

Ein cyf/Our ref: DC/JMHSC/02605/25

Jonathan Morgan
Chair
Cwm Taf Morgannwg University Health Board

09 December 2025

Dear Jonathan

This letter follows the Public Accountability Meeting held with members of the Cwm Taf Morgannwg University Health Board on the 23 October 2025. Thank you for both you and your teams' attendance at the meeting, it was a great opportunity to highlight the work that you and your team are delivering for the communities you serve. I was grateful for the evidence pack provided in advance of the meeting, this forms an important part of the meeting record. The meeting recording can be found at [CTMUHB public accountability meeting](#).

This letter sets out my reflections from the meeting, we will continue to review these themes in our regular review meetings.

Whilst acknowledging the effective response undertaken by the health board to the failing roof at Princess of Wales hospital, with support from Welsh Government, I remain concerned that the Board were not sufficiently sighted on the severity and risk associated with this issue to enable a proactive and considered solution. You highlighted how the Board had learnt from this incident and the learning related to the incorporation of new buildings into your estate and now adopt a risk-based approach. I understand further information on this approach has been shared with Welsh Government officials, and we need to ensure learning is shared effectively across NHS Wales.

I sought assurance from the Board that appropriate and improved governance is now in place across the organisation, following the serious concerns in maternity and neonatal services that resulted in the special measures escalation. The Board highlighted the approaches now in place related to the creation of a cohesive and integrated Board supported by regular briefings related to quality and safety issues and improved speaking up safely processes in place. You assured me that these processes are organisation wide and not just in the maternity and neonatal services. Please can you share with me the approach used by the Board to gain oversight on the effectiveness and impact of these processes.

You set out how the organisation has changed in recent years through the strengthening of the executive team, a stable board and enhanced board structures and governance. This has been underpinned by the organisational restructure and the move to an integrated care group model, which has proven effective. Challenges remain in some clinical specialities, but you explained the clinical leadership strategy underpinned by distributed leadership.

I raised the concerns that have repeatedly been shared with me in relation to the approach used by the Board to implement temporary service changes, noting the transparency of service change process within the Board has been questioned by some of your stakeholders. You highlighted that the Board makes changes in a transparent way, based on clinical need, clinical best practice, through listening to all voices and by actively

engaging Llais before making decisions in order to ensure a quality service. On reflection, I think that the Board needs to consider their oversight of these processes, ensuring that the patient voice is heard.

You confirmed that the organisation is on track to achieve a balanced position at the end of the financial year, noting that at month 6 there is a small deficit with some work to do on delivering the required financial savings and mitigations. Whilst noting the delivery risks, we recognise that position and we discussed the choices that the Board took this year to enable a financially balanced plan.

There are a number of recruitment and retention issues that are best dealt with at a regional level, and you outlined the approach the Board is taking with examples shared related to pathology and orthopaedics. It is my expectation that the Southeast Wales regional committee which I asked to be established will spearhead the drive to regional working and I expect the health board to have a considerable focus in this area.

In addition to regional working, a move towards providing a greater range of primary and community services with care closer to home must be part of the future delivery model. We discussed the developments made by the organisation in this area including hospital at home, virtual treatment models incorporating a GP and a hospital consultant, use of digital technology and the development of community hospitals.

Long waits for planned care have fallen over the last year and you confirmed that the organisation would eliminate all 2 years by the end of March 2026, with a hope of achieving this sooner. The commitment to clear all 8 weeks diagnostic waits was made by the Board and that all data submission issues have been resolved. You confirmed there is Board oversight on ensuring that patients are kept safe whilst waiting through the keep in touch teams, WISE and waiting well services.

Good progress in relation to women's services was shared and you highlighted how the consolidation of breast services at the Snowdrop service has enhanced the patient pathway, resulted in reduced waiting times and a better patient experience. I expect this approach to be replicated across other services as you create the women's hub later this year including gynaecology.

I raised concerns shared with me related to the changes in nurse shift patterns. You explained why there was a need for change and the ongoing consultation that is in place before the Board make an informed decision.

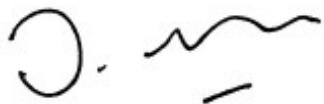
As part of your closing remarks, you highlighted the public health agenda – you felt that was one of the biggest challenges facing the NHS in the forthcoming years and that the Board would have a focus on this as part of the clinical strategy and future plans.

In summary, this was a helpful meeting, the Board is making good progress against many areas. I do expect the Board to have appropriate oversight on operational and financial grip and control to ensure financial balance, zero 104-week weeks, improved diagnostic and cancer positions, continued improvements in urgent and emergency care and an effective risk-based approach to estate management. It is essential that you as a Board maintain good quality governance controls that ensure that issues and concerns can be raised with the Board in an open manner, that supports clinical leadership at all levels and enables effective management of clinical risks. You must maintain a focus on quality improvement and management, and I expect to see a robust process to ensure effective engagement in

the planning of service changes. Finally, as you plan to the future, I expect a shift to primary and community care and a response to public health to be the main drivers of your approach.

Thank you again for your openness, and for agreeing to be the first health organisation in this round of public accountability meetings.

Yours sincerely,

A handwritten signature in black ink, appearing to read "J. Miles".

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care