relation to the current status of Business Case approvals associated with the Llantrisant Health Park. Members also noted ongoing discussions were taking place in relation to delegating approval of the full business case for phase two Orthopaedics at the Llantrisant Health Park to the Regional Joint Committee, rather than individual health boards, with plans to bring this back to the Board at a future meeting.
Resolution:	The Board **NOTED** the report.
7.	**SUSTAINING OUR FUTURE**
7.1	**Financial Performance Report**
	S May presented the month 11 finance report, highlighting a positive month with a £1.3 million surplus, leaving a year-to-date deficit of £0.1 million, expected to be eliminated by year-end for a break-even position. Members noted the strong capital position, with S May praising the small capital and procurement teams for managing the workload. G Hughes also recognised the capital team's effort and stressed the importance of communicating investment in infrastructure to the workforce, noting the advantage of a balanced financial position for strategic planning. S May mentioned the Wales Audit Office review of estates resilience and the operational challenges of delivering improvements alongside live clinical

	services and also mentioned approval for the phase three works at Prince Charles Hospital, enabling completion of the scheme and compliance. The Chair thanked S May and the team for their efforts, emphasising the importance of balancing resources to allow strategic focus and expressing appreciation for the challenging work.
Resolution:	The Board **NOTED** the report
7.2	**CTMUHB Climate Action Plan 2026-2030**
	C Thompson presented the CTM Climate Action Plan for 2026–2030, noting its endorsement by the Strategic Development Committee (SDC) and submission for Board approval. Members noted that the plan aligned with new national decarbonisation and climate adaptation strategies from Welsh Government and contained 50 mandated actions. C Thompson advised that an Environmental Sustainability Group (ESG) has prioritised and assessed deliverability of these actions, with monitoring to be undertaken through the ESG and into SDC. K Palmer expressed appreciation to C Thompson and C Shaw for their significant contribution to the plan's development.
Resolution:	The Board **APPROVED** the Climate Action Plan 2026-2030
7.3	**Cwm Taf Morgannwg NHS Charity Branding**
	S Blackburn and A Sampson presented the new CTM NHS Charity branding, highlighting increased charity activity, improved visibility, and the need for a coherent, accessible identity. The branding process involved extensive stakeholder engagement, including local communities, partners, and fundholders, to ensure the brand is relevant and trusted. The new brand focuses on making a difference, using real-life stories and a people-centred, outcomes-based narrative. The visual identity features a butterfly/heart symbol, aiming for a modern, fresh, and locally connected look. The decision to retain "CTM NHS" in the name was based on stakeholder feedback prioritising trust, credibility, and NHS association over conceptual names. Rollout will begin with digital assets, staff communications, and high-traffic areas, alongside the launch of a fundraising lottery. D Jouvenat, as Charitable Funds Committee Chair, endorsed the branding, praised stakeholder involvement in the development of the brand, and highlighted the use of real-life local stories and events within the brand. In response to a question raised by R Goode about public understanding of "CTM," A Sampson explained that research showed stakeholders preferred retaining CTM and NHS for connection and clarity. The Chair thanked A Sampson for their promotional work and advocacy for the charity, noting increased visibility and engagement.
Resolution:	The Board: • **NOTED** the work undertaken to develop a refreshed narrative and visual identity for Cwm Taf Morgannwg Charity.

	• **ENDORSED** the proposed brand direction, retaining the CTM NHS Charity name while introducing a refreshed brand from April 2026.
	CONSENT AGENDA
8.1	**FOR APPROVAL**
8.1.1	**Unconfirmed Minutes of the meeting held on 29 January 2026**
Resolution:	The minutes were **APPROVED.**
8.1.2	**Unconfirmed Minutes of the In Committee meeting held on 29 January 2026**
Resolution:	The minutes were **APPROVED.**
8.1.3	**Annual Review and Amendments of Standing Orders and Standing Financial Instructions**
Resolution:	Standing Order Amendments were **APPROVED**
8.1.4	**Annual Cycle of Business for 2026**
	The Annual Cycle of Business was **APPROVED**
8.2	**FOR NOTING**
8.2.1	**Non-Routine Board Business (Forward Plan)**
Resolution:	The Non-Routine Board Business (Forward Plan) was **NOTED.**
8.2.2	**Board Committee and Advisory Group Highlight Reports**
Resolution:	The report was **NOTED.**
8.2.3	**Joint Commissioning Committee Highlight Report**
Resolution:	The report was **NOTED.**
9.	**CLOSE OUT BUSINESS**
9.1	**Any Other Business**
	There was no other business to report.
9.2	**Meeting Feedback**
	The Chair requested feedback on this meeting within the next two weeks.
10.	**Private/In Committee Session**
	Members noted that the following items were received in the In Committee session: • Microsoft 365 Enterprise Agreement Renewal
11.	**DATE AND TIME OF NEXT MEETING** The next meeting will be held on Thursday 21 May 2026 at 9.00am
12.	**Close of Meeting**

Agenda Item	8.1.2

Unapproved Minutes of the In Committee Board

Date and Time of Meeting	Thursday 26th March 2026 at 9:00am
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Paul Mears	Chief Executive Officer
	Dilys Jouvenat	Independent Member – Third Sector (Virtually)
	Carolyn Donoghue	Independent Member – University (In part)
	Hayley Proctor	Independent Member – Trade Union
	Patsy Roseblade	Independent Member – Finance (Virtually)
	Neil Mesher	Independent Member – Commercial Business
	Kathy Mason	Independent Member – Digital (In part)
	Helen Lentle	Independent Member – Legal
	Rachel Rowlands	Independent Member – Community
	Rhys Goode	Independent Member – Local Authority
	Sally May	Executive Director of Finance
	Philip Daniels	Executive Director of Public Health (In part)
	Dom Hurford	Executive Medical Director (In part)
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Claire Thompson	Executive Director of Strategy & Transformation
	Lauren Edwards	Executive Director of Allied Health Professionals & Health Sciences
	Richard Hughes	Executive Director of Nursing
	Paul Deenik	Associate Board Member
	Sarah Medlicott	Associate Board Member

In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Simon Blackburn	Director of Communications, Engagement & Fundraising (Virtually)
	Stuart Morris	Director of Digital
	Emma Walters	Head of Corporate Governance & Board Business

Agenda Item	**Meeting Business**
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	The Chair welcomed everyone to the meeting.
1.2	**Apologies for Absence**
	Apologies for absence were received from: • Alex Brown, Associate Board Member • Lisa Curtis-Jones, Associate Board Member
1.3	**Declarations of Interest**
	L Edwards declared that she was a Member of the UNITE Union.
2.	**MAIN AGENDA**
2.1	**Microsoft 365 Enterprise Agreement Renewal**
	S Morris presented the report and advised that the agreement had been approved by the Executive Management Board and was being presented to Board for information only.
Resolution:	The report was **NOTED.**
3.	**CLOSE OUT BUSINESS**
3.1	**Any Other Business**
	The Chair advised that there were two matters for discussion under Any Other Business. The first item related to an update in relation to correspondence received from the UNITE union in relation to the Health Visitor Industrial Action. A detailed discussion was held in relation to the content of the correspondence and the actions that would be undertaken to address the matters raised. Members noted that further discussions would be held at Board Briefing sessions in relation to this matter. The second item discussed related to correspondence received from the Public Services Ombudsman for Wales. Members noted that a review was being

	undertaken within the Health Board to look into the matters raised in the correspondence. It was noted that the Board would be kept updated on the progress made in this area.
4.	**DATE AND TIME OF NEXT MEETING**
	The next Board meeting would be held on Thursday 21st May 2026.

Agenda Item
8.1.3

CTM Health Board

Joint Commissioning Committee Governance Framework

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Aaron Fowler, Committee Secretary NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Aaron Fowler, Committee Secretary NWJCC
Noddwr yr Adroddiad / Report Sponsor	Ian Green, Chair of the NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
ToR - Quality Safety and Outcomes (QSOC) Sub-Committee	23 February 2026	Endorsed Feedback assisted in developing the drafts
ToR - Planning Performance and Finance (PPF) Sub-Committee	26 February 2025	Endorsed Feedback assisted in developing the drafts
PPF and QSOC ToR - Joint Commissioning Committee	17 March 2026	The JCC Endorsed the updated ToR
Senior Leadership Team NWJCC and HB Director of Corporate Governance Draft Standing Orders and Standing Financial Instructions	13 April 2026	Feedback received and assisted in finalising the documents
Joint Committee - Draft Standing Orders and Standing Financial Instructions	26 May 2026	To be Approved

1. SITUATION

The purpose of this report is to present the NHS Wales Joint Commissioning Committee's (JCC) updated governance framework. In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to Local Health Boards (LHBs).

2. BACKGROUND

The Governance Framework for the JCC contains several key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of LHBs and have been developed within that context.

The Governance Framework of the JCC contains the following.

Figure 1 – JCC Governance Framework

2.1 Standing Orders and Standing Financial Instructions

The Seven LHBs approved the JCC Standing Orders (SOs) and Standing Financial Instructions (SFIs) in March 2024. There were subsequently adopted by the Joint Committee at its inaugural meeting on 8 April 2024 following which they were included as a schedule to each of the Health Boards (HBs) own SOs and have effect as if incorporated within them.

During October 2025, WG issued updated Model Standing Orders for the NWJCC. The purpose of these amendments was to ensure consistency relating to the timescales for the publication of board and committee agendas and papers. Updates to the JCC's Standing Orders to incorporate these changes were approved at the November 2025 Joint Committee meeting.

A further review of the NWJCC Governance Framework commenced during Q3 of 2025-2026. Attached at **Appendix 1** is a table of the proposed amendments to the Standing Orders. The changes are largely administrative in nature and seek to either re-format or re-define the content of each document, or update sections to reflect operational reality. The changes to the Standing Financial Instructions are also mainly administrative. The more substantial updates include the following.

- Section 11 (highlighted in blue) replaced for the updated Procurement Regulations (including Schedule 1) and updated references for NWJCC/JCCT.
- Addition of a debt recovery paragraph in section 9 to reflect current processes.

Attached as **Appendices 2 and 3** are tracked changes versions of the Standing Orders and Standing Financial Instructions for approval.

2.2 Scheme of Delegation and Reservation of Powers

The NWJCC's Scheme of Reservation and Delegation of Powers forms an annex to the NWJCC's SOs, which form a schedule to each HBs own SOs and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the NWJCC's business:

- Those matters reserved for HBs;
- Those matters delegated from HBs and reserved for the NWJCC; and
- Those matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate).

The Scheme of Delegation was approved by the JCC in May 2025 and was subsequently approved by Health Boards in July 2025. At present no changes are proposed to these documents.

2.3 The Hosting Agreement (HA) and memorandum of Agreement (MoA)

The Hosting Agreement (HA) and the Memorandum of Agreement (MoA) were endorsed by the Joint Committee on 17 September 2024 and were approved by the seven HBs at their September 2024 Board meetings. The governance arrangements within the Hosting arrangement have been working effectively. There is regular dialogue between the JCC and officers at Cwm Taf University Health Board (CTMUHB), complemented by more formal meetings between the two Accountable Officers where the Hosting Arrangements are discussed.

A formal review of the Hosting Agreement is scheduled during Q1 of 2026/27.

2.4 Accountability Map and Guidance on the Handling of Interests

The Accountability Map outlining the formal accountabilities and relationships between Welsh Government, LHBs, CTMUHB (as the JCC Host Body), the JCC and its Team; and the Guidance on the Handling of Interests which sets out the arrangements for the appropriate handling of declarations of interests within the NWJCC's business, were both received by the Joint Committee at its inaugural meeting on 8 April 2024. The Guidance on the Handling of Interests has been updated and minor changes have been proposed in track and attached at **Appendix 4.** No changes are proposed to the Accountability Map.

Appendices 1-4 will be presented to the May 2026 JCC meeting for endorsement.

2.5 JCC SUB-COMMITTEE STRUCTURE

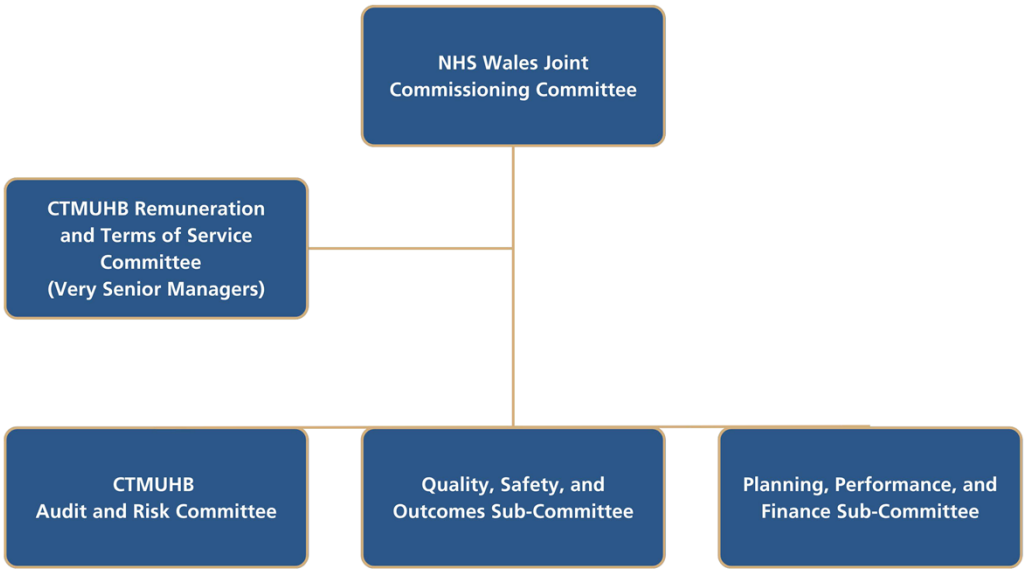
Paragraph 5.5 of the NWJCC Standing Orders states that the Joint Committee shall determine, for agreement by Health Boards, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent Health Boards.

Paragraph 5.8 of the Standing Orders states that "As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:

- Audit and Risk
- Quality, Safety and Outcomes
- Planning and Performance"

The NWJCC Sub-Committee structure was established in January 2025 with the introduction of the Quality, Safety and Outcomes (QSOC) and Planning, Performance and Finance (PPF) Sub-Committees. The NWJCC's Audit and Risk assurance arrangements are serviced by the CTMUHB Hosted Bodies Audit, Risk and Assurance Committee.

Figure 2 –JCC Sub-Committee Structure



Sub-Committee Terms of Reference are subject to annual review (Para 16.1 of the respective ToR). Following a full year of operation, consideration has therefore been given to the content of the QSOC and PPF ToR, and how they align with the NWJCC's governance framework and operational structure.

Updated QSOC and PPF ToR are presented at **Appendix 5** and **Appendix 6** for final approval, having previously been endorsed by the NWJCC Sub-Committees and Joint Committee. Proposed changes are detailed in track.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Resilient Wales
	If more than one applies please list below: A Healthier Wales A More Equal Wales

Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATIONS

Board Members are asked to **Approve:**

- the updated Standing Orders for the JCC (**Appendix 2**) [subject to formal approval by the NWJCC at the Joint Committee meeting of the 26 May 2026]
- the updated Standing Financial Instructions (SFIs) for the JCC (**Appendix 3**). [subject to formal approval by the NWJCC at the Joint Committee meeting of the 26 May 2026]
- the updated Guidance on the Handling of Interests (**Appendix 4**).
- the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee (**Appendix 5**); and
- the updated terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee (**Appendix 6**).

5. NEXT STEPS

Following approval, the revised JCC Governance Framework will be published on the NWJCC website, and all hyperlinks within the associated documents will be updated to reference these approved materials.

CTMUHB Board – Annual Cycle of Board Business

(1st January 2026 to the 31st December 2026)

The Annual Cycle of Committee Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business. The Annual Cycle of Board Business will be complemented by a "Non-Routine Board Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Board is set out in CTMUHB's standing orders which is available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales), however, the Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

The membership of CTMUHB Board is available here: Board Members - Cwm Taf Morgannwg University Health Board. The Board meets at **least 6 times per annum**. Its anticipated that an Extra-ordinary Board Meeting will be required in June 2026.

Board Chair:	**Board Vice Chair**	**Executive Leads for Agenda Planning**
• Jonathan Morgan, UHB Chair	• Kath Palmer, Vice Chair	• Gareth Watts, Director of Corporate Governance & Board Business

Link to: Board Assurance Framework Dashboard

CTMUHB Board Business:

Improving Care Strategic Goal aligned to Committee Business
- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Shared Listening & Learning Story	Executive Director of Nursing	All Regular Meetings	✓		✓		✓ Not reqd		✓		✓		✓		X	✓	Some stories may have already been received at the Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Shared Listening & Learning Stories Annual Reflection	Executive Director of Nursing	Annually											✓		X	✓	The annual reflection may have already been received at the Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Putting Things Right Annual Report	Executive Director of Nursing	Annually									✓				X	✓	Quality, Safety & Experience Committee	Yes	Learning will support and inform mitigation for Strategic Risk 2
Ombudsman Annual Letter and Annual Report	Executive Director of Nursing	Annually											✓		✓	X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2

Improving Care Strategic Goal aligned to Committee Business CONTD.

- Delivering Safe and Compassionate Care
- Developing new models of care
- Digital Transformation for patients and staff
- Ensuring timely access to care

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Safeguarding Annual Report	Executive Director of Nursing	Annually													X		Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Carers Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Clinical Education Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Infection, Prevention & Control Annual Report	Executive Director of Nursing	Annually														X	Quality, Safety & Experience Committee	No	Learning will support and inform mitigation for Strategic Risk 2
Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing	Every Six Months														X	Quality, Safety & Experience Committee	TBC	Strategic Risk 3
Board Assurance Framework Report	Director of Corporate Governance / Board Secretary	All Regular Meetings													X		Executive Management Board	No	Not applicable
Annual Review of the Risk Management Strategy & Framework	Director of Corporate Governance / Board Secretary	Annually													X		Audit, Risk & Assurance Committee	No	Not applicable - Setting of the risk management framework.
Audit Wales Structured Assessment and Audit Letter	Audit Wales Performance Lead	Annually													X		Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF
Ministerial Advisory Group Updates	Chief Executive	Quarterly													X		Operational Delivery Committee	Yes	Responsive action will support the mitigations for risks within the BAF.

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	**Executive Lead / Or External Lead**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. Board Committee**	**Onward Reporting into WG**	**Alignment to Strategic Risks on the BAF**
Welsh Language Standards Annual Report	Executive Director for People	Annually														X	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 7
Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings													X		Operational Delivery Committee	No	Strategic Risk 1 Strategic Risk 2 Strategic Risk 3 Strategic Risk 8 Strategic Risk 11
Our Models of Care/Service Transformation: • Integrated Care Model • Llantrisant Health Park • Primary Care & Community • Mental Health Transformation	Chief Operating Officer	As and when required													X		Operational Delivery Committee Strategic Development Committee	No	Strategic Risk 1 Strategic Risk 2 Strategic Risk 3 Strategic Risk 8 Strategic Risk 11
Audit Wales Annual Audit Report	Audit Wales – Finance & Performance Lead	Annually													X		Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	**Executive Lead / Or External Lead**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. Board Committee**	**Onward Reporting into WG**	**Alignment to Strategic Risks on the BAF**
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually														X	Audit, Risk & Assurance Committee	No	Management responses to recommendations will support the mitigations for risks within the BAF
NWSSP Internal Audit Services – Head of Internal Audit Opinion	Head of Internal Audit	Annually						Extra-Ordinary Board Meeting							X		Audit, Risk & Assurance Committee	Yes	

Business Continuity Planning *(EPPR Annual Compliance Statement – Outlining Strategic Responsibility)*	Executive Director of Strategy & Transformation	Annually														X	Strategic Development Committee	No	Strategic Risk 1
Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually														X	Operational Delivery Committee	Yes	Activity outlined in the plan will have been considered with alignment to the BAF in the prioritisation process.
Strategy Deployment: • Digital • People Plan • Health Protection	Executive Director of Strategy & Transformation Director of Digital Executive Director for People Executive Director of Public Health	As and when required					Strategy Deployment Framework		~~People Plan~~ NHS Wales Staff Survey 2025							X		Strategic Development Committee	No	All Strategic Risks
Joint Commissioning Committee (JCC) Annual Update	JCC Lead	Annually						Defer to July 2026								X		No	No	Strategic Risk 1 Strategic Risk 2

Improving Care Strategic Goal aligned to Committee Business CONTD. • Delivering Safe and Compassionate Care • Developing new models of care • Digital Transformation for patients and staff • Ensuring timely access to care																			
Items of Business	**Executive Lead / Or External Lead**	**Reporting Frequency**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Consent Agenda**	**Main Agenda**	**Prior Reporting Requirements e.g. Board Committee**	**Onward Reporting into WG**	**Alignment to Strategic Risks on the BAF**
Capital Plans & Business Cases (in accordance with Scheme of Delegation)	Executive Director of Finance	All Regular Meetings as and when required													X		Operational Delivery Committee	Case dependent	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7
Strategic Business Cases for Approval	Executive Lead assigned to topic area	All Regular Meetings as and when required													X		Strategic Development Committee	Case dependent	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7

Creating Health Strategic Goal aligned to Committee Business

- Reducing Health Inequalities
- Equal focus on Mental Health and Physical Health
- Supporting our communities
- Being a Healthy Organisation

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually													X		Strategic Development Committee	No	Strategic Risk 2 Strategic Risk 8
Seasonal Planning Update	Chief Operating Officer	Annually													X		Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 8
CTM2030: Building Healthier Communities Together – Strategy Deployment Update	Executive Director of Strategy & Transformation	Annually													X		Strategic Development Committee	No	All Strategic Risks
Annual Review of the WBFGA Statement and Objectives	Executive Director of Public Health	Annually					Defer to Sept								X		Strategic Development Committee	No	Strategic Risk 7 Strategic Risk 8 Strategic Risk 11
SEW RJC Annual Review of Effectiveness & Activity	Director of Corporate Governance	Annually													X		No	No	
SEW RJC Terms of Reference	Director of Corporate Governance	Annually													X		No	No	
SEW RJC Highlight Report	Director of Corporate Governance	As and when required													X		No	No	

Inspiring People Strategic Goal aligned to Committee Business

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

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Chief Executives Report	Chief Executive	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	No	No	Topic dependent alignment to the BAF.
Chairs Report *(Inc. Affixing of the Common Seal /and Chairs Urgent Action)*	Chair	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑	No	No	Topic dependent alignment to the BAF.
Annual Review and any Amendments of Standing Orders and Standing Financial Instructions	Director of Corporate Governance/Board Secretary	Annually and as and when amendments required.			⚑										⚑	X	Audit, Risk and Assurance Committee	No	Not applicable
Annual Report *(including Performance Report. Accountability Report and Remuneration Report)*	Director of Corporate Governance / Board Secretary	Annually						⚑ **Extra-Ordinary Board Meeting**							X	⚑	Audit, Risk and Assurance Committee	Yes	The Annual Report will reference the Strategic Risks facing the Health Board.
Annual Equality Report	Executive Director for People	Annually											⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 2
Strategic Equality Plan	Executive Director for People	Annually									⚑				X	⚑	Strategic Development Committee	No	Strategic Risk 2
NHS Staff Survey	Executive Director for People	Annually											⚑		X	⚑	Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 3 Strategic Risk 4 Strategic Risk 7
Speaking Up Safely Annual Update	Director of Corporate Governance	Annually							⚑						X	⚑	Audit, Risk & Assurance Committee	No	Strategic Risk 3

Sustaining our Future Strategic Goal aligned to Committee Business

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

Items of Business	Executive Lead / Or External Lead	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. Board Committee	Onward Reporting into WG	Alignment to Strategic Risks on the BAF
Annual Statutory Accounts	Executive Director of Finance	Annually						Extra-Ordinary Board Meeting							X		Audit, Risk and Assurance Committee	Yes	Strategic Risk 9
Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually													X		Charitable Funds Committee	No – Charity Commission.	Strategic Risk 2 Strategic Risk 9
Financial Performance Report	Executive Director of Finance	All Regular Meetings													X		Operational Delivery Committee	No	Strategic Risk 9
Capital Update	Executive Director of Finance	Quarterly													X		Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 9
Climate Action Plan *(Endorse Annual Plan Submission and Carbon Emissions Submission to WG)*	Executive Director of Strategy & Transformation	Twice Per Annum			Annual Plan						Carbon Emissions				X		Strategic Development Committee	Yes	Strategic Risk 7
Healthy Travel Plan *(Deployment Update -Output Measures and Success)*	Executive Director of Public Health	Annually													X		Strategic Development Committee	No	Strategic Risk 7 Strategic Risk 8
Annual Review of the Wellbeing of Future Generations Act Statement & Objectives	Executive Director of Public Health	Annually													X		Strategic Development Committee	Yes	Strategic Risk 7 Strategic Risk 8 Strategic Risk 10 Strategic Risk 11
Annual allocation of budget setting	Executive Director of Finance	Annually													X		Operational Delivery Committee	No	Strategic Risk 2 Strategic Risk 9

Governance / Board Business Governance Activity

- To support a strong governance framework to support effective and efficient Board Business.
- Creating a culture of integrity, transparency, and accountability

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB
Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meeting	⚑		⚑		⚑		⚑		⚑		⚑		⚑ (where there are no matters to escalate)	⚑ (where there are matters to escalate)	No
Board Committee Annual Reports	Director of Corporate Governance/Board Secretary	Annually							⚑						⚑	X	No
Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ If all actions are complete	⚑ If there are actions in progress / overdue actions	No
Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X	No
Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X	No
Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑ Annual Review		⚑ Except for the annual review in November	⚑ Annual Review in November only	No
Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑ Formal Assmt defer to July		⚑		⚑		⚑		X	⚑	No

CTMUHB Board Assurance Framework Dashboard

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future  Click Here for Risk 1a Click Here for Risk 1b	**a) Enough capacity to meet elective demand** **b) Enough capacity to meet emergency demand**	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future  Click Here for Risk 2	**Ability to deliver improvements which transform care and enhance outcomes**	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  Click Here for Risk 3	**Enough workforce to deliver the activity and quality ambitions of the organisation** *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future  Click Here for Risk 4	**Effective Community and Partner Engagement in service changes and developments**	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future  Click Here for Risk 5	**Delivery of a digital and information infrastructure to support organisational transformation**	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future  Click Here for Risk 6	**Ability to maintain a safe and fit for purpose estate infrastructure**	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  Click Here for Risk 7	**Fulfilling our Environmental and Social Duties and ambitions**	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  Click Here for Risk 8	**Prevention and early Intervention to support Healthy Life Expectancy**	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  Click Here for Risk 9	**Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)**	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  Click Here for Risk 10	**Ability to develop a fit for the future estate to reflect our future clinical service model**	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care  Click Here for Risk 11	**Delivery of an Integrated Care Model**	Chief Operating Officer	Strategic Development Committee

Health Board Meeting – Non Routine Board Business Forward Plan

(1st January 2026 to the 31st December 2026)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
3 January 2024	Request received from the Assistant Director of Governance & Risk for this item to be added to the forward work programme for Board	Assistant Director of Governance & Risk	Agency Reduction Plan and Decision Making Framework for CTM	To be added to Board Forward work programme following receipt of Welsh Health Circular in January 2024 which identified specific actions for Board/Committees	Deputy Director of People	Executive Director for People	To be agreed	**In Progress** Awaiting confirmation from the Executive Director for People as to whether this item is still applicable for Board
6 June 2024	Request received by email from the Assistant Director of Transformation	Assistant Director of Transformation	Options appraisal Future of Health Services in the Llynfi Valley	To be presented to the Board for approval	Assistant Director of Transformation	Executive Director of Strategy & Transformation	28 November 2024 27 March 2025 Now May 2026	**On agenda** Will now be presented to **May 2026 Board**
	Request received from the Director of Digital asking for this to be added to the Board agenda	Director of Digital	Business Case for Connecting care	To be presented to Board for approval	Director of Digital	Director of Digital	28 November 2024	**In progress** Awaiting revised date for presentation
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Healthy Weight Roadmap	To be presented to the Board for approval	Executive Director of Public Health	Executive Director of Public Health	31 July 2025 Was 27 November 2025 26 March 2026 21 May 2026 **Now 30 July 2026**	**In progress** Will be presented to the Board in July 2026
02/07/2025	Email request from the Assistant Director of Governance & Risk	Executive Director of Finance	Disposal of Pontypridd Cottage Hospital	To be presented to Board for Approval	Executive Director of Finance	Executive Director of Finance	27 November 2025 29 January 2026 **Now 21 May 2026**	**On agenda** This has been included in the Capital Update report on the agenda for the May 2026 meeting
31/07/2025	Captured as an action at the July 2025 Board meeting	Executive Medical Director	Listening & Learning Story – Transition of Care from Paediatrics to Adult Services	Progress update to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation	Executive Medical Director	Executive Medical Director	30 July 2026	**In progress** Will be presented to the July 2026 Board
27/11/2025	Reference made to this item at the November 2025 Public Board by the Executive Director for People	Executive Director for People	Focussed report on Behaviours	Report to include evidence-based behaviour change techniques	Executive Director for People	Executive Director for People	Was 26 March 2026 **Date now to be confirmed**	**In progress** Date for presentation to be confirmed.
2/12/2025	Email request received from the Chief	Chief Pharmacist Medicines governance	TRAMS Project – Final Business Case	To be presented to Board for approval	Chief Pharmacist Medicines governance	Executive Medical Director	30 July 2026	**In progress** This will be presented to

	Pharmacist Medicines governance							the July 2026 Board meeting
26/02/2026	CEO made reference to this report at the Board Development session on 26 February	CEO	Palliative Care provision at Ysbyty Cwm Cynon	To be presented to Board for approval	Chief Operating Officer?	Chief Operating Officer?	21 May 2026	**On Agenda** This is being presented to the May 2026 Board meeting
13/04/2026	Email request from the Executive Director of Public Health	Executive Director of Public Health	Creating Health Annual Report	To be presented to Board for information	Executive Director of Public Health	Executive Director of Public Health	21 May 2026	**On Agenda** This is being presented to the May 2026 Board meeting
11/05/2026	Captured as an action on the Board action log	Executive Director for People	Shift Patterns Update	To be presented to Board for approval	Executive Director for People	Executive Director for People	30 July 2026	**In progress** An update has been included in the CEO report for May 2026 Board and a further update is planned for the July 2026 Board
Completed Items								
8/12/2025	Identified as an item for approval at Board at agenda planning session for the January Charitable Funds Committee	Head of Charity & Income Generation	CTM NHS Charity Branding	To be presented to Board for approval	Head of Charity & Income Generation	Director of Communications, Engagement & Fundraising	29 January 2026 **Now 26 March 2026**	**Completed** Received at the March 2026 meeting.
04/02/2026	Email request received from the Assistant Director for Digital Delivery	Assistant Director for Digital Delivery	Microsoft Enterprise Agreement Renewal	To be presented to Board for approval	Director of Digital	Director of Digital	26 March 2026	**Completed** Received at the March 2026 meeting.
26/02/2026	Chair made reference to this report at the Board Development session on 26 February	Chair	Public Health Wales issues re sexual health testing	To be presented to Board for discussion	Executive Director of Nursing/Executive Director of Public Health	Executive Director of Nursing/Executive Director of Public Health	26 March 2026	**Completed** Received at the March 2026 meeting.

Agenda Item
8.2.3

CTM Health Board

Annual Assurance Report on Compliance with the Nurse Staffing Level (Wales) Act

Dyddiad y Cyfarfod / Date of Meeting	21/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tanya Tye, Senior Nurse Professional Practice & Nurse Staffing Lead
Cyflwynydd yr Adroddiad / Report Presenter	Richard Hughes, Executive Director of Nursing, Midwifery and People's Experience
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing, Midwifery and People's Experience

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Unscheduled care Nurse Staffing Template sign off meeting	02/09/2025	Templates signed off by EDoN
Planned Care Nurse Staffing Template sign off meeting	08/04/2025 04/09/2025	Templates signed off by EDoN
Paediatric Nurse Staffing Template sign off meeting	09/04/2025 02/09/2025	Templates signed off by EDoN

Acronyms / Glossary of Terms	
NSLWA	Nurse Staffing Levels Wales Act
CTMUHB	Cwm Taf Morgannwg University Health Board
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
PoW	Princess of Wales Hospital
HB	Health Board
WTE	Whole Time Equivalent
RN	Registered Nurse
HCSW	Health Care Support Worker
SAU	Surgical Assessment Unit
ANP	Advanced Nurse Practitioner

1. Situation /Background

1.1 The Nurse Staffing Levels (Wales) Act 2016 (the "Act") was introduced in March 2016 and came into force in April 2018 for all acute adult medical and surgical inpatient wards. From 1 October 2021, the Act's second duty was extended to include paediatric inpatient wards.

1.2 In accordance with Section 25E of the Act, the Health Board must report annually on compliance with maintaining the nurse staffing level in all wards to which Section 25B applies. This annual assurance report covers the period 6 April 2025 to 5 April 2026.

1.3 This report has been prepared using the nationally agreed template endorsed by the All-Wales Nurse Staffing Programme.

1.4 The Committee is asked to receive and note the following:

- The 2025–2026 Nurse Staffing Levels (Wales) Act Annual Assurance Report (Appendix A) and ward staffing levels (Appendix B).
- The use of the triangulated methodology prescribed under Section 25C of the Act, which sets out the principles for calculating nurse staffing levels.

2. Specific Matters for Consideration

2.1 **2025–2026 Annual Assurance Report**: The report summarises the Health Board's progress in meeting the statutory requirements of the Act for the period 6 April 2025 to 5 April 2026 (Appendix A).

2.2 **Adult and paediatric inpatient wards where Section 25B applies**

Table 1 shows the number of wards at the start and end of the reporting period (6 April 2025 to 5 April 2026).

Table 1	January 2025	June 2025
Number of Acute Medical inpatient Wards	16	14
Number of Acute Surgical inpatient Wards	16	8
Number of Paediatric inpatient wards	3	3

2.3 **Changes following acuity audits**: Following acuity audits undertaken in January and June 2024, changes to nurse staffing levels were implemented (Table 2).

Breakdown of staffing costs (proposed uplifts/decreases following the June 2025 acuity audit)		
Site and Ward	**Additional requirements**	**Financial cost**
PCH ward 6	Registered Nurse (RN) staffing was incorrectly stated in previous reports. Advanced Nurse Practitioner (ANP) numbers had been included and have now been corrected.	No financial impact; the total establishment was unchanged and the staffing level was adjusted accordingly.

2.4 Updates arising from the January 2026 acuity audit will be included in the November 2026 paper. In the interim, members are asked to note that ward changes were made and some wards were repurposed to fall under Section 25A.

2.5 **Ward changes**

Site	Ward	Change
RGH	15 & 16	Merged to create a Trauma Unit
RGH	19 & 20	Merged to create a Stroke Unit
PoWH	16 & Bridgend clinic	Merged to create a surgical ward

2.6 **Wards repurposed and now fall under Section 25A of the Nurse Staffing Level (Wales) Act (NSLWA 2016)**

Site	Ward	Change
RGH	9	Surgical Assessment Unit (SAU)
RGH	10	Day surgery
RGH	11	Day surgery
PoWH	7	Acute surgery to Elective surgery
PoWH	8	STaR

2.7 **Ward locations remaining closed following the resetting**

Princess of Wales Hospital
Following the reset of services after the critical incident, Wards 18, 19, 20 and 21, and the Bridgend clinic, remained closed.

Royal Glamorgan Hospital
Wards 1 and 2 remained closed.

Prince Charles Hospital
Ward 3 remained closed.

3. Key Risks / Matters for Escalation

3.1 During the reporting period (6 April 2025 to 5 April 2026), the number of Section 25B acute surgical inpatient wards reduced from 16 to 8. This was due to the merger of four wards to create a Trauma Unit at RGH and a surgical ward at PoWH, and the repurposing of the remaining wards for day surgery and rehabilitation.

3.2 Any impacts on safety or quality of care arising from non-compliance with nurse staffing levels must be formally reported, in line with Section 25E of the Annual Assurance Report (Appendix A).

- Hospital-acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication resulting in moderate, severe harm and never events.

There are adjusted definitions cited for paediatric inpatient areas, which include:

- Hospital-acquired pressure damage (grade 3, 4, and unstageable).
- Infiltration/extravasation injuries

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable
	If more than one applies please list below:

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: The NSLWA 2016 is statutory and no equality impact has been identified.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate):	If no, please include rationale below:

	NEUTRAL – documents are available for patients and staff in the Welsh language if requested.	
Cyfreithiol / Legal	Yes (Include further detail below) This report provides assurance that the Health Board is complying with the NSLWA 2016.	
Enw da / Reputational	Yes (Include further detail below) Proposed changes to ensure compliance with the NSLWA 2016 may have a reputational impact.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below) Changes in patient acuity and dependency may result in additional costs where further staffing is required, subject to risk assessment.	

5. Conclusion

5.1 Overall, the 2025–2026 reporting period reflects the Health Board's reset of services following the critical incident at Princess of Wales Hospital. Consequently, several wards transitioned from Section 25B acute surgical functions to Section 25A day surgery and Surgical Assessment areas under the Nurse Staffing Levels (Wales) Act 2016.

5.2 SafeCare has been embedded within Safe2Start meetings to support safe staff deployment, apply professional judgement, and identify, escalate and mitigate clinical red flags raised by ward teams.

- Recruitment and retention remained a key focus. The lateral move scheme supported 49 staff to remain within the Health Board in roles aligned to their interests, with a further 96 applications at various stages of progression.
- In addition, 128.98 WTE staff were recruited through the streamlining scheme, strengthening workforce capacity across services.

6. Recommendation

6.1 The Board is asked to note the annual assurance report 2025–2026:

- Assurance that the statutory requirements for Section 25B wards have been met.

7. Next Steps

7.1 Assurance period 2026–2027

- Work with operational teams to update the Nurse Staffing Levels (Wales) Act 2016 Operating Framework and Escalation Policy.
- Increase SafeCare adoption by ensuring lead and senior nurses consistently record red flags, professional judgement and mitigation actions.
- Co-produce and publish operational guidance for Section 25A areas with the All-Wales Nurse Staffing Programme.
- Analyse retention barriers with Workforce and Organisational Development using exit interviews, staff feedback and staff survey data, and agree priority actions.

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Cwm Taf Morgannwg University Health Board (CTMUHB)		
Date annual assurance report is presented to Board	This report is to be presented to Board 21st May 2026 (NB: Include data from April 6th 2025- April 5th 2026) This annual report covers the year 2025/2026 only; however, it forms part of the three-year assurance report that will be submitted to Welsh Government in October 2027, covering the reporting period April 2024 to April 2027.		
	Adult acute medical inpatient wards	**Adult acute surgical inpatient wards**	**Paediatric inpatient wards**
During the last year the lowest and highest number of wards	Lowest 14 Highest 16	Lowest 8 Highest 16	3
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	1 Review undertaken as part of reset of services **Amalgamation of 2 wards to create 1 new ward** RGH 19 & 20 to create a stroke unit	7 Reviews undertaken as part of reset of services **Amalgamation of 4 wards to create 2 new wards** RGH 15 &16 to create a Trauma unit PoW ward 16 & Bridgend clinic to create a surgical ward **Change of speciality to section 25A** RGH ward 9 from surgical to SAU RGH ward 10 from acute surgery to Day surgery RGH ward 11 from acute surgery to Day surgery PoWH ward 8 from acute surgery to Surgical Trauma and Rehabilitation (STaR) PoWH ward 7 from acute surgery to elective day surgery	0

The process and methodology used to calculate the nurse staffing level.	The Nurse Staffing Levels (Wales) Act 2016 (hereafter referred to as "the Act") came into effect in April 2018 for adult acute medical and surgical inpatient wards. From 1 October 2021, the second duty of the Act was extended to include paediatric inpatient wards. These wards are referred to in this report as Section 25B wards. The triangulated methodology, as set out in Section 25C of the Act, describes the principles for calculating nurse staffing levels. Section 25B requires Health Boards/ Trusts to calculate and take reasonable steps to maintain the nurse staffing level in these wards. The calculation is undertaken bi-annually in January and June. A paper is presented to Board in November, bringing together the findings from both audits, and a further paper is presented to Board in May, which contributes to the three-year assurance report submitted to Welsh Government. These reports are produced in line with the once-for-Wales approach. **January and June 2025 Staffing calculations** The biannual acuity audits (2025) for each Section 25B ward were analysed using data captured from CTMUHB's digital systems, including SafeCare and Datix. In addition, workforce information was sourced from the Electronic Staff Record (ESR) system, including data on training, sickness/maternity leave, and Personal Annual Development Reviews (PADR). All data capture for the 25B Bi- annual acuity audits was collaboratively reviewed by the relevant senior leaders for the 25B wards (including Ward Managers, Senior Nurse, Lead Nurse, Heads of Nursing from each acute hospital and Care Group Nurse Directors), The senior team contribute to the reporting and discuss the templates, ensuring the final templates are endorsed by the Executive Director of Nursing (full details are in Appendix B). **Key areas of data capture:** • Current nurse staff availability, including registered staff not in the core roster such as supervisory ward manager. • Patient acuity data for the months of January and June 2025. • The previous six months quality metrics (falls, medication errors, pressure damage, and serious incidents, including paediatric-specific infiltration and extravasation). Since June 2025, work has been ongoing with Care Group Nurse Directors to ensure data captured is sufficiently detailed to support in-depth triangulation for staffing decisions. • Workforce-related metrics, including, mandatory training compliance, Personal Annual Development Review (PADR), vacancies, recruitment and sickness. • Patient flow, patient acuity and care quality metrics via the IT performance data system Datix and SafeCare (that allows information to be available to the Ward Managers, Heads of Nursing and Care Group Nurse Directors). • Financial data confirming that all workforce models developed under the Nurse Staffing Act apply a 26.9% uplift, and that the supernumerary Band 7 Ward Sister/Charge Nurse is included within the ward's overall workforce plan. In October 2024 the Health Boad declared a critical incident at Princess of Wales Hospital where 19 wards were required to move to accommodate the works to be undertaken. Throughout 2025, services across unscheduled and planned care were

	reset as each stage of works were completed. Wards moved to their final locations in preparation for the January 2026 acuity audit, during this period of reset, several wards moved from Section 25B to Section 25A of the Act due to changes in their primary purpose, including a shift from acute surgical inpatient care to day surgery, Surgical Assessment Unit (SAU), or a rehabilitation model.
Informing patients	The statutory guidance states that "Local Health Boards (LHBs) and Trusts "must make arrangements to inform patients of the nurse staffing level" (paragraph 20). The statutory requirements are to inform patients of the nurse staffing levels by ensuring that the most up-to-date information is displayed on wards in relation to the staffing levels agreed. To aid transparency and consistency across Wales and ensure compliance with this guidance, bilingual poster templates are displayed either outside or inside the ward entrance for all 25B wards that are included in the Act - including Paediatrics. Compliance with the agreed Welsh standard is monitored via audits. The template records the nurse staffing numbers calculated for the relevant period, together with the date the calculation was undertaken and signed off by the designated person. Following the June 2025 bi-annual acuity audit and calculation, all eligible wards were issued with updated templates. These templates are displayed in the ward, with responsibility for accurate completion held locally and oversight provided by the Ward Manager/Charge Nurse and Senior Nurses to ensure compliance. Whilst there is a statutory requirement to inform patients of the planned roster, there is no requirement to display the actual roster. The All-Wales nurse staffing reporting group have developed a template to display this information. This template will be rolled out across section 25B wards, with a plan to ensure consistency of the information wards are to display. All Section 25B wards have patient information leaflets available with the information relating to the Nurse Staffing Levels (Wales) Act 2016. Posters explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy-read versions) can be provided to answer any more detailed questions. A child and young person friendly poster are visible on all Paediatric inpatient wards. To ensure all the information is easily accessible a shared drive for nurse staffing act resources have been established for staff across CTMUHB to access. The Health Board is reviewing its process to ensure the section 25B wards are displaying the most current Nurse staffing levels, regular spot checks and auditing of the data displayed are scheduled. The annual assurance report was presented to Board on May 20th 2025 and an annual paper to Board on November 18th 2025, the All-Wales Nurse Staffing Programme have updated the "Informing patient posters" and these will be used following this paper being presented to Board in May 2026.

Section 25E (2a) Extent to which the nurse staffing level has been maintained As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report				
Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u> NB: First cycle: spring 2024 following January audit Second cycle: autumn 2024: following June audit		**Period Covered: -** 06/04/2025-05/04/2026		
		Number of Wards:	**RN (WTE)**	**HCSW (WTE)**
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May)	**32**	**635.30**	**523.75**
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) calculation cycle	**32**	**635.30**	**523.75**
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov)	**26**	**540.29**	**430.32**
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) calculation cycle	**26**	**540.29**	**430.32**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 28 (2 supernumerary Band 7s on the Trauma & stroke wards)**		
	Accompanying narrative: The initial submission reflected the existing roles and responsibilities, as there was limited time to consider alternative arrangements. With the extension now in place, there is an expectation that the accompanying narrative will be updated to reflect this. During the previous reporting period, the Health Board declared a critical incident at the Princess of Wales Hospital (PoWH) site in October 2024. This impacted several wards, including 13 Section 25B ward areas. To ensure the safety of patients and staff, wards impacted were relocated both on-site and off-site. During the January and June 2025 acuity audits, changes in ward function and activity were identified, resulting in several Section 25B wards being reclassified under Section 25A of the Act. Following further review of services across both Unscheduled and Planned Care groups, the total number of Section 25B wards reduced from 32 to 27. Planned Care reduced by five: one ward amalgamated with another to create a Trauma Unit, and the remaining four wards were			

<table>
<tr><td></td><td colspan="4">reclassified as Section 25A areas. Within Unscheduled Care, three wards were reclassified as Section 25A areas due to a change in speciality from acute medicine to frailty/Care of the Elderly wards.

The January 2026 acuity audits are currently being reviewed and will be taken for sign-off with the Executive Director of Nursing (EDoN) at the start of April. The outcomes will therefore be reported in the next NSA Board paper. At the time of writing, no further changes had been identified to the number of Section 25B wards.
In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the ‘nurse staffing level’ is the establishment of registered nurses—and other staff to whom nursing duties have been delegated by a registered nurse—required to deliver the planned roster. It is acknowledged that a range of additional healthcare professionals contribute to the delivery and coordination of patient care and treatment; however, these staff are not included within the data for this report.</td></tr>
<tr><td rowspan="8">Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>
NB: First cycle: spring 2025 following January audit
Second cycle: autumn 2025: following June audit</td><td></td><td colspan="3">Period Covered 06/04/2025-05/04/2026</td></tr>
<tr><td></td><td>Number of Wards:</td><td>RN (WTE)</td><td>HCSW (WTE)</td></tr>
<tr><td>Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)</td><td>3</td><td>91.94</td><td>21.13</td></tr>
<tr><td>WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle</td><td>3</td><td>91.94</td><td>21.13</td></tr>
<tr><td>Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)</td><td>3</td><td>97.62</td><td>19.1</td></tr>
<tr><td>WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle</td><td>3</td><td>97.62</td><td>19.1</td></tr>
<tr><td>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</td><td colspan="3">WTE: 3</td></tr>
<tr><td colspan="4">Accompanying narrative:
The nurse staffing levels were calculated using the triangulated methodology and compared to the current funded establishments to determine any workforce gaps. There has been no change from the initial calculation; however, please note the following update for

Royal Glamorgan Hospital and Princess of Wales Hospital (PoWH):
Both the Burrow (RGH) and Caterpillar (PoWH) Childrens ward, adjust staffing between winter and spring/ summer (March-September) months. This adjustment is based on an anticipated reduction in patient activity and acuity during these months, as evidenced by trends in previous years. Staffing levels will be increased again during the winter months to accommodate</td></tr>
</table>

the predicted rise in acuity. This seasonal variation will be operationally managed through careful planning of annual leave and other staffing considerations such as study leave for mandatory training.

In November 2025 the Burrow reopened their Paediatric Assessment Unit (PAU) Day surgery area on ward 18 (next door), this allows staff to utilise the cubicles in this area if required for children for isolation. For this to occur beds are closed on the Burrow (ward 17) and staff allocated to look after the children in this area- risk assessments are completed.

Prince Charles Hospital:
This is the second acuity audit where staffing has been at full complement on Turtle ward, this has allowed the team to redeploy staff to support other inpatient paediatric areas.

From October 2024- November 2025 during the critical incident at Princess of Wales Hospital, the other two units experienced increased admissions, due to Royal Glamorgan Hospital being unable to surge capacity into the PAU during peak times (evidenced in the reporting templates). This is managed between the senior nurses and Nurse in charge with communication recorded through SafeCare.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.

Extent to which the planned roster has been maintained within adult acute medical and surgical wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	84,093	16,005 (44%)	2,829 (8%)	8,855 (25%)	4,317 (12%)	89%

Accompanying narrative:

This is the second year the Health Board has been able to capture the data and note a decrease in the data completeness from last year from 95% to 89%. This is a decrease of 6% and is likely to be caused by movement of staff, sickness and new starters in ward areas where the system is used.
Work is underway to improve the accuracy and completeness of the data recorded. Supernumerary Band 7s, Senior Nurses and Lead Nurses will review and validate their ward data.
For the 12% of shifts where the planned roster was not met, all appropriate actions were taken to maintain safe staffing. This included redeploying staff from other areas, deploying the supernumerary Band 7 into the numbers, and/or securing additional temporary staff to support the shift.

Commented [T1]: Trying to pull this data

Extent to which the planned roster has been maintained within paediatric inpatient wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	11,001	1,709 (47%)	75 (2%)	2,684 (46%)	106 (2%)	97%

Accompanying narrative:
This is the second year this data has been captured. Data completeness for paediatric inpatient wards has increased slightly, from 96% to 97%. Ward managers actively encourage staff to keep the system up to date. For the 2% of shifts where the planned roster was not met, all appropriate actions were taken to maintain safe staffing. This included redeploying staff from other areas (either other inpatient wards or community nursing teams), deploying the supernumerary Band 7 into the numbers, securing additional temporary staffing, and/or closing beds to maintain patient safety.

Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.

NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.
Each health board/trust committed to implementing RL Datix (formally Allocates) Safecare system, with each organisation having implemented this system to their section 25B wards.

	During the reporting period CTMUHB can confirm that all requirements of 'the Act' have been met and 'All reasonable steps' described in the statutory guidance have been taken. The nursing teams continue to hold twice daily Safe2Start huddles where staffing issues are identified, discussed and mitigated. This is supported by monthly nursing workforce establishment meetings to review ward establishments. These meetings are attended by representatives from Workforce, Rostering, Nursing and Finance. SafeCare is used to give 'live' staffing and acuity data, however CTMUHB recognise that there is opportunity to further enhance the use of this system and work has commenced with operational teams to better utilise the red flags, professional judgements and mitigation measures. This will support an understanding of ward activity, facilitate staffing decisions and reporting requirements. Following the January 2026 acuity audits, CTMUHB will implement enhanced scrutiny and assurance of the Welsh Levels of Care acuity assessments for all Section 25B wards, reflecting recent changes to lead nurse portfolios. Monthly training sessions are in place to support consistent and accurate completion, and wards can request additional bespoke support where required.
Process for maintaining the Nurse staffing level	The NSLWA statutory guidance requires Health Board to take all reasonable steps to maintain staffing levels, including strategic/corporate and operational steps. The Nursing Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for CTMUHB supports the process of calculation and maintenance of nurse staffing levels in all S25B wards (including Paediatric inpatient wards) and the actions that are taken to review, record and escalate where nurse staffing levels are not maintained. **Strategic/ Corporate steps to taken to maintain staffing levels** To support the strategic/ corporate actions, the health board has a Nursing Midwifery Productivity Programme board which have an oversight of the following: - • Roster Management – All rosters are completed in line with policy and are developed to ensure the appropriate number of staff are rostered, underpinned by a suite of rostering metrics. • Proactive recruitment into identified vacancies across the Health Board. • Roster Approval Process – All nurse rosters are subject to an approval process monitored by senior nurses to ensure safe and effective rostering. • Ward Managers and off-ward staff are deployed "into numbers" to meet the planned roster once all other options have been exhausted.

- Staff numbers are enhanced via temporary staffing solutions, including redeployment from other areas within the organisation, overtime, bank, or agency staff.
- The Health Board continues to participate in student nurse streamlining events and hosts local recruitment events both in-person and online to promote itself as an employer of choice. CTMUHB successfully recruited 128.98 WTE nurses through the streamlining process (September 2025 95.18 FTE | March 2026: 33.8 FTE).
- The Health Board launched a Lateral Move Scheme in 2025 to support internal staff transfers for Band 5 Nurses and Band 2 Healthcare Support Workers. This has enabled the retention of 28 nurses, with a further 55 in process (12 of these have been agreed), and the retention of 21 HCSW's and a further 41 in the process (6 of these have been agreed) this has now been extended to Band 3 where 4 applications are going through the process.

Operational steps taken to maintain staffing levels

- Heads of Nursing chair monthly workforce meetings, attended by Workforce and Finance leads, to review current ward vacancies and recruitment plans. Updates are escalated through the Health Board workforce meetings. The Rostering Team also provides roster data and scrutiny to assess compliance with efficiency measures and key metrics, in line with the Rostering Policy.
- All nurse rosters are reviewed and approved by the Senior Nursing Team to ensure safe and effective staffing.
- Robust daily systems for staff planning, together with review of patient flow and acuity, are in place on each acute site through "Safe2Start" meetings. These meetings inform 24-hour staffing plans, with risks assessed and managed accordingly. Within Paediatrics, staff are deployed across sites to ensure the appropriate clinical skills are available when risks are identified.
- A clear escalation process for managing staffing deficits is set out in the Health Board's Operating Framework and Nurse Staffing Escalation Policy.
- Managers use the Personal Annual Development Review (PADR) process to identify staff wellbeing needs and signpost colleagues to appropriate support, including Occupational Health and the Wellbeing Service.
- To mitigate risk, there may be occasions when the supernumerary Ward Manager is deployed into direct patient care. This is in line with the CTMUHB Nurse Staffing Levels (Wales) Act 2016 Operating Framework and Escalation Policy, which is currently being updated.
- SafeCare is used to support staff deployment, including the deployment of Ward Managers and Senior Nurses. The system enables the recording of mitigation actions, and staff are encouraged to document professional judgement and raise red flags where risks are identified. Further work is underway to strengthen and standardise data capture.
- Enhanced overtime payment rates are offered to substantive staff for defined periods to increase workforce capacity.

Ward level responsibilities to maintain staffing levels

Since November 2019, the All-Wales Executive Director of Nursing Group has implemented a guidance document outlining what constitutes 'All Reasonable Steps' to support decision-making in maintaining safe staffing levels. This is a statutory requirement under the Act.

CTMUHB have well-established daily operational processes for reviewing staffing levels and making risk-based decisions regarding staff deployment. Every acute hospital holds Safe2start meetings three times daily to review staffing. Following risk assessments, staff are deployed where possible using professional judgment and in line with the 'All Reasonable Steps' guidance. The SafeCare IT system is used to:

- Record staff moves
- Flag professional judgment calls
- Highlight red flags related to staffing risks
- These are addressed through mitigation actions by senior nursing staff, providing documented evidence of efforts to reduce or manage identified risks.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL	TOTAL	TOTAL	TOTAL
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	29	6	0	16
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained	1	2	0	0

Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	1	0	0	0
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained	28	4	0	16
Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.	1	0	0	0

The following information has been attained from the business intelligence team who have gathered the data from the Datix system for the annual period 6th April 2025- 5th April 2026, using the levels of harm and asking for the Closed cases.

Reportable Pressure Damage (Grade 3, 4 and unstageable)

During the reporting period, 29 reportable hospital-acquired pressure ulcers were identified. All incidents were reviewed through the Health Board's Pressure Ulcer Scrutiny Panel, providing robust oversight and assurance through the determination of avoidability and identification of system learning. Learning gleaned from each review is formally documented and shared across clinical teams, and following recent changes to Lead Nurse portfolios, this approach will be strengthened and consistently applied on a pan-CTM basis.

Staffing levels were identified as a contributory factor in one incident, demonstrating improvement from three incidents reported in the previous period. The routine attendance of ward staff at scrutiny panels supports transparency, strengthens assurance, and enables learning to be embedded at ward level, contributing to ongoing quality improvement and harm reduction.

Reporting Falls (Resulting in moderate, severe harm or death)

During the reporting period, there were six reportable inpatient falls. All incidents were reviewed through the Health Board's Falls Assurance Panel to provide oversight and assurance, including consideration of contributory factors. In two cases, staffing levels were identified as a contributory factor where planned levels had not been maintained. Learning from these incidents has been formally captured and shared on a pan-CTM basis through the Heads of Nursing Professional Focus Groups to support organisational learning and mitigate future risk.

Reportable medication errors (level 3,4,5 and Never events)
Nil reported during this time

Reportable complaints about nursing care (managed under PTR)
There have been 16 complaints in total during this period about nursing care and managed under the PTR process, these have been investigated through the internal process and learning shared across the HB, none of these incidents were linked to nurse staffing levels.

The *data to be reported for each of the above will be:*

- *Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).*
- *Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained*
- *Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor*
- *Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained*
- *Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.*

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards					
Incidents of patient harm with reference to quality indicators and complaints about nursing care	**Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).**	**Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).**	**Medication administration errors resulting in moderate harm, severe**	**infiltration and extravasation injuries**	**Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints**

			harm, death & never events (i.e. level 3, 4, 5 and never events incidents).		regulations (Putting Things Right (PTR)
	TOTAL	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	1	0	0	3	4
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained	0	0	0	2	0
Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0	0
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained	1	0	0	1	4
Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.	1	0	0	1	0

The following information has been attained from the business intelligence team who have gathered the data from the Datix system for the annual period 6th April 2025- 5th April 2026, using the levels of harm and asking for the Closed cases.

Reportable medication errors (level 3,4,5 and Never events)
No reportable medication errors occurred during this period.

Reportable Pressure Damage (Grade 3, 4 and unstageable)
There was one reportable hospital acquired pressure ulcer during this period, it has been investigated through the internal process, and it was deemed that staffing was a factor, learning has been shared with the paediatric teams across the Health Board.

Reportable infiltration and extravasation incidents
There were three incidents, two of these when the planned roster was not maintained but staffing was not deemed to be a contributory factor and one of these occurred when staffing was maintained but again staffing was not a contributory factor. Lessons have been shared across the Health Board.

Reportable complaints about nursing care (managed under PTR)
There have been 4 complaints in total during this period about nursing care and managed under the PTR process, these have been investigated through the internal process and learning shared across the HB, none of these incidents were linked to nurse staffing levels.

The quality indicators for the paediatric inpatient wards are:

- *Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).*
- *Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).*
- *Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).*
- *Infiltration and extravasation injuries*
- *Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))*

The data to be reported for each of the above will be:

- *Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).*
- *Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained*
- *Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor*
- *Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained*
- *Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.*

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)

Actions taken if the nurse staffing level <u>was not</u> maintained in wards where section 25B applies	All reasonable steps are implemented to mitigate and reduce risk where the nurse staffing level has not been maintained. Due to service demand, it is not always possible to close beds to mitigate risk. Where staff cannot be redeployed to areas in which nurse staffing is not maintained, the supernumerary nurse in charge (Sister/Charge Nurse) will work "in the numbers". SafeCare includes a functionality to record this as a red flag, alongside the professional judgement that the planned roster has not been met. Teams on the acute District General Hospital (DGH) sites conduct Safe2Start meetings three times daily to review staffing, assess risks and agree actions to support roster maintenance and patient safety. SafeCare provides a bird's-eye view of staffing across each site, enabling more informed and responsive decisions. Senior nurse leadership is available 24 hours a day, 7 days a week, ensuring that professional decisions can be made at any time. CTMUHB will strengthen governance of Harm Free Care through the introduction of the Harm Free Care Strategic Oversight Group. This will support improvements in patient safety and outcomes, ensure shared learning, and strengthen the escalation and management of risks. CTMUHB has a learning repository where relevant events are uploaded to support shared learning across the organisation. Medication errors are reviewed by Care Groups via the Medication Scrutiny panels with health board learning shared via the health board panel. This promotes transparency and provides staff with an opportunity to engage with the review process and learn from the event.
	Section 25A: Duty to have regard to provide sufficient nurses
Requirements of Section 25A (NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)	Due regard has been given to review and ensuring sufficient nurses are within Section 25A areas in the HB: - • Ward Managers in the Community hospitals undertake regular meetings with the lead nurses and Heads of nursing. • Nurse Directors maintain oversight of their respective areas, with senior nursing teams escalating risks, identifying gaps, and reviewing staffing levels accordingly. • CTMUHB Mental Health Services, are undertaking an establishment review across the directorate. If staffing levels are identified as being below the agreed level, these are escalated following the appropriate process. • Section 25A Adult Ward areas, Emergency and Outpatient Departments, undergo monthly establishment reviews with staffing levels discussed and escalated with senior nurses and Heads of Nursing • Ongoing education and training for nursing staff across the Health Board ensures they have the required skills and knowledge to perform their role effectively. Staff are also supported to undertake further education modules to their areas.

	CTMUHB is in the process of rolling out SafeCare across all areas within its District General Hospital (DGH) sites, excluding specialist areas such as theatres, endoscopy and outpatients at present. This will inform the work of the All-Wales Nurse Staffing Programme to develop operational guidance for Section 25A areas. The Nurse Staffing Lead is a member of this workstream, alongside 12 areas of initial focus. This work will progress over the next 12 months, with the aim of having live operational guidance for Section 25A areas in place by May 2027.
	Conclusion & Recommendations
	CTMUHB has continued to implement the Nurse Staffing Levels (Wales) Act 2016 during 2025/2026. Heads of Nursing have undertaken the biannual triangulated reviews and have reviewed staffing monthly via establishment meetings. Temporary funding has continued for some areas, creating cost pressure, while further work is undertaken to remodel wards and redesign care pathways to deliver measurable clinical improvements and better meet population health needs. This includes improving patient flow, reducing avoidable harm, supporting timely discharge and rehabilitation, and strengthening prevention and early intervention for people with complex and long-term conditions. **Highlights of reporting period** • The SafeCare system has been rolled out to all Section 25B and some 25A areas, with implementation across the Acute Medical Units / Acute Care of the Elderly (ACE) wards within the DGH sites. • Further work continues to develop an All-Wales Nurse Staffing Report from Datix, promoting consistent reporting across Wales. • 128.98 WTE nurses have been recruited through the student streamlining process. • 28 nurses and 21 HCSWs have successfully used the Lateral Move Scheme, with an additional 55 nurses and 41 HCSWs currently in process at the time of the report. **Next steps for 2026-2027** • Nurse Staffing Lead, collaborating with operational teams, to update the Nursing Staffing Levels (Wales) Act 2016 Operating Framework and Escalation Policy. • Embed SafeCare into daily Safe2Start meetings across all acute sites, led by Heads of Nursing. • Increase SafeCare adoption by ensuring lead and senior nurses consistently record red flags, professional judgement, and mitigation actions. • Co-produce and publish operational guidance for Section 25A areas with the All-Wales Nurse Staffing Programme. • Analyze retention barriers with Workforce and Organisational Development using exit interviews, staff feedback and staff survey data, and agree priority actions.

	• Deliver biannual acuity and dependency audits with Care Groups and use findings to confirm safe establishments and inform recruitment and retention plans. • Deliver targeted training and development to improve compliance with the Nurse Staffing Levels (Wales) Act 2016 across relevant clinical areas.

Appendix: Annual Assurance Report

Health board/trust:		Cwm Taf Morgannwg UHB
Period of the report		06/04/2025-05/04/2026
adult acute medical wards		Start 16 down to 14

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Medical Inpatient wards

		jan-25				nov-25				jan-26				
		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		Ward moves	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%		Ward moves	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring 2025 calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made		
Name of Ward	Site		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale
2	PCH	1	19,9	14,21		1	19,9	14,21		1	19,9	14,21	Y	N	
9	PCH	1	19,9	14,21		1	19,9	14,21		1	19,9	14,21	Y	N	
10	PCH	1	19,9	14,21	ward moved from ward 3 to ward 10	1	19,9	14,21		1	19,9	14,21	Y	N	
11	PCH	1	19,54	13,98		1	19,54	13,98		1	19,9	13,98	Y	N	
12	PCH	1	22,74	17,06		1	22,74	17,06		1	22,74	17,06	Y	N	
3	RGH	1	19,9	19,9		1	19,9	19,9		1	19,9	19,9	Y	N	
5	RGH	1	19,9	19,9		1	19,9	19,9		1	19,9	19,9	Y	N	
12	RGH	1	19,9	19,9		1	19,9	19,9		1	19,9	19,9	Y	N	
14	RGH	1	19,9	19,9		1	19,9	19,9		1	19,9	19,9	Y	N	
19	RGH	1	19,9	19,9*		1	19,9	19,9*							Moved January 2025 to RGH * includes 2.84 Band 3 therapist
20	RGH	1	19,9	19,9		1	19,9	19,9	Stroke unit across ward 19/ 20	2	44,58	32,69	Y	N	wards 19/20 Merged January 2026
4	PoWH	1	33,69	13,62		1	33,69	13,62		1	32,69	16,11	Y	Y	L2S scheme out turn funding due to acuity and service remodelling
6	PoWH	1	19,07	19,07		1	19,07	19,07	Moved from RGH after critical incident	1	19,07	19,07	Y	N	
9	PoWH	1	19,07	13,62		1	19,07	13,62		1	19,07	19,07	Y	N	Had moved wards during critical incident stafing remoaned the same
10	PoWH	1	22,79	13,62		1	22,79	13,62		1	22,79	13,62	Y	N	
16	PoWH	1	19,7	16,34		1	19,7	16,34		1	19,7	16,34	Y	N	
		16	335,7	249,44		16	335,7	249,44		14	339,84	270,17			

Appendix: Annual Assurance Report

Health board/trust:		Cwm Taf Morgannwg UHB
Period of the report		06/04/2025-05/04/2026
adult acute surgical wards		start of period 16 end of period 8

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Surgical Inpatient wards

			jan-25			nov-25			jan-26				
		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	**Required Establishment at the start of this report (Spring 2025 calculation cycle) including uplift 26.9%**		**TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse**	**Required Establishment at the end of the period of this report (autumn 2025 calculation cycle) including uplift 26.9%**		**TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse**	**Required Establishment at the start of this report (Spring 2026 calculation cycle) including uplift 26.9%**		**Biannual calculation cycle reviews, and rationale for any changes made**		
Name of Ward	**Site**		**TOTAL WTE RN (band 5,6)**	**TOTAL WTE HCSW (bands 2,3,4)**		**TOTAL WTE RN (band 5,6)**	**TOTAL WTE HCSW (bands 2,3,4)**		**TOTAL WTE RN (band 5,6)**	**TOTAL WTE HCSW (bands 2,3,4)**	**Completed (Yes/No)**	**Changed**	**Rationale**
5	PCH	1	19,9	19,9	1	19,9	19,9	1	19,9	19,9	Y	N	
6	PCH	1	23,9	21,09	1	23,9	21,09	1	23,9	21,09	Y	N	RNs previously reported incorrectly as had counted Band 7 ANP in the numbers
7	PCH	1	19,9	19,9	1	19,9	19,9	1	19,9	19,9	Y	N	
8	PCH	1	19,9	19,9	1	19,9	19,9	1	19,9	19,9	Y	N	
7	RGH	1	19,9	14,21	1	28,43	8,53	1	28,43	8,53		Y	Creation of high care head and neck bay with PACU therefore staffing model change to support
8	RGH	1	19,9	19,9	1	19,9	19,9	1	19,9	19,9	Y	N	
Trauma unit 15	RGH	1	20,07	13,62	1	20,07	19,07						
Trauma Unit 16	RGH	1	19,9	17,06	1	19,9	19,9	2	39,8		Y	Y	Creation of a Trauma unit wards 15 & 16 merged
7	PoWH	1	19,07	19,07	1	19,07	19,07	Changed speciality			Y	Y	Section 25A day elective & day surgery
11	PoWH	1	13,62	13,62	1	13,62	13,62	1	13,62	13,62	Y	N	
16	PoWH	1	10,9	10,9	Closed and moved to ward 11						N	Y	creation of ward 11 (wards 16 & bridgend clinic merged)
Bridgend clinic	PoWH	shared with old ward 16	10,9	10,9	Closed and moved to ward 11						N	Y	creation of ward 11 (wards 16 & bridgend clinic merged)
		11	217,86	200,07	10	204,59	180,88	9 (1 ward 2 Band)					
									185,35	122,84			

Appendix: Annual Assurance Report

Health board/trust:	Cwm Taf Morgannwg UHB
Period of the report	06/04/2025-05/04/2026
paediatric inpatient wards	3

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Paediatric Inpatient wards

	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
Name of Ward		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
PCH- 32	1	34,11	7,72	1	34,11	7,72	Y	N		N			
RGH 17	1	31,27	5,69	1	32,69	5,69	Y	N		N			
PWH- Childrens ward	1	28,43	5,69	1	27,21	6,9	Y	N	No additionl staffing costs as additional annual leave given in the summer months to offset establishment	N			
		93,81	19,1		94,01	20,31							

Internal Audit Plan 2026/27

Cwm Taf Morgannwg University Health Board

Contents

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

1. Introduction

This document sets out the Internal Audit Plan for 2026/27 (the 'Plan') detailing the audits to be undertaken and information of the corresponding resources. It also contains the Internal Audit Mandate and Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

The Accountable Officer (the Health Board's Chief Executive) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified.

The purpose of Internal Audit is to provide the Accountable Officer and the Board, through the Audit, Risk and Assurance Committee (or the 'Audit Committee'), with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement.

Additionally, the key findings and agreed actions from internal audit reviews may be used by Cwm Taf Morgannwg University Health Board's (the 'Health Board's' or the 'organisation's') management to improve governance, risk management, and control within their operational areas.

In January 2025 new Global Internal Audit Standards (the 'Standards') became effective and apply to UK public sector audits from 1 April 2025 to align with the financial year. The new Standards are accompanied by a UK public sector application note (the 'Application Note'), which provides public sector interpretations and additional requirements for the Standards. The new Standards require that a risk based internal audit plan is created that supports the achievement of the organisation's objectives.

Accordingly, this document sets out the risk-based approach and the Plan for 2026/27. The Plan will be delivered in accordance with the Internal Audit Mandate and Charter and the agreed KPIs, which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

1.1 National Assurance Audits

The proposed Plan includes assurance audits on some services that are provided by other organisations on behalf of NHS Wales. These are: Digital Health and Care Wales (DHCW); NHS Wales Shared Services Partnership (NWSSP); and the NHS Wales Joint Commissioning Committee (JCC). These audits will be included in Appendix A when agreed formally. These audits are part of the risk-based programme of work for DHCW, NWSSP and Cwm Taf Morgannwg UHB (for the JCC), but the results, as in previous years, are reported to the relevant health organisations and are used to inform the overall annual Internal Audit opinion for those organisations.

2. Developing the Internal Audit Plan

2.1 Link to the Global Internal Audit Standards

The Plan has been developed in accordance with Principle 9: Plan Strategically, which includes Standard 9.4 – Internal Audit Plan, of the Standards, and the accompanying Application Note, which provides public sector interpretations and additional requirements for the Standards, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks.
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work.
- confirmation of the audit resources required to deliver the Internal Audit Plan.
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

2.2 Risk based internal audit planning approach

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering:

- the organisation's risk assessment and maturity;
- the organisation's response to key areas of governance, risk management and control;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning considers the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place. In addition, the Plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging

issues throughout the year. Any necessary updates will be reported to the Audit Committee in line with the Internal Audit Mandate and Charter.

While some areas of governance, risk management and control will require annual consideration, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. Therefore, our approach identifies auditable areas (the 'audit universe'). The risk associated with each auditable area is assessed and this determines the appropriate frequency for review.

In addition, we will, if requested, also agree a programme of work through both the Director of Corporate Governance (Board Secretary) and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular sub-set, for example at health boards only.

Therefore, our Plan is made up of several key components:

1) Consideration of key governance and risk areas: We have identified several areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance, the Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management, and an overall assessment of Digital and Information Technology. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required.

2) Organisation based audit work – this covers strategic risks and priorities from the Board Assurance Framework and the risks identified in the organisational risk register, together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.

3) Follow up - this is follow-up work on previous 'limited' and 'unsatisfactory' assurance reports as well as other medium and high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.

4) Work agreed with the Directors of Corporate Governance, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by several organisations. This may be advisory work to identify areas of best practice or shared learning.

5) The impact of audits undertaken at other NHS Wales bodies that may impact on the Health Board, namely NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales (DHCW), and the JCC.

6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the final business case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all of the requirements of the

Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

2.3 Link to the Health Board's systems of assurance

The risk based internal audit planning approach integrates with the Health Board's systems of assurance; therefore, we have considered the following:

- A review of the Health Board's vision, values and forward priorities as outlined in the Integrated Medium Term Plan (IMTP) and long term strategy.
- An assessment of the Health Board's governance and assurance arrangements and the contents of the organisational risk register.
- Risks identified in papers to the Board and its Committees (in particular the Audit, Risk and Assurance Committee, the Operational Delivery Committee, and the Quality, Safety and Experience Committee).
- Strategic risks identified within the Board Assurance Framework and significant risks identified within the organisational risk register and assurance processes.
- Discussions with Executive Directors regarding risks and assurance needs in areas of corporate responsibility, including compliance and ethics programmes.
- Cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions).
- New developments and service changes.
- Legislative requirements to which the organisation is required to comply.
- Planned audit coverage of systems and processes provided through NWSSP, DHCW, and the JCC.
- Work undertaken by other supporting functions of the Audit Committee including Local Counter-Fraud Services (LCFS) and the Post-Payment Verification Team (PPV), where appropriate.
- Work undertaken by other review bodies, including Audit Wales and Healthcare Inspectorate Wales (HIW).
- Coverage necessary to provide assurance to the Accountable Officer in support of the Annual Governance Statement.

2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met and spoken with the executive team and independent members to discuss current areas of risk and related assurance needs.

3. Audit risk assessment

The prioritisation of audit coverage across the audit universe is based on both our and the organisation's assessment of risk and assurance requirements as defined in the Board Assurance Framework and organisational risk register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also considers corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

4. Planned internal audit coverage

4.1 Internal Audit Plan 2026/27

The Plan is set out in Appendix A and identifies the audit assignments, lead executive officers, outline scopes, and proposed timings. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan refers to key strategic risks identified within the organisational risk register and related systems of assurance, together with the proposed audit response within the outline scope.

When developing the audit scope, in discussion with the responsible executive director(s) and operational management, the scope, objectives and audit resource requirements, and timing will be refined in each area.

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit Committee will be kept appraised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit Committee meeting.

Most of the audit work will be undertaken by our regionally based teams with support from our national capital and estates team, in terms of capital audit and estates assurance work, and from our digital and IT team, in terms of information governance, IT security and digital work.

In addition, we are in discussion with the NHS Wales Joint Commissioning Committee about a programme of work for 2026/27. When agreed, an appendix to this plan will be produced and presented to the Audit Committee.

4.2 Keeping the plan under review

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. To this end, the need for flexibility and a revisit of the focus and timing of the proposed work will be necessary at some point during the year.

Consistent with previous years, and in accordance with best professional practice, an unallocated contingency provision has been retained in the Plan to enable Internal Audit to respond to emerging risks and priorities identified by the executive team and endorsed by the Audit Committee. Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit Committee for approval.

Regular liaison with Audit Wales, as your External Auditor, will take place to coordinate planned coverage and ensure optimum benefit is derived from the total audit resource.

5. Resource needs assessment

The Plan has been put together based on the planning process described in this document. The Plan includes sufficient audit work to be able to give an annual Head of Internal Audit opinion in line with the requirements of Standard 11.3 – Communicating Results, and Application Note 10B – Overall conclusions and annual reporting.

Audit & Assurance Services confirms that it has the necessary human, financial and technological resources to deliver the agreed plan.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit Committee for approval.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services by the Health Board, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

In addition, as in previous years, capital audit work in relation to the Prince Charles Hospital refurbishment project will be charged for separately on the basis of a separately agreed Integrated Audit & Assurance Plan. A provision for this work was included by the Health Board in its business case submission.

6. Action required

The Audit and Corporate Governance Committee is invited to consider the Internal Audit Plan for 2026/27 and:

- approve the Internal Audit Plan for 2026/27;
- approve the Internal Audit Mandate and Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

Paul Dalton
Head of Internal Audit
NHS Wales Shared Services Partnership

Appendix A: Internal Audit Plan 2026/27

	Planned output, Outline scope, Review reference	Risk reference	Executive Lead/Responsible Director	Planned quarter to start
1	**Neurodevelopment services:** To consider governance and oversight of pathways (children and/or adults). Demand, capacity and waiting list controls; referral management and prioritisation. Quality standards and outcomes measurement; patient experience and feedback. Reporting: accuracy and completeness of ND performance and risk reporting.	SR2	Chief Operating Officer	Q1
2	**Urgent and Acute medicine - application of standard model**: To consider the application of the standard operating model across sites. Governance: arrangements performance monitoring.	SR1b	Chief Operating Officer	Q2
3	**Trauma pathway** - Possible areas to consider: pathway governance and compliance with agreed standards (pre/post-operative). Timeliness and coordination: referral, transfer, theatre access, bed management. Safety controls: handover, consent documentation governance, peri-operative risk controls. Outcome monitoring: complications, readmissions, length of stay, patient experience. Interface with orthopaedics/anaesthetics/theatres and discharge/rehab pathways.	SR1b	Chief Operating Officer	Q2
4	**Primary care – Dentistry:** To consider delivery against improvement plans and key performance indicators.	SR11	Chief Operating Officer	Q3
5	**IMTP delivery**: To consider governance for IMTP delivery: ownership, controls, reporting and assurance. Milestone and benefits tracking: accuracy of progress reporting, exception management. Risk and issue management: escalation routes to committees/Board. To sample review a small number of IMTP programmes from plan → delivery evidence.	SR1	Director of Strategy and Transformation / Chief Operating Officer	Q3

	Planned output, Outline scope, Review reference	Risk reference	Executive Lead/Responsible Director	Planned quarter to start
6	**Care Group and Corporate directorate Governance arrangements**: To consider governance structure effectiveness. Clarity of accountabilities, escalation pathways and assurance reporting. Consistency of governance across a sample of agreed directorates.	SR2/ ORR 6217	Director of Strategy and Transformation	Q4
7	**Estates assurance:** Focus to be agreed.	SR6	Director of Finance	Q3
8	**Finance – Budgetary control and governance**: To consider budget setting, accountability letters, reporting lines, escalation. Budgetary control: forecasting, variance management.	SR9	Director of Finance	Q2
9	**Staff overpayments**: To consider controls relating to prevention, recovery, and governance and accountability.	-	Director of Finance / Director of People	Q2
10	**Medical sickness – policy compliance**: To consider compliance with policy, including triggers and referrals to OH. Governance and reporting arrangements.	SR3	Medical Director / Director of People / Chief Operating Officer	Q3
11	**Software development:** To consider governance (approvals, requirements capture, clinical input and sign off process), Security, data governance, benefits and performance monitoring post release.	SR5 / ORR 5040	Director of Digital	Q1
12	**Electronic Prescribing Medicines Administration:** To consider governance, clinical safety, access and control medicines workflow, access, training, data integrity, benefits realisation.	SR5 / ORR 5040	Director of Digital	Q2
13	**Risk management:** To consider alignment of committee structure with strategic risks and key assurances. Ensuring terms of reference and committee reporting meets the requirements of the Board Assurance Framework and the associated strategic risks.	Cross cutting	Director of Governance	Q4

Planned output, Outline scope, Review reference		Risk reference	Executive Lead/Responsible Director	Planned quarter to start
14	**Harm free governance:** Possible areas of focus to include governance arrangements for harm-free care programmes. Data and reporting: definitions, quality of incident coding, and dashboards. Oversight and learning: how actions are identified, implemented, and tracked; spread of learning. Reporting of assurance. Compliance with relevant national standards and policy.	SR2	Director of Nursing, Midwifery and Patient Care	Q2
15	**Welsh Risk Pool:** Annual review	ORR 6229	Director of Nursing, Midwifery and Patient Care	Q4
16	**Nurse staff rostering:** To consider governance arrangements such as, approvals, safe staffing controls, audit trails. Establishment control: funded vs actual, shift fill, bank/agency usage triggers. Data quality: roster-to-pay integrity, exceptions, and error correction controls. Training and adoption: user competence, super-user model, system controls.	SR3	Director of Nursing, Midwifery and Patient Care	Q1
17	**Mortality – governance arrangements:** To consider governance arrangements: committee oversight, roles, escalation, reporting, and policies and procedures. To consider interactions with medical examiner service. Learning and improvement: action tracking, thematic reporting, sharing learning across sites	SR2	Medical Director	Q4
Follow up work				
18	**Follow up – Gastro-Intestinal demand management re-audit:** Previous year limited assurance report.	-	Chief Operating Officer	Q1
19	**Follow up - Patient pathways - re-audit:** Previous year limited assurance report.	-	Chief Operating Officer	Q1

Planned output, Outline scope, Review reference		Risk reference	Executive Lead/Responsible Director	Planned quarter to start
20	**Follow up – Digital benefits realisation:** Previous year limited assurance report.	-	Director of Digital	Q2
21	**Follow up - End of life care management re-audit**: Previous year limited assurance report.	-	Chief Operating Officer	Q2
22	**Follow up – Savings re-audit:** Previous year limited assurance report.	-	Director of People	Q3
23	**Follow up – Discharge planning re-audit**: Previous year limited assurance report.	-	Chief Operating Officer	Q3
24	**Follow up - Capital systems**: Previous year limited assurance report.	-	Director of Finance	Q3
Other activity				
NHS Wales - Joint Commissioning Committee (JCC) We have worked with the JCC to identify a programme of work for 2026/27 (see Annex)		-	-	-
Integrated Audit and Assurance plans				
Management of Prince Charles Hospital capital project Part of separate Integrated Audit & Assurance Plan (IAAP).		-	Director of Finance	Q1-Q4
Management of Llantrisant Health Park capital project Part of separate Integrated Audit & Assurance Plan (IAAP).		-	Director of Finance	Q1-Q4

Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2026/27
Audit plan 2026/27 agreed/in draft	✓	To deliver plan
Audit opinion 2025/26 delivered by 31 May	✓	To deliver opinion
Audits reported versus total planned audits, and in line with Audit Committee expectations	✓	varies
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 working days]	✓	95%
Report turnaround management response to draft report [15 working days maximum]	✓	80%
Report turnaround draft response to final reporting [10 working days]	✓	95%

Appendix C: Internal Audit Mandate and Charter

1 Introduction

1.1 This Mandate and Charter is produced and updated annually to comply with the Global Internal Audit Standards (introduced from 1 April 2025 for the UK Public Sector). The Standards (with specific reference to Standard 6.1 Internal Audit Mandate and 6.2 Internal Audit Charter) require the production and maintaining of an Internal Audit Mandate and Charter that, at a minimum, sets out:

- The purpose of Internal Auditing;
- a commitment to adhere to the Global Internal Audit Standards;
- the Mandate, including the scope and types of services to be provided, and the Board's responsibilities and expectations regarding management's support of the internal audit function; and
- the organisational position and reporting relationships, including Independence.

The Mandate and Charter are complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.

1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Mandate and Charter:

- Board means the Board of Cwm Taf Morgannwg University Health Board with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Chief Executive as being the designated Accountable Officer for Cwm Taf Morgannwg University Health Board. The Chief Executive has made arrangements within this Mandate and Charter for an operational interface with internal audit activity through the Director of Corporate Governance (Board Secretary).

1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

2 Purpose and responsibility

2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of the Health Board. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice, insight and foresight.

2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

2.3 The organisation's risk management, internal control and governance arrangements comprise:

- the policies, procedures and operations established by the organisation to ensure the achievement of objectives.
- the appropriate assessment and management of risk, and the related system of assurance.
- the arrangements to monitor performance and secure value for money in the use of resources.
- the reliability of internal and external reporting and accountability processes and the safeguarding of assets.
- compliance with applicable laws and regulations; and
- compliance with the behavioural and ethical standards set out for the organisation.

2.4 Internal audit also provides an independent and objective consulting service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such consulting work contributes to the opinion which internal audit provides on risk management control and governance.

3 Independence and Objectivity

3.1 Independence is described in the Global Internal Audit Standards as the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit Committee and Accountable Officer.

3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Audit Committee:

- approving the internal audit mandate and charter.
- approving the risk based internal audit plan.
- approving the internal audit resource plan.
- receiving outcomes of all internal audit work together with the assurance rating. and

- reporting on internal audit activity's performance relative to its plan.

3.3 While maintaining effective liaison and communication with the organisation, as provided in this Mandate and Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.

3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.

3.5 This Mandate and Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.

3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

4 Authority and Accountability

4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.

4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.

4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Global Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.

4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit Committee on behalf of the Board. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit Committee and the Chair of the organisation if deemed necessary.

4.5 The Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Audit Committee also has regular private meetings with the Head of Internal Audit.

4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any

committee or sub-committee of the Board charged with aspects of governance.

5 Relationships

5.1 In terms of normal business the Accountable Officer has determined that the Director of Corporate Governance will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.

5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Director of Corporate Governance in planning its work programme.

5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.

5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.

5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.

5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as the Digital Health and Care Wales, NHS Wales Shared Services Partnership, the Joint Commissioning Committee.

5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.

5.8 The Audit Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit Committee will remain the final reporting line for all our audit and consulting reports.

6 Standards, Ethics, and Performance

6.1 Internal Audit must comply with the Global Internal Audit Standards and the UK Public Sector Application Note in discharging its responsibilities.

6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2024) and associated performance standards agreed with the Audit Committee and the Shared Services Partnership Committee. The Service Level Agreement includes several Key Performance Indicators, and we will agree with each Audit Committee which of these they want

reported to them and how often.

7 Scope

7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:

- reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information.
- reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance.
- reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice.
- reviewing operations or programmes to ascertain whether results are consistent with the organisation’s objectives and goals and whether the operations or programmes are being carried out as planned.
- reviewing specific operations at the request of the Audit Committee or management, this may include areas of concern identified in the organisational risk register.
- monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance.
- ensuring effective co-ordination, as appropriate, with external auditors and other regulators.
- reviewing the Annual Governance Statement prepared by senior management.

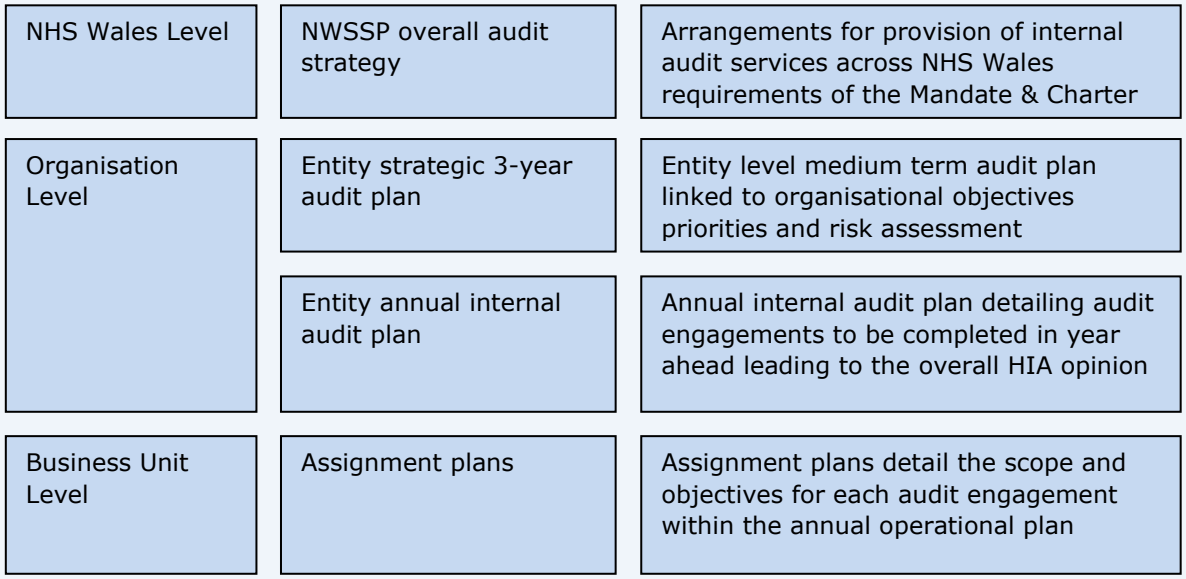
7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation’s risk environment.

7.3 If the Head of Internal Audit or the Audit Committee consider that the level of audit resources or the Mandate and Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

8 Approach

8.1 To ensure delivery of its scope and objectives in accordance with the Mandate and Charter and Standards, Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 1.

Figure 1: Audit planning hierarchy



8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit services to all health organisations in NHS Wales. The strategy also includes arrangements for securing assurance on the national transaction processing systems including those operated by DHCW and NWSSP on behalf of NHS Wales.

8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Standards and facilitate:

- the provision to the Accountable Officer and the Audit Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement.
- audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks.
- improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work.

- an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan'.
- effective co-operation with external auditors and other review bodies functioning in the organisation. and
- the allocation of resources between assurance and consulting work.

8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.

8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.

8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.

8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit Committee on behalf of the Board.

8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit approach applied to the provision of internal audit and consulting services.

8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the relevant Executive Director or their nominated lead and will also be copied to the Director of Corporate Governance.

9 Reporting

9.1 Internal Audit will report formally to the Audit Committee through the following:

- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement.
- The Head of Internal Audit opinion will:
  a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.
  b) Disclose any qualification to that opinion, together with the reasons for the qualification.
  c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies.
  d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual

Governance Statement.

e) Compare work undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria. and

f) Provide a statement of conformity in terms of compliance with the Global Internal Audit Standards and associated internal quality assurance arrangements.

- For each Audit Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit Committee requirements; and
- The Audit Committee will be provided with copies of individual audit reports for each assignment undertaken unless the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.

9.2 The process for audit reporting is summarised below:

- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational managers to confirm understanding and shape the reporting stage.
- Operational management will receive discussion draft reports which will include any proposed recommendations for improvement within 10 working days following the discussion of findings. A copy of the draft report will also be provided to the relevant Executive Director.
- The draft report will give an assurance opinion on the area reviewed in line with the criteria at Appendix B (unless it is a consulting review). The draft report will also indicate priority ratings for individual report findings and recommendations.
- Operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken.
- The Head of Internal Audit will seek to resolve any disagreement with management in the clearance of the draft report. However, where the management response is deemed inadequate, or disagreement remains then the matter will be escalated to the Director of Corporate Governance. The Head of Internal Audit may present the draft report to the Audit Committee where the management response is inadequate or where disagreement remains unresolved. The Head of Internal Audit may also escalate this directly to the Audit Committee Chair to ensure that the issues raised in the report are addressed appropriately.
- Reminder correspondence will be issued after the set response date where no management response has been received. Where no reply is received within 5 working days of the reminder, the matter will be escalated to the Director of Corporate Governance. The Head of Internal Audit may present the draft report to the Audit Committee where no

management response is forthcoming.

- Internal Audit issues a Final report to Executive Director within 10 working days of receipt of complete management response. Within this timescale Internal Audit will quality assess the responses, and if necessary, return the responses, requiring them to be strengthened.
- Responses to audit recommendations need to be SMART:
  - Specific
  - Measurable
  - Achievable
  - Relevant / Realistic
  - Timely.
- The relevant Executive Director, Director of Corporate Governance and the Chair of the Audit Committee will be copied into any correspondence.
- The final report will be copied to the Accountable Officer and Director of Corporate Governance and placed on the agenda for the next available Audit Committee.

9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.

9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

10 Access and Confidentiality

10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

10.2 All information obtained during a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access is granted to the organisation's external auditors.

10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

11 Irregularities, Fraud & Corruption

11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.

11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

12 Quality Assurance

12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Global Internal Audit Standards, is being achieved.

12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Global Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit Committee.

12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit Committee through the reporting mechanisms outlined in Section 9.

13 Resolving Concerns

13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.

13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

14 Review of the Internal Audit Mandate and Charter

14.1 This Internal Audit Mandate and Charter shall be reviewed annually and approved by the Board, taking account of advice from the Audit, Risk and Assurance Committee.

Simon Cookson
Director of Audit & Assurance
NHS Wales Shared Services Partnership
May 2026

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Mandate and Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to independent members or officers including those designated as Accountable Officer. They are prepared for the sole use of Cwm Taf Morgannwg University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given regarding the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Cwm Taf Morgannwg University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Global Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023. Please note that new Global Internal Audit Standards apply from April 2025, and all future audit work will comply to these new Standards.

Agenda Item
6.2.4

Strategic Development Committee

Creating Health Annual Report

Dyddiad y Cyfarfod / Date of Meeting	12/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Kate May- Assistant Director of Public Health
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Philip Daniels- Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Creating Health Programme Board	16/04/2026	Approved

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
PHM	Population Health Management
AWDPP	All Wales Diabetes Prevention Programme

BBV	Blood Borne Virus
CTMUHB	Cwm Taf Morgannwg University Health Board
HMQH	Help Me Quit in Hospital
IMTP	Integrated Medium Term Plan
KITT	Keeping in Touch Team
MECC	Making Every Contact Count
PHM	Population Health Management
PHW	Public Health Wales
PIPYN	Pwysau Iach Plant yng Nghymru (Healthy Childrens Healthy Weight in Wales)
PSB	Public Services Board
PSRS	Population Segmentation and Risk Stratification

1. Situation /Background

1.1 Creating Health one of the strategic pillars of the CTM 2030 strategy, focusing largely on prevention and population health with the following overarching aims;

- Increasing healthy life expectancy and reduce inequalities
- Ensuring equal focus on mental and physical health
- Building healthier communities
- Being a healthy organisation

The purpose of the Creating Health Programme is to provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation. The programme will oversee the delivery of a number of defined workstreams and provide specialist input into the programmes of contributing work delivered across the health board.

1.2 A delivery plan was drafted to reflect these responsibilities and set out a mechanism for monitoring progress against these and approved by board late 2024.

The following objectives are included in the plan;

- Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
- Become a population health organisation (modelling priority action areas on the Ottawa Charter)
- Build Healthier Communities
- Empower Systems leadership for Population Health Improvement

1.3 This update is intended to provide an overview of the progress made in the Creating Health Programme including key achievements during 25/26 and plans for the future.

2. Specific Matters for Consideration

2.1 The Creating health Delivery Plan was operationalised during 2025

2.2 A data dashboard has been developed using multiple relevant sources of data into one document to facilitate ongoing review.

2.3 Significant progress has been made against the deliverables set out for 2025/26. A position against these can be found below:

Programme	2025/26 Deliverables	Creating Health Objective	March 2026 Position

AF and HPT	Build on current learning to develop pathways for patients to offer a holistic support through the system to improve their opportunities to change behaviour and reduce risk	Objective 1 Objective 3	Collaborative working with primary care and pharmacy colleagues has continued to provide learning and improvements to care during 25/26. Number of strokes avoided being evaluated. Options to embed this into established primary care services are now being explored.
3 Ps	Undertake local and national evaluation of the impact of SPOC team.	Objective 3	Evaluation complete and learning shared. Highlights include the KITT TEAM has strengthened waiting list validation and accuracy, reduced unnecessary appointments, and supported more efficient clinical scheduling
	Further development of roll out plan, for other priority patient groups to be developed and implemented. Implementation of 2025/26 quarterly milestones as monitored by Welsh Government.	Objective 3	Roll out plan delivered and learning shared. Continuation of the programme included within Digital and Transformations IMTP proposals
	Evaluation of impact of KITT team, third sector in signposting patients to a wide range of community based services.	Objective 3	Evaluation complete. Learning from 3Ps projects, and the collaborative relationships built, have been transferred to other programmes of work e.g. Persistent Pain Programme
National Hepatitis Elimination Programme	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability	Objective 3	The BBV offer of testing has been above 97% for 10 consecutive months and the BBV screening has been above 90% for 11 consecutive months, HMP Parc is now in leading the way in term of micro elimination across Wales. In February 2026 the National Oversight Group has recently proposed the establishment of an independent and objective evaluation process for prisons in Wales to declare micro-elimination of Hepatitis C, with an ongoing review to evaluate the sustained achievement of micro-elimination
	Implement a sustainable service for testing across the three probation offices within CTM.	Objective 3	Successful business case for Health Protection funding to complete mass testing within probation services across our health board areas

	Continue to improve testing rates and ultimately treatment rates.	Objective 3	Improving the diagnosis to treatment times has been a priority area for improvement during 2025/26 with a positive impact on the numbers treated in terms of early intervention. Improvements in the prison settings have included increased number of clinics, new referral pathways and a reduction from diagnosis-to - treatment time within the prison from 163 days down to 23 days.
MECC	Re-establish MECC Level 2 offer in line with national direction from PHW	Objective 1 Objective 2 Objective 3 Objective 4	Regular sessions of Level one and two training have been delivered consistently throughout 25/26.
	Scope ambition of Level 1 MECC training (e-learning) mandatory for all CTM UHB employed staff, and for this to act as a pre-cursor for relevant staff to go on to undertake the Level 2 training	Objective 1 Objective 2 Objective 3 Objective 4	MECC will nationally align with Primary Care from January 2026, and there are planned discussions about what this means in practice for embedding of both Level 1 and Level 2 training for NHS staff. Due to a widened, more flexible behavioural science offer in CTM, there have been no further discussions regarding mandating Level 1 training for CTM UHB staff, however, all colleagues engaging in training with the Behavioural Science team are encouraged to complete beforehand
PHM	Review of implementation and delivery of the model within CTM	Objective 1 Objective 2 Objective 3	Review drafted and to be fed into the Strategic Delivery Plan for PHM for 11 March 2026 at the PHM Steering Group meeting.
	Work with HB corporate team on ways to embed a PH approach to all HB business	Objective 2 Objective 3	Regular PHM Steering group meetings held and new methods of data extraction and linkage being scoped for testing in 2026/7. This will enable more sustainable and effective rollout of PHM across the Health Board. Options paper being drafted for PHM Steering group. Strategic Delivery Plan for PHM also drafted for sign off by end of 25/26.

	Develop training specifically around using PSRS tool	Objective 2 Objective 3	Basic training modules being developed via Learning and Development, to be delivered in 2026/7. Delay to advanced module development while new data flows being tested as will need to be reflected in training provided.
	Develop how to guides, case studies and FAQ to support clinical teams develop PHM project ideas	Objective 2 Objective 3	How to guide and case studies complete. Ongoing work with Learning & Development to turn these into bitesize learning modules to support building capability among primary care colleagues. Case study development with communications company for delivery by end March 2026
	Scoping exercise on secondary care requirements	Objective 2 Objective 3	Reallocated to 2026/7 following timescales of piloting of direct data flows from primary care from managed practice. Use of segmentation models to be tested in secondary care on linked datasets and testing of SAIL versus in-house generation of segments on population health dataset to be completed once data flows implemented.
Integrated weight management **and** **Whole system approach to Healthy Weight**	Introduction of obesity tier 2 and 3 for children	Objective 3	Tier 1- Pipyn mobilisation planning underway following approval of IMTP business case. Stakeholder session planned February 2026 to discuss Tier 3 needs/solutions
	Develop consistent CTM offer on Food Environments contribution	Objective 3 Objective 4	Business case being developed, continuing work to understand all opportunities
	Building upon evaluation of PIPYN service to inform system learning and service development	Objective 3 Objective 4	Evaluation in progress and system learning to be included in Healthy Weight Roadmap
	Ongoing measuring impact and learning of PHW nine steps for CTM	Objective 3 Objective 4	Ongoing work. Joint regional action plan in development. Regional Food resilience sub-board established
	Development of CTM Healthy Travel Charter	Objective 3	Healthy Travel Charter agreed with partners, in implementation phase
Smoking Cessation	Ongoing delivery of smoking prevention activity	Objective 3	Ongoing delivery of prevention activity across CTM has continued with 5% treated smokers target achieved.

	Evaluate HMQH model	Objective 3	Evaluation complete and implementation of recommendations ongoing as the HMQH service continues to be delivered with smoking cessation being embedded into pre and post op pathways across CTM
	Review impact of Primary Care referral data and target groups appropriately	Objective 3	Targeted interventions delivered for specific groups in community settings included workplace awareness campaigns, community pharmacy and community hubs
	Ongoing delivery of comms plan	Objective 3	Ongoing delivery of comms planned achieved
	Review progress of 24/25 and evaluate updated prevention strategy from PHW and continuously improve HMQ service offer	Objective 3	Services continuously evaluated throughout 25/26, plans to engage patterner support in action towards and smoke-free 2030 and intention to develop an organisational tobacco plan
Catering	Grab & Go Shop RGH under phase 2	Objective 2 Objective 3	Completed
	Implement Coffee ground waste recycling	Objective 2 Objective 3	Coffee ground waste recycling in place across a number of sites
Diabetes	To systematically introduce preventative services for Type 2 Diabetes – these include prediabetes screening, remission services (very low calorie diet), patient education programme, physiological support	Objective 3	The CTM 5 year diabetes strategic plan was published in 2025 which outlines three strategic objectives for the health board CTM wide roll out of the AWDPP CTM has seen a further increase in the uptake of all 8 care process from 46.61% in April 2025 to 50.39% in January 2026, and our uptake has remained the highest in Wales since October 2025.
Mental Health and Well-being	Complete Mental Health and Well-being assessment for CTM	Objective 2 Objective 3	CTM Mental Health and Wellbeing Needs Assessment completed end of Feb 2026 and awaiting sign off at Creating Health Programme Board
	Develop with CTM partners Mental Health and Well-being Strategy for CTM	Objective 2 Objective 3	The Mental Health and Wellbeing strategy implementation will now lead by the strategic and planning team in CTM

			A new RPB mental health and wellbeing sub-group has been formed to lead on the delivery strategy. The MH and WB Health Needs Assessment (HNA) will help inform next steps for the RPB subgroup.
Social Prescribing	Explore digital solutions to providing information and the monitoring of activity and outcomes	Objective 1 Objective 2 Objective 3 Objective 4	Lamplight data management system now used by many social prescribing organisations so activity and outcomes can be compared
	Establish a strategic view of local community development needs.	Objective 1 Objective 2 Objective 3 Objective 4	This overlaps with wider work being undertaken in our communities about better understanding and listening to the voices of our communities being taken forward via Building Healthier Communities. This is a long term ambition and an ongoing workstream
	Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4	Work continues to progress via Social Prescribing working group and wider relationships
Data and Performance	Ongoing performance monitoring schedule	Objective 1 Objective 2 Objective 4	Ongoing reporting to support performance monitoring has been agreed to include an annual performance report and bimonthly programme specific 'deep dives'. This is in addition to the bimonthly programme updates to Creating Health Programme Board.
	Scope and implement where possible the automation of data feeds	Objective 1 Objective 2 Objective 4	Automation of data feed was not possible due to complex issues of data ownership and access. However, a programme of annual reporting has been agreed with access to all necessary data in place.

	Re-evaluate performance measure targets	Objective 1 Objective 2 Objective 4	Performance measures were reviewed by the Creating Health Programme Board in series of meetings during 2025/26. Ongoing reporting to support this has also been agreed to include an annual performance report and bi monthly programme specific 'deep dives'.

2.4 **Notable changes in the Creating Health Programme from 2026/27**

- The programme formally known as Making Every Contact Count (MECC) has been developed into a more broad 'Behavioural Science' programme of work to reflect more accurately scope of the programme.
- Given the changing behaviours in the population and subsequent changes in need, the Tobacco Harms programme has been developed into 'Reducing harms from tobacco and nicotine'. This will include harms from tobacco free behaviours such as vape use
- All Healthy Weight and integrated weight management activities will report via one Healthy Weight programme into Creating Health from 2026 onwards
- The data and performance workstream has come to an end with regular performance reporting agreed and implemented
- The 3Ps programme has come to an end with parts of this being brought into business as usual arrangements
- Catering, previously a standalone programme, has been incorporated in to a broader Population health Framework Programme supporting CTM developing as a population health organisation
- Several new work streams have been added to the portfolio of reporting programmes of work including; Maternity Population Health, Housing and Community, Income Maximisation and Population health Framework

3. Key Risks / Matters for Escalation

3.1 The Creating Health Delivery Plan has been refreshed to reflect the changes above and deliverables for 2026/27 and beyond. Our commitment to support Wales developing as a Marmot Nation has also been reflected upon and included in the refreshed plan.

3.2 The Creating Health Delivery Plan 2026-29 is attached as Appendix 1.

3.3 If sufficient resources are not made available to enable the work of the programmes supporting Creating Health, then the associated deliverable may be at risk.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /	Choose an item.
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Impact assessments will be undertaken by individual programmes as necessary
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Impact assessments will be undertaken by individual programmes as necessary
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below) If sufficient resources are not made available in programme areas as needed, work to deliver the objectives of the delivery plan will be limited

5. Recommendation

5.1 Note progress during 2025/26.
5.2 Note changes to programmes within Creating Health Programme from 2026 onwards.
5.3 Approve Creating Health Delivery Plan 2026-29
5.4 Note risks of resource availability to support ongoing delivery

6. Next Steps

6.1 Six monthly reports from Creating Health Programme to follow.

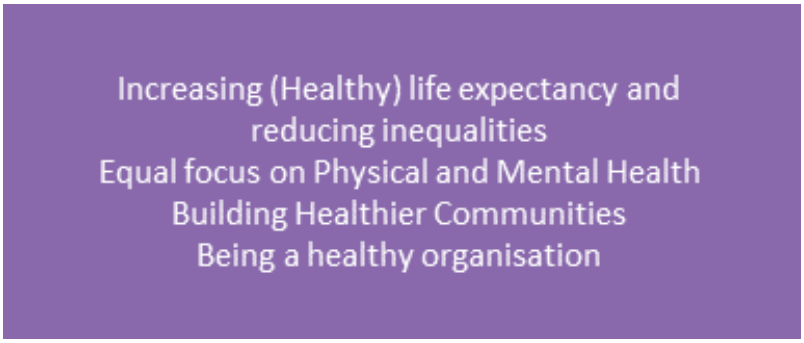
Appendix 1

Cwm Taf Morgannwg Creating Health Strategic Delivery Plan (SDP) Update 2026-2029

Introduction

This delivery plan refreshes the overarching delivery plan produced in 2024 and focusses on delivery over the next three years.

Creating Health remains one of the four strategic pillars for CTMUHB and has the following high-level keys aims.



The purpose of the Creating Health Programme is to;

- Provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation
- Oversee the delivery of a number of defined work streams reporting to Creating Health Programme Board.
- Monitor, support and provide specialist input into the wider delivery of activities across the health board that will contribute to embedding a population health approach across the organisation.

The programme will monitor the relevant population health outcomes and associated KPIs linked to the high level aims within the Creating Health strategic pillar, in order to support meaningful improvement in population health and inequalities of the CTM population (see appendix 1).

Many programmes of work across the Health Board include activities that will help deliver the above aims and contribute to the overall health of our population. Those reporting to the Creating Health Board include;

- AF and Hypertension
- Behavioural Science (formally MECC)
- Hepatitis Elimination
- Population Health Management (PHM)

- Reducing harms from Tobacco and Nicotine
- Healthy Weight Programmes
- Social Prescribing
- Diabetes
- Mental health and Well-being
- Income maximisation
- Maternity Population Health
- Housing and Community
- Population Health Framework

Additional workstreams across the Health Board will also contribute to the outcomes of Creating Health, as the approach of population health and prevention become more embedded across the health board functions.

The under lying principles of VBHC will be assumed across all programmes of work and details of this can be found in appendix 2.

A significant amount of work is being undertaken in Mental Health Services that cross cut many of the other programmes. Therefore, there is a requirement for all programmes to consider impacts on both mental and physical health in their work stream planning acknowledging that mental health and physical health are of equal importance. Several Mental health initiative overlap the programmes above and are currently reporting to Improving Care, they will not be required to report to Creating Health in addition.

Reporting of progress of the programme deliverables will be via the Creating Health Board, with governance arrangements set out in the Creating Health PID. The review of nationally reported KPIs and locally developed population health outcome measures, will be the responsibility of the Creating Health Programme board on behalf of CTMUHB with specialist advice for action or improvement will be provided via the Director of Public Health (DPH) role.

Although risks will be managed at a service level, any risks scoring 8 or over will be notified to the Creating Health Programme Board for inclusion in the summary to SDC and QSEC as appropriate.

Role of the Strategic Delivery Plan

To ensure the coordination of efforts across all programmes, the Creating Health Strategic Delivery Plan (SDP) will set out related activities, delivery timescales and reporting arrangements.

The Creating Health SDP is a multiyear, live plan which is monitored regularly and reviewed annually to check we are making progress with regards to prevention and inequalities across the Health Board area. Ongoing evaluation of the delivery plan will be required in order to align with any changes to national policy.

Ministerial Priorities and Policy Drivers

A Healthier Wales, published in 2018, sets out plans for the long-term future vision of a 'whole system approach to health and social care' in Wales, focused on health and well-being, and illness prevention. It is intended to help address the future health and social care challenges facing Wales, including an ageing population, lifestyle changes, public expectation, and new and emerging medical technologies.

A number of key pieces of enabling public health legislation have come into effect in Wales in recent years, which have shaped our new strategy and this plan. These challenge public sector bodies to consider the longer-term impacts of decisions, and to support a greater focus on prevention and addressing inequalities. They include:

- The Well-being of Future Generations (Wales) Act 2015
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Socio-economic Duty 2021
- Social Services and Well-being (Wales) Act 2014
- Environment (Wales) Act 2016
- Active Travel (Wales) Act 2013
- Socio-economic Duty (wales) Act 2010

Other drivers locally include:

CTM Regional Partnership Board Whole System: Whole Heart Strategy

CTM Public Services Board *Collaborative Approach to Tackling Inequalities in Health* working Group

The CTM Population Needs-Assessment Summary also informs our work and will be renewed during 2027.

Welsh Government ambition for Wales to become a Marmot nation.

CTM 2030

The Creating Health Strategic Delivery Plan sets out how we will contribute to the delivery of the outcomes and objectives in CTM's Strategic Plan- CTM2030.

Creating Health is one of four integrated strategic goals, alongside Inspiring People; sustaining our future; and Improving care, which galvanise the health board and its partners towards "*Building Healthier Communities Together*", where we not only treat people when they become sick, but also support them to remain, and become, well.

These strategic pillars report into the over-arching CTM Strategic Transformation Board, supported by the work of the five strategy groups, (Starting; Growing; Living; Aging; and Dying well), covering the whole life-course, and are underpinned under-pinned by three key strategy themes:

- **Building healthier communities** – encouraging wellbeing and prevention
- **Integrated Community Services**- including primary care, mental health and social care
- **Clinical Services Plan** – acute hospital services

The foundation of these activities are the organisation's **Values,** which help us **Be At Our Best.**

Collaboration and partners

Achieving better outcomes cannot be achieved working in isolation. Many of the activities within the Strategic Delivery Plan are not purely in CTM UHB's control and require effective working with our partners to be delivered successfully. Quality public services require collaboration and integration between partners, working across the public, private and voluntary and community and social enterprise sector, as well as private sector and academic partners. We are building strong, valued relationships to develop new operating models and tackle whole system challenges.

The Health Board will collaborate with wider partners via our Strategy Groups and Clinical Services in working to reduce levels of poor lifestyle and clinical risk and contributing to a reduction in inequalities and inequities in our population and our services. This will supported by:

- Effective use of data, including utilisation of different needs assessment methodology and staff/public contributions to identify need and priorities;
- An evidence based but innovative approach to care planning with opportunity for further research and development at a local level;
- Maximising learning around behavioural insights and change while incorporating into practice;
- Enabling individuals to have the knowledge, skills and confidence to look after their own health;
- Building on the work funded via the WG Regional Integration Fund (RIF), use of Population Health Management techniques such as population segmentation and risk stratification (PSRS) to help address multi morbidity and identify groups at greater risk of ill-health. This enables us to focus specific interventions and proactively allocate resources more effectively; and
- Continued partnership work to achieve a whole system approach and maximise community assets.

Finance

The trend for increasing healthcare costs to individuals, the health sector and wider society is significant, with the current financial landscape across the NHS remaining extremely challenging. Investing in population health improvement can be part of the solution to this challenge. The evidence shows that prevention is cost-effective, provides value for money and gives returns on investment in both the short and longer terms. Population-level approaches are estimated to cost on average five times less than individual interventions. This systematic review has indicated that for each £1 spent, an average return on investment to the wider health economy was £14.

Therefore investing in cost-effective interventions to reduce costs to our health services and other sectors can help sustain CTM's health system and economy for the future.

Creating Health Strategic Overarching Aim and objectives

Aim: To enable equity of health outcomes for the population of CTM.

Objectives

1. Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
2. Become a population health organisation (modelling priority action areas on the Ottawa Charter and Marmot Principles)
3. Build Healthier Communities
4. Empower Systems leadership for Population Health Improvement

Objective 1: Improve Population Health Metrics and Reduce Inequalities in Health

As a UHB we are committed to:

- Earlier detection and mitigation of activities & environments that may cause a deterioration in the quality of life, happiness and healthy life expectancy. (Direct + indirect determinants of health)
- Increasing the awareness of our people within our communities on how to manage their health and the health of their 'dependents' and 'others'. Which in turn should result in an uptake of screening initiatives, acceptance of prescriptions, healthy living
- Delay or prevent the progression in severity of chronic diseases – Longitudinal analysis of prevalence rates and clinical and cost effectiveness of mitigating actions.

Historically we have benefited from the public health observatory providing robust retrospective analysis, enabling comparisons within our community and across the UK. The UHB is dependent on this analysis in many ways and will contribute to restoring and developing the Observatory's data and analysis which was greatly diminished by the covid-19 pandemic.

To be successful, the CTM creating health programme will require a strategic change in its use of data and analysis to be able to apply population health management techniques alongside AI and advanced analytical approaches.

As a Health Board we aim to be leaders in Population Health Management (PHM); aligning services to best support the people who need it the most. To identify those people, the Public Health Team has led the PHM programme of work to seek to understand patient populations by characteristics related to their need and use of health care resources.

Objective 2: Realise CTM UHB as a Population Health Organisation

Population health is an approach aimed at improving the health of an entire population, improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.

Improving outcomes requires a multi-agency, system wide approach and a combination of population wide and targeted interventions taking into account the wider determinants of health. The Health Board has a key role, however, in prioritising prevention and early detection and intervention in all its pathways and striving to improve the equity of all care it delivers.

As a health board we are committed to is developing as a population health organisation and seeking to maximise our role in promoting good health and well-being to staff (80% of whom live in the CTMUHB footprint) and residents through the most effective use of all its resources and opportunities from estates, health promoting hospitals and employment and skills increasing our role as an anchor organisation.

This approach was endorsed by the Board in May 2021.

We are also committed to embedding principles and processes across our organisation that put population health at the heart of our decision making, planning and delivery of services, aligning our functions with both the Ottowa Charter and the Marmot Principles. A CTM population health framework is being developed to support this.

Objective 3: Build Healthier Communities

The overall vision of CTMUHB is "Building Healthier Communities Together". This includes working together internally within the health board, and externally with our population, communities and partner organisations. This objective within Creating Health focuses on what we can do to contribute to developing, supporting, and working with our communities to build capacity to encourage wellbeing and prevention.

This includes but is not limited to:

- Our role as an anchor institution
- Our role as part of the foundational economy and circular economy
- Our role in ensuring "More than just words" is enacted and embedded
- Our role in achieving Net Zero

A subgroup focussing on Building Healthier Communities will continue to meet as necessary to share best practise and encourage collaborative working and ongoing

engagement with the PSB will continue with participation in a number of work groups, to support the development of healthier communities.

Objective 4: Enable Systems Leadership for Population Health Improvement

Transforming a complex system – such as the health system or the environment in which we live – is a monumental task, requiring coordinated action by people with very different viewpoints. Systems-change initiatives often engage multiple organisations – governments, companies, civil society organizations, worker associations, research institutions and others – combining their capacities to achieve a shared goal.

CTM UHB, as an Anchor institution, is the largest employer and purchaser of goods and services in Bridgend, RCT and Merthyr Tydfil. It also plays a key role in partnerships such as the Regional Partnership Board, Public Service Board, Area Planning Board and Community Safety Partnership. As such, it has significant potential to operate as a System Leader to support population Health improvement beyond the health service estate.

Systems leadership is a set of skills and capacities that any individual or organization can use to catalyse, enable and support the process of systems-level change. It combines collaborative leadership, coalition-building and systems insight to mobilize innovation and action across a large, decentralized network

The complex challenges we face that require collective action, where no single entity is in control. Through promoting and foregrounding equity and prevention, the health board, its staff and independent members, can all play a role in mobilizing alliances of diverse stakeholders around a shared vision for systemic change, empowering widespread collaboration, innovation and action; and enabling mutual accountability for progress to shift systems towards sustainability and equity.

Deliverables and Timescales

Each programme reporting to Creating Health has a detailed work plan with unique supporting deliverables and milestones. These detailed plans are available on request, however the top key deliverables for the programmes are listed in Appendix 3 and will be monitored as part of the reporting structure in the Creating Health Programme.

Key Performance Indicators (KPIs)

Recognising the long-term nature of population health improvement, the Creating Health Board will utilise both long and medium-proximal measures of progress.

Over the last two years, working closely with the Informatics and Health Intelligence teams, a baseline dataset has been designed and established. Reporting arrangements for monitoring of key performance indicators has been developed to provide ongoing oversight of progress towards agreed targets.

An annual report to the Creating Health Programme Board will include performance against Public Health Outcome measures and relevant NHS Performance Framework measures based on the most recently available data.

In addition to an annual report, a rolling bi-monthly series of programme specific 'deep dives' will be reported at each programme board to review programme specific updates and progress.

Annual review of performance measures will include;

The CTM Population Health Outcome measures were developed in 2020 to provide long term clarity, ambition and focus the CTM's ambitions for 'Creating Health';

S/N	Goal	Update frequency
1a	By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average	Annual
1b	By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average	Annual
2a	By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual
2b	By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual
3	By 2030 Avoidable Mortality in CTM matches the Wales average	Annual
4	By 2030, cardiovascular and cancer mortality in CTM matches the Wales average	Annual
5a	By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births	Annual
5b	By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average	Annual
6a	By 2030, the smoking prevalence in CTM is down to 5%	Annual
6b	By 2030, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	Annual
7a	By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase	Annual
7b	By 2030, the percentage of adults who are obese will decrease	Annual

In addition, the relevant measures reported elsewhere by the healthboard from Quadruple Aim 1 and 2 of the NHS Wales Performance Framework 2026-2027, may also be used to monitor incremental improvements to nationally reported

performance aligned to the timeframes of existing reporting mechanisms annually.

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

Current position* in relation to these measures can be found in appendix 4.
**Available performance date at the time of writing is based on 2025/6 measures*

Governance and Monitoring

The Creating Health SDP is an integral part of the business planning framework for the Health Board, driving the delivery of significant activity and building momentum to deliver improved population outcomes. The SDP monitoring arrangements aim to support the delivery of activities, provide assurance and advise the Health Board on actions where required. This includes ensuring appropriate resource and capacity is available to support delivery and that proportionate corporate assurance and risk management arrangements are in place.

Programme leads, named within the SDP, are responsible for providing a bimonthly (2 monthly) highlight reports on programme activity progress. Information collated will focus largely on exceptions, where there are issues to successful delivery and is used to build both individual activity information and whole Health Board trends over time. The Creating Health Pillar meetings will provide an opportunity to informally engage and influence the development of SDP

activities at an early stage e.g. through engagement with an activity's outline business case or commissioning plan. As well as this, where highlight reports identify activities of concern, the Creating Health Pillar meetings will provide an opportunity to address specific lines of enquiry.

The Health Board's governance arrangements provide collective ownership of organisational issues, particularly on activity that has high risk, complexity and financial value within the SDP, to identify constructive action and assist effective delivery. Programme monitoring information is considered by the CTM Transformation Board every 2 months, with a full report taken to Strategic Delivery Committee bi-annually (every 6 months).

The Creating Health Pillar will produce an annual report for submission to the Board, of progress against its KPIs and narrative update on constituent programmes. This will inform production of an annual workplan, with allocated deliverables, alongside update of the SDP.

Oversight of activity will also be monitored as it progresses through the specified informal and formal governance and decision-making process, in line with CTM UHB's Standard Operating Procedures.

Appendices

Appendix 1

Context

Why Creating Health?

Health Inequalities

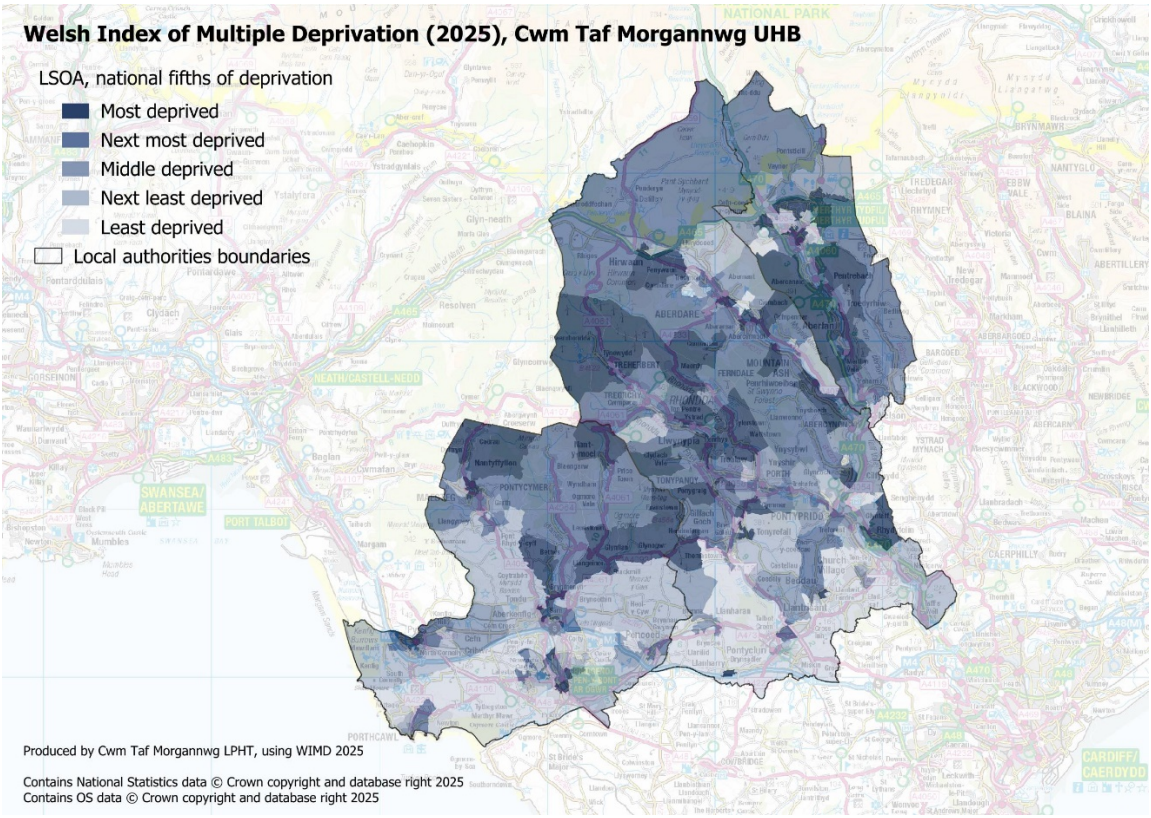
Wales' population is the highest it has ever been, but it is also ageing because of falling birth rates and migration. The population is expected to continue to grow and then fall as we move to 2050, although this may be slowed by improvements in life expectancy. However, there is a growing understanding that such improvements are not evenly distributed across different population groups.

Health inequities are **unfair** and often **avoidable** differences in an individual's health, when comparing different people or groups, that are due to biological, social, geographical or other factors. These factors interact in a dynamic way across the life course and can persist through generations. The key point here is that they are unfair.

The geographical area covered by Cwm Taf Morgannwg University Health Board, comprising Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils, is home to approximately 450,000 people. It is a place of close-knit communities, rich heritage and natural resources, social capital, aspiration and potential.

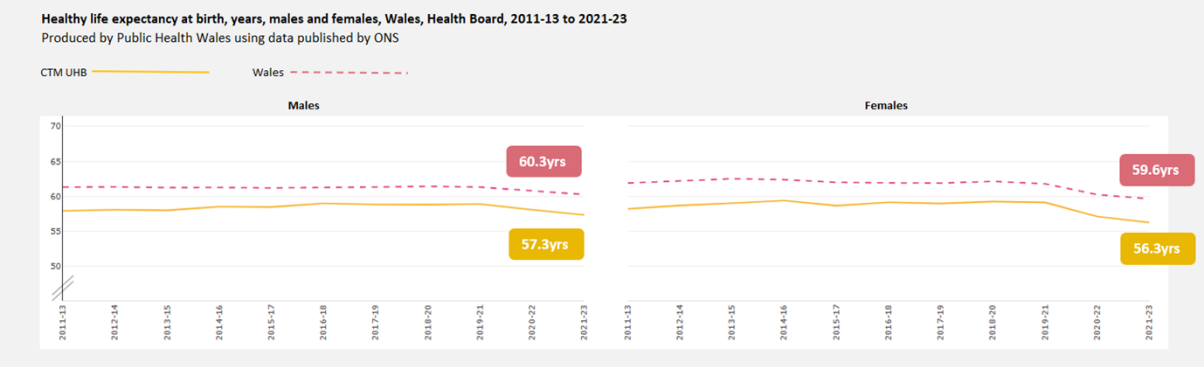
CTM has, however, a higher percentage of more deprived areas than other Health Board areas in Wales. 51.9% of CTM live in the two most deprived fifths of Wales, the highest percentage of all health boards. Fewer people in CTM live in the least deprived fifth (18.8% compared to 20% in Wales) and 4 of the 22 small areas in 'deep-rooted deprivation' in Wales are in CTM.

The distribution of deprivation across the Cwm Taf Morgannwg footprint highlights deprivation in the post-industrial areas and valley communities towards the north of the Health Board



There is a clear association between health and deprivation. Profiles of health behaviours such as smoking, obesity and chronic disease indicate a generally poorer picture within CTM than the Welsh average. Despite promising improvements from the preceding decade, a continuing picture of health inequities within our population remain evident when comparing Life Expectancy and Healthy Life Expectancy across geographical areas within CTM.

Both life expectancy and healthy life expectancy in CTM is below the Welsh average.



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

Inequalities in health arise because of inequalities in society and the conditions in which people are born, grow, live, work and age – leading to differential levels of vulnerabilities. To change this we need to act on the 'root' causes. These 'root' causes can be thought of as the basic building blocks for health such as good education, good quality housing, fair work, money and resources, social fabric of our communities and our surroundings. Without these, our health and wellbeing are affected, leading to ill-health that is avoidable and unfair.

These underlying levels of deprivation and chronic ill health contributed to CTM experiencing the highest levels of covid-19 infection and mortality in Wales. Further details of CTM's population, its health risks and outcomes, can be found in the CTM Director of Public Health Report (2023) and Cwm Taf Morgannwg Wellbeing Assessment 2022. A new wellbeing assessment will be delivered by the PSB and partners in 2026 and CTM will support the development of this.

The key point is that these outcomes are inequitable and avoidable. The length of life (life expectancy), as well as the number of years lived in good health (healthy life expectancy) is falling in our most deprived communities (PHW, 2022), particularly for women.

Clearly our intention will be to increase not only life expectancy, but also to maximise the number of years lived in good health. Crucially, the difference between healthy life expectancy and life expectancy is a period of years living in ill-health and a period therefore when there will be an increased health need. By focusing on helping improve healthy lives at every opportunity throughout the life course, this will decrease illness, increase life expectancy and also extend the period of healthy years lived.

Wider Context

Responding to the Climate Emergency

Climate change represents a significant risk to the health board and the health and population we support. If reductive action is not delivered across society, we will see increased demand on our services from extreme weather events, more regular adverse business continuity events and increased air pollution, with impacts on respiratory health in particular. Our infrastructure will require significant investment and adaptation to cope with warmer summer temperatures, milder wetter winters and more intense rainfall events. The action we take to address climate change will lead to many co-benefits to our population including cleaner air, a more physically active population and improved mental well-being.

Changes in Digital Technology

Digital and mobile technology continues to evolve and transform the way we live and work. We need to commit to supporting innovation and research that will allow us to realise the opportunities offered by technology, connect communities and increase productivity. Technology also has powerful potential to radically change the way we work as an effective, modern Health Board.

Connected Communities

Accessible, inclusive services that meet people's needs and the way they lead their lives are essential to reducing inequalities and improving healthy life expectancy.

Adequate public transport and digital infrastructure will mean that people can travel to health and care services, access skills and employment opportunities.

Appendix 2

Value Based Health Care

A person-centred Value-Based Healthcare Approach

Embedding Value-Based Healthcare (VBHC) principles in Cwm Taf Morgannwg University Health Board's Creating Health Strategy is crucial for improving health outcomes, reducing inequity, and ensuring efficient resource utilisation. By focusing on patient-centred care, VBHC enhances the quality of care by working in partnership with patients, families and clinicians regarding the treatments to individual needs and what matters most to them, thereby achieving better health outcomes.

Furthermore, VBHC emphasizes measuring and analysing patient-reported outcomes and experiences, allowing for continuous improvement and evidence-based decision-making. This approach reduces inequity by ensuring that all patients receive high-quality care based on their specific health conditions rather than a one-size-fits-all model. CTMUHB align to the European Alliance for Value in Health, four pillars of VBHC include:

These pillars are crucial for creating a comprehensive and effective healthcare strategy:

1. **Personal Pillar**:
    - **Patient-Centred Care**: This pillar focuses on delivering care that is tailored to individual patient needs and preferences. It emphasizes shared decision-making and ensuring that patients are actively involved in their care process. By prioritizing patient experiences and outcomes, healthcare providers can achieve better health results and higher patient satisfaction.
2. **Technical Pillar**:
    - **Clinical Effectiveness and Efficiency**: This involves using evidence-based practices and technologies to ensure that care is both effective and efficient. It includes the implementation of best practices, continuous quality improvement, and the use of advanced medical technologies to enhance the precision and effectiveness of treatments.

3. **Allocative Pillar**:
    - **Resource Allocation and Cost-Effectiveness**: This pillar focuses on the optimal use of resources to achieve the best possible health outcomes. It involves prioritizing interventions that provide the

greatest value and ensuring that resources are distributed equitably to meet the needs of all patients. By allocating resources wisely, healthcare systems can reduce waste and improve overall efficiency.

4. **Social Pillar**:
    - **Equity and Population Health**: This pillar emphasizes the importance of addressing social determinants of health and reducing health disparities. It involves creating policies and practices that promote health equity and ensure that all population groups have access to high-quality care. By addressing broader social factors, such as socioeconomic status, education, and environment, healthcare providers can improve the health of entire communities.

These pillars ensure a holistic approach to healthcare, prioritising patient well-being, and fostering a sustainable healthcare system.

Appendix 3

Deliverables

Programme	2026/27 Deliverables	Creating Health Objective	2027/28 onwards Deliverables	Creating Health Objective
AF and HPT	Develop plan to embed service into Primary care Services Produce model of redesigned WISE services Ongoing delivery of outreach offer Increased case finding and long-term condition prevention	Objective 1 Objective 3	Review remodelled service and complete service evaluation Continue to deliver an outreach offer	Objective 1 Objective 3
National Hepatitis Elimination Programme	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability Implement a sustainable service for testing across the three probation offices within CTM. Continue to improve testing rates and ultimately treatment rates.	Objective 1 Objective 3	Sustained delivery of micro elimination of Hepatitis C within Parc Prison Maintain sustainable service for testing in probation services Continue to improve testing rates and ultimately treatment rates.	Objective 1 Objective 3

	Scope pilot for Diseases of elimination approach			

Behavioural Science	Twelve training sessions undertaken quarterly Ninety individuals to undertake training every quarter Behavioural science application support provided to 6 projects/areas of work each quarter (ad hoc/applied). Support implementation of behaviourally informed approaches in clinical pathways across the different care groups in the Health Board. Embed impact evaluation of behavioural science application to inform and strengthen ongoing practice and support model of delivery. Integrate academic research and key findings/recommendations into evidence-based intervention development.	Objective 1 Objective 2 Objective 3 Objective 4	Twelve training sessions undertaken quarterly Ninety individuals to undertake training every quarter Behavioural science application support provided to 6 projects/areas of work each quarter (ad hoc/applied). Expand organisational capability, ensuring behavioural science becomes a routine component of staff development, communication design, and frontline practice	Objective 1 Objective 2 Objective 3 Objective 4

PHM	Review implementation models in CTM in short/med term Increased case finding for existing services. Increased proactive identification of patients for preventative interventions and services. Review implementation models in CTM in short/med term Increased case finding for existing services. Increased proactive identification of patients for preventative interventions Development and implementation of PHM infrastructure using CTM shared care record (phase 1 is pilot in managed practice)	Objective 1 Objective 2 Objective 3 Objective 4	Move towards a more mature PHM system by increasing capability for delivering PHM and proactive preventative care pathways in both primary and community care and secondary care. Scale and spread the PHM delivery offer phase 2 to non-managed practices in CTM using shared care record Identification of key population groups and development of proactive care models	Objective 1 Objective 2 Objective 3 Objective 4

Healthy Weight Programmes	Introduction of obesity tier 2 and 3 for children Sign off of Healthy Weight roadmap Roll out of PIPYN CTM wide Ongoing measuring impact and learning of PHW nine steps for CTM Implement Obesity Pathway Innovation Programme locally Develop regional Food Partnership action Plan Develop and implement operational measures for HW Implement CTM Healthy Travel	Objective 1 Objective 2 Objective 3 Objective 4	Continued delivery of Healthy Weight Road Map Ongoing measuring impact and learning of PHW nine steps for CTM Implement Regional Food partnership action plan Ongoing review of service capacity Ongoing implementation of CTM Healthy Travel	Objective 1 Objective 2 Objective 3 Objective 4

Reduction in Harms from tobacco and nicotine	Build capacity, quality & awareness of smoking cessation delivery across CTM Develop the Health Board's role in achieving smoke-free by 2030 target Delivery and continuous improvement of HMQ in Hospital model Tackle inequities in smoking prevalence, including developing an understanding of barriers for priority groups Implement maternity smoking pathway & quality HMQ for Baby service Develop wider partner support for achieving smoke-free by 2030 target Prevent children & young people from taking up smoking and vaping	Objective 1 Objective 2 Objective 3	Continued development of HMQ services towards Smokefree 2030 Continued development of children & young people prevention programme 27/28 Develop HMQ provision within Lung Health Check programme	Objective 1 Objective 2 Objective 3
Diabetes	Delivery of the CTM 5-year diabetes strategic plan. Support diabetes remission service implementation/evaluation Support equitable roll out of the AWDPP Explore enhanced diabetes case-finding	Objective 1 Objective 2 Objective 3	Continued actions from year 1 Further scale AWDPP, remission and case-finding Continue improvements in 8 Care Processes and structured diabetes education	Objective 1 Objective 2 Objective 3

	Co-produce an intervention to pilot with the intention of delaying/reducing risk of development of T2DM in women with GDM Support preconception work in RCT Support diabetic eye screening equity work Explore opportunities to support transition for people living with T1DM from CYP to adult services. Review and support Structured diabetes education work Support increased uptake of 8 care process Support implementation of the new CTM T2DM pathway Support implementation of recommendations for staff living with diabetes		Embed data dashboard, PROMs/PREMs Strengthen equity monitoring and targeted interventions	
Mental Health and Well-being	Develop an implementation plan of recommendations from the CTM MH and WB needs assessment by the end of March	Objective 1 Objective 2	Delivery of the CTM implementation plan for mental health and wellbeing	Objective 1 Objective 2

	Develop a clear workplan to support the local implementation of the two national strategies: National Mental health and wellbeing strategy and National Suicide Prevention and Self-Harm Strategy.	Objective 3	Ongoing delivery and evaluation of local workplans to support National Mental health and wellbeing strategy and National Suicide Prevention and Self-Harm Strategy.	Objective 3
Social Prescribing	Establish a strategic view of local community development needs. Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4	Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4
Income Maximisation	Evaluation pension credit/warmer homes work Review income type and population options for targeting 26/27 Support HB in Wales with roll out of warmer homes project	Objective 1 Objective 2 Objective 3 Objective 4	Embed income maximisation work in business as usual practise	Objective 1 Objective 2 Objective 3 Objective 4
Maternity Population Health	Development of Maternity Population health strategy	Objective 1 Objective 2	Ongoing implementation of Maternity Population Strategy Evaluation of Social Complexities Team	Objective 1 Objective 2 Objective 3

	Sign off for CTM Maternity Population Health Strategy Development of measurable objectives Development of Social Complexities Team Healthy weight pathway evaluation and shared learning	Objective 3	Implementation of new healthy weight pathways as appropriate	
Housing and Community	Develop Health and Housing data linkage project Build place-based partnerships for wellbeing work	Objective 1 Objective 3	Scope sustainable options of delivery	Objective 1 Objective 3
Population Health Framework	Scope programme objectives focussed around key themes: - How we work - Who works with us - Finance and budget - Inequalities - Marmot Sign off CTM Population Health Framework	Objective 1 Objective 2 Objective 3 Objective 4	Deliver defined programme of work with associated deliverables	Objective 1 Objective 2 Objective 3 Objective 4

Appendix 4
Current performance against KPIs
CTM Population Health Outcome Measures;

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NHS performance framework;

HB%20Integrated%20Performance%20D