Public Accountability Meeting

Evidence Paper: 23 October 2025

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Contents

Context
This evidence pack has been produced by the Cwm Taf Morgannwg University Health Board in support of the Public Accountability Meeting between Welsh Ministers and the Board on 23 October 2025. It has been produced in line with the guidance from Welsh Government.

1.0 Finance, planning and escalation

1.1 Finance

As at month 5, CTMUHB reported a year-to-date deficit of £6.3m, with a breakeven forecast in accordance with the approved Integrated Medium Term Plan (IMTP). The in-year deficit is primarily due to:

- A shortfall in savings delivery (£7m Year to Date, £8.9m Full Year Forecast)
- Adverse allocation sums compared to IMTP including Employer's National Insurance and 2024-25 Pay Award funding (£1.6m Year to Date, £3.6m Full Year Forecast).

Some mitigating actions (£9.2m) have been identified to recover to break even by 31 March 2026. As at month 5, additional mitigating actions are required to bridge a further £3.5m pressure arising from adverse allocation movements compared with plan. CTMUHB is urgently seeking to identify further cost reduction opportunities to resolve this pressure by the year end.

There remain risks and opportunities to delivery which are detailed in the Monthly Monitoring Return (MMR) submissions to Welsh Government and in the monthly Board Finance Report. These are being closely monitored and reviewed. The most significant issues include:

- Welsh Risk Pool increased settlements
- NHS Wales Pay Disputes and potential settlements.

Drivers of the financial deficit

As at month 5, CTMUHB has a breakeven forecast for 2025-26.

Progress against savings plan

Planned savings for 2025-26 are £31.3m. As at Month 5, savings plans of £22.4m have been identified. Mitigating actions have been identified to offset the remaining savings shortfall of £8.9m.

Progress against the value and sustainability plans

The Value and Sustainability themes are embedded into our ways of working and underpin our savings plans. Forecast Value and Sustainability savings, as per Month 5 MMR, is £21.7m.

1.2 Enabling actions

A summary of progress against enabling actions is provided in the table below. This demonstrates progress across a range of organisational programmes and identifies areas for further progress. There has been a significant improvement in RAG rating from quarter one, in part due to the progress made, and partly due to confirmation that work on track should be rated as light green rather than amber.

Thematic area	No. of actions	Implementation/ governance	RAG ratings Q1	RAG Q2
Operational effectiveness – U/EC	6	Six Goals Programme	Amber - 6	Amber – 3 Light green - 3
Operational effectiveness – PC	9	Productivity, Improvement & Transformation	Red – 1 Amber – 7 Green - 1	Red – 1 Amber – 5 Light green – 2 Green 1
Workforce productivity	5	People plan	Red – 1 Amber - 5	Amber – 2 Light green - 3
Maximising value for money	4	Individual Commissioned Patient Care Medicines Management Estates	Red – 1 Amber – 2 Green - 1	Red – 1 Amber – 2 Green - 1
Improving value, optimising outcomes, minimising variation	11	Cancer Steering Group PIT Digital Strategy Groups	Amber - 11	Red - 2 Amber – 6 Light green - 3

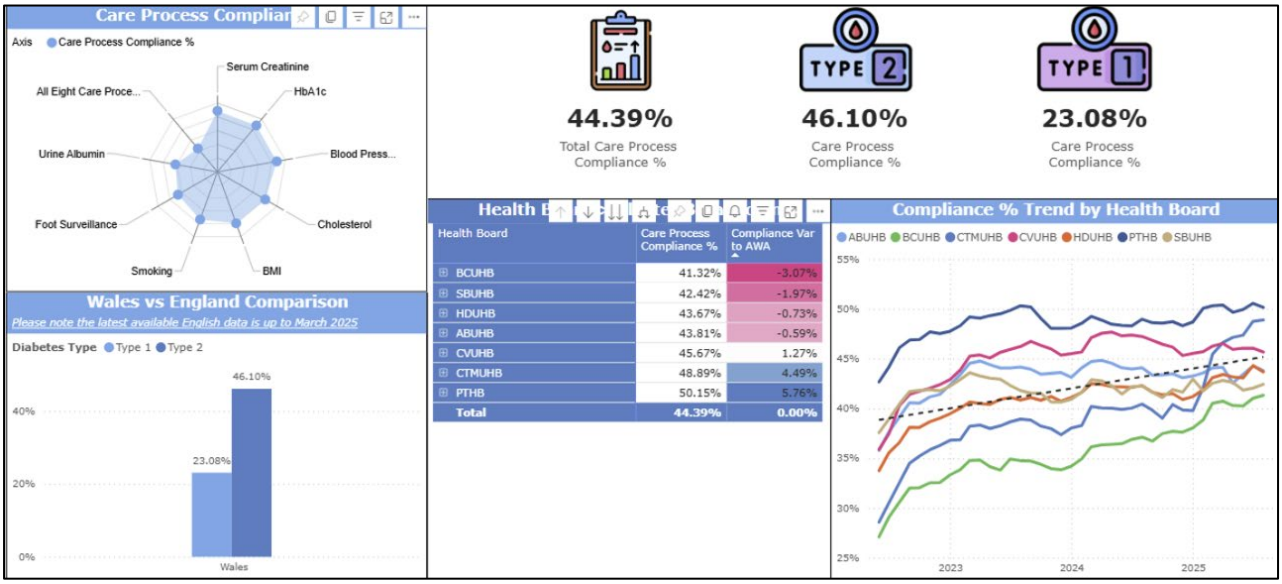
RAG rating movement – Q1-Q2

Thematic area	Q1	Q2	Notes
Red	3	4	INNU changed to red in Q2. Work in progress.
Amber	31	18	
Light Green	-	12	Added as a category following Q1 appraisal
Green	2	2	

The health board has outlined progress against each Ministerial priority for the first half of 2025/26 in the table below:

Strategic priority requirement	Q2 planned	Q2 actual	Notes
Timely access - cancer	69%	Final validation ongoing	August 2025 validated compliance was 63.4%, an improving position, but not compliant.
Timely access - (104-week delays)	Max 1,102 breaches	Final validation ongoing	Data awaited
Timely access – Cardiology diagnostics	0 breaches	717	Not met but September 2025 showed improvement
Timely access – Radiology/ other diagnostics - 8 weeks	100%/ 0 breaches	5535	Not met
Timely access - Endoscopy 8 weeks	100% by July	905	Not met, but the position is improving.
Timely access - ED 12-hour breaches	50% reduction by July	2048	23% higher than March 25 baseline of 1666.
Timely access - ED Ambulance handover	• 80% of patient handovers within 1 hour • 100% of handovers within 4 hours		Positive reduction in in <45min ambulance handover delays in Q2 average at 331 – 68% reduction from baseline March 25 at 1050.
Population health - diabetes	50% min compliance with all 8 care processes	See extratced table below	Compliance remains below target. Improvement actions are being targeted.
Community access - General Medical Services	100% access compliance	Data pending	Anticipated to remain compliant
Community access - reduction in delayed transfers		August 2025 257 delays 9620 days	At August 2025, the number of delays were higher than the March baseline but the number of days delayed showed a 40% reduction from March 25 baseline
Mental health access Psychological therapies – improved access	59%	54.04%	While not yet on trajectory, the psychological therapies compliance has improved from the Q1 position (49%).
Delivery of women's health hubs	Q1 actions		Please refer to section 3 of this evidence pack

Diabetes Care Processes compliance charts:



Health Board > Cluster Breakdown

Health Board	Care Process Compliance %	Compliance Var to AWA
CTMUHB	**48.89%**	**4.49%**
Merthyr South	36.84%	-7.56%
Bridgend West	37.70%	-6.70%
Rhondda North	41.29%	-3.10%
Bridgend East	42.82%	-1.57%
Rhondda South	44.94%	0.55%
Taff Ely South	48.56%	4.17%
Cynon North	54.07%	9.67%
Taff Ely North	54.17%	9.78%
Cynon South	56.32%	11.92%
Merthyr North	59.82%	15.43%
Bridgend North	59.94%	15.54%
Total	**48.89%**	**4.49%**

1.3 Clinical service plan

Key clinical transformation programmes under our 'Building Healthier Communities Together' strategy are outlined below. We are mapping the ambitions of these to deliverables to better understand and manage the interdependencies between them.

- Primary and community care transformation (further detail section 3)
- Emergent mental health transformation programme (further detail section 3)
- Integrated community care service – section 33 agreement reached between UHB & all 3 local authorities with a breadth of scope unique in Wales, creating a mechanism for shared accountability and paving the way for structural as well as functional integration and consequent improvements
- Strategic clinical services programme – focussed on sustainability of secondary care services but with read across to these other programmes, we are working on a 'case for change' that supports these and fragile services across CTM
- Women's health is woven through these programmes with discrete project and planned establishment of a women's health hub in Q4 25/26.

There is ongoing engagement around these plans with our care groups and the communities we serve through our Stakeholder Reference Group and CTM Community Leaders forum.

In addition, regional working continues at pace to deliver the Llantrisant Health Park and to achieve greater equity and productivity through shared delivery in ophthalmology, pathology, diagnostics, stroke and cancer services; this will be given greater focus and impetus through the development of the Regional Joint Committee (below).

1.4 Service change

The health board has been managing a number of changes related to the critical incident at the Princess of Wales Hospital September 2024. The "Return to POW" programme has recently completed the final ward movement back to the site as of 24 September 2025. There are five key changes that are currently ongoing for reasons of service stability (particularly where medical staffing has been challenged) or to maximise productivity of and thus access to elective services:

- Emergency stroke services to Royal Glamorgan Hospital
- Trauma surgery to Royal Glamorgan Hospital
- Elective inpatient orthopaedic surgery to the Princess of Wales Hospital
- Cataract surgical services to the Princess of Wales Hospital
- Care of the elderly inpatient beds to Ysbyty George Thomas

There are a number of other service changes being managed by the health board related to issues of service fragility or safety. All these are managed with advice from Llais, local partners and community engagement as appropriate to the scale of the change; they include changes to the provision of specialist palliative care at Ysbyty Cwm Cynon; the availability of nuclear medicine support at Royal Glamorgan Hospital; the temporary relocation of the Prince Charles Hospital fracture clinic to Ysbyty Cwm Cynon; the redesign of dementia day services; and a temporary closure of the Cefn Yr Afon Rehabilitation Unit.

Maesteg Community Hospital, in common with a number of areas of estate within the Health Board, is an embodiment of the fabric of the community and it's history, but is aged and unsuitable for the provision of modern healthcare. The Health Board is committed to walking the sometimes difficult line between respecting the legacy these buildings represent and the need to provide better facilities for our communities, within a constrained public purse. As part of our overall transformation of primary and integrated community care we can anticipate a number of further opportunities to provide more sustainable local services which might also be accompanied by the replacement of an existing facility.

1.5 Regional working

All three health boards are committed to the Regional Joint Committee creating a step change in the effectiveness of regional working and all 3 have approved the Terms of Reference. A Joint Regional Programme Director has been appointed and the first meeting will be 19 November.

It is anticipated that the committee will set regional plans and agree commissioning plans for the region, ensuring swifter decision making to deliver more equitable outcomes for our population.

The regional programme of work involves the collaboration between Aneurin Bevan, Cardiff and Vale & Cwm Taf Morgannwg UHBs, importantly also including Powys LHB and Velindre NHS Trust. Key programmes in progress include:

- Orthopaedics, which is progressing towards a high-volume elective centre at Llantrisant Health Park (LHP). This work has also delivered a standardised GIRFT-compliant

clinical pathway for arthroplasty across the three health boards based on best practice from orthopaedic centres across the UK.
- Diagnostics, with a regional plan in development and a tender close to award for a community diagnostic centre to include endoscopy at the LHP. Work is also being undertaken to plan for the regional delivery of pathology services including a centralised laboratory for cellular pathology.
- Ophthalmology, which has delivered over 8200 cataract procedures since start of year through shared waiting lists and outsourcing.
- Stroke services, focussing on service sustainability and quality improvements across South Central with progress made on shared rotas and thrombectomy access.
- Cancer, addressing chemotherapy capacity and service fragility through strengthened regional partnership.

1.6 Escalation

CTM's current escalation status is summarised in the table below:

- Performance: urgent and emergency care – Level 4 (targeted intervention).
- Performance: planned care – Level 3 (enhanced monitoring).
- Performance: cancer – Level 3 (enhanced monitoring).

The Board receives a bi-monthly highlight report as part of the Chief Executive's summary report. The Operational Delivery Committee (ODC) scrutinises the progress against the agreed performance trajectories (summarised in the table below) and produces a highlight report for the Board. The Integrated Performance Report (IPR) is also discussed as a main agenda item at the public board meetings.

The key areas of focus against each level and area of escalation are summarised below:

Area	Improvement Priority
Planned Care	• Deliver the Welsh Government ambition of zero patients waiting in excess of 104 weeks from referral to treatment. • Provide outpatient appointments within 26 weeks for 75% of patients, and within 52 weeks for 100% of patients. • Ensure maximum wait time for diagnostic imaging and endoscopy does not exceed 8 weeks.
Cancer	• Ensure >63% compliance with the Single Cancer Pathway measure (point of suspicion to receiving first definitive treatment within 62 days). • Link to above diagnostics – 8 weeks maximum wait time.
Urgent and Emergency Care	• Ambulance conveyed patients completing handover to emergency departments within 45 minutes of arriving at a hospital site. • Ensure maximum patient wait time from arrival at an emergency department for treatment, admission or discharge does not exceed 12 hours.

The current performance against each of the above are covered within section 2 of this evidence pack. However, the Board has recognised the significant progress made in relation to all domains. In particular, the Board has recently highlighted the significant performance improvement in relation to planned care and urgent and emergency care, specifically, the reduction in ambulance lost hours through efficient handover of patients to emergency departments within a maximum of 45 minutes. Moreover, the demonstrable progress made in planned care, particularly where the vast majority of specialties are forecasting to achieve 78 weeks RTT ahead of trajectory by March 2026.

2.0 Improving access for all

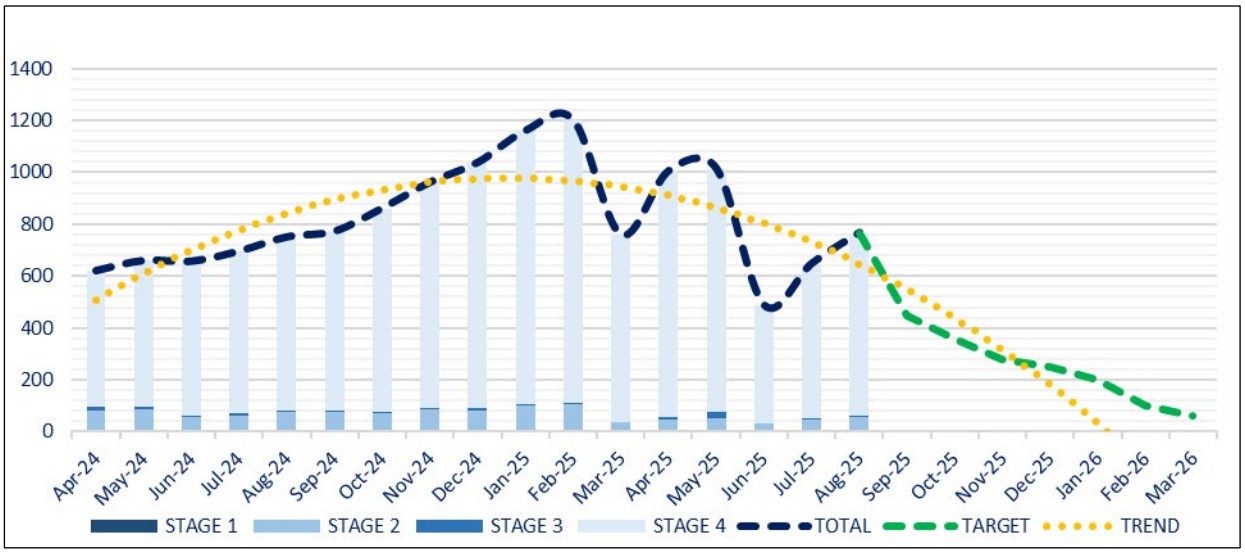
The health board has placed a strong emphasis on ensuring the longest waiting patients, and those of most urgent clinical need, are treated at the very earliest opportunity. This not only covers the remit of planned care but also extends to recognise the positive progress made in relation to management of emergency department attendance, particularly via ambulance conveyance, where we have seen some of the best performance in the country in relation to handover times. In addition, a significant amount of work is underway to ensure patients are waiting a maximum of 8 weeks for diagnostic tests across all modalities.

CTM regularly report on actions in place to reduce waiting lists and improve service delivery and access across specialties via Integrated Performance, Quality and Delivery (IQPD) meetings with Welsh Government colleagues. The below performance information also forms part of the escalation framework which is also reported through quarterly executive to executive meetings with NHS Performance and Improvement.

2.1 Performance overview

Current position and trajectory for 104 weeks total RTT pathways and 52 weeks outpatient pathways

RTT performance: 104-week (all stages)



September/end of Q2 104-wk position: 495 patients breaching 104 weeks.

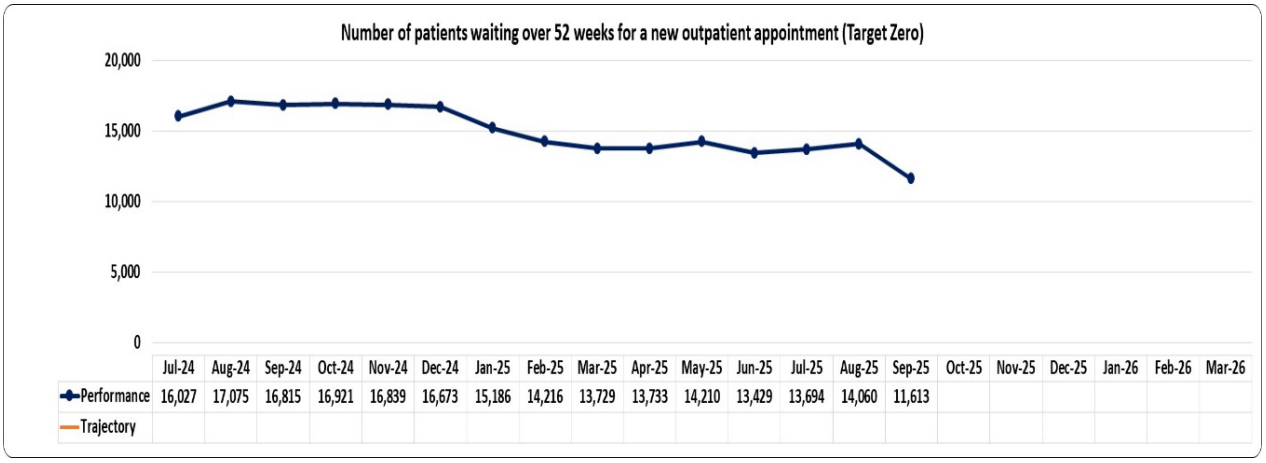
Orthopaedics remains a key challenge, with a focus on validation and optimisation pathways to bring down long waits. The health board was targeting to have no more than 450 patients waiting over 104 weeks by the end of quarter two. Following validation, CTM are currently managing a cohort of 495 patients breaching the 104-week RTT trajectory. In September, the Board received an update in relation to recovery plans to ensure the position improves going into the next quarter.

To support this further improvement, we have made some service changes such as the centralisation of cataract surgery at the Princess of Wales Hospital and the opening of a dedicated orthopaedic elective unit with 3 theatres and a 28 bedded ward (also at POW) are expected to boost productivity.

Additional actions include the rollout of direct listing for ophthalmology, increased weekend and out-of-hours diagnostic activity and targeted recruitment to address workforce gaps.

There is ongoing monitoring of key metrics such as theatre utilisation, late starts and early finishes and is working with regional partners to standardise pathways and address bottlenecks in diagnostics and cancer pathways.

RTT performance: 52-week stage one

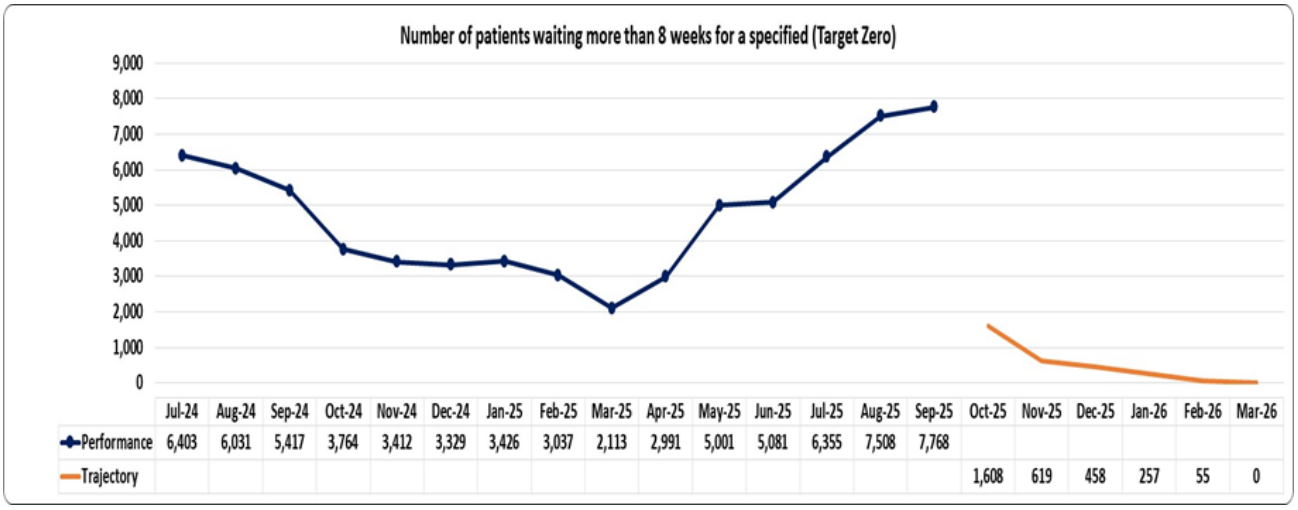


	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Performance	16,027	17,075	16,815	16,921	16,839	16,673	15,186	14,216	13,729	13,733	14,210	13,429	13,694	14,060	11,613						
Trajectory																					

September/end of Q2 52-wk stage one position: 11,613 patients breaching 52 weeks. An overall reduction of 2,852 patients from August.

The health board intends to eliminate all 52-week outpatient waits by March 2026, with modelling suggesting some specialties may have lower waits than 52 weeks. Additionally, there is also further anticipated improvement through the national insourcing programme.

Current position and trajectory for 8-week access to diagnostics



	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
Performance	6,403	6,031	5,417	3,764	3,412	3,329	3,426	3,037	2,113	2,991	5,001	5,081	6,355	7,508	7,768						
Trajectory																1,608	619	458	257	55	0

The 25% month on month increase in diagnostics was a concern, driven by increases in Non-obstetric Ultrasound and Echocardiograms, due to sickness and rising demand. Recovery plans including weekend working and locum recruitment should bring waits back in line with 8 weeks by end of October 2025.

We have agreed insourcing capacity now online, which will see an in-month reduction in CT by 3,200, NOUS by 1,500 and Echocardiographs by 600 (the key modalities where the UHB has been facing demand and capacity imbalance).

The additional outpatient work being undertaken by HBSUK may impact the plans and require further resource through Q3 and Q4, this is being closely monitored within the UHB, with frequent meetings ongoing with the National programmes.

Number of patients waiting 8 weeks or more for a diagnostic, by modality:

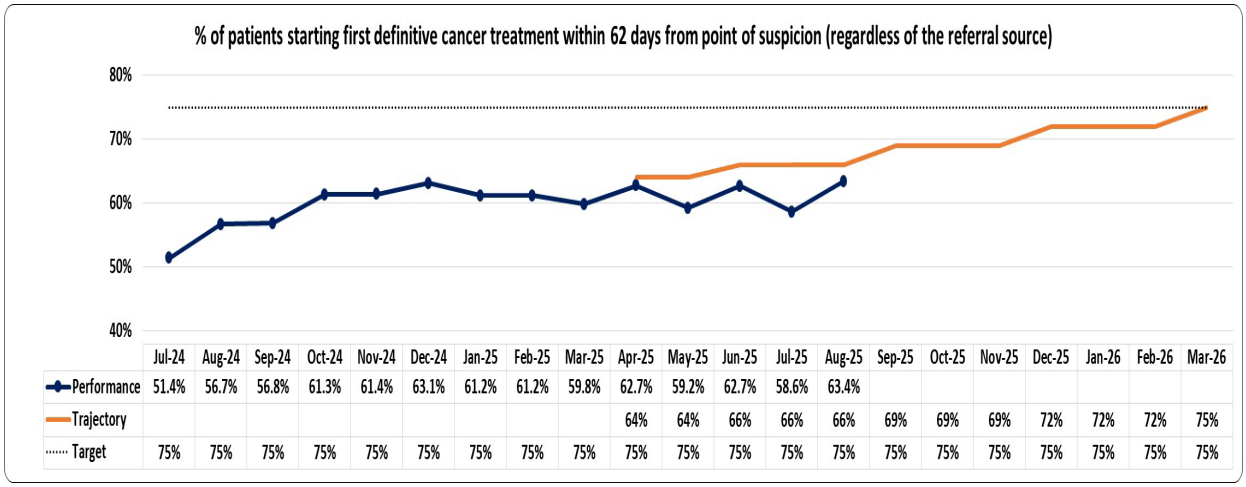
Number of Patients waiting >8 Weeks for a Diagnostic Test		Aug-25	Sep-25	Variance
Cardiology	Echo Cardiogram	566	556	-10
Cardiology Services	Cardiac CT	88	30	-58
	Cardiac MRI	2	31	29
	Diagnostic Angiography	57	48	-9
	Stress Test	14	24	10
	DSE	32	26	-6
	TOE	6	2	-4
	Heart Rhythm Recording	1	2	1
	B.P. Monitoring	0	0	0
Bronchoscopy		3	4	1
Colonoscopy		611	442	-169
Gastroscopy		325	230	-95
Cystoscopy		34	47	13
Flexi Sig		388	233	-155
Radiology	Non-Cardiac CT	1,762	2,073	311
	Non-Cardiac MRI	69	59	-10
	NOUS	3,013	3,392	379
	Non-Cardiac Nuclear Medicine	11	11	0
Imaging	Fluoroscopy	30	46	16
Physiological Measurement	Urodynamics	129	135	6
Neurophysiology	EMG	342	367	25
	NCS	82	69	-13
Total		7,565	7,827	262

The health board has an agreed programme, supported by Welsh Government colleagues to address the capacity constraints within diagnostics and these plans deliver compliance with the 8-week target by the end of March 2026.

Current position and trajectory for achieving 75% for suspected cancer pathways

Cancer performance dipped slightly during the summer months as we treated patients in the backlog, however, this position is now recovering through targeted programmes of work. Single Cancer Pathway (SCP) compliance rates are now above 60% and further improvements to this are expected as GI, urology, and gynaecological backlogs are addressed through validation, optimal pathway audits, and increased endoscopy activity. The health board anticipates sustained improvement in cancer metrics by December, with a focus on service shift changes and better tertiary referral management. The August reported position was 63.4% compliance.

Single Cancer Pathway (SCP) compliance – August 2025



	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
Performance	51.4%	56.7%	56.8%	61.3%	61.4%	63.1%	61.2%	61.2%	59.8%	62.7%	59.2%	62.7%	58.6%	63.4%							
Trajectory										64%	64%	66%	66%	66%	69%	69%	69%	72%	72%	72%	75%
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

The current situation:

- Skin ranked 1st across all Wales sustained with Aug SCP% 96.6%
- Increased number of cancer patient treatments.
- Sustained reduction in total volume of patients on SCP.
- Improvement in time patients being informed they have or have not got cancer – 28 days target.
- Gynaecology, Head and Neck, Skin, Upper GI and Urology tumour sites ahead or equal to the trajectory for most recent reporting period.
- Backlog of patients > 62 days on pathway not reducing as quickly as proposed trajectory.

The challenge areas:

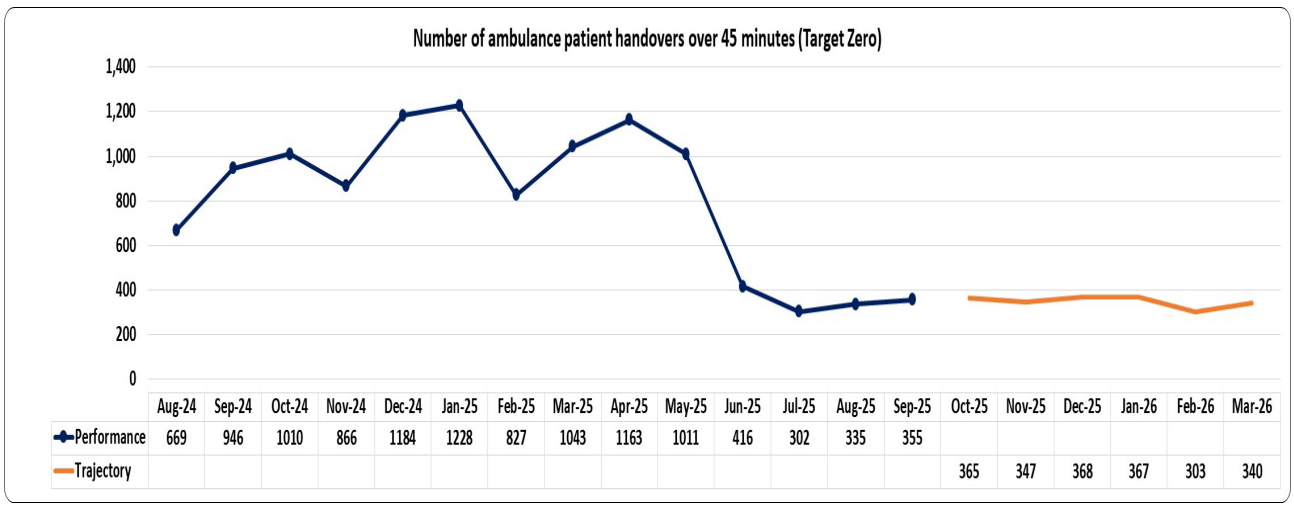
- Reducing number of patients at first OPA - 23% of entire cohort
- Reducing number of patients at diagnostic stage – 50% of entire cohort (specific challenges in radiology, endoscopy, and pathology).
- Long waits for Bowel Screening Wales and Breast Test Wales.
- Administration and nursing resource have vacancies and sickness absence.
- Delays at tertiary centres for diagnostics and treatments.

Planned improvements/initiatives:

- Outsourcing pathology.
- Increased focus on booking first appointment through capacity review and booking analysis.
- Audit underway re-determine compliance with national optimal pathways.
- Weekly involvement of services clinical directors of SCP waiting list.
- Endoscopy recovery plan commenced.
- Weekly cancer assurance meeting with senior leadership team.

Current position and trajectory for 45-minute ambulance handovers, 4 and 12-hour emergency department waits and reducing pathways of care delays

45 Minute ambulance handover



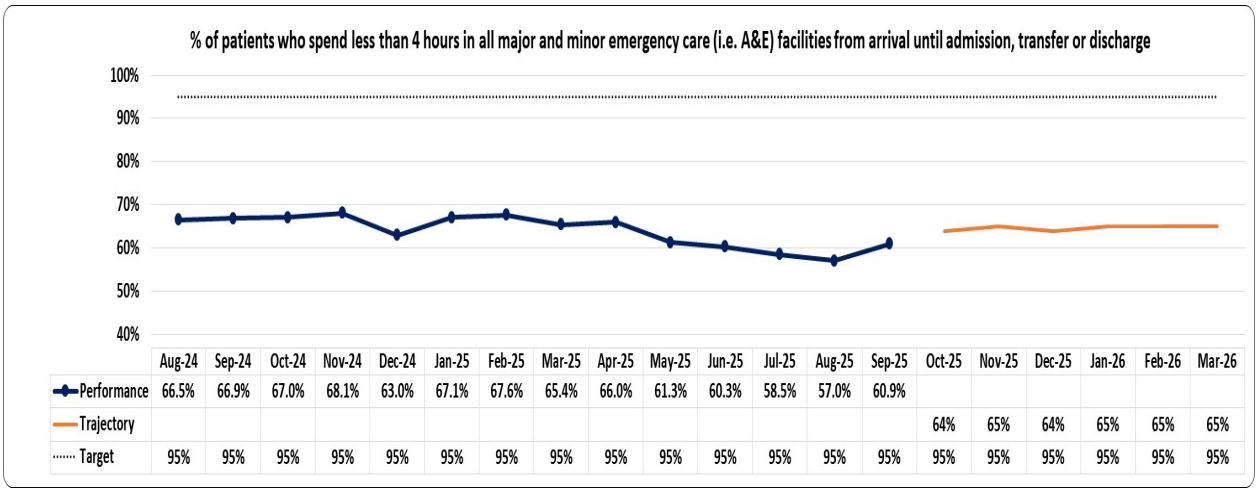
	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Performance	669	946	1010	866	1184	1228	827	1043	1163	1011	416	302	335	355						
Trajectory															365	347	368	367	303	340

CTM has seen improving performance against the 45-minute ambulance handover target since June 2025, with the Prince Charles Hospital performing exceptionally well (Sep 25 – 99% / 7 breaches) overall.

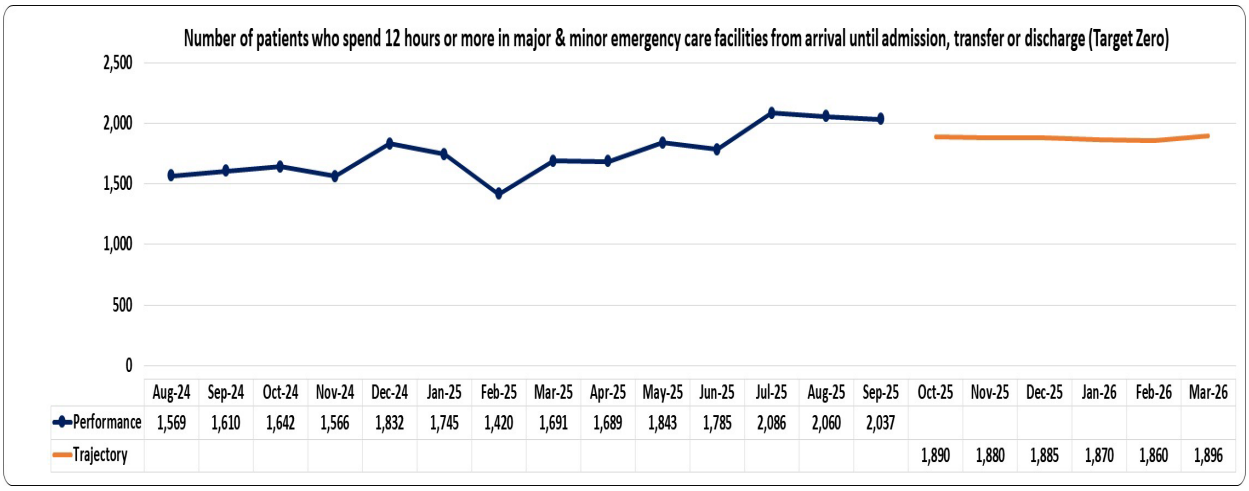
Where breaches occur, these are directly attributed to increased demand on sites, characterised by higher acuity cases. There is unwarranted variation in medical discharges and the significant loss of bed capacity related to lost bed days for patients who are

clinically optimised for discharge but experiencing delays in the next stage of their care pathway. These factors place strain on the Emergency Department.

4hr and 12hr emergency department waits



	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
Performance	66.5%	66.9%	67.0%	68.1%	63.0%	67.1%	67.6%	65.4%	66.0%	61.3%	60.3%	58.5%	57.0%	60.9%						
Trajectory															64%	65%	64%	65%	65%	65%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



	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
Performance	1,569	1,610	1,642	1,566	1,832	1,745	1,420	1,691	1,689	1,843	1,785	2,086	2,060	2,037						
Trajectory															1,890	1,880	1,885	1,870	1,860	1,896

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

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

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

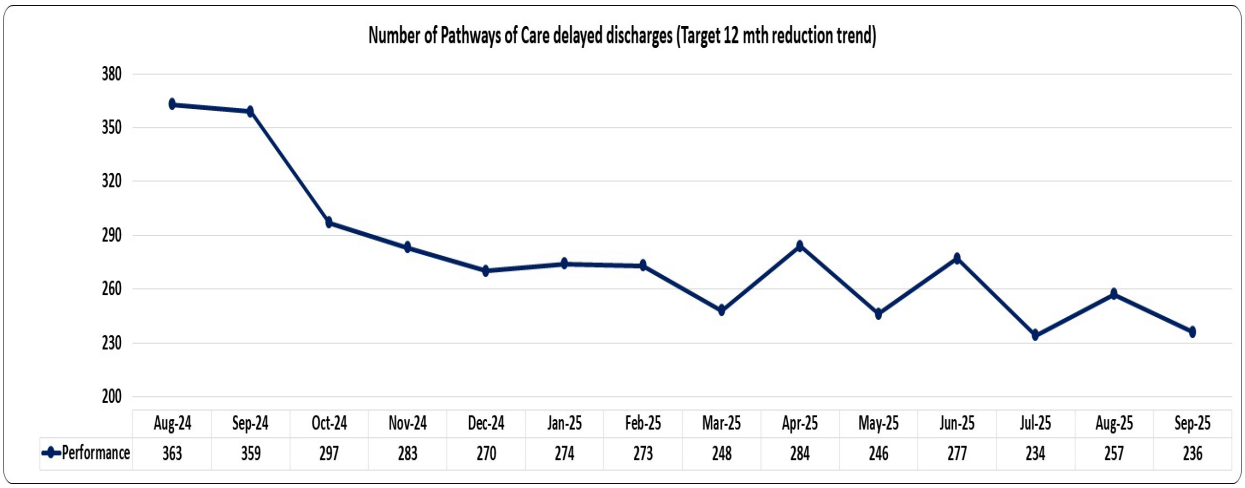
- Acute medicine transformation programme across all sites.
- Live ED safety huddle launching end of October 2025.
- Rollout of Optimise programme with rapid rollout of initiatives such as “Red-to-Green” board rounds and optimised discharge planning from 6th October 2025.

The trajectories have been set against the following assumptions:

- Single Point of Access (scheduling unscheduled care) – November 2025.
- All GP / 111 / NHSDW calls to be triaged by the Navigation Hub
- Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025.

- All WAST non-red Care Home attendances liaise with Navigation Hub before boarding – implementation aligned with national work.
- Additional Hospital at Home and clinically optimised for discharge (COFD) capacity within Primary and Community Care.
- Internal Professional Standards.

Pathway of Care Delays (POCD)



	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
Performance	363	359	297	283	270	274	273	248	284	246	277	234	257	236

Overall, there has been a reduction in the number of delayed pathways of care during the past 12 months. Assessment delay issues continue to account for the majority of delays (41.8) %.

To facilitate a reduction in the number of delays we have agreed to:

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

Challenges remain in the following areas:

- Discharge to Recover and Assess (D2RA) is not fully embedded into practice, leading to an over reliance upon formal care support at the point of discharge and prolonged inpatient length of stays.
- Increased numbers and length of delays for patients subject to court of protection processes when benchmarked nationally.
- Assessments inappropriately being completed in acute settings.
- A general lack of understanding from secondary care of resources available in the community, intermediate care and the D2RA model.

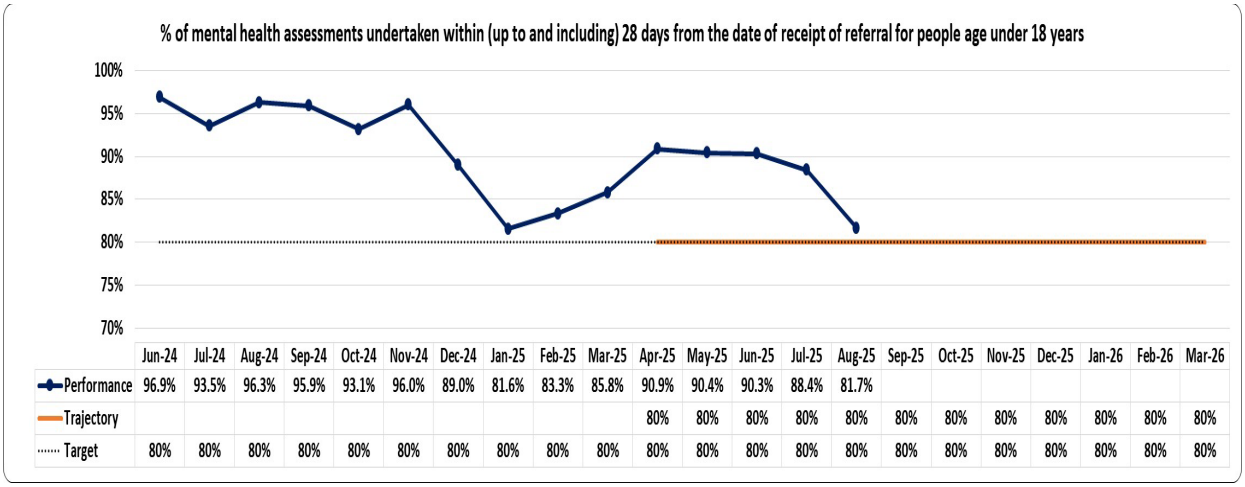
Current position and trajectory for adult and CAMHS mental health measures

CAMHS

All CAMHS Part 1a, 1b, and Part 2 measures remain compliant and continue to perform within target thresholds as shown in the below charts.

The improvement action plan & trajectory implemented during 2024 to improve compliance in Parts 1a, 1b & 2 of the Mental Health Measure continues to successfully deliver in all three areas.

Maintaining compliance is facilitated by continuing to develop local groups within the directorate, in partnership with the third sector. The Service also continues to engage with the SilverCloud digital offer and attend All Wales co-ordination meetings from the Powys Hub.

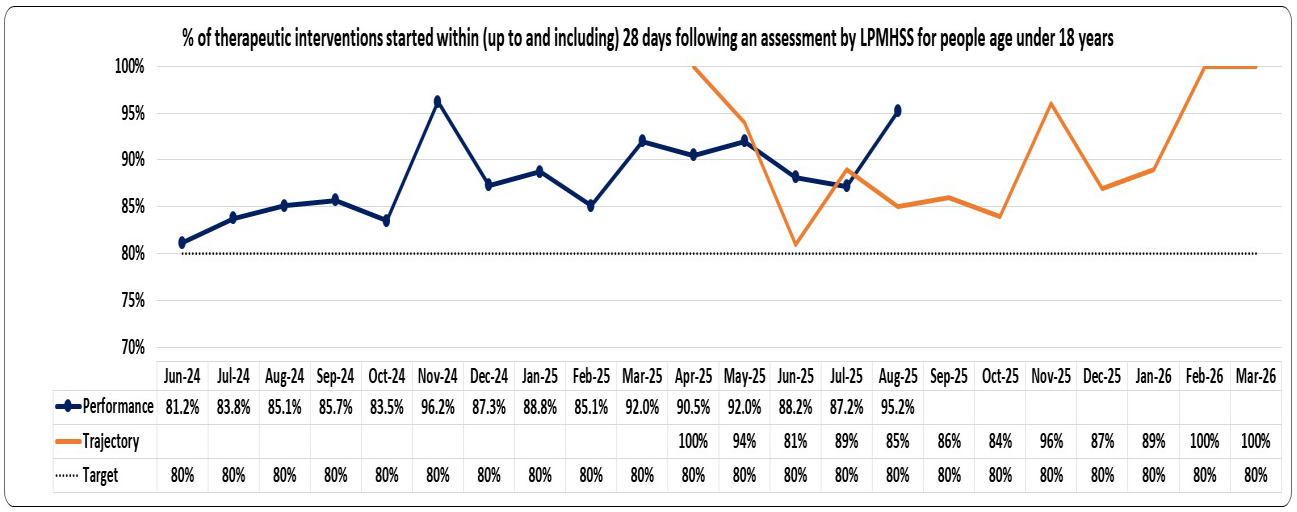


	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Performance	96.9%	93.5%	96.3%	95.9%	93.1%	96.0%	89.0%	81.6%	83.3%	85.8%	90.9%	90.4%	90.3%	88.4%	81.7%							
Trajectory											80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

CAMHS Part 1a

Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with events such as exams. Demand and capacity training has helped us to focus on this area.

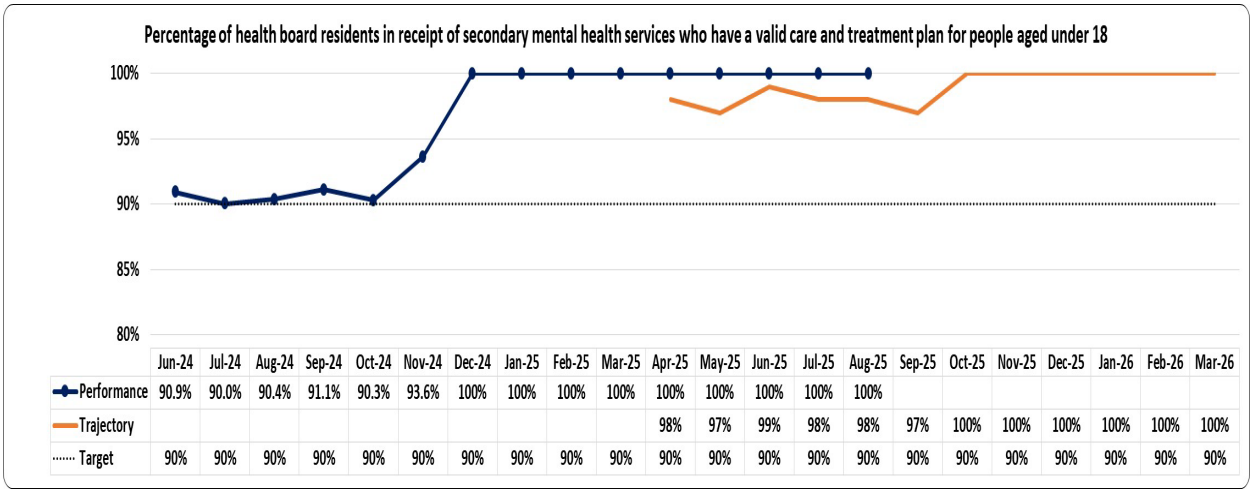
Part 1b



	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
Performance	81.2%	83.8%	85.1%	85.7%	83.5%	96.2%	87.3%	88.8%	85.1%	92.0%	90.5%	92.0%	88.2%	87.2%	95.2%							
Trajectory											100%	94%	81%	89%	85%	86%	84%	96%	87%	89%	100%	100%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

CTM are working with the Third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region.

Part 2



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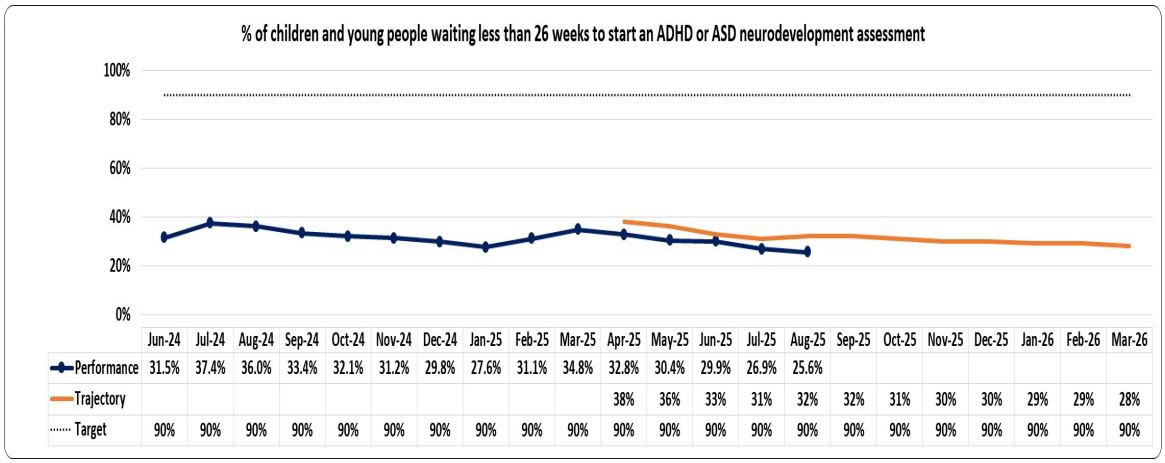
Performance	90.9%	90.0%	90.4%	91.1%	90.3%	93.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%							
Trajectory											98%	97%	99%	98%	98%	97%	100%	100%	100%	100%	100%	100%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

A training programme for care co-ordinators has helped to improve the quality of care Treatment Plans (CTPs), including joint training between Adult Mental Health services and CAMHS.

Areas of focus:

- Regular fluctuations in demand can have a negative effect on waiting times for assessment and treatment. The service is planning to temporarily increase capacity to help address any anticipated rise in referrals.
- The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps.
- Clinical colleagues continue to report rising acuity within their patient population, which may impact future delivery.

Neurodevelopment Services



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Performance	31.5%	37.4%	36.0%	33.4%	32.1%	31.2%	29.8%	27.6%	31.1%	34.8%	32.8%	30.4%	29.9%	26.9%	25.6%							
Trajectory											38%	36%	33%	31%	32%	32%	31%	30%	30%	29%	29%	28%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

The waiting list for assessment has grown incrementally year on year, with the greatest growth occurring during 2023/24 with average monthly accepted referrals increasing fivefold to 205 per month. Compliance against the 26-week target is currently registering as lower than actual levels because of delays in referrals being logged and triaged due to the significant demand and lack of NDIP funding to support additional administration hours.

The CTM Regional ND Improvement Programme (NDIP) has appointed a Programme Manager hosted by the Health Board and working with CTM Regional Partnership to oversee implementation of the CTM NDIP structure and work programme. The structure includes an overarching board supported multi-agency and multi-disciplinary work-streams (including representation from relevant health colleagues) to ensure collaborative working across all themes and age ranges. Examples of partnership working over the past 12 months include:

Workstream 1: Assessment and Diagnosis

- Work ongoing to improve assessment processes and increase capacity. Working with Educational Psychologists has resulted in a more flexible approach being agreed to concluding autism diagnoses. This has resulted in capacity being utilised far better and diagnostic conclusions resulting from a 9-month delay to most being concluded in a few weeks.
- Agreed protocol for independent diagnoses with partners in Education/ Social care across all 3 Local Authorities. This has benefited capacity across all partners involved in assessment and diagnosis, while reducing frustration for families with means to fund independent assessments.
- From April 2025 all referrals are electronic - this has resulted in less complaints about poor communication and quicker conclusion of assessments.

Workstream 2: Multi-Disciplinary Management

- Leading work to develop resources to provide needs-led support - monthly joint ND / CAMHS clinics have now been absorbed into core business with designated capacity for high-risk cases in CAMHS needing ND assessment / diagnosis.

Workstream 3: Commissioning Services for Children, Young People and Families

- Working with families, schools and the 3rd sector has improved information about ND diagnosis, assessment, support and management. CTM's ND website has been overhauled with signposting and support service information, as well as more information and "myth busters" added to the start of the referral forms to ensure families feel more informed.

Work-stream 4: Access, Inclusion and Support (Adults)

Task and finish group has been established to take forward agreed objectives in relation to:

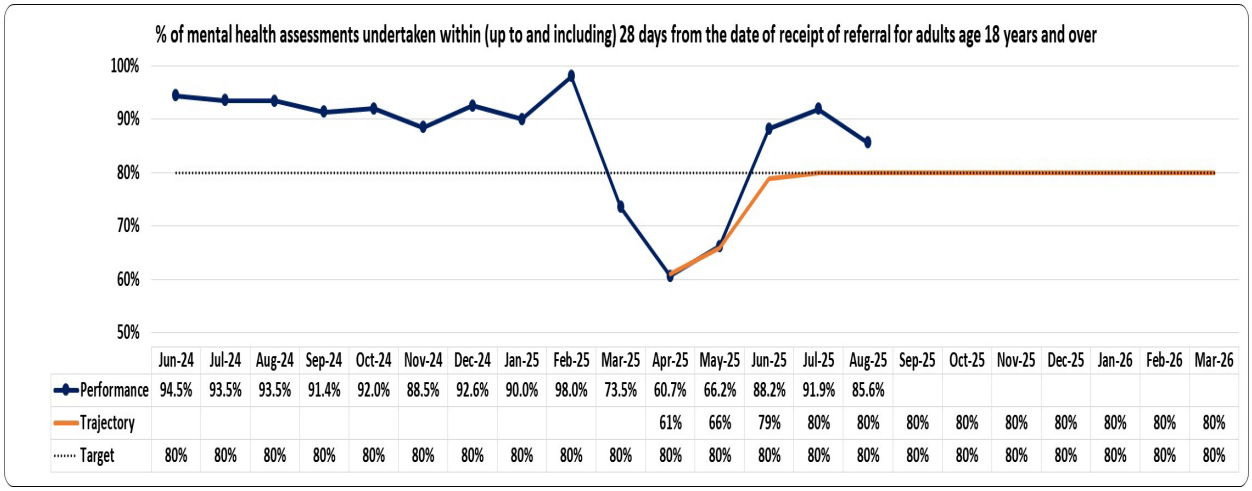
- leisure and community-based activities
- employment
- housing
- mental health, emotional well-being and staying safe
- Criminal Justice System and Substance Misuse.

The chairs of the T&F group and work-stream are from across health, education, social care and housing partners to ensure a collaborative joined-up approach.

Research on housing service provision for ND Adults in progress to identify opportunities and understand missing provision.

Adult Mental Health

Part 1a



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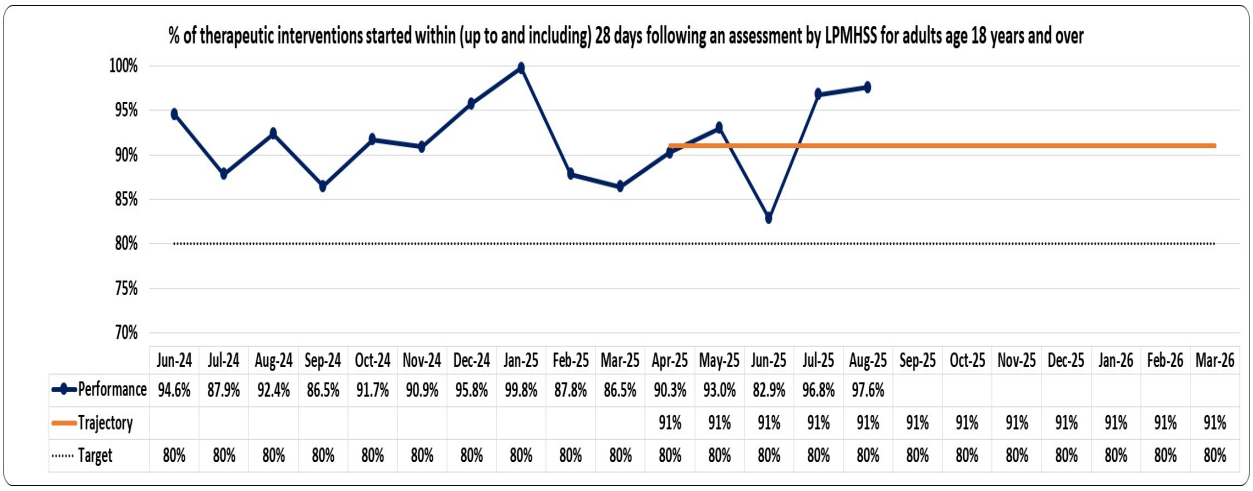
Performance	94.5%	93.5%	93.5%	91.4%	92.0%	88.5%	92.6%	90.0%	98.0%	73.5%	60.7%	66.2%	88.2%	91.9%	85.6%							
Trajectory											61%	66%	79%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

Part 1b



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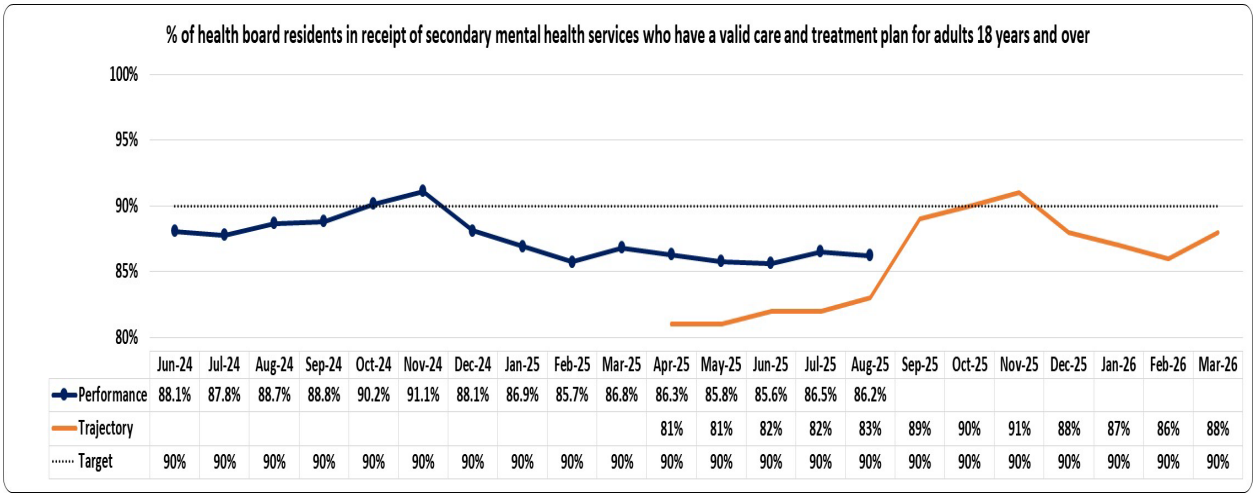
Performance	94.6%	87.9%	92.4%	86.5%	91.7%	90.9%	95.8%	99.8%	87.8%	86.5%	90.3%	93.0%	82.9%	96.8%	97.6%							
Trajectory											91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

No significant change since June 2025 after a period of poor performance between March and May as a result of staffing pressures across administrative and clinical teams (led to the use of additional bank sessions to reduce the backlog).

Close monitoring continues due to ongoing pressures within the system and use of overtime and bank is being offered to increase capacity.

Part 2



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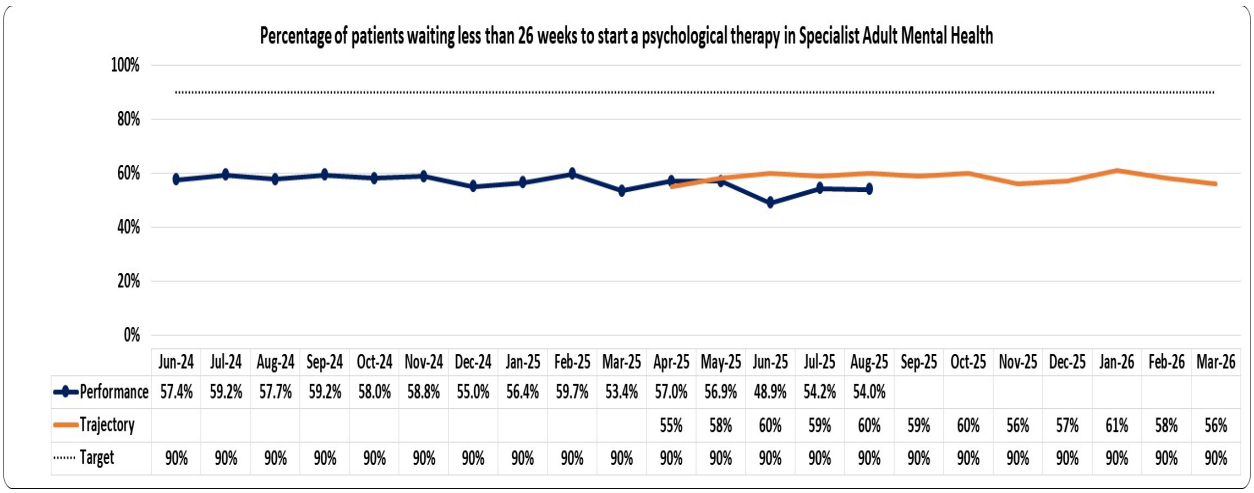
Performance	88.1%	87.8%	88.7%	88.8%	90.2%	91.1%	88.1%	86.9%	85.7%	86.8%	86.3%	85.8%	85.6%	86.5%	86.2%							
Trajectory											81%	81%	82%	82%	83%	89%	90%	91%	88%	87%	86%	88%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

CTM performance data consists of performance from 3 service areas: Adult, Older Adult and Learning Disabilities; with adult being the primary contributor in underperformance.

- Cases that remain non-compliant are being actively monitored to ensure appropriate follow-up and support.
- Social Worker Compliance - Local Authorities attribute the shortfall in performance to ongoing staff sickness and vacancies. Agency staff are being considered or utilised to support service delivery.
- Multiagency meetings have been established and approval for vacancies have been escalated.

Psychological Therapies



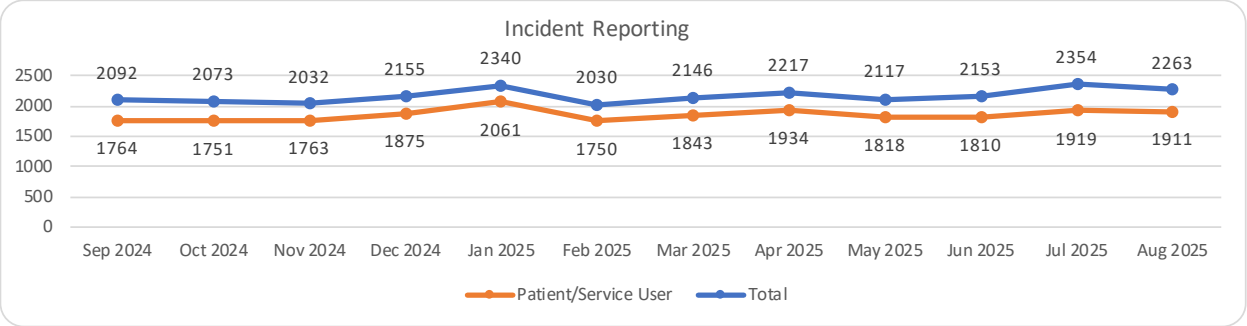
	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Performance	57.4%	59.2%	57.7%	59.2%	58.0%	58.8%	55.0%	56.4%	59.7%	53.4%	57.0%	56.9%	48.9%	54.2%	54.0%							
Trajectory											55%	58%	60%	59%	60%	59%	60%	56%	57%	61%	58%	56%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

The Psychological Therapies waiting lists associated with this metric is comprised of 8 waiting list service areas across Adult & Older Adult mental health. The area with the highest number of waiting patients is Local Primary Mental Health Support Services.

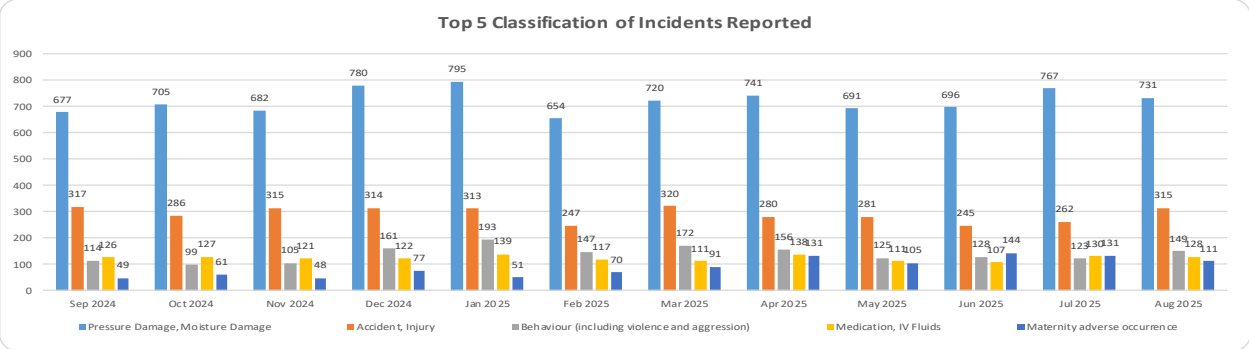
- Therapy capacity remains low due to vacancies. To mitigate the impact, unused resources are being redirected to reduce waiting times.
- Referral forms now advise of potential need to travel and online therapy options.
- Group therapy offer initiated for longest waiting patients.

2.2 Quality and safety

Current position and trajectory against the quality and safety metrics

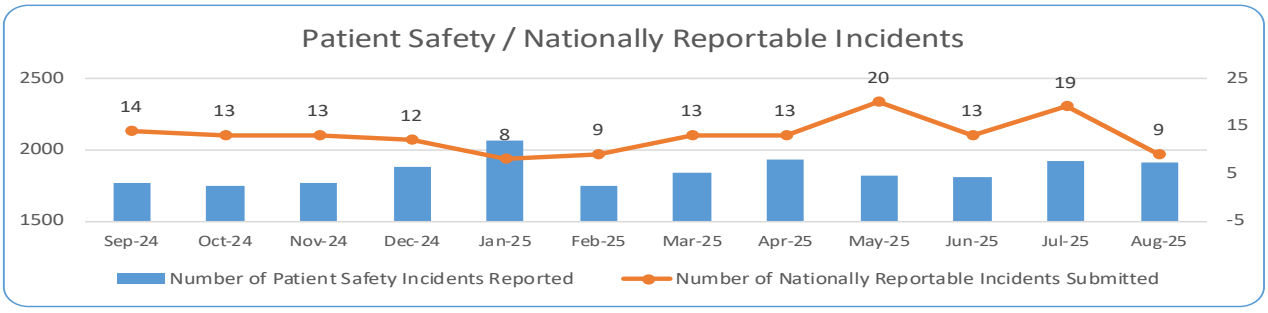


A total of 4,617 patient safety incidents were reported between July and August 2025, an increase of 347 compared to the previous two months. Of these, 83% (3,830) involved the patient as the affected party. The top five classifications for incidents were pressure damage/moisture lesion (1,498), accident/injury (577), behaviour including violence and aggression (272), medication/IV fluids (258), and maternity adverse occurrences (242). These trends are consistent with previous reporting periods, with medication and maternity incidents switching places in frequency.

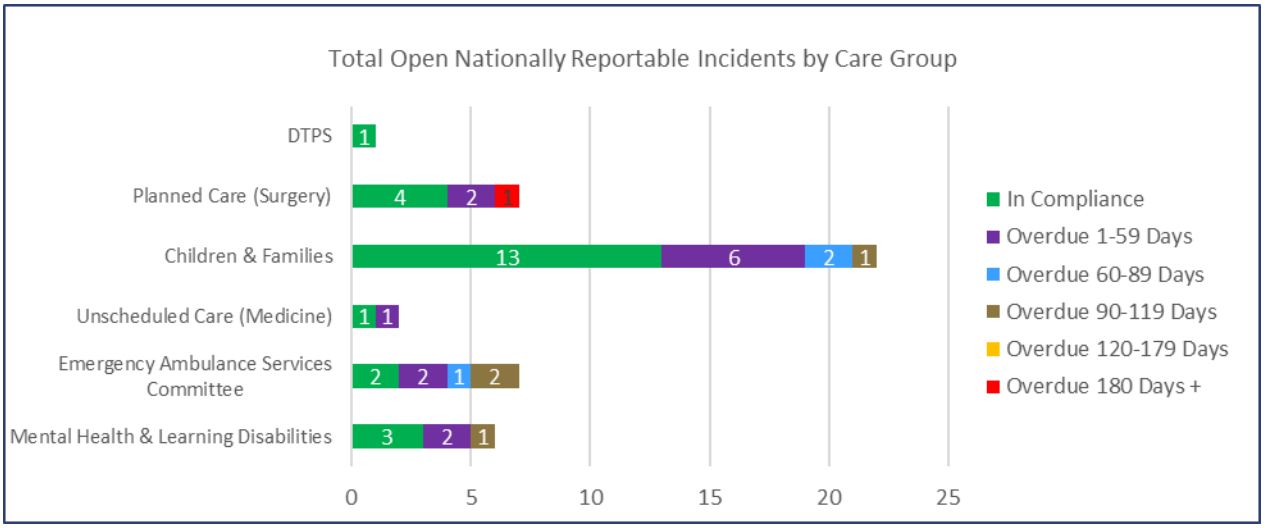


Incident closure rates also remain robust, with 3,660 incidents closed during the same period. Of these, 11 were closed with a severity of severe harm (8) or catastrophic/death (3). The Health Board continues to refine its incident management processes to ensure accurate harm assessment and timely closure, supporting both patient safety and organisational learning.

Nationally Reportable Incidents



Between July and August 2025, the Health Board submitted 28 Nationally Reportable Incidents (NRIs) to the NHS Performance & Improvement Team, reflecting a continued focus on transparency and regulatory compliance. As of October 1st, there were 45 open NRIs, with 24 overdue for completion. This evidences significant progress despite the operational challenge of timely investigation and closure, which remains a key area for improvement and executive oversight.



NRIs span a wide range of classifications, including access/admission, accident/injury, assessment/diagnosis, behaviour (including violence and aggression), equipment/devices, infection prevention and control, maternity adverse occurrences, monitoring/observations, nutrition/hydration, patient/service user death, pressure damage/moisture lesion, transfer/discharge, and treatment/procedure. Pressure damage continues to be the most frequently reported category, with 68 incidents over the past year, followed by maternity adverse occurrences (28) and infection prevention and control (14). The diversity of incident types underscores the complexity of patient safety risks managed by the Health Board.

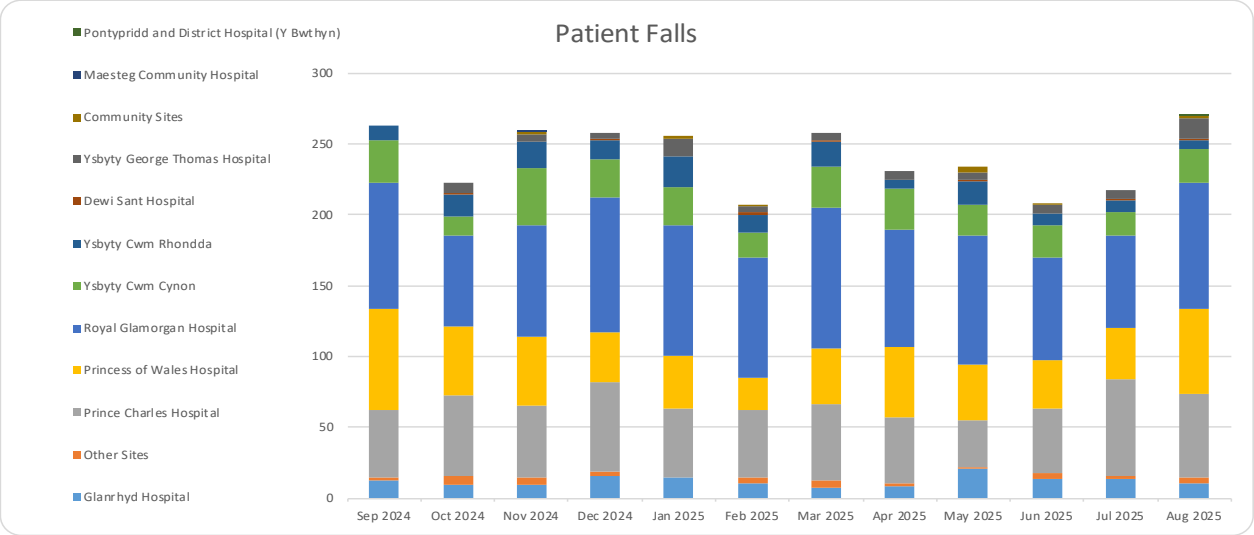
Strategic oversight of NRIs is provided through regular review at the Quality, Safety & Experience Committee and weekly executive meetings. The Health Board has implemented focused workstreams to address overdue investigations, including enhanced tracking, escalation protocols, and targeted support for care groups with higher volumes of open or overdue NRIs. The transition to the new operating model and alignment of the Datix Cymru system to the Care Group structure are expected to improve data extraction, reporting, and accountability.

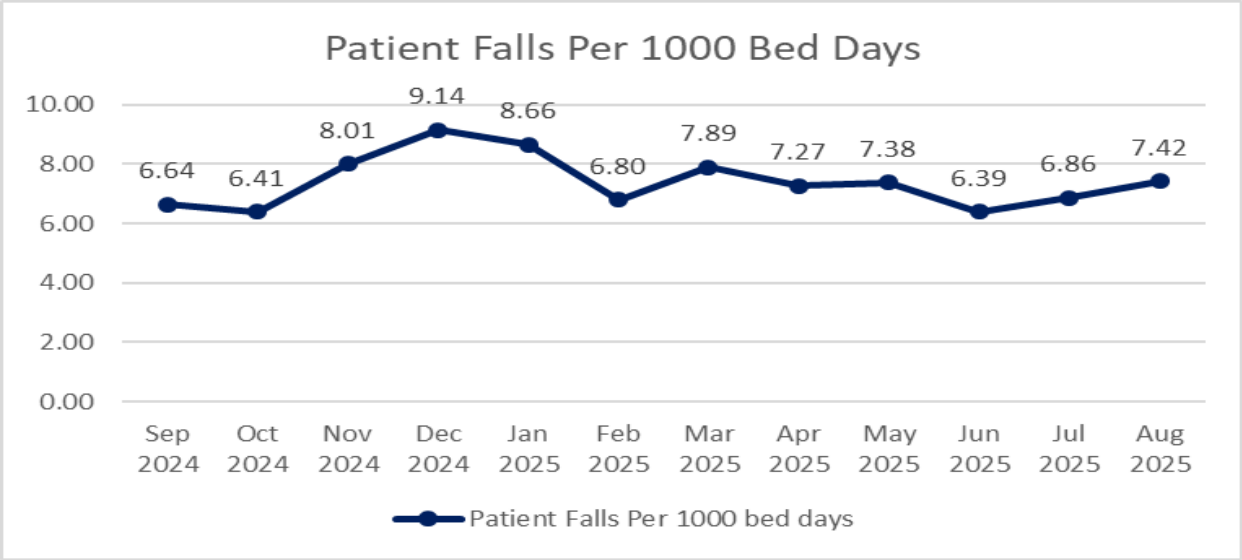
Learning from NRIs is central to the Health Board's harm free care agenda. Each NRI is subject to root cause analysis, with findings disseminated across clinical teams to drive improvement. The Health Board benchmarks its NRI performance against national standards and peer organisations, using insights to inform prevention strategies and system-wide safety initiatives. Recent efforts have focused on strengthening multidisciplinary collaboration, improving documentation and investigation processes, and ensuring that lessons learned are embedded in practice.

Looking forward, the Health Board is prioritising the reduction of overdue NRIs and the timely communication of outcomes to patients and families. Continued investment in staff training, data validation, and process improvement will be critical to sustaining progress. The commitment to learning from NRIs supports the broader goal of delivering safe, effective, and person-centred care, and reinforces the Health Board's reputation for quality and transparency.

Falls

During July and August 2025, the Health Board reported 488 patient falls, an increase of 45 compared to the previous two months. Of these, 94% resulted in no or low harm (178 no harm, 280 low harm), while 25 were moderate and 5 severe harm. Importantly, no falls resulted in catastrophic harm or death in this period. These figures reflect the reporter's initial assessment and may be revised following investigation. The upward trend in falls highlights the ongoing challenge of maintaining harm-free care, especially as patient acuity and complexity increase.





The Falls Improvement Programme, underpinned by the harm free care agenda, continues to drive quality improvement through targeted initiatives. The steering group on falls provides strategic oversight, ensuring that best practice is embedded across care settings. This includes regular review of incident data, implementation of evidence-based interventions (such as multifactorial risk assessments and environmental modifications), and staff education. The group also promotes cross-disciplinary learning, sharing insights from root cause analyses and benchmarking against national standards. These efforts are designed not only to reduce the frequency of falls but also to minimise harm when falls do occur, supporting a culture of safety and continuous improvement.

Looking ahead, the steering group is focusing on strengthening real-time data monitoring and feedback loops, enabling rapid response to emerging risks. Collaborative work with frontline teams ensures that lessons learned are translated into practical changes, such as improved patient observation protocols and enhanced post-fall review processes. The commitment to harm free care is reflected in the sustained engagement with staff, patients, and families, fostering an environment where safety is everyone's responsibility.

Pressure Damage

Between 1 July and 31 August 2025, there were 1,042 reported incidents of pressure damage, with 463 developing or worsening during the current caseload and 579 present before admission. Of the new or worsening cases, 237 occurred in the community, representing a slight increase compared to the previous period. This data underscores the importance of robust prevention strategies both in acute and community settings.

The Pressure Ulcer Steering Group, central to the harm free care agenda, provides strategic leadership for pressure damage prevention and management. The group has established a comprehensive programme that includes regular audit of incidents, root cause analysis, and dissemination of learning across the Health Board. Key initiatives involve the implementation of evidence-based care bundles, staff training on risk assessment and skin integrity, and the use of advanced technologies for early detection. The group also works closely with community teams to address the unique challenges of pressure damage outside hospital settings, ensuring continuity of care and timely intervention.

Strategic oversight from the steering group ensures that learning from incidents is shared and embedded, driving continuous improvement. The group monitors compliance with national guidelines and benchmarks performance against peer organisations. Recent work has focused on enhancing multidisciplinary collaboration, integrating input from tissue viability nurses, allied health professionals, and patient representatives. The harm free care agenda is further supported by targeted campaigns, such as “Stop the Pressure,” which raise awareness and empower staff to take proactive measures. These collective efforts are instrumental in reducing the incidence and severity of pressure damage, improving patient outcomes, and supporting the Health Board’s commitment to safe, effective, and person-centred care.

Duty of Candour

The Duty of Candour was introduced in April 2023 under the Health & Social Care (Quality and Engagement) (Wales) Act 2020, requiring NHS organisations to be open and honest with service users when harm occurs. The Health Board’s approach integrates Duty of Candour within its incident management framework, rather than as a standalone policy. The framework aligns with Welsh Government statutory guidance and outlines roles and responsibilities for identifying, investigating, and monitoring cases. However, the audit found that while high-level guidance exists, there is a lack of detailed operating procedures, leading to inconsistencies in how staff interpret and complete Datix records. The development of action cards and more granular guidance is recommended to support staff in applying the Duty consistently.

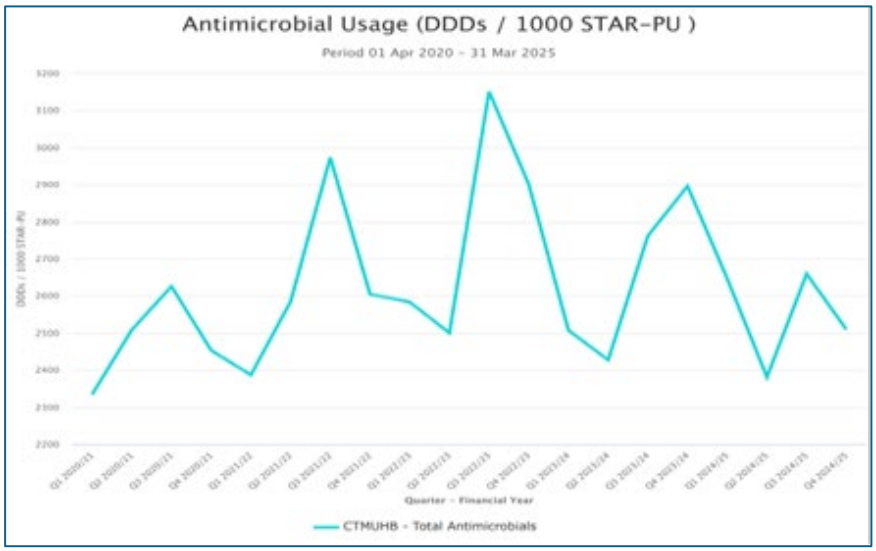
Training and support for Duty of Candour have been made available, including e-learning modules and awareness campaigns. Despite these efforts, training is not mandatory and uptake is not routinely monitored. As of September 2024, 434 staff had enrolled in the e-learning package. The audit recommends that information and links to training should be more prominently featured on the intranet, and that targeted communications should encourage participation, especially among those most likely to encounter Duty of Candour cases. Quality and safety teams play a key role in supporting staff, but further training is needed, particularly around harm assessment and the correct use of Datix.

Operational compliance with Duty of Candour remains a challenge. The audit identified gaps in the completion of Datix records, including missing harm assessments and incomplete documentation of whether healthcare provision was a contributing factor. In some cases, incidents that should have triggered Duty of Candour were missed due to these gaps. Additionally, there were delays and inaccuracies in issuing required notifications to patients and in recording key dates. The audit recommends the development of standard operating procedures, regular analysis of harm assessment trends, and improvements to Datix forms to ensure mandatory fields are completed. Monitoring and reporting arrangements are in place, with dashboards and regular updates to executive meetings and committees, but data completeness and accuracy need further improvement. The Health Board is taking steps to address these issues, including updating its Incident Management Framework, enhancing staff guidance, and reviewing historical data for validation.

IPC

Improvement Goals 11a Primary Care – A 10% reduction in total antimicrobial usage by 2029/30

Position at the end of 2023/24 for Primary Care in CTMUHB: An overall 8.3% reduction in consumption against the target (baseline 2019/20) as measured in DDD /1000 STAR-PUs. Improvement Goals 11a Primary Care – A 10% reduction in total antimicrobial usage by 2029/30.

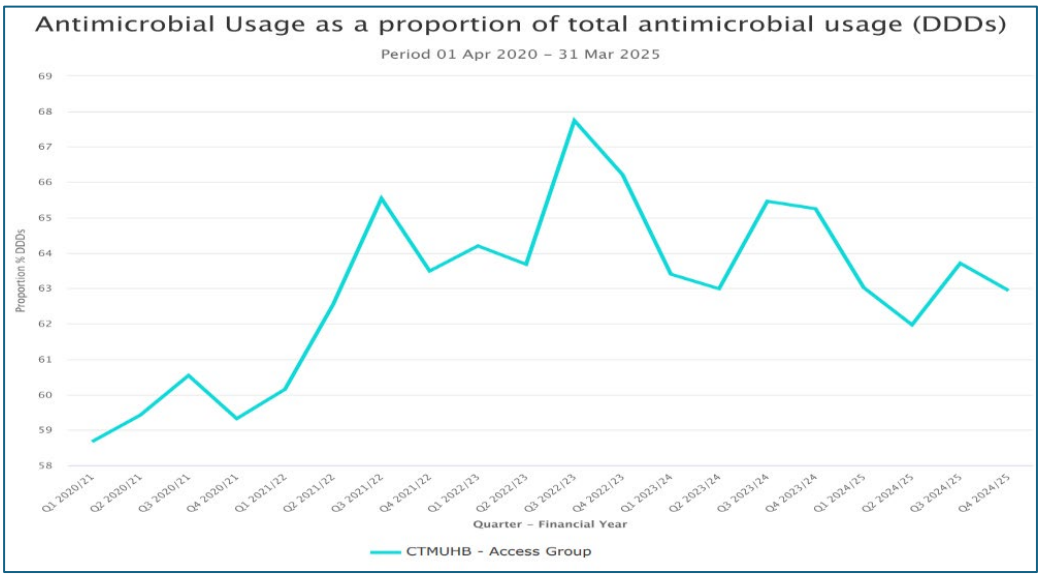


Improvement Goals 12b Secondary Care – 70% of total antibiotic use from the Access category

Position at end of 2023/24 for Secondary Care in CTMUHB: 69.6% antimicrobial usage from Access category as measured in DDDs. For individual hospitals, the proportions were:

- Royal Glamorgan – 69.9%
- Prince Charles – 69.6%
- Princess of Wales – 73.2%

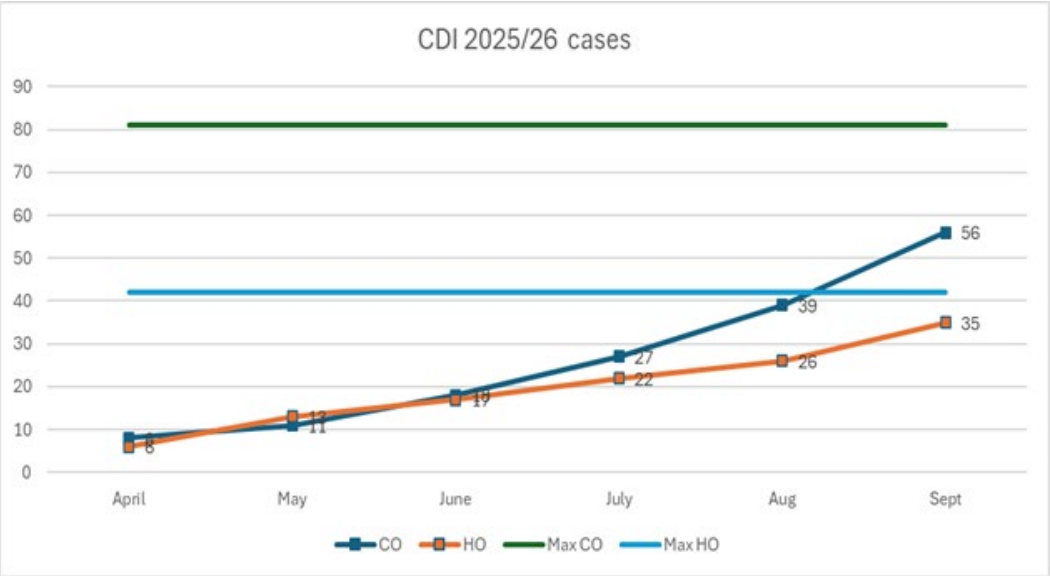
Position at Q3 2024/25 shows POW and PCH are now achieving 70% access target.



C.diff

There has been a notable increase in C. difficile cases; currently, we are the only health board reporting more cases than last year. The SPC chart suggests this trend aligns with recent changes in testing procedures at PCH and RGH, where we have altered from

analysing the third to the first sample. This adjustment is likely to result in the identification of more positive cases. In the medium to long term, this allows for earlier isolation of patients, which may help reduce transmission rates. However, this will also lead to a higher reported number of cases, as previous figures may have underestimated the true prevalence.



2.3 External assessment

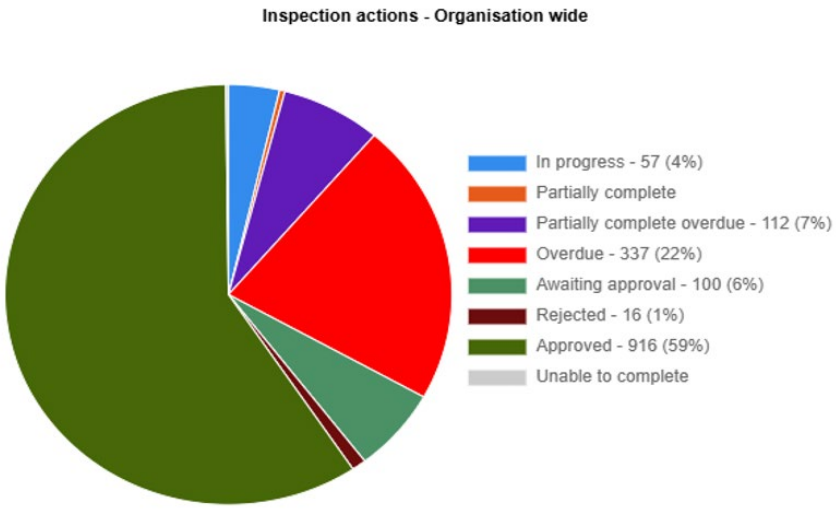
PSOW

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	178	595412	0.30
Betsi Cadwaladr University Health Board	236	691991	0.34
Cardiff and Vale University Health Board	149	518269	0.29
Cwm Taf Morgannwg University Health Board	102	446514	0.23
Hywel Dda University Health Board	130	388139	0.33
Powys Teaching Health Board	20	134439	0.15
Swansea Bay University Health Board	134	389640	0.34
Welsh Ambulance Services University NHS Trust	24	-	-
Total	**973**	**3164404**	**0.28**

The Public Services Ombudsman for Wales (PSOW) 2024/2025 Annual Report acknowledged that CTM had faced challenges, with 10% of all health-related complaints in Wales relating to the Health Board and a higher-than-average intervention rate by the Ombudsman. The majority of complaints concerned clinical treatment in hospital, and the PSOW made 101 recommendations to CTM during the year. Compliance with these recommendations within agreed timescales was achieved in 39% of cases, highlighting areas for improvement.

However, the report also recognises the significant progress made by CTM in response to these challenges. Improvement actions have been implemented, and ongoing monitoring through the Patient Safety and Quality Dashboard demonstrates a commitment to learning and service enhancement. The Health Board is actively engaging with the PSOW's recommendations, presenting the annual letter to the Board, reviewing complaint data and compliance trends, and providing updates on actions taken. This approach reflects CTM's continued focus on quality, safety, and accountability in patient care.

HIW



Healthcare Inspectorate Wales (HIW) activity within CTM UHB continues to be a key driver of quality assurance and service improvement. Recent visit activity has included inspections across maternity services, emergency departments, and radiology, with improvement plans submitted and endorsed at executive level. The Health Board has responded promptly to letters of concern and completed action plans for areas such as death in custody reviews and IRMER compliance. These engagements reflect CTM's commitment to transparency and responsiveness in its regulatory relationships.

Governance arrangements have been strengthened through enhanced oversight by the Executive Leadership Group and the Quality, Safety & Experience Committee. The Assurance and Compliance team now works in closer alignment with Patient Safety, and the AMaT system is used to track inspection actions live, despite ongoing limitations requiring manual data input. Care Groups have shown improved engagement, and historic actions are being actively closed, supported by revised escalation protocols and clearer process mapping.

CTM recognises the challenges posed by workforce pressures and system constraints but remains focused on delivering safe, high-quality care. Strategic risks such as low response rates and data quality are being addressed through targeted interventions and executive-level scrutiny. The Health Board's position is one of proactive improvement, with HIW activity viewed as a constructive mechanism for driving excellence and accountability across services.

Llais

Llais continues to play a vital role in amplifying the voice of patients and communities across CTM, with recent engagement activities highlighting concerns around emergency care, CAMHS access, autism assessments, delayed discharges, and communication gaps. CTM has responded constructively to these findings, including formal correspondence and improvement plans addressing issues raised in Hirwaun, Ysbyty George Thomas, and across primary and community care settings. The Health Board has welcomed Llais's challenge and advocacy, recognising its statutory role under the Health and Social Care (Quality and Engagement) (Wales) Act and its contribution to shaping more responsive and equitable services.

Operationally, CTM has embedded Llais feedback into governance and service change processes, including the use of AMaT for tracking actions, monthly catch-ups, and joint planning around service redesign and complaints advocacy. The Health Board has also supported Llais-led community outreach, such as local forums, public meetings, and PLACE engagement, ensuring that lived experience informs strategic priorities. Collaborative workstreams have emerged in areas such as palliative care, mental health, and safeguarding, with Llais contributing to co-production and patient story initiatives.

CTM UHB acknowledges the letter received from the Chief Executive of Llais as a constructive moment that prompted reflection and reaffirmed the importance of open dialogue. The Health Board views this correspondence as reflective of a specific point in time, and since then, the relationship with the regional Llais team has remained positive, collaborative, and focused on shared priorities. Both organisations continue to work closely to ensure the voice of the public is embedded meaningfully across service planning and delivery.

Llais is a valued and active partner in CTM's People's Experience approach, contributing to monthly operational meetings and quarterly strategic forums. Their involvement spans the People's Experience Operational Group and the Quarterly People's Experience Forum, where they help shape priorities and provide insight into lived experience. This includes participation in initiatives such as emergency care redesign, where Llais has supported the development of front-door experience improvements.

CTM remains confident in the strength of its partnership with Llais and is committed to maintaining transparency, mutual respect, and co-production. The Health Board recognises Llais' statutory role and continues to welcome its contributions as part of a wider commitment to improving patient experience and public engagement across all services.

2.4 Quality management system

CTM UHB is actively progressing the integration of a Quality Management System (QMS) across its Patient Care and Safety domain, aligning with national programmes and the Duty of Quality agenda. The Executive Director of Nursing (EDON) is working closely with clinical executives and the Executive Director for Strategy and Transformation to embed a QMS approach that supports consistent, system-wide improvement. While CTM currently operates across multiple platforms, the present model relies heavily on manual triangulation and mapping, requiring significant resource to administer and maintain. This has prompted a strategic shift towards a more unified and sustainable system that can better support assurance, learning, and improvement.

Despite the operational complexity, CTM has demonstrated a strong commitment to quality improvement across its Patient Care and Safety agenda. This is evident in the breadth of initiatives underway, including the development of a Quality Outcomes Framework, the use of improvement science, and the establishment of multidisciplinary forums such as the Patient Quality Safety Learning & Improvement Forum. These structures have enabled the Health Board to capture learning from incidents, patient experience, and staff feedback, and to apply this insight to service redesign and safety interventions. However, the integration of QMS will further strengthen this approach by embedding standardised methodologies, clearer governance, and more robust data flows across the organisation.

The implementation of QMS is expected to enhance CTM's ability to deliver safe, effective, and person-centred care by aligning quality, safety, and experience into a coherent operating model. It will support the Health Board in moving from reactive assurance to proactive improvement, enabling teams to monitor performance, escalate risks, and drive change with greater agility. As CTM continues to engage with national programmes and refine its internal systems, the QMS approach will serve as a foundation for sustained improvement, cultural alignment, and strategic delivery across all levels of care.

2.5 Fragile and challenged services

CTM UHB has taken significant action to address service fragility across several clinical areas. Following the critical incident at Princess of Wales Hospital in 2024, the Board approved the centralisation of stroke services to Royal Glamorgan Hospital, alongside elective orthopaedics and cataracts, to ensure continuity of care and workforce stability. These changes were supported by a phased return programme to POW, completed in September 2025, and are underpinned by a broader strategic commitment to service resilience.

The Board has strengthened its governance arrangements through the Strategic Clinical Services Plan (SCSP), aligned with the Integrated Medium-Term Plan (IMTP), and supported by regional collaboration. Fragile services are monitored via the organisational risk register and escalated through the Board Assurance Framework, with oversight provided by the Executive Management Board and the Quality, Safety & Experience Committee.

To mitigate workforce pressures, CTM has implemented a range of operational measures including student streamliner recruitment, enhanced care policy review, and agency spend controls. A comprehensive sickness absence action plan has also been developed, supported by a new dashboard and deep dive analysis.

In diagnostics and infrastructure, CTM has progressed plans for a regional Community Diagnostic Hub at Llantrisant Health Park, with a £110m outline business case submitted. The Health Board is also participating in the national digital pathology scale-up, ensuring future-readiness and improved diagnostic capacity. These initiatives demonstrate CTM's

strategic approach to addressing fragility through innovation, collaboration, and system-wide planning.

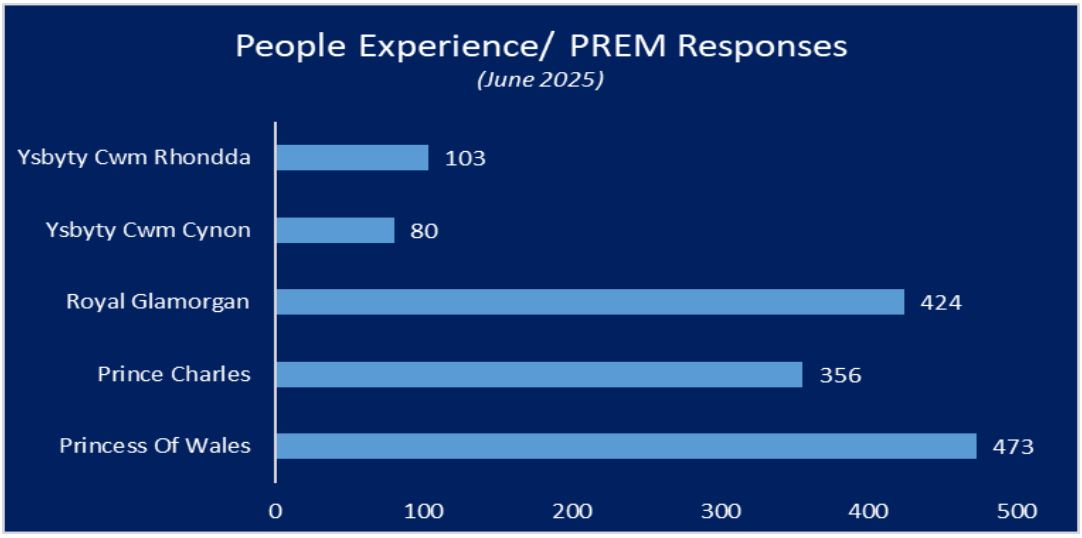
2.6 Patient experience

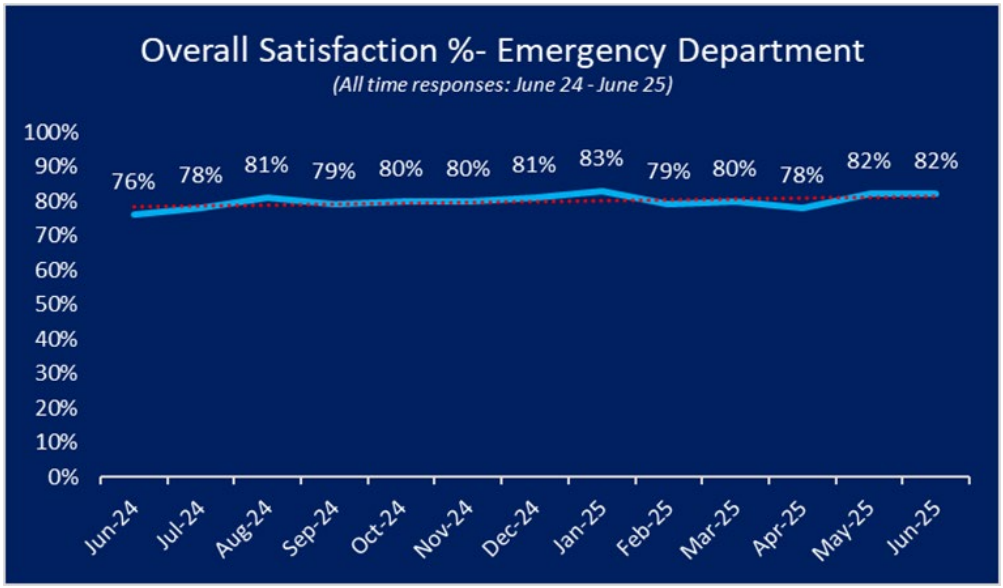
The People's Experience form has been implemented to provide oversight of strategic discussion, challenge and development of recommendations on all aspects of people's experience. The Forum will take a strategic overview of the themes, trends and improvement projects identified.

Monthly call care groups feedback a focused review of patient feedback which helps identify themes and drive change.

We currently have 23 surveys set up for text messaging to patients to gather feedback. These services are: Emergency department, Heart Failure, Endoscopy, Gynae & Sexual health, WISE, Maternity, Neonatal, Lymphedema, Psychology Paediatrics, Hysteroscopy Clinic, Alcohol Care team, Paediatrics Parents & carers, Cardiology- drug monitoring, Wound clinic, Adult weight management, Skin Cancer and Therapies.

The overall satisfaction score of 85% covers the period of June 1st 2025 to 30th June 2025.





The word cloud below is based on the comments received (1st June 2025 to 30th June 2025) in our feedback from all PREMs/ People Experience feedback surveys. The green highlights positive sentiments and the red highlights negative sentiments.

How patient feedback is driving service change

Care Group	You said	We did
Mental Health -Keira's Story	The Directorate will review its clinical letters and how it communicates with our young people and their families by April 2025.	This has been actioned, and letters have been reviewed and amended
	Collaboratively develop clear information leaflets for patients and families around the service, what we do and what we don't do, by April 2025	This has a deadline for completion for the end of the year and is on track.
	The Directorate attend Corporate parenting Boards and Complex Care Panels with Local Authority (LA) and 3rd sector partners. Attendance at meetings will be monitored as part of the Corporate Parenting process across all 3 Local Authorities.	This is now embedded into practice and the Directorate attends all 3 LA Corporate Parenting Boards.
	Audit all area notice boards to ensure details of how to make a concern are in place. This will contain contact information for CTM Concerns, HIW and Llais	This has been embedded and is visible on notice boards
Frailty service – Adams Story	Collaboration with the Care Of the Elderly link practitioner and palliative care services to review the possibilities of uploading Advanced Future care plans onto a digital system to have oversight of patients' wishes	Meeting with National groups to understand the capabilities of digital platforms to allow this to happen
	Alternative options to prevent patient admissions	The Advanced Practitioner-led initiative discharge to recovery assessment model is now up and running in POW Frailty wards
	Prevention of delays in patient discharge home who are waiting package of care	The Proposed Hayes programme (created by Julie Hayes Lead ACP), looks to have a pool of HCSW who are either ward staff that rotate, or linked directly with wards, who can be utilised to provide simple support in the patient's own home, hospitalising and mitigating the iatrogenic impact of hospital admissions, as well as reducing costs of acute hospital ward admissions.
Patient care and Safety – Alan's story	Supporting carers and relatives to spend time and provide support to deliver care to their relatives while in hospital	Review of visiting times to extend to longer hours and working with the Carers lead to embed John's law and use of a carer's passport. Awaiting formal approval
	Focus of professionalism and kindness and mentoring, and reflective practice	Target training to all Nursing staff, including HCSW, reiterating the code of practice and professional responsibility and accountability. Review of opportunities to support through mentoring and preceptorship across the HB
	Increase awareness of Multi-Faith Chaplaincy service – offering compassionate companions for patients and relatives at any time, especially at the end of life or bereavement support	Extended chaplain recruitment to include the Islamic faith. 24/7 access to a chaplain for patients/ relatives or staff
	Working in partnership with the CTMUHB Palliative and End of Life Strategic Implementation Group and National Palliative and End of life Care program (PEOLC	The first workshop took place, and future workshops have been planned

3.0 Getting services ready for the future

3.1 Women's health plan

CTM continues to deliver a comprehensive Women's Health Plan, with a strong focus on maternity and neonatal improvement. The Board's approach is underpinned by the principles of inspiring people, sustaining the future, creating health, and improving care, and is closely aligned with national priorities and the Women's Health Strategy. The vision is to provide holistic, equitable, and timely care for women and families across the region, with robust governance and accountability during the ongoing operating model transition.

The NHS Wales Women's Health Plan was launched last December, which outlined a 10-year vision for improving health outcomes for women in Wales. A key component to this plan is the development of Women's Health Hubs across Wales.

These Hubs are required to be:

- Based in the community
- Work at the interface between primary and secondary care, and voluntary sector and beyond (where relevant).
- Offer more than a single service (with provision of both gynaecological and contraception services) or demonstrate plans to.
- Have more than one organisation involved in design, commissioning and/or provision of care, beyond simply referring-in.

The priority areas for scoping the Women's Health Hubs project in Wales, are three of the eight priorities within the Women's Health Plan, and the main stages of a woman's life course:

- Priority 1 Menstrual Health: To include Endometriosis, Dysmenorrhea, Heavy Menstrual Bleeding, PMDD and PCOS)
- Priority 3 Contraception, Post-natal Contraception and Abortion Care: To include preconception health, abortion care and initial fertility assessments.
- Priority 6 Menopause: To include Premature Ovarian Insufficiency (POI), management of unscheduled bleeding on HRT and Testosterone.

In terms of CTM progress to date, the phase one of the central funding secured appointment to clinical leadership roles and our phase two submission (c.£250k) will support implementation of a wider programme plan including waiting list review, workforce review, community engagement initiatives and a communications plan, ultrasound provision, training and development, and nursing led working groups to support the future development. A proposed site for the pathfinder hub has been visited and scoping works are in progress.

From a clinical model and pathway development perspective, the clinical leads and specialise nurses are currently undertaking a piece of work to agree the high-level clinical model and have commenced a pathway review. Supporting this, the local public health team are engaged to progress a population needs analysis and assist with scoping exercises.

Over the remainder of this financial year, the pathway and SOPs will be finalised, together with the clinical modelling plan, workforce, and communications plans. This will be included within the business case (planned for Q3).

3.2 Maternity and neonatal services

Over the past 18 months, birth activity and outcomes have been closely monitored. The number of births has remained broadly stable, with some variation linked to service

changes, including the reopening of inpatient obstetric services at Princess of Wales Hospital (POW).

The spontaneous vaginal delivery (SVD) rate has remained stable across both sites (PCH and POW), with no significant change since the reopening of POW.

The overall caesarean section (CS) rate has shown a slight upward trend, consistent with national patterns. During the closure of POW, there was an increase in the number of women opting for caesarean birth. As a result, CTM saw an increase in Category 4 (planned elective caesarean section) procedures from 36% to 47%.

Since the reopening, Category 4 CS rates have decreased but have not returned to pre-closure levels. The current rate is 40.8%, consistent across both sites. This increase mirrors national trends.

Category 1 (emergency) CS rates have remained stable at PCH and have decreased at POW. Category 2 (urgent) CS rates have increased slightly at POW, potentially reflecting improved fetal monitoring and categorisation practices.

The rate of third- and fourth-degree tears (obstetric anal sphincter injury) has remained largely stable across CTM. A peak was observed at POW in March 2025; however, rates have since stabilised and currently stand at 1.9% across both sites, in line with national averages.

All such cases are reviewed through weekly multidisciplinary team (MDT) meetings. Training on perineal support continues to ensure optimal care and support prevention efforts.

The rate of postpartum haemorrhage (PPH) greater than 1500mls has remained stable at PCH. POW saw a slight increase in March following reopening. All incidents are monitored through established risk and governance processes. PPH (>1500mls) rates at POW have since returned to a stable rate of 3.4%, aligning with PCH.

National audit data is used for benchmarking, and local analysis is underway to explore potential associations.

Neonatal outcomes are also under close scrutiny. Within CTM, all exception-reportable births (e.g., <32 weeks singleton, <34 weeks twins) are reviewed by the Perinatal MDT, with learning shared to mitigate future occurrences.

The term admission rate at PCH remains stable. POW experienced a temporary rise post-reopening, now reduced to 6%.

There have been no cases of severe hypoxic ischaemic encephalopathy (HIE Grade 3) reported since December 2023. HIE Grade 1 and 2 rates have improved across sites and seeing a downward trend since 2024.

NNAP audit data for 2024 is anticipated to show improved compliance rates, reflecting ongoing quality improvement efforts.

3.3 Quality improvement and governance

CTM UHB has strengthened governance through robust structures for incident management, learning, and assurance. Weekly and monthly MDT meetings review incidents, share learning, and ensure timely action. Within maternity there has been a steady increase on Datix submissions, demonstrating a positive reporting culture. Quality improvement initiatives include the implementation of Maternity Early Warning Score (MEWS), Newborn Early Warning (NEWTT), and the BSOTS triage model. The Health Board is leading on the development of an All-Wales ‘Individualised Care’ guideline and has achieved UNICEF Baby Friendly Initiative accreditation for maternity areas. Digital

innovation is central, with the introduction of the Birth Rate Plus acuity app, electronic induction of labour diary, and the Badgernet digital maternity system (to be implemented by March 2026).

The establishment of the Integrated Women's Health Hub at Ysbyty Cwm Cynon is a significant development, bringing together gynaecology, maternity, and sexual health services in a community setting. The model delivers care across primary, intermediate, and secondary levels, covering menstrual health, contraception, menopause, and complex specialist care. The governance structure ensures robust oversight and alignment with national service specifications, with a planning timeline spanning discovery, design, approval, and delivery phases throughout the year.

Challenges, Opportunities, and Next Steps

The SWOT analysis identifies strengths in established integrated care models and multidisciplinary collaboration, with opportunities to align with national strategies and expand services. Challenges include resource limitations, resistance to change, and funding uncertainties. The Board is committed to addressing these through ongoing workforce development, service redesign, and engagement with national programmes. The next steps include the soft launch of the Integrated Gynaecology Hub, continued focus on reducing long waits, and delivery of the Women's Health Hub model in line with national service specifications. Metrics and trends will continue to be closely monitored, with a focus on sustaining improvements and ensuring high-quality, safe, and person-centred care for women and families across CTM.

3.4 Mental health

As part of the National Patient Safety Programme, HEIW have facilitated Collective Leadership and Safety Cultures (Co-Lead) workshops on the Adult Admissions Ward at RGH. Co-Lead helps to create psychologically safe working environments by encouraging team members to share learning and improve the quality of their work. CTMUHB is the first MH service in Wales to take part in the initiative. Coupled with this a CTM ward is one of 5 pilot wards across Wales for the Safe Wards Programme. Learning from this has been built into a local updated inpatient model which adopts evidence-based practice to ensure there is a consistent model of adult inpatient care across CTM. The updated model commenced in October.

Alongside ensuring safe inpatient wards, we will be actively engaged in the new established national mental health optimal flow work. In preparation for the national work, we have reviewed and sought to improve local processes relating to patient flow and delivery of timely pathways of care. This is releasing inpatient capacity which is reducing waits in the community back into our wards where required.

The table below demonstrates CTM's compliance and performance against the 'Inpatient Improvement National Measures' as reported through regular IQPD meetings. This outlines the consistency in joint working between our inpatient and community teams, ensuring patients are followed up within the required timeframes.

MEASURE	Target if Appropriate	Apr-25	May-25	Jun-25	Jul-25
Number of adult acute and older adult functional mental health wards		8	8	8	8
Number of people admitted to an adult acute or older adult functional mental health ward		55	66	53	56
Number of people Discharged from adult acute or older adult functional mental health ward		50	55	47	50
Number of staff that should be trained in appropriate risk assessment and risk management.		73	76	73	72
Number of patients **offered** a post discharge follow up within 72 hours		49	55	47	50
Percentage of patient offered a post discharge follow up within 72 hours	100%	98%	100%	100%	100%
Number of patients that **received** a post discharge follow up with 72 hours		49	52	47	50
Percentage of patient received a post discharge follow up within 72 hours	80%	98%	95%	100%	100%
Number of staff that are trained in the appropriate risk assessment and risk management.		69	67	66	66
Percentage of staff that are trained in the appropriate risk assessment and risk management	100%	95%	88%	90%	92%
Number of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in last 12 months		8	8	8	8
Percentage of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in last 12 months	100%	100%	100%	100%	100%
Number of inpatients where care plan has been written or updated within 24 hours of admisison (this includes CTP for relevant patient)		54	66	53	56
Percentage of inpatients where care plan has been written within 24 Hours of admisison (this includes CTP for relevant patients)	100%	98%	100%	100%	100%
Number of inpatients with an updated risk assessment and risk management plans within 24 hours of admission		55	66	53	56
Percentage of inpatients with an updated risk assessment and risk management plans within 24 hours of admission	100%	100%	100%	100%	100%

3.5 Population health

Specific workstream has been initiated as part of the healthcare public health function to support the health board looking at healthcare inequalities from three aspects of healthcare (access, experience and outcomes) across the whole pathway (from prevention to recovery).

The initial programme of activities builds on the existing work focussed on reduced cancer inequalities, increasing cancer awareness and promoting screening uptake. Moving to reviewing data on the stages and settings of diagnosis (i.e., primary care vs. ED), waiting time for urgent referrals, treatment uptake and rehabilitation.

This will allow us to explore the potential inequalities across the pathways and support the development of an action plan to reduce healthcare inequalities in our current services (through advocating health inequalities report as part of organisation performance monitoring) and incorporate inequalities considerations for our residents in future services planning.

<u>Vaccination</u>

CTM have completed a Winter vaccination planning cycle with a focus on inequalities. The planning for 25/26 was informed by system review of 24/25 and the evidence base of what works.

The focus this year has been a multi-component approach for all targeted populations to maximise uptake. All flu vaccination across CTM including 2–3-year-olds are being captured on WIS, and it will enable better tracking and data recording to inform mop ups.

The CTM Community Leaders Network are working together to support vulnerable people across Cwm Taf Morgannwg this winter through a targeted vaccination and health protection plan. Together, we are co-designing our public facing 25/26 winter vaccination and health protection campaign for rolling out across our communities this autumn. CTM UHB and Community Working Group - Vaccination and Health Protection - Cwm Taf Morgannwg University Health Board.

The annual seasonal **Staff Flu Campaign** launched on 8/9/25. The Occupational Health team are supporting vaccinations on the three acute sites with 52 peer vaccinators being trained at ward/departmental level. Additionally, all six Community Vaccination Centres are open for staff flu Mon-Fri and outreach sessions are underway in YCR; YCC; The Hub; Snowdrop & Hummingbird Centres; Ty Elai; Tonteg; YMH; Heol Draw; Carnegie Clinic; Porth Den. We are also trialling a twin incentive programme of a free hot drink for staff and the funding of an equivalent number of vaccines for a global childhood programme. As of 14/10 there have been 3457 staff vaccinated.

All 43 GP Practices and 107 out of 109 Community Pharmacies have agreed to support and deliver the **flu campaign**. 10 GP Practices have asked for HPOT support to deliver flu to eligible housebound patients. These patients will be incorporated with the Covid-19 programme, and these housebound patients will be dual vaccinated by the CVC outreach teams. This will also apply for all Care Home residents across CTM, with this programme on target. In addition, to aid GPs and Pharmacists with their cold chain management, data loggers have been purchased by the Health Board and offered to all those premises delivering flu vaccinations. The Care homes are on target. Outreach support to GP practices has enabled rural patients to access vaccination much more easily.

The annual **schools flu plan** commenced on 15th September 2025. School Nursing colleagues will vaccinate all school aged children 4–15 years in school and all two- and three-year old's will receive their vaccination in a combination of settings including nurseries and GP surgeries. The first phase of the campaign is requested in the WHC to be completed by October half-term. From 1st December work will commence to plan a mop up program supported by us, the Health Protection Operational Team.

Smoking cessation

This is a strategic priority within our IMTP and is key to both our CTM2030 as well as the local delivery of a Smoke-free Wales by 2030.

The key smoking cessation action areas include:

- Build capacity and quality of smoking cessation delivery across CTM (HMQ services in hospital, community, pharmacy, maternity) – includes focus on improving HMQ offer in Pharmacy and building new community models.
- Implement HMQ in Hospital model – HMQH service now available in 3 x DGH sites, clear inpatient pathway. Developing pre-admission pathways. Focus on support for mental health patients in 2025/26.
- Increase the proportion of smoke-free pregnancies through delivery the HMQ for Baby service, audit & monitoring of CO monitoring & referral as part of routine care
- Maximise awareness of and referrals to HMQ services – via engagement with community groups, comms plan, MECC & HMQ awareness training in primary care & Citizens Advice Merthyr Tydfil
- Preventing uptake of smoking (and vaping) in the younger generation – development of support offer to schools via Health Promoting Schools team. Vaping support pathway development including development of training and resources.

Summary of impact:

- HMQ services supported 3,202 smokers across CTM to make a quit attempt (2024/25)

- week quit rate – 50% (self-reported & CO validated combined)
- Met target for adult smokers making a quit attempt (treated smokers). Increased from 2023/24 – 5.9%
- HMQ Hospital - 2,171 patients referred in hospital, leading to 676 treated smokers (2024/25). Doubled from 2023/24
- Pregnant women offered CO monitoring at booking – 71%(2024/25)
- 64% pregnant smokers referred to HMQ for Baby service –leading to 354 making a quit attempt (2024/25)
- Good uptake of JustB smoking prevention programme offer by eligible schools in CTM
- Delivered vaping training to 200 School Nurses & Youth Workers as part of CTM vaping support offer
- Developed local offer to schools – training session & support on PHW vaping curriculum resource, local communications assets

<u>Weight loss</u>

CTM are working across four strands of “Healthy Weight Healthy Wales” national strategy:

- Environments
- People
- Settings
- Leadership/Enabling Change

Strand	Workstream	Situation	Impact	Issues/Risk
Environments	Whole System Approach to healthy weight	Launched regional food network as foundation for improving our food environment Experimenting with local-led, small scale approach in Treherbert Capturing learning and momentum from Pipyn and exploring how to leverage for wider system change Supporting local authority local plan development processes	Foundation of long-term approach to reversing obesity trends.	Complex and sizeable stakeholder management with small resource
People	Adult Weight Management	**Level 3** Capacity of 250; Waiting list >3500/10 yrs; Meds capacity 70. Work to trial current L1/2 offer to level 3 patients and undertake appreciative enquiry with those on wait list/T2DM patients to explore wider support/barriers to achieving healthy weight as part of realist evaluation Work required to match prescribing capacity/£ to L3 service capacity **Level 2** service model under review Exploring commercial options for digital offer	Clinically significant weight loss >5% shown to be cost effective prevention for T2dm/CVD etc Constant work to understand and improve performance	Significant resource/capacity/demand mismatch Resilient service will be key to supporting any model of GLP/GIP role out as per WG. NHSE digital wt mgmt offer creating Eng vs Wales inequity
	Children and Young People's Weight Management	Pipyn programme operates at L1/L2 and supports a whole system approach to improve obesogenic environments and educational settings – funding due to expire end 25/26 Business case/IMTP approval for 25/26 for sustainable model of Pipyn and development of L3 service, funding yet to be confirmed Parental insights from adult evaluation will support development of CYP/ and integrated family service (long term vision for family model)	Positive behaviour change outcomes from Pipyn, substantial community engagement, work underway to understand longer term impact. L3 service yet to be implemented	Pipyn programme at risk of significant disruption due to lack of long term funding/ loss of programme gains Significant unmet need in provision for complex cases due to no current L3 service
Settings	CTMUHB Healthy weight org	Modelled spend between £2m-4m on obesity related staff absences. PH and Facilities early stage of explorations for approaches to strengthen healthy food provision. Healthy travel charter launched regionally and within UHB.	Anchor role in changing food culture Work to be done on understanding potential impact (long term)	UHB food strategy (or similar improvement approach) significant piece of work with key conversations to be had around resource etc.
	Healthy Schools	Health promoting schools team working to prioritise healthy weight across region in educational settings.	School setting key lever in child obesity	Capacity for change/ competing priorities within education.
Leadership/ Enabling Change	Regional Strategies	Healthy weight to be priority area for new CTM RPB CYP strategy Road map to consider how healthy weight prioritised across directorates to maximise impact Board development session pending	Key system levers widely distributed. Important all components of UHB and regional system working to shared beliefs/goals around obesity	Capacity for supporting wider system change

Key activities include:

- The PIPYN Programme is running in Merthyr Tydfil and Rhondda and Taff Ely
- The HW team are supporting national setup of the WSA to HW national network and turning it into a learning network, as well as working with the PSB to develop a sustainable food offer for the HB area.
- Contribution to regional action plans and delivery plans, including identifying gaps and supporting evidence gathering
- Developing the Merthyr food strategy and strengthen partnerships with RCT and Bridgend, turning them into learning networks
- Infant feeding implementation delivery plan 2025-2026
- CTM Infant Feeding Strategy 2025-2030
- Food, nutritional and physical activity is a priority area for the CTM Health and Wellbeing Promoting School Scheme.
- Healthy Travel Charter, led by CTM UHB, launched by the PSB
- Healthy weight initiatives are underway to reduce health and economic inequalities, including Get Cooking, Foodwise for Life, Foodwise in Pregnancy

- Treherbert Learning Community (TLC) is an initiative that seeks to transform the health and well-being of their community by creating an environment that supports healthy living and longevity. Appreciative Enquiry took place in Treherbert and findings revealed priority areas around access to good quality affordable food, access to play and youth provisions as being important
- The UK Chief Medical Officers' physical activity guidelines to key professionals and practitioners, via MECC Level 2 Training delivered to NHS and third sector professionals and staff.
- The Healthy and Sustainable Pre School Scheme in CTM promotes physical activity including play in 108 settings.

Diabetes prevention and management

The provision of diabetes (T1& T2) management in CTM is in active development, following publication of the 5 year strategic plan.

T1DM resident in Merthyr and RCT can access the 5-day structured education course DAFNE which is delivered at PCH and RGH. Adults in Bridgend are offered access to Carbohydrate Counting education group sessions.

Adults with T2DM across CTMUHB can access a variety of education options, including the 6-week X-PERT diabetes structured education, X-PERT insulin, a single dietetic assistant led group session (Diabetes Awareness Session – DAS), and individual education.

T2DM prevention is primarily focused on:

- Weight management – taking whole-system approach to tackling obesity and reducing the obesogenic environment will have the most impact on reducing T2DM prevalence in CTMUHB. CTMUHB currently has a level 2 and 3 service for adults following the All-Wales Adult Weight Management Pathway – this has very limited capacity compared to the obesity prevalence level and deprivations levels within the footprint
- There are currently no level 1-3 children and young people weight management services in CTMUHB – funding decision awaited/ dependent on savings to enable investment in this service development.
- Case finding for type 2 diabetes in CTMUHB is mostly undertaken in primary care during annual reviews of patients with established cardiovascular disease and within the CTMUHB health check programme. The health check programme follows the two-stage case finding strategy recommended by NICE, offering eligible individuals three yearly health checks. Individuals at high risk of diabetes that fall outside these two main approaches are not routinely offered case finding in CTMUHB. Further work is needed to develop a cohesive evidence-based case finding approach for diabetes in CTMUHB.
- The All-Wales Diabetes Prevention Programme (AWDPP) is implemented across all GP clusters in CTMUHB using PHW and SPCC monies to March 2026. Work is ongoing on how to mainstream and core-fund a comprehensive LTC model inclusive of case-findings and AWDPP approach.
- There is a trial VBHC funded T2DM remission service running 2025-2027. Dependent on evaluation this remission service may be continued and/ or folded into existing adult weight management services.

Diagnosis and routine monitoring of adults with T1DM and T2DM plus the management of adults with T2DM is primarily undertaken in Primary Care by General Practitioners and Practice Nurses, with support from the Community Diabetes Specialist Nursing Team. In the past six months, we CTM has moved from last to second highest in terms of 8 care processes recorded.

Secondary care manages complex diabetes cases, pregnancy-related care, inpatient support and provides guidance to non-specialist staff. Services are delivered via 3 MDTs based at our general hospital sites, each with varying staffing levels of diabetologists, specialist nurses, dieticians and support workers.

3.6 Primary care

CTMUHB has initiated a Primary and Community Care Transformation Programme as a workstream reporting to the Improving Care Board. The programme has developed its vision for the future delivery of primary care. It seeks to create a health system for people in CTM which:

- improves health and well-being outcomes for our population
- is proactive
- is focussed on prevention
- is easy to navigate – for patients and staff
- supports people at home and in the community wherever possible
- is joined up and seamless
- is equitable and fair for our population
- is satisfying and fulfilling for those who work within it.

The vision is supported by three core priorities for which the work programme is determined:

- One primary and community team around General Practice
- Transformed, responsive intermediate care
- Renewed primary and secondary care partnership

Taking these priorities, the programme has focused on short term (next 6 to 9 months) deliverables that can realise benefits within the current operating system. These include:

- First contact physiotherapy service
- Review of primary care MDTs – particularly focusing on additional resource accessible to GPs (physio/OT/Dietetics)
- Community Health and Wellbeing worker pilots
- Review of specialist community nursing teams inc. review of independent prescribers
- CTM Hospital @ Home service – establishing H@H for reactive care (also includes Hospice @ Home)
- Hot clinics – ensuring parity across localities
- Design and pilot women's health hubs
- Review and improve the primary/secondary care interface
- Develop community pain service vision
- Further develop the Clinical Navigation Hub (single point of access for specialities)

The transformation programme is also developing its medium and longer term goals aimed at sustained systemic changes aimed at far closer integration between primary and secondary care which would seek to support a more flexible and mobile workforce, for example, enabling hospital consultants to provide community sessions, expand health 'hubs' into a range of other services, seek opportunities to modernise the primary care estate and ensure fit for future model – as some examples.

The programme fully recognises the dependencies with other areas of the system – both internal and external to CTM. Patient and workforce utilisation of digital tools, packages and use of Artificial Intelligence (AI) will transform access to advice, support and care for patients. Moreover, it is recognised policy shifts across the all-Wales environment would be required to align with our collective ambition.

3.7 Digital

The CTM Digital & Data Strategic Delivery Plan incorporates foundational work programmes such as the ongoing development of the National Data Repository (NDR) and development of our Cyber posture, key national delivery priorities such as electronic prescribing and maternity, and local transformation and innovation programmes of work. During 2025/2026 the team is focused on implementation the following:

- ePrescribing in Secondary Care
- Laboratory Information Management System (LIMS)
- Radiology Information System Programme (RISP)
- Digital Maternity
- Digital Eyecare

In addition to the above the Health Board is currently completing a procurement activity, led by Betsi Cadwaladr University Health Board (BCUHB) for a Digital Mental Health System, aligned to the nation programme for Connecting Care.

As part of the transformation programme initiated in 2025 for Patient Centre Contact, the Health Board will maximise the use of the NHS Wales App as its front door to patient facing services across the CTM region. This programme will fundamentally shift existing, inefficient, paper-based manual processes to those driven by digital technology. By providing a multi-channel platform for our patients and citizens, they will be able to:

- Interact with our health services digitally to optimise their health & wellbeing at home.
- If they require health services, they will be able to digitally communicate with health care professionals in an easy and accessible way that is appropriate for their presenting complaint.

Throughout their healthcare journey, patients will receive updates on decisions, treatments and plans via a patient platform and in parallel be able to communicate and co-produce their healthcare journey to support individualised care.

4.0 Strengthening how we run the NHS

4.1 Interims, agency and locum staff

The Health Board employs very few interims within senior roles and only has one post on its Executive Team currently filled on an interim basis, by the substantive deputy, approved by Welsh Government.

In terms of agency – starting with nursing, the Health Board has fewer nursing vacancies than it has for at least the last 5 years, as well as historically low levels of nursing turnover (5.45%, against a high of circa 12% in May 2022). This has resulted in lower usage of agency, with the Health Board currently developing criteria to cease use of agency other than by exception, by December 2025.

In relation to medical, the Health Board continues to see use of agency and locum doctors in national shortage specialities (e.g. psychiatry, emergency medicine, urology) – however the Health Board is exploring creative options to recruit into these posts, via more developed attraction and recruitment strategies, as well as exploring international recruitment – including via the WG funded route for 2025/26, which has recently been confirmed.

4.2 Leadership and succession planning

The Health Board has three leadership programmes which it developed in 2021/22 – Ignite, Aspire, and Inspire. The three programmes provide leadership development for aspiring leaders, 'middle' managers / leaders, and senior leaders leading at system level, respectively.

Ignite is currently being provided via bite-sized opportunities, focused on topic specific issues – e.g. the Health Board has recently commenced an 'Honest and Challenging Conversations' module – due to an identified need for this which has come up via leadership feedback. Aspire is currently on hold to new entrants, pending conclusion of the manager regulation / competency framework discussions, as well as discussions around a potential regional collaboration for operational managers, with AB and C&V Health Boards.

The Health Board's flagship programme, 'Inspire', is currently directed at bringing together the Care Group leadership teams to ensure maturity and development of leaders operating at the most senior level of the operating model; bringing together operational, nursing, medical, pharmacy and therapies / health sciences leaders, alongside business partners from finance and people disciplines. More recently, a session has been run between Inspire participants and the Exec Team, to explore working relationships and ways of working, which sits alongside a programme of Exec and Board development, delivered by the same provider.

In addition, the Health Board works closely with partners in HEIW, engaging with national leadership programmes, and succession planning initiatives.

4.3 Clinical leadership

CTM is committed to being a clinically driven organisation, led and supported by Clinical Executives with strong backing from Executive Director for People, COO and CEO.

There is a comprehensive programme of multi-layered engagement across all professional groups with the principles of:

- All clinical voices being captured and heard.
- MDT leadership: Inclusive of nursing, pharmacy, allied health and medical staff.

The following actions are part of this programme of work:

- Development of MDT 'Clinical Leadership': inclusive approach ensuring nursing, pharmacy, AHPs and doctors all integral to leadership and decision-making processes.
- Care Group Structure and Influence: Care Group triumvirate leadership model - two senior clinicians and operations director. CDs & front line staff empowered to generate ideas that feed into Care Group IMTP escalated to Operational Management Board & in turn informs Health Board.
- Senior Leader Development: CTM's internal Inspire programme (as mentioned above) equips with necessary leadership skills.
- Wider Wales Development Opportunities: Clinicians involved Wales wide programmes including Bevan Commission and HEIW.
- Succession Planning: Programme for future Doctor and Pharmacy leaders, as well as mentorship of leaders with future potential. Nursing Teams supportive pyramid structure each layer supporting the others. AHPs also have opportunities for leadership and development skills.

High-Level Engagement

- Partnership Forum and Trade Unions: Key organisational workforce engagement meetings
- LNC & LMC: Formal bodies for medical staff engagement.
- Clinical Advisory Group: Multi-professional input on plans and delivery with the Chair of this group being an Associate Member of the Board.

Front Line Engagement

- Monthly forums: Direct engagement with consultants, SAS, and LED doctors.
- Resident Doctors: Wellbeing oversight with escalation to AMDs as appropriate.
- Newsletter: Updates 3-4 times a year supported by open contact with MD Team.
- Teams Channels: Consultant and SAS doctor channels, SAS advocate proposal.

Further Development & Succession Planning

- CD Development Sessions: Tailored support for Clinical Directors.
- New Consultants Programme: Induction and guidance.
- SAS Doctors: Issues and mentoring for SAS and Specialist Doctors.
- Overseas Doctors Induction: Support for new colleagues.
- Inspiring Leaders Programme: Next generation leadership development.
- Medical Directorate Team Development: Senior leader training.
- Mentorship & Coaching: Internal and external opportunities

4.4 Culture

There has been significant work on culture since the Health Board's experiences in 2018/19, and this has been a major priority and focus for the Board. The Health Board has taken and continues to embed a number of actions in this time to embed its cultural approach, including:

- Development of Values and Behaviours to be clear about what is important to us.
- The Health Board's CTM2030 strategy, to include 'Inspiring People' – seeking to improve the Health Board's environment, focus on its people, improved leadership development, and approach to equality, diversity and inclusion.
- Continued focus on the Staff Survey, using the Engagement Index and feedback to inform actions (the Health Board had the highest response rate of the Health Boards in 2024, and is aiming for a further improvement to 40% in 2025).

- In addition, there have been specific and continued areas of focus for more targeted work, including continued work in Maternity as part of its leadership and culture plan.
- The Health Board has developed a ‘heat map’ approach to identify any areas of concern, based on triangulated data, with intervention from the leadership and culture team, should any issues arise.

Having identified some issues with focus and standards in recent months, the Health Board is currently considering launching a culture programme to run through 2026, to re-focus standards of behaviour and expectations – as well as tackling the systemic issues affecting our staff via our People Plan, which was approved at Board in May 2025. The Health Board expects to discuss its approach to this culture work at its Board in November 2025.

4.5 NHS Wales Staff Survey

The Health Board achieved the highest Staff Survey response rate among the Health Board in 2024, at 28% (a circa 10% improvement on the previous year), however it is clearly not satisfied with this level of response and is aiming for a response rate of 40% in 2025. Here are some selected highlighted actions taken following the 2024 survey:

- Better Communication – Launch of the CTM Hub new Staff Intranet.
- Improve Workplace Processes – Launch of the ‘5 Minute Improvement’ process.
- Feedback on the 2024 Survey – People Plan Sessions held through 2025.
- More Inclusive Recruitment – Welsh Language Recruitment Workshops & Improved Progression among Internationally Educated Nurses.
- Better Flexible Working - Launch of revised Flexible Working Approach (significant improvement in Staff Survey score for flexible working opportunities).
- Better Understanding of Race Equality – Launched new Anti-Racism e-learning.
- Better Support for Pregnancy Loss – Led the way in Wales to introduce the Neonatal Care Procedure – 3rd organisation across the NHS in the UK to introduce paid pregnancy loss leave.
- Better Staff Recognition – Launched the ‘Seren’ approach and annual Staff Seren Awards.
- Accessible Ways to Speak Up – Recruited Speaking Up Safely Guardians, and about to launch the Working in Confidence Platform.

The Health Board will continue to monitor these areas, as well as any priority areas which arise out of the 2025 Staff Survey – in addition to continuing to embed the survey as an annual event, and ownership of the results of the survey as a leadership activity.

5.0 Board local issues

Princess of Wales critical incident

Impact (performance, quality/safety/experience, staff and financial) described throughout this evidence pack.

Areas of political interest

- Nurse shift pattern consultation
- Stroke
- POW to YGT ward transfer
- Specialist Palliative Care at YCC
- Maesteg Hospital redevelopment programme
- Addressed quality and sustainability issues, delivering a step change in ambulance handover times, reductions in elective waits and maintaining focus on financial balance.

School Nursing provision – Special Schools

Ongoing discussions with Local Authority partners regarding this issue.

National digital programmes

Delivering several key programmes with challenging timescales and resource constraints.