

Agenda

10:30 - 10:35
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Information Patsy Roseblade, Committee Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Committee Chair

1.3. Declarations of Interest

Information Patsy Roseblade, Committee Chair

10:35 - 10:40
5 min

2. CONSENT AGENDA BUSINESS

Patsy Roseblade, Committee Chair

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

10:40 - 10:45
5 min

3. MAIN AGENDA

3.1. Action Log

Discussion Patsy Roseblade, Committee Chair

 3.1 Action Log ARAC 13 November 2025.pdf (26 pages)

3.2. Matters Arising Not Captured on the Action Log

Discussion Patsy Roseblade, Committee Chair

10:45 - 11:15
30 min

4. COMMITTEE GOVERNANCE ARRANGEMENTS

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

 4.1a Org RR ARAC Nov 25.pdf (7 pages)

 4.1b Appendix 1 - Org RR Nov 25.pdf (11 pages)

4.2. Amendments to CTMUHB Standing Orders (Schedule 4.1 – Standing Orders for the NHS Wales Joint Commissioning Committee)

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 4.2a Amendment to SO's JCC ARAC 13 Nov 2025.pdf (4 pages)

 4.2b App 1 WG Corres Amendment to JCC SOs.pdf (4 pages)

4.3. Data Lapses /Data Loss Updates Report

Discussion *Stuart Morris, Director of Digital*

 4.3 Data Lapse and Losses ARAC 13 November 2025.pdf (10 pages)

4.4. Declarations of Interest and Gifts, Hospitality & Sponsorship Report

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

 4.4a DOI and GHS Cover Report ARAC 13 November 2025 - CH.pdf (4 pages)

 4.4b App 1 Declarations of Interest Register 25&26 Board and Non Board CH.pdf (13 pages)

11:15 - 11:30 15 min 5. FINANCIAL GOVERNANCE ACTIVITY

5.1. Losses and Special Payments Report

Discussion *Sally May, Director of Finance*

 5.1 Losses Special Payments Report ARAC 13 Nov 25.pdf (10 pages)

5.2. Procurement and Scheme of Delegation Report

Discussion *Sally May, Director of Finance*

 5.2 Procurement and SoD Report ARAC 13 Nov 25.pdf (10 pages)

5.3. Post Payment Verification Mid Year Report

Discussion *Amanda Legge, All Wales Post Payment Verification Manager*

 5.3 PPV Mid Year Report 2025-2026.pdf (5 pages)

 5.3a CTMuHB Mid-year PPV Report 2025-2026.pdf (5 pages)

11:30 - 11:40 10 min 6. COUNTER FRAUD ACTIVITY

6.1. Local Counter Fraud Report - This item will now be taken at the (CLOSED) In Committee Meeting

Discussion *Matthew Evans, Local Counter Fraud Officer*

6.2. National Fraud Initiatives Progress and Outcomes

Discussion *Matthew Evans, Local Counter Fraud Officer*

 6.2 National Fraud Initiative Progress and Outcomes.pdf (3 pages)

 6.2b National Fraud Initiative Progress and Outcomes.pdf (6 pages)

11:40 - 12:20 40 min 7. AUDIT REVIEWS AND ASSURANCE ACTIVITY

7.1. Audit Recommendations Tracker

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

 7.1a Cover Paper - Audit Tracker - ARAC 13.11.2025 - Final.pdf (8 pages)

7.2. NWSSP Internal Audit Progress Report

Discussion *Paul Dalton, Head of Internal Audit*

 7.2 IA Progress Report ARAC 13 November 2025.pdf (10 pages)

7.3. NWSSP Internal Audit Reviews

Discussion *Paul Dalton, Head of Internal Audit*

7.3.1. PCH Financial & Technical Compliance - Substantial Assurance

Internal Audit

 7.3.1 IA Review PCH Financial and Technical Final ARAC 13 November 2025.pdf (11 pages)

7.3.2. 2025/2026 PCH Redevelopment Programme Integrated Audit Plan

Decision *Internal Audit*

 7.3.2 IA Review PCH Redevelopment Programme Integrated Audit Plan ARAC 13 Nov 25.pdf (5 pages)

7.3.3. Follow-Up Vaccination Policy Implementation

Discussion *Internal Audit*

 7.3.3 Vaccine Policy Implementation ARAC 13 Nov 25.pdf (5 pages)

7.4. Audit Wales - Audit Risk and Assurance Committee Update

Discussion *Nathan Couch, Audit Wales*

 7.4 AW Audit Update ARAC 13 Nov 2025.pdf (12 pages)

7.5. Audit Wales Review Reports

Audit Wales

7.5.1. Audit Wales Briefing - National Fraud Initiative 2024-25 Update for CTMUHB

Discussion *Nathan Couch, Audit Wales*

 7.5.1 NFI Briefing Note - CTMUHB ARAC 13 Nov 2025.pdf (9 pages)

12:20 - 12:25
5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the Meeting held on 14 August 2025

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

 8.1.1 Unconfirmed Minutes ARAC 14.8.2025 v2SM.pdf (14 pages)

8.1.2. Unconfirmed In Committee Minutes of the Meeting held on 14 August 2025

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

 8.1.2 CLOSED Draft Unconfirmed Minutes - Closed ARAC 14.8.2025.pdf (2 pages)

8.2. ITEMS FOR NOTING

8.2.1. Outcome of Committee Referral to Quality, Safety & Experience Committee - Concern in relation to increased medical negligence costs

Information *Richard Hughes, Director of Nursing & Midwifery (Interim)*

 8.2.1a Outcome of Cmt Referral to Q&S Committee.pdf (4 pages)

 8.2.1b Report to QSE Committee.pdf (6 pages)

8.2.2. Audit Wales Review - Tackling the Planned Care Challenges Report and Management

Response

Information Nathan Couch, Audit Wales

 8.2.2 AW Tackling the Planned Care Challenges.pdf (48 pages)

8.2.3. Committee Annual Cycle of Business

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 8.2.3a Annual Cycle of Business ARAC 13 November 2025.pdf (3 pages)

 8.2.3b Annual Cycle of Business ARAC 13 Nov 2025.pdf (5 pages)

8.2.4. Committee Forward Work Plan

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 8.2.4 Forward Work Plan ARAC 13 November 2025.pdf (3 pages)

12:25 - 12:30 9. CLOSE OF BUSINESS

5 min

9.1. Any Other Urgent Business

Discussion Patsy Roseblade, Committee Chair

9.2. Committee Highlight Report to Board

Discussion Patsy Roseblade, Committee Chair

9.3. How did we do today?

Discussion Patsy Roseblade, Committee Chair

12:30 - 12:30 10. PRIVATE IN COMMITTEE SESSION

0 min

Information patsy Roseblade, Committee Chair

1. Organisational Risk Register - Business Sensitive Risks
2. Financial Control Procedure - Medical Variable Pay - Summary of Authorised Breaches
3. Local Counter Fraud Report

12:30 - 12:30 11. DATE AND TIME OF NEXT MEETING

0 min

Information Patsy Roseblade, Committee Chair

Tuesday 3rd February at 9:00 am

Audit Risk & Assurance Committee - Action Log (as at 29 October 2025)									
Name of Meeting: Audit Risk & Assurance Committee									
Committee Chair: Patsy Roseblade									
Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Audit Risk & Assurance Committee - February 2025	4,2	4	Losses and Special Payments Report	To implement a cross Committee Referral to Quality, Safety & Experience Committee on the concern raised regarding the increases in medical negligence claims	Head of Corporate Governance & Board Business	Director of Corporate Governance/ Board Secretary	nov-25	Open - scheduled for November 2025 Committee	A verbal update was provided to Quality Safety & Experience Committee at its meeting on the 22 July 25 where it was noted that a written update would be presented to the September Quality, Safety & Experience Committee. This item has now been deferred to the November ARAC meeting to await the outcome.
Audit Risk & Assurance Committee - 14 August 2025	4,1	3	Organisational Risk Register	The September iteration of the Organisational Risk Register to capture an update on the "Lack of Resuscitaire in Princess of Wales Hospital Emergency Department" (Datix Risk ID 6152).	Assistant Director of Governance & Risk	Director of Corporate Governance/ Board Secretary	nov-25	Propose to Close	This risk will now not be escalated to the Organisational Risk Register as the risk score has been significantly reduced as the Resuscitaire equipment for the Emergency Department has been received and was being put together by the Electro-Biomedical Engineering (EBME) department. The interim arrangements regarding the Resuscitaire from maternity scheduled to cease at the end of September allowing for training on the new Resuscitaire equipment.
Audit Risk & Assurance Committee - 14 August 2025	4,2	3	Interim Amendments to the Model Standing Financial Instructions (SFIs) Chapter 11 for Local Health Boards	Future updates to the Standing Orders and Standing Financial Instructions to provide a summary paragraph so any amendments are specified and clearly visible to the reader.	Corporate Governance Team	Director of Corporate Governance/ Board Secretary	nov-25	Propose to Close	This has been noted for future updates. The report was also updated ahead of submission to the Board in September to address the feedback received at the Committee.
Audit Risk & Assurance Committee - 14 August 2025	5,1	4	Losses and Special Payments Report	To provide an update as to whether there has been an increase in Clinical Negligence claims following the introduction of the Duty of Candour.	Deputy Executive Director of Nursing	Executive Director of Nursing	nov-25	Propose to Close	Data has been reviewed and a response sent via email on 06.11.25
Audit Risk & Assurance Committee - 14 August 2025	5,2	5	Procurements and Scheme of Delegation Report	Future updates to FCPs to include a detailed appendix to the report which outlines the amendments made to the documents.	Head of Corporate Finance	Executive Director of Finance	nov-25	Propose to Close	A number of FCPs will be presented at the November 2025 ARAC meeting, attached to that is going to be an appendix outlining the amendments to each FCP.
Audit Risk & Assurance Committee - 14 August 2025	6,1	7	Local Counter Fraud Report	Local Counter Fraud Team explore the possibility of mandating Counter Fraud Training requirements for the Health Board to improve learning in this area and advised the team to contact G Watts for advice and signposting.	Local Counter Fraud Specialist	Local Counter Fraud Specialist	nov-25	Open	In progress pending discussions
Audit Risk & Assurance Committee - 14 August 2025	7,1	8	Audit Recommendations Tracker	Section on 'Internal Audit Areas of Suggested Focus' in the cover paper on to include further narrative providing comparative performance and rationale for any changes in focus quarter by quarter and reference to Internal Audit follow up reviews.	Assistant Director of Governance & Risk	Director of Corporate Governance/ Board Secretary	45962	Propose to Close	The November iteration of the Audit Actions Tracker includes further analysis and evidence of comparative data between each reporting period. The Head of Quality Assurance & Compliance is also linked in with Internal Audit colleagues to ensure alignment in reporting.

Audit Risk & Assurance Committee - 14 August 2025	7.3.1	9	IA Review - End of Life Care Management	Revisit the audit review and recommendations with relevant Executive Leads and if there were any changes needed to the recommendations and management responses these would return to the Committee following engagement and agreement with Internal Audit Colleagues. Explore the risk around training identified within the audit review and report back to the next Strategic Development Committee.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	nov-25	Propose to Close	Audit outcomes reviewed and confirmed as achievable with colleagues
Audit Risk & Assurance Committee - 14 August 2025	7.3.4	10	IA Review – Decarbonisation – Follow Up	Executive Director of Strategy & Transformation and Executive Director of Finance to meet Head of Internal Audit to review recommendations 4.1 and 4.2.	Executive Director of Strategy & Transformation Executive Director of Finance Head of Internal Audit	Executive Director of Strategy & Transformation Executive Director of Finance	nov-25	Propose to Close	Following discussion outside of the Committee with Internal Audit Colleagues and the Executive Director of Strategy & Transformation and the Executive Director of Finance the management response action has been reframed to the satisfaction of all concerned and amended report received. The new wording is captured in the Audit Tracker Report received at this meeting.
				Head of Internal Audit to set out the approach to follow up reviews within the next Internal Audit Progress Report update to the November meeting.	Head of Internal Audit	Head of Internal Audit	nov-25	Propose to Close	An explanatory paragraph has been added to the Internal Audit Progress report for the November meeting of the Committee.
Audit Risk & Assurance Committee - 14 August 2025	7,5	12	Audit Wales Review – Tackling the Planned Care Challenges	A focus for the Strategic Development Committee is how the Health Board compares service transformation with short term improvements and that sustainable transformation should be the focus.	Chair of the Strategic Development Committee Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	nov-25	Propose to Close	A meeting has been arranged between the SDC Chair and the Executive Director of Strategy & Transformation for the 17 November 2025

Audit, Risk & Assurance Committee - May 2025	3,1	3	Action Log
Audit, Risk & Assurance Committee - May 2025	4,3	4	Organisational Risk Register

Audit, Risk & Assurance Committee - May 2025	5,1	5	Losses and Special Payments Report
Audit, Risk & Assurance Committee - May 2025	7,3	8	NWSSP Internal Audit Services Annual Audit Plan 2025-26
Audit Risk & Assurance Committee - February 2025	5.3.2	8	IA Review - Medical Job Planning

Audit & Risk Committee December 2024	5,1	6	Organisational Risk Register
Audit & Risk Committee December 2024	5,2	7	Audit Recommendations Tracker

Audit Risk & Assurance Committee - February 2025	5.3.5	9	IA Review - Vaccination Policy Implementation
Audit Risk & Assurance Committee - February 2025	5.3.5	9	IA Review - Vaccination Policy Implementation
Audit Risk & Assurance Committee - February 2025	5.4.2	46002	Audit Wales Report - Structured Assessment

Audit & Risk Committee December 2024	5.3.2	10	IA Review - Additional Medical Pay
Audit Risk & Assurance Committee - February 2025	4,1	3	Local Counter Fraud Report

Audit Risk & Assurance Committee - February 2025	4,1	3	Local Counter Fraud Report
Audit & Risk Closed In Committee October 2024	3,1	3	Action Log

Audit & Risk Committee December 2024	4,1	3	Local Counter Fraud Report
Audit & Risk Committee December 2024	4,1	3	Local Counter Fraud Report
Audit & Risk Committee October 2024	5,1	6	Organisational Risk Register

Audit & Risk Committee October 2024	5.6.2	10	Internal Audit Review - Reasonable offer
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Risk relating to Paediatric Dentistry - a report had been received by Quality, Safety & Experience Committee and it was suggested that this report could be share as a cross report between the two Committees.	Director of Corporate Governance/ Board Secretary
To provide further assurance on clarity and mitigations of risk 5671 - Cross Health Board Data Sharing	Director of Corporate Governance/ Board Secretary

To receive an update on penalties for late submitted evidence	Deputy Director of Nursing & Midwifery
To review the Executive Lead for the Medical Annual Leave and Rostering	Head of Internal Audit
To bring further detail on the job planning work back to a future meeting of the Committee.	Medical Director

To request an update on Risk 5417 Paediatric Dentistry out of the meeting and provide an update	Director of Corporate Governance/Board Secretary
To include the feedback received for the next iteration of the Tracker	Director of Corporate Governance/Board Secretary

To consider where the reporting of the Vaccination Policy Implementation should sit.	Director of Corporate Governance/ Board Secretary
To consider where the reporting of the Vaccination Policy Implementation should sit.	Director of Corporate Governance/ Board Secretary
To further discuss the content of the report offline prior to it being presented to board.	Audit Wales

To discuss the February 2025 timescales with colleagues from the People Directorate and update the Committee following this	Deputy Medical Director
To highlight any new updates in the Cases Report in a different colour so these can be flagged for the Committee's attention.	Local Counter Fraud Officer

To bring an update to a future meeting of the Committee on the long standing case with regard to the dispensing practice	Local Counter Fraud Officer
Further re-assurance to be sought from the previous Committee Referral to the People & Culture Committee with regard to the Local Counter Fraud Report - Recruitment of Agency Staff	Director of Corporate Governance/Board Secretary

To add any key items to flag to the risk section of the report so that members are aware prior to the meeting.	Local Counter Fraud Officer
To flag any changes to the open cases with a different colour so that Members can easily see the changes.	Local Counter Fraud Officer
To review Risk 5755 - Princess of Wales (POW) Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit – no correlation between reduced consequence and explanation used for the method of reducing the target risk score.	Director of Corporate Governance/Board Secretary

To review the management response in relation to staff training with Internal Audit outside of the meeting	Director of Corporate Governance/Board Secretary
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Director of Corporate Governance/ Board Secretary	45870	Closed	Report was shared via email to the Committee on the 30.7.25
Director of Corporate Governance/ Board Secretary	45870	Closed	Update was shared via email to the Committee 23.05.25

Director of Nursing & Midwifery	45870	Closed	Penalties for Late Submitted Evidence Update report scheduled for the August meeting at agenda item 5.3.
Head of Internal Audit	45870	Closed	Report was reviewed outside of meeting and amended to reflect the Executive Leads as the Medical Director & Executive Director for People
Medical Director	45870	Closed	Included as an update in the In Committee session on the 14 August at Agenda item 2.2.

Chief Operating Officer	45689	Closed	Latest update captured on the Organisational Risk Register for July 2025. See agenda item 4.1b. This risk is monitored via the following assuring Committees - Operational Delivery Committee and Quality, Safety & Experience Committee.
Director of Corporate Governance/Board Secretary	45689	Closed	The actions from the last meeting will be built into the improvement programme for the development of the Audit Tracker

Director of Corporate Governance/Board Secretary	45778	Closed	This will be reported via the Integrated Performance Dashboard to Operational Delivery Committee, but assurance will also be given to the Quality, Safety and Experience Committee at the appropriate given that Committee's legitimate interest in this area.
Director of Corporate Governance/Board Secretary	45778	Closed	This will be reported via the Integrated Performance Dashboard to Operational Delivery Committee, but assurance will also be given to the Quality, Safety and Experience Committee at the appropriate given that Committee's legitimate interest in this area.
Director of Corporate Governance/Board Secretary	45778	Closed	Received at the Health Board Meeting 27.03.25

Executive Medical Director	45689	Closed	A meeting has been held with the People Services team to discuss timescales where it was agreed they were all considered reasonable. A plan is being developed on how the timescales will be met.
Executive Director of Finance & Procurement	45778	Closed	Report to be brought to May 2025 meeting to include coloured text to highlight last updates.

Executive Director of Finance & Procurement	45778	Closed	Primary Care review in progress. Update to be brought to May 2025 meeting as part of the Local Counter Fraud Report
Executive Director for People	45627	Closed	Outcome of the Committee Referral discussed by the People & Culture Committee at their meeting held on 5th December 2024 was received by the Committee at their meeting held on the 17 December 2024/

Director of Finance & procurement	45689	Closed	Nothing to flag within papers for this meeting. Noted for future drafting.
Director of Finance & procurement	45689	Closed	Table has an additional column to highlight actions since last report. Happy to review formatting for future meetings if Committee would prefer different style.
Director of Corporate Governance	45627	Closed	Emails have been exchanged between C. Hamblyn and the ARC Chair clarifying the reasons for the residual risk score. Query now resolved and no further work proposed

Director of Corporate Governance/Internal Audit	45627	Closed	G. Watts and E. Samways have exchanged emails and agreed that the recommendation can be taken off the tracker for 12 months. While there remains 2 systems in place, training for new (and existing staff) still needs to be provided and that is what is happening, tailored to the different WPAS systems at the different sites
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Agenda Item

4.1

Audit, Risk & Assurance Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	13 November 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	October / November 2025	RISKS REVIEWED
Executive Leadership Group	10 November 2025	MANAGEMENT REVIEW AND SIGN OFF RECEIVED

Acronyms / Glossary of Terms



1. Situation /Background

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 5 November 2025.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
 - Practical Approach to Managing Risk
 - Risk Assessment and Scoring
 - Datix Risk Management Module
- 2.8 To date **804** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. A dedicated risk session was also delivered to the Local Public Health Team Away Day on the 4 November 2025 and numbers are being confirmed.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

- 2.10 120 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.81 out of a maximum score of 5.
- 2.11 100% of the 120 attendees providing formal feedback found that:
- The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
- 2.12 98% of the 120 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.13 Some of the recent comments from the session, received through evaluation, have been included below:
- *Personalised, well placed, easy to understand, time and opportunities to ask now, or at a later date*
 - *Informative and succinct training, really well delivered, opportunities to ask questions and talk openly.*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Digital & Data Directorate

- Datix Risk ID 6372 - Cost escalation risk – Microsoft Enterprise Agreement renewal. New risk escalated in October 2025. Detail captured within the report and within closed session due to business sensitivities. Risk score of 16.

Planned Care – Care Group

- Datix Risk ID 6294 - Insufficient Consultant Workforce - Endoscopy / Gastroenterology. New risk escalated in October 2025 with a risk score of 16.
- Datix Risk ID 6280 - Suspension of the Regional Hepato-Pancreato-Biliary service model. New risk escalated in October 2025 with a risk score of 16.

Diagnostics, Therapies, Pharmacy & Sciences

- Datix Risk ID 2713 - Backlog of Reporting Radiology Examinations. New risk escalated in October 2025 with a risk score of 16.
- Datix Risk ID 6379 - CT Scanners at RGH damaged by power outage and manual generator/UPS switch over. New risk escalated in October 2025 with a risk score of 16.

Mental Health & Learning Disabilities Care Group

- Datix Risk ID 6318 - Tier 3 SHED Team Service Delivery. New risk escalated in October 2025 with a risk score of 16.

Primary Care & Community Care Group

- Datix Risk ID 5877 – New Worker Contract for Out of Hour GPs. New risk escalated in November 2025 with a risk score of 16.

3.2 CHANGES TO RISKS

Risk Score Increased

Nil this period.

Risk Score Decreased

Facilities Directorate

- Datix Risk ID 5691 - CCTV System Failure in Prince Charles Hospital and Princess of Wales Hospital. Risk score decreased from a 16 to a 12. Rationale for de-escalation captured within the report and within closed session due to business sensitivities.

Medical Director Directorate

- Datix Risk ID 6111 – Medical Examiners Delay. Risk score reduced from a 20 to a 12. QR Code solution now live and active. Process should now be sped up and performance will be monitored closely. The Team will remain a watching brief on submissions in order to identify any issues. The likelihood has been reduced to a 3 rather than the target level of 2 in the interim whilst the new process is monitored closely.

Digital & Data Directorate

- Datix Risk ID 2795 - EUC: Unsupported Windows 10 Desktop Operating Systems. Risk reduced from a 16 to an 8 as significant progress has been made in reducing the number of Windows 10 devices within CTM and Digital Healthcare Wales have also negotiated a significant discount on the ESU licensing.

Diagnostics, Therapies, Pharmacy & Sciences

- Datix Risk ID 5304 - The Air Handling Unit (AHU) for the pharmacy aseptic production suite. This risk has been reduced from a 16 to a 12. The rationale for de-escalation is that the NHS Wales Shared Services Partnership verification is complete, and the Air Handling Unit is functioning as expected.
- Datix Risk ID 3567 - Capacity of Cellular Pathology Service – Space. This risk has been reduced from a 16 to a 12. The rationale for de-escalation is that current controls are expected to mitigate this risk at a level of 12 unless there is a new trigger. Department changes are being considered with Infection Prevention Control team relocation. Further detail is captured in Appendix 1.

Mental Health & Learning Disabilities Care Group

- Datix Risk ID 5646 - The impact of "Right Care Right Person" (RCRP) approach. Proposed for de-escalation. At the MHLDCare Group Operational Management Board in October 25 it was agreed that it was unlikely the policy is not going to adversely affect the frequency of RCRP related incidents and therefore the likelihood scoring was reduced. The risk score is therefore recommended for reduction from a 16 to a 12.

Infection Prevention & Control

- Datix Risk ID 4218 - Reduced on site Consultant Microbiologist/ IPC Doctor cover for Bridgend. This risk has been reduced from a 16 to a 12 as temporary microbiology cover arrangements have been established.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Digital & Data Directorate

- Datix Risk ID 6102 - Patient Pathways - Working in WPAS Instances, is proposed for closure in November 2025 as the target score has been met. Rationale for closure is that Patients are no longer being moved across two separate instances of WPAS in CTM.

3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5			3337 6217	4664 5276		
	4			5820	4417 5374 4671 4885 6039 5576 6229 6228 6235 4632 2713 6318 5877	5579 5761 5793 5045 4973 6231 6234 1793 6372 6294 6379 6280	4491 3826 5417 6179 5753 6239 6240 5821 6052
	3						4672 4691 5040 6232
	2						
	1						
CxL	1	2	3	4	5		
	Likelihood						

3.5 EMERGING RISKS

Identified as part of the risks considered and reviewed for escalation in the October 2025 iteration of the Organisational Risk Register:

- The Planned Care - Care Group are reviewing a risk regarding Laser Safety at Princess of Wales Hospital as there is no designated laser safety advisor on site. As part of the risk review the Operational Management Board has directed the Care Group to engage with the Diagnostics, Therapies, Pharmacy and Sciences Care Group to consider workforce cover across CTM. Once the review is complete further consideration will be given to escalation to the Organisational Risk Register. (Datix Risk ID 6124).

- The Planned Care and Unscheduled Care Care Group are jointly considering a risk in relation to 'Lack of Capacity for Hydroxychloroquine Screening in Ophthalmology'. Once the co-ordinated review between both Care Groups has been undertaken the risk will be considered for escalation to the Organisational Risk Register as one risk with shared actions across both Care Groups as appropriate. (Current Datix Risk IDs are 5797 and 3596).
- Primary Care & Community are considering the escalation of the following risks:
 - a risk relating to pathway of care delays following a notable increase. This has been highlighted with Welsh Government and Local Authorities and this will be further explored at the Discharge Board, which has representation from Local Authorities.
 - Social Care Capacity within Care Homes / Community is also being reviewed due to increasing concerns.

4. Assessment

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



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

5. Recommendation

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Letter ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1	6052	Chief Operating Officer	Facilities Directorate	Facilities Director	Sustaining Our Future	Statutory Duty, Regulation, Mandatory Requirements	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts)	IF: The patient beverage trolley fleet is not maintained/replaced Then: Patients are unable to be fed breakfast and beverages. This is an essential part of the patient care. Resulting in: Patient hydration and nutrition non-compliance. Existing fleet of beverage trolleys in CTM UHB require a replacement programme (as per regen trolleys). The current fleet (apart from the Seven assets) are 10 plus years old and maximum life is 10 years old if maintained. The Ultrakarts are used for patient breakfast and beverages and then on used on average 5 times a day for beverages so are heavy use. The current models at all district general and community sites are not able to be put on maintenance contracts due to age, hence non compliant. Several sites are now running with one per two/three wards and the service level is one per ward. VCC have 1 beverage trolley that is non-repairable.	There is a repair programme in place at each site when equipment is broken. However the beverage trolleys are too old to put on maintenance contracts. Replacement is the only alternative.	There is not enough budget in revenue to purchase singularly and the beverage trolleys are manufactured to order (cost decreases with volume). An investment bid has been included in the Facilities MPT (submitted March 2025) An agreed replacement process has been approved, the risk will remain high until such time we have sufficient spares from replaced carts to maintain the existing equipment. Update October 2025 - This risk was reviewed on the 24th September and is scheduled for review again at the end of December. At present there is no change to the risk score.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C&L5	8 (C&L2)	↔	15.01.2025	24.09.2025	31.12.2025
2	5821	Executive Director of Strategy & Transformation	Central Corporate Directorate - Commissioning DTFS Care Group	Assistant Director of Transformation, Strategic and Operational Planning	Improving Care	Service / Business Interruption	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB).	IF: CTM is unable to secure a new contract with an alternative commissioned provider; Then: CTM residents will have no access to secondary care immunology provision. Resulting in: unacceptable level of clinical risk for both routine and urgent referrals that are currently without any available referral option. Patient experience will be impacted by delays in onward referral for investigation, diagnosis and definitive treatment/management plan. This could lead to both informal and formal concerns being submitted to the health boards.	Working group in place to seek and secure service (meets monthly), although more regular communication and updates is sent in between meetings. Exploration of suitable providers within the NHS and also private providers undertaken. Short term contract being sought for urgent referrals and expected by end July 2024. CTM UHB Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GPs have been informed of the challenges currently experienced with immunology provision and delays can be expected.	Update October 2025 - An executive discussion is to be held on this subject with the paper currently being drafted. An internal working group is to be established which will oversee the approach to managing this service risk. Conversations ongoing with Welsh Government and North Bristol Trust.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C&L5	4 (C&L1)	↑	08.07.2024	20.10.2025	31.12.2025
3	6239	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26.	IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding for 2025/26. Then: The Health Board may not be able to deliver a break-even financial position for 2026/27. Resulting in: • The Health Board not being able to increase investments in services and/or reduce savings targets from current levels • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WIG not supporting the Health Board's plan for 26/27 • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 26/27. • Potential cash shortfalls in 26/27.	• Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and Directorates. • Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board. The H6 YTD position is a £4.3m deficit and this position presents a risk to both the 3n year forecast and the recurrent forecast. The forecast recurrent position at the end of 25/26 has deteriorated from the planned £1.7m surplus to a £4.2m deficit due to lower than anticipated financial allocations for Pay awards and National Insurance. The main action is to develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 26/27 as well as schemes in delivery for 25/26.	Operational Delivery Committee	20	C&L5	12 C&L3	↔	30.06.2025	30.10.2025	31.12.2025	
4	6240	Executive Director of Finance	Finance Directorate	Executive Director of Finance	Sustaining Our Future	Financial Risk	Failure to achieve the planned break-even position in 2025/26.	IF: The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2025/26. Then: The Health Board will not be able to deliver the planned break-even financial position for 2025/26. Resulting in: • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • Failure to deliver the financial plan for 25/26. • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 25/26. • Potential cash shortfalls in the latter months of 25/26	• Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Operational Delivery Committee and the Board. The H6 YTD position is a £4.3m deficit, which includes a £7.4m shortfall in savings delivery. The Health Board is continuing to forecast a break even position for 25/26. The key risks to the forecast are estimated at £15.4m and the main risks are Welsh Risk Pool settlements increase of £7.8m and mitigating actions and savings delivery of £2.7m. The following actions are to support savings plan identification, development and delivery: • Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 26/27 as well as schemes in delivery for 25/26. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Develop the Value & Efficiency Programme with a focus on Training schemes to support savings identification and delivery.	Operational Delivery Committee	20	C&L5	12 C&L3	↔	30.06.2025	30.10.2025	31.12.2025	
5	6179	Executive Director of Public Health	Public Health - Health Protection	Executive Director of Public Health	Creating Health & Improving Care	Quality / Complaints / Assurance / Patient Outcomes Impact on the safety - Physical and/or Psychological harm	High and increasing prevalence of overweight and obesity in children and adults	IF there is insufficient preventative activity to reduce rates of overweight and obesity Then: rates of obesity will remain high in CTM . Resulting in: increased activity/acuity/complexity of patients resulting from obesity, poorer patient outcomes, increasing pressures on services, risk of clinical incidents and continuing financial pressures on the organisation There is also a continued risk from a health and safety perspective for sufficient equipment and capability to move people with extreme BMIs in the event of incidents.	A range of work is currently under way in response to high levels of obesity in CTM including: 1)Grant funded Whole system approach to healthy weight work- building momentum to influence system wide change in our obesogenic environment 2)Adult Weight Management Service - the scale of this is vastly insufficient to make a difference to population level rates of obesity 3)Children and Young People's weight management service - current time-limited funding for Pypa, preventative family based intervention, ongoing development work to maximise population impact, scale remains small. Proposed future development of a service in line with level 3 of the All-Wales Weight Management Pathway. 4)Healthy pre- and health schools programme - working to enable educational settings to be healthy weight environments. Current activities are insufficient for population level impact. A new action plan will be published in the Spring/Summer 2025 for Healthy Weight: Healthy Wales, the national strategy for Obesity. This will include actions across 4 domains: -healthy environments -healthy settings -healthy people -leadership and enabling change. The Food (Promotion and Presentation) (Wales) Regulations 2025 are due to come into force in 2026 and will introduce some restrictions on the promotion and placement of unhealthy food.	Update September 2025 The Healthy Weight Steering Group is currently developing a healthy weight road map for CTMUHB, outlining actions and strategic direction over the short, medium and long term. This will be in line with Healthy Weight: Healthy Wales, and take into consideration health board actions under the new national action plan. The Healthy Weight roadmap is under development and due at Board for approval in November 2025. There is a business case in place for sustainability and increased capacity for Pypa (level 1), and a CYP level 3 weight management service. A level 3 weight management service will help improve outcomes for some our most disadvantaged children. Update 08.08.25 funding has not yet been released for this business case as it is dependent on savings as part of the IMTP. A further panel for scrutiny was held for all IMTP business cases on 19th August before resubmission back to ELG for consideration. Update November 2025 The mitigation remains unchanged from that reported in September 2025. The risk will be reviewed further at the end of November 2025.	Quality, Safety & Experience Committee Strategic Development Committee.	20	C&L5	9 C&L3	↔	06.05.2025	17.10.2025	30.11.2025
6	4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff / Public Safety Impact on the safety - Physical and/or Psychological harm	Failure to meet the demand upon its services at all points of the patient journey	IF: The Health Board is unable to meet the demand upon its services at all stages of the patient journey. Then: the Health Board's ability to provide high quality care will be reduced. Resulting in: Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: -Speciality specific plans are in place to ensure patients requiring clinical review are assessed. -All patients identified will be clinically reviewed which will include an assessment of available harm which will be reported and acted upon accordingly. -A process has been implemented to ensure no new sub speciality codes can be added to an unreported list, this will be refined over the coming months. -All unreported lists that appear to require reporting have been added to the RTT reported lists. -All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology - it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at LHC and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. • The Health Board is exploring working with neighbouring HbBs in order to utilise their estate for operating.	October 2025 - Unscheduled Care A number of actions are being taken by the care group to address the demand and improve patient experience/outcomes. Launch UNITE (Unscheduled care Improvement, Transformation and Efficiency programme) POW ED Ambulatory Footprint opened Re-set RGH - short term de-escalation and re-alignment of Acute Medicine complete Medical workforce review and Job Planning Significant invest to save in Medical workforce LTC Pilot extended in PCH March 2025 45 min Escalation Action Cards and escalation policy implemented Weekly performance meetings established support by Unscheduled Care Dashboard Phase one GP intake back to POW Additional Ambulatory area in POW identified by the team to support the STAMP reset Targeted recruitment currently underway for additional consultant posts Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established Successful recruitment of medical staff to uplift rates and reduce reliance on agency completed CTM UHB Winter Planning progressed October 2025 - Planned Care The below is a summary of initiatives reflecting the ongoing efforts by the care group to improve capacity and meet the elective demand. Centralisation of Cataract Service: All cataract treatments have been consolidated to the POW Eye unit from 1st September 2025. Two main theatres plus sessions in the surgicube are dedicated to the service. Direct listing of cataracts has commenced. Paediatric Dental Surgery: A recovery plan has been agreed upon between the Community Dental and RGH Theatre Service to increase theatre capacity. Cancer Services: Performance for August was 63.4%, and September 2025 is currently unvalidated but aiming at over 63%. Key actions are required for tertiary referrals, pathology, and optimisation pathways. The backlog has started to reduce against the trajectory, with a focus on Urology, Gastrointestinal, and Gynaecology. Centralisation of Trauma & Orthopaedics: The POW theatres opened on 1st September 2025 with three dedicated orthopaedic theatres. Ward 7 is now a protected elective Orthopaedic Ward with 28 beds. Between 1st September and 22nd October, 239 elective orthopaedic cases were performed at POWH. The average length of stay has reduced to 1.9 days compared to 3 days this time last year. Theatres: Utilisation and late starts are improving, especially in the Princess of Wales Hospital (POWH), although they are still below target. Specialty deep dives are being introduced, starting with Urology, to address persistent issues. Theatres are recovering from previous disruptions, such as roof issues, but upcoming work at the Royal Glamorgan Hospital (RGH) may impact progress. The care group will monitor all impact and escalate/mitigate accordingly. Regional Outpatient Incurring commenced at CTMUHB is ongoing. Aiming to reduce Outpatient waiting times across all specialities Progress made on >104 weeks. All specialities aim to maintain <104 weeks with the exception of Orthopaedics. Update October 2025 Call Path deployment pushed back to October 2025 and is now very close to Micro deployment - concerns around short time frames planned for User Acceptance Testing sign off and Cutover Qualification (CQ). Blood Sciences deployment is now delayed until 2026 due to significant issues in the adopting process in Biochemistry. It has been agreed to roll out on a per discipline basis instead of per Health Board. The predicted time lines are: Pre production environment - July 2025 (Completed). Production Environment - Beginning of October 2025. Call Path and Andrology - End of October 2025. Microbiology - Beginning November 2025 Blood Transfusion and Blood Sciences - No dates yet agreed, likely in the new year.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C&L5	12 C&L3	↔	13.7.2023	06.11.2025	06.12.2025
7	5276	Director of Digital	Central Corporate - Digital & Data	Pathology Directorate Manager	Sustaining Our Future	Business Objectives - Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025.	IF: the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. Then: operational delivery of pathology services may be severely impacted. Resulting in: potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	Update October 2025 Call Path deployment pushed back to October 2025 and is now very close to Micro deployment - concerns around short time frames planned for User Acceptance Testing sign off and Cutover Qualification (CQ). Blood Sciences deployment is now delayed until 2026 due to significant issues in the adopting process in Biochemistry. It has been agreed to roll out on a per discipline basis instead of per Health Board. The predicted time lines are: Pre production environment - July 2025 (Completed). Production Environment - Beginning of October 2025. Call Path and Andrology - End of October 2025. Microbiology - Beginning November 2025 Blood Transfusion and Blood Sciences - No dates yet agreed, likely in the new year.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C&L4	5 (C&L1)	↔	26.10.2022	27.10.2025	30.11.2025
8	4664	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Ransomware Attack resulting in loss of critical services and possible extortion	IF: The Health Board suffers a major ransomware attack. Then: there could be potential data loss and subsequent loss of critical services. Resulting in: Catastrophic service loss to all clinical and business services adversely impacting on population health management, patient care, business continuity, health and wellbeing of staff, organisational relationships, substantial financial risk and the UHB's other routine and improvement work - culminating in a culture of mistrust of the Health Board and all things digital leading to the likelihood of the opportunities that present from digital transformation being less likely to be achieved.	Business sensitive - detail captured in closed session.									
9	Closed session due to business sensitivities.																	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care	Improving Care	Patient / Staff /Public Safety	Emergency Department (ED) Overcrowding	If: As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited to, significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). Then: patients are therefore placed in non-clinical areas. Resulting In: Failure to deliver Emergency Department Metrics, Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of major cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing.	Increased number of nursing staff being rostered over and above establishment. Additional respite mattresses have been provided with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. Expansion of the bed capacity in Y5 to mitigate against the loss of bed capacity in the care home sector and Merthyr community hospital. Daily site wide safety meeting to ensure flow and site safety is maintained. There is now a daily WAST hot call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21. Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	The emergency departments across CTM remain overcrowded. There are many internal actions being undertaken within Care Group to reduce attendances, improve flow and reduce overcrowding. CTM UHS Development of Urgent & Emergency Care Rapid Improvement Plan (45 minute ambulance handover and 90-day ED performance) TRUE Rapid Improvement Plan through 6 Goals Programme - SRO - Deputy Exec Med Director and Deputy COO USC CG Formalise and sign off 30/60/90-day improvement plan Acute Medicine Transformation Programme (STAMP) - POW - 2 workshops complete - 3 further planned June/early July New investment agreed for x3 Consultant Acute Physician posts. Targeted recruitment drive currently underway. Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established. Targeted recruitment of Acute Medicine Consultants following new investment to provide 7/7 October 2025 TRUE need improvement actions being worked through. Action cards signed off and live. Acute med rest in Prince Charles Hospital and Royal Glamorgan Hospital complete. Princess of Wales Hospital STAMP programme on going and optimise ongoing. Improvement plans to create and ambulatory area in Emergency Department in Princess of Wales Hospital Escalation policy has been enacted following OMB sign off. This policy will assist in standardising and consistency in approach across all sites. The escalation triggers and actions will assist with proddick situations, particularly during peak winter pressures or critical incidents.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	12 (C4xL3)	↔	24.09.2019	06.11.2025	06.12.2025
5417	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Paediatric Dentistry - General Anaesthetic (GA) theatre list	If... Regular additional GA theatre lists (necessary to meet current and future demand) are not made available to the Community Dental Service team for paediatric GA. Then... the number of children waiting list for assessment and treatment will continue to increase beyond 1000 by March 2024. Resulting in: 1. children waiting increased times for assessment/treatment who have high levels of dental caries and painful teeth requiring extraction. 2. a further increase in the number of children requiring GA, due to long waits for assessment more children need GA when assessed, conversion rate has jumped from 48% to 80%. Children can only wait 8 wks from assessment to treatment therefore there is a large backlog of assessments due to limited GA lists to provide treatment.	Current theatre lists are run on Monday mornings and Friday afternoons and are likely to be cancelled due to bank holidays. This impacts the running of the service, no additional lists are available when lists are missed. There are currently 800+ patients waiting for appointments, with some already waiting for 17 months. Patients are advised to return to their General Dental Practitioner (GDP) if they experience pain, some children are being prescribed multiple courses of antibiotics to ease dental infections that can only be alleviated by tooth extraction. There is a risk these patients will require the removal of more teeth/more require GA when assessed/children will present as an urgent case in Accident and Emergency if left untreated.	Update October 2025 On review of the plans there has been a delay in the September implementation date and it is now anticipated that from the end of November / December a sufficient number of lists will be allocated to the service to enable the backlog to be reduced and manage ongoing demand. Lists will operate from 2 acute hospital sites initially with ambition that the lists will be provided from the 3 sites, which requires further planning as we progress with these plans. Additional assessments sessions will be put in place with community dental to ensure full utilisation of the lists. The care groups will continue to monitor the position and review the risk following assurance all lists have commenced in November as planned. Available is the latest trajectory from the Care Group reflecting the trajectory and target date. It is considered that the risk score could be reduced and this will be reviewed by the Primary Care and Community Care Group ahead of the next iteration of the report.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	9 (C4xL3)	↔	20.04.2023	06.11.2025	06.12.2025
5753	Executive Nurse Director / Deputy Chief Executive	Children & Community Care Group	Care Group Service Director	Improving Care	Workforce / Organisational Development / Staffing / Competence	Inadequate Special School Nurse Provision	If the Health offer towards the current Special Schools Nursing Model is not increased and Bridgend and District Education Authority (LEA) does not contribute financially to the Service Level Agreement (SLA) in Special Schools. Then the Community Children's Nursing (CCN) Service are unable to meet their obligations across the five special schools in CTM and are unable to fulfil their obligation to Rhondda Cynon Taf (RCT) and Merthyr who are the only LEAs who contribute financially into the SLA. Resulting in: Dissatisfaction and fractured relationships within RCT and Merthyr LEA, inequity of service provision across CTM special schools, risks to the children & young people (CYP), impact on Consultant Led clinics, inability of special school nurse to deliver on School Nursing Framework in Wales part 2 - Nursing in Special Schools and Healthy Child Wales (HCW) part 2, lack of access to continual professional development and peer support for the nurses based in Special Schools, continued issues with recruitment and retention of nursing staff into Special Schools	Mitigation - reviewing SLA at pace with LA, high level meetings with EDOH, Nursing Director and Directors of Education. Supporting staff, sharing risk across SDN schools. During periods of absence or vacancies; access to a school nurse will not be available in person 5 days per week. However, telephone advice and support will be available. These control measures do not meet expectations of Local Authority. Meetings have been held between Directors of education and Director and Executive Nurse. SLA has been escalated to Care Group OMB but needs to be escalated to HB OMB (19/05/2025). Engagement between senior nurse and head teachers and support for special school nurses has been given.	Update October 2025 There has been a slight improvement since the schools have restarted, but remains a high risk for the care group, due to workforce vacancies, despite attempts to fill. This has been raised at the Quality, Safety and Experience Committee, and clarity from Welsh Government has been requested on their position specifically around the adherence to the framework. It has been raised to consider as an item for discussion at the Integrated Quality, Planning and Delivery (IQPD) meeting with Welsh Government.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	8 (C4xL2)	↔	16.04.2024	06.11.2025	06.12.2025
6372 Closed Session due to Business Sensitivities	Director for Digital	Central Directorate - Digital & Data	Assistant Director for Digital Delivery	Sustaining our Future	Financial Risk	Cost escalation risk - Microsoft Enterprise Agreement renewal	Business sensitive - detail captured in closed session.				20	C4xL5					
4632	Executive Director of Nursing / Deputy CEO	Unscheduled Care Group	Head of Strategic Planning and Commissioning	Improving Care	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation) while ensuring optimal performance and quality standards are consistently met. If: changes are not made to improve and align stroke prevention initiatives, early intervention campaigns, and acute and rehabilitation stroke care pathways across CTM THEN: avoidable strokes may not be prevented, patients who suffer a stroke may miss the time-window for specialist treatments (thrombolysis, thrombectomy), and patients may not receive timely, high-quality, evidence-based stroke care Resulting In: higher than necessary demand for stroke services, poorer patient outcomes/increased disability, increased length of stay, and poor patient/carer experience. Impact will extend to the need for increased packages of care, increased demand for community health services, and when care burden often discharged to the community. Additionally, the performance targets to monitor improvement of the stroke prevention and care service will be adversely affected, leading to significant challenges for the health board to include noncompliance with Quality Improvement Measures (QIMs).	Executive-led Stroke Strategy Group in place, with targeted task and finish under development. Membership updated to reflect senior Ops changes. Risk and membership of Strategy Group updated. Close working amongst executive team to escalate and address operational and clinical issues in relation to stroke pathway Board briefing to ensure all aligned to challenges Quarterly briefings to Quality and Safety Committee Performance data regularly presented to Performance, Planning and Finance Committee Strong CTM input to regional and national Stroke Programme Boards Unified, evidence-based pathway developed for thrombolysis Preparations progressing to prepare for 24/7 thrombectomy service at Bristol and updated RCP guidance on thrombolysis and thrombectomy Designated senior operational lead for performance and improvement leadership for stroke pathway	Update October 2025 Risk reframed to take into account feedback received from the September 2025 Quality, Safety & Experience Committee to capture the performance element of the risk. Medical Workforce Update 2.0 site consultant returning from maternity leave October 25 2.0 site consultant appointed, starting January 26 2.0 site consultant returned from LTL - phased return Specialty Medicine Directorate aiming to appoint 2.0 site consultant neurologists. Job plan will support 1 clinical session allocated to stroke on call rota. In terms of the risk score remaining at 16 the USC Care Group considers that the following mitigations support this rating. -there has been and will be a senior decision maker for stroke i.e. a consultant who will immediately attend all stroke calls - Monday - Friday with Thrombolysis prioritised. CNS 6/7, based in ED, covering core hours 9-5 some days till 1800. Enhanced monitoring with senior leadership oversight in place, through daily breach huddles with a live improvement plan. This is undertaken using an MDT approach, we have already seen improvement in CT and admission to AGU. Daily breach and weekly reports of top breach reasons and associated actions captured and tracked. A robust improvement action plan is in place for the unit which focuses on leadership, workforce, IPAC, and fundamentals of care - the actions are 89% complete. Nursing workforce and leadership now significantly improved; we have 2 x Band 7 ward manager which enables 7/7 cover for the unit. Medical workforce stabilised with a return from sick leave and start date for new consultant end of November. Internal Audit report recently received indicates a positive outcome with an overall reasonable assurance rating. Whilst the USC Care Group acknowledge there has been limited improvement in the QIMs to date there has been clear improvement in overall quality of care which was the basis of reducing this score from a 20 to a 16.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	12 (C4 x L3)	↔	11.05.2021	06.11.2025	31.12.2025
1793	Executive Director of Nursing / Deputy CEO	Central Directorate - Patient Care & Safety - Infection Prevention and Control	Infection Prevention and Control Hn	Improving Care	Safety/Well-being Patients/Staff/Public	Lack of isolation facilities available-negative pressure rooms	If: there are no negative pressure isolation facilities available. Then: there will be no appropriate isolation facilities to manage patients with infections transmitted via the airborne route. Resulting in: an increased risk of infection to other patients/ staff/visitors. There are 2 positive pressure ventilated lobby rooms available at Prince Charles Hospital. Non compliant with national guidance/ Welsh Government expectation.	High Consequence Infectious Diseases (HCID) plan prioritises Prince Charles Hospital for HCID cases for use of the positive pressure bobbies; Capital funding approved to build 2 regative pressure rooms in the Health Board.	While there are some cubicles available for isolation, the lack of correct ventilation with negative pressure ventilation leaves a risk for airborne infections to be transmitted, especially. Capital funding has been agreed to support developments to build negative-pressure rooms on the acute sites. The location will be determined by the sites to link with the inpatient pathways, as well as the location within the hospital site, being determined by the need to support patient flow and suitable areas to meet the patients' fundamental needs of care delivery. During the lead time for these dedicated isolation rooms to be completed, the current practice of isolation in suitable single-patient cubicles in line with IPC isolation policy will be adhered to. Risk Monitored by the Ventilation Safety Group and Infection Prevention and Control Committee. Update October 2025 - Ongoing discussions in terms of a building project being considered with planning teams.		16	4x4	4 (C4xL1)	↔	16.12.2014	06.11.2025	31.12.2025
6228	Executive Director of Nursing / Deputy CEO	Central Directorate - Patient Care & Safety	Deputy Nurse Director	Improving Care	Quality, Complaints, Assurance / Patient Outcomes	Effective and efficient management of requests from the HM Coroner	If: the Health Board fails to effectively respond and manage requests from the HM Coroners Office in a timely manner. Then: there is a risk that the Health Board will breach 'The Coroners (Investigations) Regulations 2017' in failing to provide documentation on time and take required action in a timely manner to ensure lessons have been learned. Resulting In: poor experience and the wellbeing impact for the families and staff members involved in inquests, reputational impact of the Health Board in terms of trust and confidence in the service, an increase in the number of Regulation 28 / 29 reports on actions to prevent future deaths, an increase in potential enactment of the Coroners powers, including under Schedule 5 - "Power to require evidence to be given or produced".	Review initiated to understand CTMHUB's position in terms of the number of inquests underway and the response to requests. Review and remap internal processes in the management of inquest cases within the organisation. Weekly coronial meetings with the Senior Coroner's Officer to discuss operational progress and individual cases. Weekly oversight meetings and briefings on cases of concern for discussion at ELG as well as performance review.	Legal Services Recovery Plan in place which will consider if there is sufficient capacity to manage inquests effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. Update September 2025 - Weekly escalation meeting established with Senior Coroner's Officer to highlight cases requiring urgent action. Weekly meetings with Legal & Risk to track action and progress with high-risk/high-profile inquests. Works continues to be undertaken to improve the accuracy and robustness of information contained within the Data Cymru system. Enhanced reports and trackers being developed to support the operational management of inquests. Mechanisms for providing reporting and providing assurance to be embedded. Documentation for supporting staff with the inquest process to be finalised. Update October 2025 - on an interim basis a designated lead has aligned to the legal services function to provide greater oversight as to the Coroners inquests activity. Whilst this is a relatively new step the risk remains as current it will be reviewed as part of the legal services recovery programme and implementation of the Organisational Change Process within the Patient Care and Safety Directorate.	Quality, Safety & Experience Committee Audit, Risk & Assurance Committee	16	C4 x L4	C4xL2 = 8	↔	3.7.2025	06.11.2025	31.12.2025
6229	Executive Director of Nursing / Deputy CEO	Central Directorate - Patient Care & Safety	Deputy Nurse Director	Improving Care	Quality, Complaints, Assurance / Patient Outcomes	Timely development of management and response to Learning From Event Reports (LFERs)	If: the Health Board fails to achieve timely completion of LFERs, respond promptly to the questions from the Welsh Risk Pool Learning Advisory Panel and provide assurance that learning has been implemented and shared. Then: there is a risk that improvement to quality and safety in healthcare aligned to learning which flows from case investigations, and the LFER (Learning From Event Report) is not acted upon. Resulting in: reputational impact of the Health Board in terms of trust and confidence in the service and assurance that lessons have been learned. Missed opportunities to improve patient care and safety following identification of areas for improvement. Financial penalties if the Welsh Risk Pool consider withholding reimbursements due to being dissatisfied with the learning and actions taken in a case.	Review initiated to understand CTMHUB's position in terms of the number of cases underway and the response to requests. Current controls: Incident Management Framework and Toolkit. Incident Investigation Training Viability of data using the Data System. Listening and Learning Framework	Legal Services Recovery Plan in place which will consider if there is sufficient capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. Update September 2025 - LFER workshop held 04/09/25 with the health board internal Legal Services team and Heads of Quality & Safety to review the recently revised LFER process and to look at implementing a revised and smarter way of working. Revised process to be further updated and to include timelines for actions ensuring deadlines are adhered to. Final documentation to be shared at the Executive Director led Quality & Safety weekly meeting on Monday 29th September 2025 for Exec review and approval with an action for immediate implementation. Further work will be progressed to undertake a wider review of how learning is further embedded across CTM, and will take place with support of the QI team in reviewing the Listening & Learning Framework and the Learning Repository. Collaborative work continues between the Assistant Director of Nursing and the health board assigned WRP Principal Safety & Learning Advisor, with a meeting scheduled to discuss the format and set up of an internal CTMHUB Learning From Events Report Panel, with engagement from the WRP Principal Safety & Learning Advisor. Terms of reference for the LFER panel will be developed including membership & frequency and presented to the Executive Director led Quality & Safety weekly meeting for approval. Update October 2025 LFER panels currently in the process of being setup with support from Welsh Risk Pool. Awaiting a number of submissions end of October for status to be determined.	Quality, Safety & Experience Committee Audit, Risk & Assurance Committee	16	C4 x L4	C4xL2 = 8	↔	3.7.2025	06.10.2025	31.12.2025

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Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1	6231	Executive Director of Nursing / Deputy CEO	Central Directorate - Patient Care & Safety	Deputy Nurse Director	Sustaining our Future	Standard Duty, regulation, mandatory requirements.	Proactive management and compliance with cases that qualify for consideration under NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Then: there will be a missed opportunity to deal with concerns under a single and consistent method for grading, investigating and to actively involve the person raising the concern in an open and engaged manner to put things right. Resulting in: Delays in improving patient safety and experience as a result of identifying how services may have improved as a result of concerns notified and dealt with under these arrangements. Early resolution of cases which provide an opportunity for closure for families and staff as well as effective and efficient learning to be implemented. Avoidable costs should a case proceed to litigation due to failure to comply proactively with the arrangements. Reputational impact of the Health Board in terms of trust and confidence in the service and assurance that lessons have been learned	Review initiated to understand CTMHUB's position in terms of the number of cases underway and the response to requests. Current controls: Putting Things Right - Handling Concerns Procedures Engagement with Legal & Risk Services. Experienced Concerns Handlers in post.	Legal Services Recovery Plan in place which will consider if there is sufficient capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. Update September 2025: The organisation is maintaining performance in the management of concern responses within 30 days. The acknowledgement within 2 working days has been improved, however, will need additional time and support to embed, thus providing confidence to lessen the risk. Work continues to attend to the responses in early resolution and tailor the outcome of the Organisational Change Process changes to reflect the resource needs in attending to focus on localised early resolution. Update October 2025 - Focused activity is underway in terms of reviewing systems and processes, CTM has also benchmarked with other Health Boards to learn and share best practice. As part of the recovery plan detailed scrutiny on early resolutions has been undertaken which has identified areas of improvement that need to be rectified at pace in order to improve the rate of compliance. This programme of work will entail communicating with service users to ensure to inform as to the status of their concerns.	Quality, Safety & Experience Committee Audit, Risk & Assurance Committee	16	C4 x L4	C4xL2 = 8	↔	3.7.2025	06.11.2025	31.12.2025
18	6234	Executive Director of Finance (Executive Lead for Estates)	Central Directorate - Estates	Assistant Director - Capital Estates	Sustaining Our Future	Environmental / Estate / Infrastructure	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMHUB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department. IF: A UK skills shortage coupled with the demand for labour in the private sector has caused recruitment and retention issues throughout the department, this has affected the ability to fill all RTE posts in a timely manner. Then: There is a risk that it may not be able to complete all statutory, mandatory preventative maintenance tasks and help desk request. There is also a risk of being unable to support the delivery of capital projects, and departmental virement works. Resulting in: Insufficient staff to deliver the service, significant delays in replacement of staff. Increased revenue costs for overtime and contractor costs to supplement shortfalls. Inability to complete all statutory and mandatory maintenance activities which could potentially breach legislation requirements. Decrease in the maintenance performance figures. Failing estates affecting patient safety and service. Increased risk of claims. Reputational damage.	Performance levels monitored monthly at SMT and weekly at operational estate management level Overtime worked and contractors employed when key risks identified.	Vacancies reviewed at Senior Management team (SMT) meetings on a monthly basis. Age profile developed to manage succession planning. Update November 2025 Risk reviewed and no change to current risk score at this stage. Two meetings have been held with People Services to review recruitment performance data, analyse workforce profile, highlight the key challenges affecting recruitment and retention, identify opportunities for workforce and succession planning and confirm next steps to recruitment efficiency and workforce sustainability.	Operational Delivery Committee Health, Safety & Fire Sub Committee	16	(C4xL4)	9 (C3xL3)	↔	4.7.2025 - Opened on Datix	4.11.2025	31.12.2025
19	6235	Executive Director of Finance (Executive Lead for Estates)	Central Directorate - Estates	Assistant Director - Capital Estates	Sustaining Our Future	Environmental / Estate / Infrastructure	Insufficient funding to address backlog maintenance across the estate. IF: There is insufficient funding to address backlog maintenance across the estate. Then: there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancement/improvements for patient care and staff well being Resulting in: An inability to deliver its services efficiently and effectively. Poor environment and experience for patients, visitors and staff. Estate infrastructure problems. Unable to replace failing/ ageing plant and equipment. Poor estate regulatory compliance. High carbon footprint. Loss of service and productivity. Increased backlog maintenance	Prioritisation of Estate Activity based on risk-based decision making. Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies. Applications to the AllWalesCapital Programme on an annual basis. Discretionary Capital Maximise current revenue allocations, optimised for statutory compliance and risk priorities. Maintenance Programme established managed via the Planet Facilities Management System (planned and reactive maintenance jobs) In 2024-2025 the estates operational function was digitised, the estates operatives were provided with mobile devices so that they are now as to work in real time, this has helped to maintain performance despite the staff shortages. Internal - Regular Monitoring through CTMHUB's Executive Capital Management Group. Capital Scheme Delivery Programme. Annual Estates and Energy Performance Report received at the Operational Delivery Committee (and planning, Performance and Estates Committee prior to that Committee being disbanded). Routine performance reports submitted quarterly to the Estates and Capital Governance Board and monthly at the Estates Operational Management Team meetings. Escalation of Risk through the Capital and Estates Risk Escalation Group. Comprehensive internal audit programme. External - NHS Shared Services Partnership Specialist Estate Services (NWSPP-SES) have collected Estates and Performance Monitoring System data (EPMS) on behalf of Welsh Government. ISO45001 Certification - Environmental Management Achieved. Regular Reporting and Monitoring with Welsh Government. Comprehensive external audit programme.	Lifecycle replacement programme in place to highlight risk and replacement of assets. This is utilised to secure funding from discretionary or Targeted estates funding to replaces the highest priority replacement assets. Update November 2025 Risk reviewed and no change to current risk score at this stage. Capital and Estates continue to seek all opportunities for Welsh Government funding. CTM had the highest capital allocation in 2025-26 than any other health board in NHS Wales. However, this still does not mitigate all of the gaps and controls and the resulting impact of this risk.	Operational Delivery Committee Health, Safety & Fire Sub Committee	16	(C4xL4)	9 (C3xL3)	↔	4.7.2025 - Opened on Datix	4.11.2025	31.12.2025
20	5045	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm	Access to Neurology Inpatient and Outpatient Services for CTM Residents IF: there is no clear direction and commissioning intentions set out in respect of neurology service provision for the residents of RTE; Then: existing service pressures in respect of the consultant workforce, availability of diagnostic tests, inpatient demand, care of women on valproate medication, provision of epilepsy specialist nursing services, lack of ante natal epilepsy services and outpatient demand and waiting times will continue. Resulting in: a risk of harm from late diagnosis; patient condition deterioration; delays starting appropriate treatments, long waiting times; medication issues and potentially sudden unexpected deaths. There is also an issue around reporting of waiting times for neurology patients.	An additional Locum Consultant working out of RGH providing inpatient and outpatient neurology services support. Plan to appoint x3 consultant neurologists within CTM as part of the Neurology Liaison Plan.	Update September: Ongoing capacity challenges are faced in Royal Glamorgan Hospital and Prince Charles Hospital with long waiting times, lack of epilepsy nurse service and a lack of inpatient provision. Agreement has been given to appoint 2x Consultant Neurology Liaison posts within CTM in line with the plan for developing a neurology liaison model across CTM; the care group have been working with the CTM recruitment & retention lead to pull together a recruitment pack that will maximise the chances of successfully recruiting to the posts. The care group have also been working with commissioning colleagues to progress development of the neurology LTA with C&V and SBUHB, so that it accurately reflects current service provision and that as a commissioner of neurology services, CTM are receiving the appropriate level of service. Update from C&V received. Summary: • Confirmed that the reporting of the WL would stay with C&V until > 52wk backlog is cleared. • Nobody waiting over 104 weeks. • The locum started in Dec 24 and will remain in post until Dec 25 • Performance against 52 weeks continues to improve with a total of 576 patients above that target at end of August. Further assurance requested via Commissioning colleagues of delivery of the remaining 575 patients >52 weeks. The locum consultant in RGH is expected to remain in post until at least the end of December 2025 and there has been some funding allocated for WL's to support both C&V and CTM. The care group have requested further assurance via CTM commissioning colleagues on the delivery of the remaining >52 weeks patient cohort. Update October 2025 Consultant in Liaison Neurology vacancy live and closes 16 November. The risk continues to be monitored and reviewed by the care group.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	09.3.2022	06.11.2025	31.12.2025
21	5576	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Sustaining Our Future	Workforce / Organisational Development / Staffing / Competence	Palliative Medicine Staffing IF the Health Board are unable to recruit to the vacant Palliative Medicine Consultant post in Yabry Cwm Cynon (YCC) for Merthyr/Cynon. Then: there will be a 60% gap in palliative medicine consultant cover. This is in addition to an already understaffed consultant complement. Resulting in: a negative impact to the delivery of Specialist Palliative Care (SPC) inpatients at YCC. As well as negatively impact on capacity in the other SPC Centres in Royal Glamorgan Hospital and Princess Of Wales Hospital, as remaining Consultants will be required to cover. They are already low as a workforce establishment. Despite this the SPC Centre in YCC will not meet the required standards to retain the SPC status.	Unit is currently open with strict criteria for acceptance End of Life patients only when accepted by a consultant. Limited cover from other SPC centres provided but this individual has now retired, and only remote cover has been secured from other SPC sites going forward. Recruitment in specialist agencies being sought. Additional middle grade cover sought but will have limited impact as not meeting national standards	Update September 2025 The Care Group has had a successful recruitment to all the vacant SPC NHS vacancies restoring 7 day working for the service as a whole across the Health Board footprint. Risk score currently remains unchanged. Update October 2025 With the recent changes to the services at Yabry Cwm Cynon there is a reduced impact on the staffing. A comprehensive review of this risk is planned in collaboration with key colleagues. This will ensure that all relevant perspectives are considered ahead of the next articulation. This collaborative approach will allow us to discuss and address any implications arising from the recent changes in the service.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	11.10.2023	06.11.2025	31.12.2025
22	4973	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm	Clinical Medical Cover within CTM Adult Mental Health Services IF: CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and CMHT services. Then: the Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff. Resulting in: sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians. Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor.	Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support. Rehabilitation service is at a critically low level with urgent closure of one service needed. Redeployment from inpatients to Rehabilitation of locum has had knock on effect on inpatients. Difficulty recruiting to locum posts due to introduction of rate card and need to have Welsh AC approval. Permission to go out to non-DE has been provided. Weekly cover rota going out to inpatients and rehab wards to ensure all are aware of the cover arrangements. Two PAC recruited to Rehab and IP in Jan/March 2025 which will free up senior time The Adult Directorate is managing medical staffing through 'escalated action' procedures with daily scrutiny and communication pressures and counter measures to release the Consultant body. Daily reviews with Retinue on the availability of staff	Substantive jobs which are new posts are being developed and advertised. Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place. International recruitment drive looking to recruit two Specialty Doctors to Inpatients and Rehab in August 2025. Update October 2025 Medical staffing remains fragile across the whole of Adult Mental Health Services. There are significant pressures across inpatient services at Consultant level and particularly in relation to availability of Approved Clinicians. Recent recruitment activity has been unsuccessful. Mitigation plans include the use of Health Education Improvement Wales funding to secure a recruitment agency to fill two post and focused work to secure STS's due to complete training in the next six months. Sufficient Approved Clinician input remains challenging and the recent recruitment processes for a Multi Professional Approved Clinician has not been successful. Care Group continue to monitor service fragility.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	12 (C4xL3)	↔	06.01.2022	06.11.2025	31.12.2025
23	6039	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Digital Delivery	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /Business interruption	Increased cost of VMware Licensing IF the proposed increase in costs for providing a virtual server infrastructure (VMWare/VXRail) is not affordable or fully funded within FY25/26 and FY26/27 Then nearly every clinical service (e.g. Pathology, ICU) will be affected Resulting in the health board being unable to access local clinical systems	Identification of funding within discretionary capital allocations and opportunities in end of year slippage - estimates to replace all 35 VXRail nodes is £3.5m (Feb 26 - 4 nodes go out of support, June 26 - 6 nodes go out of support, Jan 27 - 18 nodes. Estimate cost to replace each node is £100k).	The further mitigating action plan is that the Digital and Data Team are exploring alternative technologies with providers to ensure an effective and efficient service. Update October 2025 - Costs for replacement of the VXRail servers (~£2.1m) have been submitted to Welsh Government. Awaiting response. Alternative mitigations are being worked up should the funding from the WG not be forthcoming.	Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	09.01.2025	27.10.2025	31.12.2025
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Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4885	Director of Corporate Governance / Board Secretary	Corporate Governance	Corporate Governance	Improving Care Sustaining our Future	Quality / Complaints / Assurance / Patient Outcomes	Failure to deliver and sustain effective Policy Management System and Process	If: The Health Board fails to maintain an effective policy management process/system to monitor, store and manage the review of policy and procedural documentation Then: there is a risk that staff may act in a manner that is not consistent with strategic and functional expectations. Policies and procedures may not be readily accessible to support decision making and service delivery, and the Health Board may not be protected from litigation if policies and procedures are not regularly reviewed to reflect changes in standards and/or legislation. Resulting in: Policies not being readily available for reference in decision making / emergency situations to support courses of action. Non compliance with new standards and legislative changes leading to possible legal challenge. Limited version control which could impact decision making if there are inconsistent or varying versions of a policy available.	The Policy for the Development, Review and Approval of Organisational Wide Policies is extant and sets out the process to follow. Policy and Procedure advice and guidance is available from the Clinical Policy lead and the Assistant Director of Governance & Risk for non clinical policies. SharePoint Intranet page acts as document library.	October 2025 Update: The project to review the non-clinical policies is underway in compliance with the objectives set out in the Project Initiation Document with an update being received at the Executive Management Board (EMB) on the 29th September. The revised 'Policy on Policies' is currently out for consultation and now provides a more simplified policy and process to follow. The new master library is in development and the new system for monitoring is established as a structure but not yet being populated. The front facing policy page for staff has been designed and ready for population. The downloading of documents from the existing sharepoint site is underway but has required a significant amount of resource time and therefore the impact on the original timeframe of the 31st December has been flagged as a risk to EMB as it is likely that this will not be met.	Quality, Safety & Experience Committee Operational Delivery Committee	15	C4xL4	8 (C4xL2)	↔	26.10.2021	5.10.2025	31.12.2025
5761	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff /Public Safety	Cross Health Board Data Sharing	If: Digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts Then: Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data Resulting in: Potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments	For CTM, this is a particular issue in Prince Charles Hospital as there is a lot of patient cross over at the boundary of Aneurin Bevan Health Board. As a health board we continue to raise this as a serious patient safety issue and will continue to press for a solution with Digital Health Care Wales. CTMHB have asked for alternate options for a quicker solution and timescale to be aligned with these. This has been added as an agenda item for discussion at the next All Wales Medical Director meeting. Update 23 June 2025 - Still no movement here. Its within the discussion of Digital HealthCare Wales provider status and open sharing of data between Health Boards. The current proposal has not been agreed between ABUHB and DHCW. CTMHB are asking and raising the concern, however, cannot directly resolve. Update September 2025 - remains as August 2025. It is raised at the relevant forums (All Wales Medical Director Meetings) regularly. No changes to risk score. Update October 2025 - remains as reported previously. The risk continues to be raised at the relevant forums (All Wales Medical Director Meetings) regularly.	Digital Health Care Wales have been working on the ability to share data in both directions so data flows in the Health Board systems - this has been an issue for some time. ABUHB have allocated some project resource to analyse, map and plan the work needed, however, resources will need to be allocated by CAV and AB to get the work done. There was a strong commitment from Pen-South East Wales Regional Digital to work closer together and link into a wider regional programme board, this was repeated at the regional planning meeting. Update May 2025 - No change to risk score or mitigation this period. Executive Medical Director to raise risk again at next All Wales Medical Director meeting. Update 23 June 2025 - Still no movement here. Its within the discussion of Digital HealthCare Wales provider status and open sharing of data between Health Boards. The current proposal has not been agreed between ABUHB and DHCW. CTMHB are asking and raising the concern, however, cannot directly resolve. Update September 2025 - remains as August 2025. It is raised at the relevant forums (All Wales Medical Director Meetings) regularly. No changes to risk score. Update October 2025 - remains as reported previously. The risk continues to be raised at the relevant forums (All Wales Medical Director Meetings) regularly.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 C4xL2	↔	26.04.2024	27.10.2025	31.12.2025
5579	Executive Director of Public Health	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Head of Nutrition and Dietetics, Therapies, PCH	Creating Health	Patient / Staff /Public Safety	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes	If there is no children and young person's weight management service Then the Health Board will be unable to support children and young people to manage their overweight and obesity Resulting in non-compliance with national standards and pathways, significant risk to patients with increase in childhood obesity rates, obesity related conditions, healthcare costs and no improvement in the health of the most disadvantaged.	Non-finance dependant controls: 1) Level 1 service via PUPIN continues to be delivered in Merthyr (PHW funding until 26) and Taff Ely and Rhondda (Cluster funding until 26) 2) Written first line advice and guidance on the management of referrals available and provided to referrers and shared with families and carers 3)Business case developed submitted and submitted for IHTP consideration. Business case proposes a phased approach at levels 1 and 3 and was developed in collaboration with stakeholders Finance dependant controls: 1)Set up service if funding identified via IHTP process.	Update September 2025 - Risk reviewed 19 August. No change to the risk score and mitigations remain current as outcome of the Integrated Medium Term Plan discussions is awaited. Update October 2025 No change or movement with further mitigations for this risk. The risk continues to be monitored by the care groups to manage any changes.	Quality, Safety & Experience Committee Strategic Development Committee	16	C4xL4	8 C4xL2	↔	13.10.2023	06.11.2025	31.12.2025
5374	Executive Director of Strategy & Transformation	Central Function - Environmental Sustainability	Deputy Director of Strategy and Transformation	Sustaining Our Future	Environment /Estate/ Infrastructure	Fulfilling our environmental and social duties	If: the health board's decisions fail to reflect our values or consider the long term environmental or social impact Then: we will not fulfil our socio-economic duty, our Wellbeing of Future Generations objectives or our value based healthcare principles Resulting in: negative environmental and social impacts and loss of trust and confidence among stakeholders	• Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working. • CTM 2030' delivery focusses on community developments, employment and local procurement where possible. • CTM becoming established as an Anchor Organisation. • Decarbonisation Action Plan • Established a CTM Environmental Sustainability Group which will have oversight and delivery of CTM's decarbonisation agenda • CTM 2030' seeks to ensure that services take account of the impact on the environment • All-Wales approach to sustainable procurement • Green CTM Staff Forum • Fleet emissions reduction programme and trial of electric vehicles • Tree planting initiatives • Waste management - elimination of landfill for foodstuffs • Use of less environmentally impactful anaesthetic gases • CTM representatives attend the Welsh Government Green meeting Adaptation sub-group established and plan to be produced by March 2026 • OAP updated and signed off by Board March 2024 • Board and Committee cover papers also now include environmental impact against SIs. • Sustainability post appointed to, started July 2024 - Use of SimplyGo platform • Close working with Innovation Team and wider partners to deliver a number of sustainability projects • Solar panels being rolled out • LED lighting fitted in POW as part of roof programme	October 2025 update: Refreshed plan to be produced by March 2025 which will respond to Welsh Government Decarbonisation Strategic Delivery Plan. This will include both mitigating and adaptation responses. - CTMHB Environmental Sustainability Group to be refreshed to ensure focus on delivering actions and holding to account	Strategic Development Committee	16	C4xL4	8 (C4xL2)	↔	21.2.2023	20.10.2025	31.12.2025
4417 (Linked to Risk 4706 and 4703)	Chief Operating Officer	All Care Groups	Deputy COO (Acute Services & Primary, Community & Mental Health)	Improving Care	Patient / Staff /Public Safety	Management of Security Doors in All Hospital Settings	Following several serious incidents following patients absconding from clinical areas, the HSE have issue an Improvement Notice on Bridgend Integrated Locality Group (see Documents) outlining the following actions: In consultation with employees and involving competent persons: 1. Identify the units, wards and premises where in-patients may be at risk from wandering, absconding or escaping. 2. For each of these, undertake a suitable and sufficient risk assessment of physical and procedural measures to prevent in-patients from wandering, absconding or escaping. 3. Identify the measures needed to protect patients at risk. 4. Record the significant findings. Any lessons learned from the above should be formally shared with the other 2 Integrated Locality Groups for action. If: the Health Board do not comply with the notice. THEN: the Health Board may be subject to prosecution by the HSE RESULTING IN: Large Fines and poor publicity.	Clinical areas across the Health Board should have in place local arrangements/procedures to prevent patients from absconding. A document has been circulated from Estates which outlines procedures around how and where staff should be reporting failures in doors.	Update September 2025 - Work in Princes Of Wales Hospital as part of the site security review is progressing well. Plan through Operational Capital Group for facilities to formally update on progress and actions necessary for progression of phase 2 of the work across other sites in order that the next stage capital bids are prepared. Update October 2025 Report scheduled for discussion at Operational Capital Group in November 2025 in order to understand progress and future investment.	Health Safety & Fire Sub Committee	16	C4 x L4	8 C4xL2	↔	30.09.2020	06.11.2025	31.12.2025
4671	Director of Digital	Central Corporate Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes. Service /business interruption	Lack of a resilient and performant Digital Network Infrastructure and Assets	Business sensitive - detail captured in closed session.										
6294	Chief Operating Officer	Planned Care - Care Group	Service Director Planned Care	Sustaining our Future	Workforce / Organisational Development / Staffing / Competence	Insufficient Consultant Workforce - Endoscopy / Gastroenterology	If the Consultant posts cannot be filled, then it will impact on Service Delivery and affect our ability to deliver both diagnostics and clinical services to patients. If the Consultants that are currently in post were no longer in post, then this would significantly affect our ability to deliver both diagnostics and clinical services to patients. Furthermore it would impact on ability to support inpatient services at POW. Fragility of the Consultant workforce is contributing to potential gaps within the on call bleed rota, with little redundancy. This could result in a situation in which the on call bleed rota could not be covered. Unsustainable service provision to safety care for inpatients.	In terms of recruitment posts remain out to advert. Locum in post for one of the vacancies however they are due to leave in the near future due to other obligations. There has been no interest from agencies in supporting the vacancies.	Mitigating actions currently limited. Continuing to advertise for posts.	Quality, Safety & Experience Committee. Operational Delivery Committee	16 New risk escalated November 2025	C4 x L4	9 (C3xL3)	New risk escalated to the Organisational Risk Register in November 2025	07.08.2025	06.11.2025	31.12.2025

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Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
2713	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Service Director - DTPS	Sustaining Our Future	Workforce / Organisational Development / Staffing / Competence	Backlog of Reporting Radiology Examinations	IF there is consistent backlog of Radiology reports THEN there will be a delay in patient diagnosis and treatment, which could lead to poorer patient outcomes Resulting in impact on patient outcomes, delay in diagnosis of patient condition and any additional interventions/treatment that may be required following diagnosis due to an excessive backlog and increasing demand in imaging services. There is also a risk of damage to the reputation of the Organisation due to the failure to meet performance targets. There is also risk of work related stress due to pressure placed on existing Radiologist workforce to meet the demands of the service The reporting backlog has been compounded by: Reduced effective Radiologist workforce due to retirements, sickness, secondment, maternity leave and limited available Radiologist workforce. RadIS merger which caused problems for outsourcing as prior imaging has not been available as it previously has been. National Cyber attack, computer & RadIS patches which caused two weeks downtime for reporting. Colon CT - All barium enema examinations are now scanned in CT which has increased the specialist reporting significantly with no increase in Radiologist support. Long term inability to recruit Radiologists as there are insufficient numbers trained in the UK.	Radiologists performing extra reporting sessions in addition to their normal working hours. Radiographers trained to report accident & emergency images. Up to date job plans for all Radiologists. Data incident and concerns procedures in place.	There is a significant backlog of reporting radiology examinations, with just over 15,000 X-rays pending. Current mitigation measures include rostering SPRs for extra reporting, outsourcing MSG cases, utilising training posts and the returning from parental leave. We are aiming to address the backlog in the more likely clinical urgent cases (chest x rays) by December as a priority.	Quality, Safety & Experience Committee. Operational Delivery Committee	18 New risk escalated November 2025	C4 x L4	6 (C2xL3)	New risk escalated to the Organisational Risk Register in November 2025	08.02.2017	6.11.2025	15.12.2025
6379	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Service Director - DTPS	Improving Care	Safety & Wellbeing Patients / Staff and Public	CT Scanners at RGH damaged by power outage and manual generator/UPS switch over	IF the manual switch over following a power outage is not rectified. THEN the CT scanners/tubes may become damaged Resulting in no CT service on site, causing significant delay in patient outcomes, and significant cost to repair (circa £350k per tube)	Discussion with manufacturer and All Wales procurement Estates will ensure CT is switched on first, for generator to kick in Regular weekly meeting with GE and estates to monitor	Action plan required urgently to show regular monitoring. If a separate or modified UPS is required then a statement of need for Capital consideration will be required.	Quality, Safety & Experience Committee Operational Delivery Committee	16 New risk escalated November 2025	C4 x L4	4 C4xL1	New risk escalated to the Organisational Risk Register in November 2025	20.10.2025	08.11.2025	31.12.2025
6318	Chief Operating Officer	Mental Health Care Group	Service Director - MHLD	Improving Care	Safety & Wellbeing Patients / Staff and Public	Tier 3 SHED Team Service Delivery	IF The level of vacancies continues in the C+V UHB service for high risk eating disorder patients (SHED) Then: The service will be unable to fully deliver assessment and treatment interventions for CTM UHB residents. Resulting in: Patient safety concerns for a number of high risk patients	There are regular meetings with the SHED team to discuss the caseload	Escalated at OMB 25.10.25 risk rating increased following dialogue with CHMTS, escalated to service director and director of nursing. The care group will progress with an action plan to mitigate the risk and the Care Group Service Director has requested a meeting with CAVUHB senior Mental Health leadership team to consider a route forward.	Quality, Safety & Experience Committee Operational Delivery Committee	12 New risk escalated November 2025	C4 x L4	C3xL2 = 6	New risk escalated to the Organisational Risk Register in November 2025	29.08.2025	6.11.2025	31.12.2025
6280	Chief Operating Officer	Planned Care - Care Group	Service Director - Planned Care	Improving Care	Safety & Wellbeing Patients / Staff and Public	Suspension of the Regional Hepato-Pancreato-Biliary service model	IF... The commissioning of this service is not prioritised as part of the regional commissioning engagements Then... there will be no Regional service for Severe Acute Pancreatitis Resulting in... sub optimal care for this group of acutely unwell patients	Each case currently being discussed on a case by case basis between neighbouring Health Board Medical Directors, however, this will add delays to an already complex and time sensitive treatment pathway.	As this is a service that is regionally commissioned the Health Board will need to have ongoing discussion with the Joint Commissioning Committee as to a way forward.	Quality, Safety & Experience Committee Operational Delivery Committee	12 New risk escalated November 2025	C4 x L4	9 C3xL3	New risk escalated to the Organisational Risk Register in November 2025	06.08.2025	6.11.2025	31.12.2025
5877	Chief Operating Officer	Primary Care and Community Care Group	Service Director - Primary Care	Improving Care	Service / Business Interruption	New Worker Contract for Out of Hour GPs	IF the new worker contract for out of hour GPs is implemented (anation is for Dec 2025) it will require the application of Working Time Regulations. THEN there will be a significant impact on shift fill rates. Resulting in the Health Boards ability to fill shifts across the whole roster having a negative impact on both WAST and ED departments.	Recruitment of more GPs who do not also work day time in other roles. Whilst the weekend service will be affected to some degree, weekday evening service will be most adversely affected as any GP working until midnight will not be able to work in practice the next morning.	Additional recruitment of GPs is critical to establish the service.	Quality, Safety & Experience Committee Operational Delivery Committee	16 New risk escalated November 2025	C4 x L4	C3xL2 = 6	New risk escalated to the Organisational Risk Register in November 2025	07.08.2024	7.11.2025	01.12.2025
6232	Executive Director of Nursing / Deputy CEO	Central Directorate - Patient Care & Safety	Deputy Nurse Director	Sustaining our Future	Safety & Wellbeing Patients / Staff and Public	Stability of the Legal Services Function	IF the Health Board fails to adequately equip the Legal Services Function with the resources and support to fulfil the requirements of the function. Then: there is a risk to staff turnover and retention, wellbeing and morale. Risk to the reputation of the function and the Health Board as an employer of choice. Lack of resilience and capacity to fulfil the obligations under the relevant legislation surrounding the activity of the function. Resulting in: an adverse impact to the wellbeing and morale of staff leading to increased sickness absence and staff turnover. Lack of job satisfaction. Increasing risk of breaching relevant legislation due to lack of sustainable resources and resilience of the existing function. Loss of Trust and Confidence in the Legal Service Function / Reputation.	Review initiated to understand CTM(UH)'s position in terms of the number of inquests underway and the response to requests. Current controls: OCR underway to consider structures of the function. Benchmarking and learning from other organisations.	Legal Services Recovery Plan in place which will consider if there is sufficient capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes underway and identify areas for further improvement. Update September 2025 -The recovery programme continues to make progress in standardising and stabilising processes and work plans. The Organisational Change Process remains delayed as a result of the prioritisation of work and gaps in senior leadership owing to non-work-related absence. Update October 2025 - position remains as reported in September 2025. A designated lead has been assigned to the Legal Services Function to provide stability and oversight on an interim basis.	Quality, Safety & Experience Committee Operational Delivery Committee	15	C3xL5	C3xL2 = 6	↔	3.7.2025	6.11.2025	31.12.2025
6217	Executive Medical Director	Children & Family Care Group	Care Group Service Director	Improving Care	Quality / Complaints / Assurance / Patient Outcomes	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity	IF the safeguards and quality systems and processes are not robust Then: - mothers and babies may not receive the best evidence based care Resulting in - Potential for patients to have poor outcomes and experience within the service.	Rapid reviews have been undertaken on all cases with findings and learning from each. Reportings held with Care Group and executive team to decide on way forward. Action plan put in place by the clinical teams and care group. (details of all actions within that action plan).	Update September 2025 External review commissioned on Nationally Reported Incidents. Action plan put in place by the clinical teams and care group. (details of all actions within that action plan) - the action plan and risk will be further reviewed once external report received. Response received from obstetrician reviewer with further information requested. Update October 2025 The Health Board is still awaiting obstetric review from the external clinician in order to be able to review the risk and continuation of actions.	Quality, Safety & Experience Committee	15	C5xL3	10 (C5xL2)	↔	14.05.2025	6.11.2025	31.12.2025
4672	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /Business interruption	Access to a complete, integrated, and coded medical record.	IF The Health Board is not able to record information accurately and reliably, with complete and up to date information Then: the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete Resulting in: Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	Operational controls: Coding key performance indicators covering productivity, demand and backlog robustly monitored Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCW annual coding quality audit. Coding improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical - EPR programme with deployment of snomed-CT ontology server, WCP & E-forms etc. Tactical controls: Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme. Gaps in controls Scanning time of outpatient activity to digitise the record is at 51 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange Vast amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare) Digital transcription programme unsupported & unsupported from march 23	Update October 2025 Work ongoing on strategic roadmap for development of a modular approach to an integrated care record and delivery of core functionality to ensure consistent record of information. This will form part of the Digital & Data IMTP submission for 2026/2027.	Operational Delivery Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	27.10.2025	31.12.2025
5040	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Projects Including systems and processes, Service /business interruption	Digital Healthcare Wales (DHCW) interdependencies	IF The Health Board can not integrate new applications into its digital architecture in a timely fashion Then: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridged aggregation and the deployment of the new Emergency Department system) not being delivered Resulting in: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEIS5) 3. Possible breaches to the GDPR, safeguarding and information governance risks 4. Misused by staff of the ICT systems and services they are using 5. Money being wasted	A Myrdin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome SLAs are in place between DHCW and NHS Wales organisations, however their fulfility has been exposed by demand pushing the waiting times for developments to start (not completed) to over 12 months. Gaps in controls: WG have agreed some funding for the PAS element, however the DHCW IMTP continues to be a top down decision process rather than one being based on HB (user / customer) needs driven in part by demand demands arising from either Covid born or results from the significant overrun in establishing a minimum viable product to replace GenISIS and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended. Data acquisition from DHCW products is a curates egg, some new APIs are being made available to standards, however latest PAS offering is via csv download, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results.	Update September 2025 - A new strategy for electronic patient records has been prepared by Welsh Government re-enforcing the 2018 architectural review and a move to a standards based open architecture and a departure away from the DHCW developed applications, however this has yet to be agreed or funded. Work on the National Target Architecture for data and digital in Wales which underpins this is underway led by DHCW, however there are concerns that governance arrangements may restrict the ability of CTR to integrate locally procured applications with DHCW applications via the Clinical Data Repository. Design of integration architecture for the data and application layers for the EPMa programme require further consideration. Update October 2025: Development ongoing of a national digital and data blueprint. This work will develop further throughout 2025/2026 with a view to final submission by March 2026. A number of core capabilities contributing to the integrated care record are planned for March 2026.	Operational Delivery Committee	15	C3xL5	9 C3xL3	↔	07.02.2022	27.10.2025	31.12.2025

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	Cats. ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
41	3337 Linked to RTE Risk 4813 and H&C 4817. Also linked to 4804.	Chief Operating Officer Director of Primary Care and Mental Health Services	Central Corporate - Digital & Data	Lead Infrastructure Architect Interim Partnerships and Strategic Planning Lead For Mental Health and Learning Disability Services	Creating Health Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Lack of a Single Electronic Patient Record in Mental Health Services	IF: Mental Health Services do not have a single integrated clinical information system that captures all patients details. Then: Clinical staff may make a decision based on limited patient information available that could cause harm. Resulting In: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace. Control measures updated September 2023. 1. A PID has been developed which outlines the processes, resources and timelines sought- this to be discussed in September Programme Board. 2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTM&H staff who currently use WCCIS via local authority over to CTM&H WCCIS platform. Requires Programme Board approval. 3. Business case to be progressed following Board approval. 4. A new M&HLD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme	Control measures updated September 2023. 1. A PID has been developed which outlines the processes, resources and timelines sought- this to be discussed in September Programme Board. 2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTM&H staff who currently use WCCIS via local authority over to CTM&H WCCIS platform. Requires Programme Board approval. 3. Business case to be progressed following Board approval. 4. A new M&HLD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme	Update July 2025 -The Care Group are currently in the third week of the procurement process which has allowed suppliers to bid. This is scheduled to finish on 5th July when the Care Group should be in a position to know how many suppliers are in the procurement activity. Update September 2025 - no further update at this point. Risk reviewed and no change to score. Update October 2025 1.Awaiting recommendation/outcome report 2.Report will be taken to Programme Board and Executive Board for approval 3.Supplier to be known 4.Procurement process to conclude	Quality, Safety & Experience Committee Operational Delivery Committee	15	C3xL3	6	↔	07.11.2018	06.11.2025	31.12.2025
41	4691 Linked to RTE Risk 4803, 4796, 3273 and 3019.	Chief Operating Officer	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	New Mental Health Unit	IF: Mental health inpatient environments fall short of the expected design and standards. Then: Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations. Resulting In: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay. A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April. Assistant Director of Strategic Transformation – Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommencing a capital business case for a new Mental Health Unit. Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution. All anti ligature works planned for 2022 – 2023 have now been completed. A scoping document case is to be prepared and submitted to WG. Inpatient Improvement Programme established April 2023	Update September 2025 Risk reviewed 27 August 2025 - no change at present Meeting arranged with Adult Directorate to fully update mitigation to include; Potential ward moves Cessation of PICU SLA with S&H&B Impact of National programmes of work Changes to the RGH inpatient model Single S136 suite Update October 2025 Routine ligature audits have identified key environmental risks on one of our wards at Royal Glamorgan Hospital. Estates work is planned and until this is completed additional staff are being rostered to supervise the particular areas.	Quality, Safety & Experience Committee Operational Delivery Committee	15	15 (C3xL5)	6 (C3xL2)	↔	15.06.2021	06.11.2025	31.12.2025	
42	5820	Executive Director of Public Health	Public Health – Health Protection	Health Protection Team	Improving Care & Creating Health	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	IF as a result of the reduced allocation of Health Protection resource the Health Protection Team has insufficient resources to deliver a safe and sustainable service. THEN there may not be sufficient resources to deliver all elements of vaccination and immunisation (which is the first line of defence against infectious disease) in accordance with the NIP. The health board response to infectious disease or environmental hazards will also be significantly hindered and work to address gaps in equity of access will be limited. Resulting In avoidable harm to patients in vulnerable groups and harm to the public as a result of insufficient health protection interventions delivered. This also poses a reputational risk as a consequence Governance structure agreed in Health Protection. Health Protection Board established. Recruitment underway to Health Protection structure. A series of planning workshops with partners agreed to review resources available, develop Health Protection strategy and highlight ongoing gaps	A workforce structure has been approved by ELG and work to identify gaps is ongoing which will be reviewed once recruitment is complete. Work with partners is ongoing to reduce inefficiencies and develop A collaborative Health Protection (HP) plan based on all resources available to ensure priorities can be clearly defined and delivered. Work with CTM finance is needed to ensure the HB allocation is maximised to support HP priorities. Welsh Government discussions are ongoing with regards to the reduced allocation N/B - Whilst this risk is not scored at a level of 15 and above -the Executive Lead considers this risk to be of a contentious nature that should be escalated to the Board via the Organisational Risk Register. Update October 2025 - Reviewed at Strategic Group Meeting and current risk score remains unchanged.	Quality, Safety & Experience Committee Strategic Development Committee	12 Please see note in column J	C4xL3	8 (C4xL2)	↔	01.07.2024	17.10.2025	31.12.2025	
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Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)
5691	Chief Operating Officer	Sustaining Our Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	CCTV System Failure in Prince Charles Hospital and Princess of Wales Hospital	Business sensitive - detail captured in closed session.					
6111	Executive Medical Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Medical Examiner Delays	If: there continues to be delays in length of time for scrutiny of deaths by the Medical Examiner Service Then: death certification will not be completed in a timely manner and so increasing the length of stay of the deceased Resulting in: complaints from bereaved relatives due to delayed funerals, inability to view loved ones, and deterioration in condition due to delay and inability to comply with WG bereavement framework and mortuary capacity being overwhelmed	Bereavement database updated to track cases and ensure timely attendance by doctors following scrutiny. Bereavement teams to provide estimated timescales for scrutiny based on database. Daily monitoring of daily occupancy. Funeral directors to be contacted by mortuary teams. All contingency capacity HB wide activated in line with mortuary escalation action card. Use of contracted funeral director staircase if required. Use of medilink sessions to manage post mortem demand.	Plan to improve timely death certification by CTMUHB specific QR code to alert wider staff and reduce delays and education videos from MES to improve accuracy. Continue to improve on communication with families around delays and estimated timescales. Update September 2025 The requirement for QR code solution has been escalated to the Director of Digital to help find a solution. Respite awaited. QR code with additional details would improve communication between departments and potentially speed up the process for families. Update November 2025 - QR Code solution now live and active. Process should now be sped up and performance will be monitored closely.	Quality, Safety & Experience Committee. Operational Delivery Committee.	12 (C4xL3) Risk score reduced from a 20 to a 12	8 (C4xL2)
2795	Director of Digital	Sustaining Our Future	Statutory Duty, Regulation, Mandatory Requirements	EUC: Unsupported Windows 10 Desktop Operating Systems	IF: Unsupported Desktop 10 Operating Systems on the network are not upgraded / replaced THEN: the devices running these OS's, will remain unsupported by the vendor as well as being vulnerable to: 1. Virus infection. 2. Intrusion. 3. Denial of Service. 4. Support Issues. RESULTING IN: A lack of vendor support for any issues, and a potential loss of data, function or service, due to the increased risk of the above points. There is also an increased risk to the rest of the network as these devices could be used as a route in, before traversing the network with malicious intent.	1. Plan of Action to upgrade current operating systems. 2. Where equipment cannot be upgraded replacement stock available. 3. Rolling replacement programme includes replacement of remaining equipment. 4. Where operating system cannot be replaced there is Risk Assessment document from OSSMB to mitigate the risks.	Update September 2025: CTMUHB have approx. 4169 devices that are still on Windows 10. Based on that figure costs for 1-year ESU extension would be ~ £220,000 inc. VAT. We are hoping to reduce this to approx. 3,000 devices by the 14th October - this would cost ~ £159,000 inc. VAT. A paper has gone to WG from Directors of Digital to seek funding for Boards and Trusts across Wales - we are awaiting feedback from WG. Update October 2025: Significant progress has been made in reducing the number of Windows 10 devices we have. Digital Healthcare Wales have also negotiated a significant discount on the ESU licensing. We are anticipating needing only ~700 ESU licenses, these will cost ~£19k inc VAT. This risk has now been reduced to 8 and can be de-escalated from the Organisational Risk Register.	Operational Delivery Committee	8 (C4xL2) Risk score reduced from a 16 to a 12	4 (C4xL1)
5304	Chief Operating Officer	Sustaining Our Future	Environmental / Estate / Infrastructure	The Air Handling Unit (AHU) for the pharmacy aseptic production suite	The AHU at the Royal Glamorgan hospital (RGH) is 25 years old, therefore is at higher risk of failing to meet the required standards due to its age and design, with four recent incidents occurring. If the AHU is not maintained to the required standard this could then lead to further closures at short notice or production being halted. Resulting in: •Patient Safety and Quality: Delays in supplying treatments, particularly for cancer patients, which could compromise patient outcomes. There is also a risk of severe patient harm if regulatory compliance cannot be maintained. •Complaints and Patient Experience: Increased waits to start treatment or delays in treatment, leading to poor patient satisfaction and an increased number of complaints. •Reputational Risk: Negative publicity due to increased waiting times for cancer treatments or the inability to provide certain treatments, resulting in reduced patient and clinician confidence. •Financial Risk: Increased medicines expenditure and wastage from having to outsource aseptically prepared products from external suppliers. •Research and Innovation: No opportunity to conduct clinical trials involving aseptically prepared products.	The output from the AHU is continuously monitored internally & externally The estates department maintain the AHU regularly here are contingency plans in place to outsource products from elsewhere.	Capital resource approved and the service is working with project manager on timelines which will then initiate a review of the risk to see if mitigations are successful and risk score can be reduced. Update October 2025 Upon reviewing the risk, the risk score has been reduced to 12. NWSSP verification is complete and the AHU is functioning as expected. However, it is considered to be at the end of its shelf life; therefore, appropriate controls are in place for regular monitoring. To ensure prompt action and escalation if the risk fluctuates rapidly or if testing fails, both internal and external monitoring will be conducted.	Quality, Safety & Experience Committee Operational Delivery Committee	12 (C4xL3) Risk score reduced from a 16 to a 12	4 (C4xL1)
3567	Chief Operating Officer	Improving Care	Quality / Complaints / Assurance / Patient Outcomes	Capacity of Cellular Pathology Service - Space	If: there is not enough laboratory and office space for Cellular Pathology to operate the core service safely or support increasing demand, service disaggregation and future Health board changes; Then: the service will be unable to work effectively and efficiently in line with Duty of Quality guidance and recognised Health board standards for IP&C, H&S etc. Resulting in: - Inability to meet increasing demand - increase in staff stress and compromised well being due to working in suboptimal conditions. - Poor cancer performance and inability to meet expected turnaround times, impacting on Health Board cancer performance - poor quality patient care due to delays in diagnosis or misdiagnosis - Increase in clinical incidents, complaints and potential for reputational damage. - Inability to effectively disaggregate the current SLA with Swansea Bay and repatriate services from Bridgend impacting clinical services across CTM. - inability to support full digital rollout and support regional reporting in line with WG strategic direction - delayed development of advanced scientist dissection to support increasing reporting capacity and delivery of workforce modernisation - loss of tissue leading to Serious incidents and Regulatory non-compliance with HTA and potential compromise of HTA license. - financial risk of outsourcing - threat to strategic regionalisation project due to the scale of the lack of capacity in CTM	SOPs are in place to standardise practice and mitigate risk of variation in practice caused by limitations of the laboratory environment. Controls to reduce the use of reception/dissection as a thoroughfare including signage and demarcation belt. Workflows established to maximize efficiency of limited space. Block and slide filing removed from laboratory area where possible. System of work including check established in dissection to minimize risk of error. IPC and H&S environment inspections undertaken to assess impact of laboratory environment on clinical effectiveness and risk to patients and staff.	Mitigating Action Plan includes: Engagement with estates to review small scale projects to increase laboratory space. Engagement and participation in Regional Scoping group to scope options including estates to look at long term solutions. Update September 2025 Risk reviewed on the 20 August 2025 - Procuring workbenches to support initial conversion of office space to support initial Invest to Save paper of increase of one Pathologist and associated workload. Awaiting estates work to convert the office. Statement of Need (SON) for feasibility study of preferred option for medium term option to be prepared. Update October 2025 Reviewed by Care Group Service Director. Risk remains, however, current controls are expected to mitigate this risk at a level of 12 unless there is a new trigger. Department changes are being considered with Infection Prevention Control team relocation. Non-financial appraisal completed for Regional Estates options; top two will proceed to financial assessment. Local feasibility study approved for short-term improvements. Assessing both local options and regional timelines due to urgent need.	Quality, Safety & Experience Committee Operational Delivery Committee	12 (C4xL3) Risk score reduced from a 16 to a 12	6 C3xL2

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)
5646	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	The impact of "Right Care Right Person" (RCRP) approach.	If: South Wales Police (SWP) implement Right Care Right Person Then: In some circumstances the Health Board will not be able to routinely call upon SWP to assist with people in mental health crisis or with social care issues, for example, missing patients, welfare checks and supervising people who are detained on S136 Mental Health Act. Resulting in: Increased risks to our staff and the people who use our services.	Multi-agency planning meetings have been arranged to review policies. This is an emerging picture and one which the Health Board are developing a fuller mitigation against, it is also a picture which has a gradual phased roll out over the next year. Nurse Director for the Care Group will be drafting a report for Operational Management Board later in the month but timelines have not allowed for this at submission to the Organisational Risk Register.	Update October 2025 The final Phases of RCRP went live in March 25. There have been no incidents escalated through the health board in relation to RCRP. In the RCRP Health Board wide meeting held on June 25 it was agreed to recommend a reduction in the likelihood score from 4 to 3 which would give an overall score of 12. This position was considered at the MH&LD Care Group OMB in July but with the release of the SWP revised S135/6 policy it was agreed to wait to review. This policy has not been released. At the MH&LD Care Group OMB in October 25 it was agreed that it was unlikely the policy is not going to adversely affect the frequency of RCRP related incidents and therefore the Likelihood scoring. The risk score is therefore recommended for reduction to 12.	Quality, Safety & Experience Committee Mental Health Act Monitoring Committee	12 (C4xL3) Risk score reduced from a 16 to a 12	8 C4xL2
4218	Executive Director of Nursing / Deputy CEO	Improving Care	Safety&Well-being Patients/Staff/Public	Reduced on site Consultant Microbiologist/ IPC Doctor cover for Bridgend	If: there is no dedicated on site Microbiology cover . Then: there will be no antimicrobial/ ITU ward rounds, no root cause analysis to learn from incidents. Resulting in: mismanagement of patients/ inappropriate treatment and no learning to influence practice. IPC Doctor support is required to help support/deliver the IPC and decontamination agenda Concerns raised regarding SLA and role of microbiologist under it to support IPC.	Service Level Agreement (SLA) for microbiology support under review at present moment. IPC team continues to invite microbiologists on duty at Princess Of Wales (POW) Hospital in all investigations/Root Cause Analysis. Working towards joint meetings between IPC, microbiology for POW and microbiology for the other sites to work towards same processes and support across CTM.	SLA to be reviewed. IPC has sent GAP analysis and SBAR with identified gaps and concerns to inform new SLA. Risk Monitored by the Infection Prevention and Control Committee. Update October 2025 - Temporary arrangements have been put in place to secure access to a Microbiologist on site to provide the cover required whilst the discussions on the SLA continue. In light of the temporary arrangements and the improvement that provides the risk score has been reduced from a 16 to a 12 but will continue to be monitored locally.	Quality, Safety & Experience Committee	12 (C4xL3) Risk score reduced from a 16 to a 12	4 (C4xL1)

De-escalation Rationale
As both OR Code solutions have commenced and are working well this risk is proposed for de-escalation. The Team will remain a watching brief on submissions in order to identify any issues. The likelihood has been reduced to a 3 rather than the target level of 2 in the interim whilst the new process is monitored closely.
Risk proposed for de-escalation. Significant progress has been made in reducing the number of Windows 10 devices we have. Digital Healthcare Wales have also negotiated a significant discount on the ESU licensing. We are anticipating needing only ~700 ESU licenses, these will cost ~£19k inc VAT. This risk has now been reduced to 8 and can be de-escalated from the Organisational Risk Register.
Proposed for de-escalation as upon reviewing the risk, the risk score has been reduced to 12. NWSSP verification is complete and the AHU is functioning as expected. However, it is considered to be at the end of its shelf life; therefore, appropriate controls are in place for regular monitoring. To ensure prompt action and escalation if the risk fluctuates rapidly or if testing fails, both internal and external monitoring will be conducted.
DTPS Care Group Service Director has reviewed the risk and proposed for de-escalation. The rationale for de-escalation is that current controls are expected to mitigate this risk at a level of 12 unless there is a new trigger. Department changes are being considered with Infection Prevention Control team relocation. Non-financial appraisal completed for Regional Estates options; top two will proceed to financial assessment. Local feasibility study approved for short-term improvements. Assessing both local options and regional timelines due to urgent need.

De-escalation Rationale
Proposed for de-escalation. At the MHL D Care Group Operational Management Board in October 25 it was agreed that it was unlikely the policy is not going to adversely affect the frequency of RCRP related incidents and therefore the likelihood scoring was reduced. The risk score is therefore recommended for reduction to 12.
Proposed for de-escalation. 6.11.2025 - Temporary arrangements have been put in place to secure access to a Microbiologist on site to provide the cover required whilst the discussions on the SLA continue. In light of the temporary arrangements and the improvement that provides the risk score has been reduced from a 16 to a 12 but will continue to be monitored locally.

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1											
	6102	Director of Digital	Sustaining Our Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Patient Pathways - Working in WPAS Instances.	If: A patient is moved between Swansea Bay University Health Board WPAS and Cwm Taf WPAS and their pathway is closed in one before it is opened in the other. Then: The pathway will not be automatically re-opened by the systems (this must be manually transacted) and the pathway will remain closed. Resulting in: The incorrect ending of the patient pathway, as they will not be visible on the system, which could lead to possible patient harm/ death.	Monitor records/ processes through agreed Standard Operating Procedure's and ensure corrective actions are taken until mitigation is successful. Flagging to users/ management where examples of this not being followed are identified.	Review current business processes and Standard Operating Procedures to clarify the importance of opening the CTM record before closing the Swansea Bay University Health Board record. This process prevents delays in urgent pathway management, as highlighted by flagged dermatology cancer referrals that were discharged on WPAS but not set up on another system at the time of checking. It is anticipated that the target score will not be achieved until CTMUHB have a fully migrated PAS systems and the whole organisation is using a singular PAS system for patient pathways. Update October 2025 - Patients are no longer being moved across two separate instances of WPAS in CTM. Therefore this risk can be closed form a Digital & Data perspective	Quality, Safety & Experience Committee. Operational Delivery Committee.	nov-25	Risk proposed for closure as target score met. Rationale for closure is that Patients are no longer being moved across two separate instances of WPAS in CTM. Therefore this risk can be closed form a Digital & Data perspective.
2											



Agenda Item

4.2

Audit, Risk & Assurance Committee

**Amendments to CTMUHB Standing Orders
(Schedule 4.1 – Standing Orders for the NHS Wales
Joint Commissioning Committee)**

Dyddiad y Cyfarfod / Date of Meeting	13/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome

Acronyms / Glossary of Terms	
NHSW JCC	NHS Wales Joint Commissioning Committee
SOs	Standing Orders

1. Situation /Background

- 1.1 NHS bodies in Wales must agree Standing Orders (SOs). This, together with a set of Standing Financial Instructions (SFIs) and a scheme of decisions reserved to the Board, a scheme of delegations to officers and others, and a range of other framework documents, set out the arrangements within which the Board, it's Committees, Advisory Groups and NHS staff make decisions and carry out their activities.
- 1.2 SOs and SFIs should be based upon the model determined by the Welsh Government.
- 1.3 All Health Board members and officers must be aware of the SOs and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

- 2.1 Following correspondence from Welsh Government of the 14 October 2025, attached as Appendix 1, the Health Board is required to make amendments to its SOs in relation to the timing of the publication of public papers for the NHSW JCC meetings (Schedule 4).
- 2.2 These amendments supersede those issued on 18 March 2024 and as confirmed in Welsh Health Circular WHC/2024/019.
- 2.3 The NHSW JCC is required to incorporate and adopt this latest review into its SOs which form part of Schedule 4 of the Health Board Model SOs.
- 2.4 The amendment therefore requested is outlined below and relates to Section 7 of the NHSW JCC SO's:

*Amend the following paragraph, **from**:*

"7.12 - Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:

- *Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as*
- *Through other methods of communication as set out in the Joint Committee's communication strategy.*

When providing notification of the forthcoming meeting, each LHB shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.



To:

"7.12 - Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):

- *On the JCC's website;*
- *Each LHBs website shall link to the JCC website; as well as*
- *Through other methods of communication as set out in the JCC's communication strategy.*

When providing notification of the forthcoming meeting, **the committee** shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc. **The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Committee."**

2.5 To avoid increasing the Board Paper Bundle excessively the JCC SOs Schedule 4 is available on the Health Boards website via this link and will be updated with the revised wording following Board approval. [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board](#)

2.6 The Health Boards public facing website has been improved in terms of signposting to the NSW JCC Committee meetings. [Committees - Cwm Taf Morgannwg University Health Board](#)

3. Key Risks / Matters for Escalation

3.1 None identified.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Choose an item.
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Wales of Cohesive Communities
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Choose an item.



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	N/A this action is a requirement of Welsh Government
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: N/a – Welsh version can be made available if required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee is asked to **ENDORSE APPROVAL** of the amendments to Schedule 4 of the Health Boards SOs as outlined in section 2 of this report.

6. Next Steps

- 6.1 If endorsed by the Committee approval of the amendments will then be sought by the Board at its meeting on the 27th November.



Ein cyf/Our ref: MA/JMHSC/2472/25

Chair of the NHS Wales Joint Commissioning Committee (JCC)

Copy:

Chairs of Local Health Boards

Chief Executives of Local Health Boards

Committee Secretary and Deputy Director of Corporate Services of the JCC

14 October 2025

Dear Chair,

As you are aware, in January, the Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force.

These regulations resulted in revisions to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities using the Welsh Ministers power of direction in accordance with Section 12(3), Section 19(1) and Section 23(1) of the National Health Service (Wales) Act 2006.

It has been agreed that the NHS Wales Joint Commissioning Committee (JCC) are to adopt same approach in committee proceedings (where appropriate) to ensure consistency across NHS boards.

The proposed amendment to the Standing Orders (SOs) of the JCC relate to the timing of publication of public papers for committee meetings (see Doc 1).

These amendments supersede those issued on 18 March 2024 and as confirmed in Welsh Health Circular WHC2024/019. A new WHC will be published to confirm this.

The JCC is required to incorporate and adopt this latest review into your committee's Standing Orders. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders.

Yours sincerely,

Jeremy Miles AS/MS

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Amendments to the Standing Orders of the NHS Wales Joint Commissioning Committee

Section 7 – Committee Meetings: Notifying the public and others

Amend the highlighted text within the following paragraph, from:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting, **and the public part of the agenda**, shall be displayed bilingually (in English and Welsh) as follows:

- **Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available**; as well as
- Through other methods of communication as set out in the Joint Committee's communication strategy.

When providing notification of the forthcoming meeting, **each LHB** shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.

To:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):

- **On the JCC's website**;
- **Each LHBs website shall link to the JCC website**; as well as
- Through other methods of communication as set out in the JCC's communication strategy.

When providing notification of the forthcoming meeting, the committee shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc. **The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Committee.**

END

Jeremy Miles AS/MS

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/JMHSC/2472/25

Cadeirydd Cyd-bwyllgor Comisiynu GIG Cymru (JCC)

Copi:

Cadeiryddion y Byrddau Iechyd Lleol

Prif Weithredwyr y Byrddau Iechyd Lleol

Ysgrifennydd y Pwyllgor a Dirprwy Gyfarwyddwr Gwasanaethau Corfforaethol y JCC

15 Hydref 2025

Annwyl Gadeirydd,

Fel y gwyddoch, ym mis Ionawr, daeth Rheoliadau Byrddau Iechyd Lleol, Ymddiriedolaethau'r GIG ac Awdurdodau Iechyd Arbennig (Cyfansoddiad, Aelodaeth a Gweithdrefnau) (Diwygiadau Amrywiol) (Cymru) 2024 i rym.

O ganlyniad i'r rheoliadau hyn, gwnaed diwygiadau i'r Rheolau Sefydlog Enghreifftiol, Cadw a Dirprwyo Pwerau ar gyfer Byrddau Iechyd Lleol, Ymddiriedolaethau'r GIG ac Awdurdodau Iechyd Arbennig gan ddefnyddio pŵer Gweinidogion Cymru i roi cyfarwyddyd yn unol ag Adran 12(3), Adran 19(1) ac Adran 23(1) o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006.

Cytunwyd y bydd Cyd-bwyllgor Comisiynu GIG Cymru (JCC) yn mabwysiadu'r un dull gweithredu mewn trafodion pwyllgor (lle bo hynny'n briodol) er mwyn sicrhau cysondeb ar draws byrddau'r GIG.

Mae'r diwygiad arfaethedig i Reolau Sefydlog y JCC yn ymwneud ag amseriad cyhoeddi papurau cyhoeddus ar gyfer cyfarfodydd pwyllgor (gweler Dogfen 1).

Mae'r diwygiadau hyn yn disodli'r rhai a gyhoeddwyd ar 18 Mawrth 2024 ac fel y'u cadarnhawyd yng Nghylchlythyr Iechyd Cymru WHC2024/019. Bydd Cylchlythyr Iechyd Cymru newydd yn cael ei gyhoeddi i gadarnhau hyn.

Mae'n ofynnol i'r JCC ymgorffori a mabwysiadu'r adolygiad diweddaraf hwn i Reolau Sefydlog eich pwyllgor. Mae Rheolau Sefydlog Cyd-bwyllgor Comisiynu GIG Cymru yn ffurfio rhan o Atodlen 4 o Reolau Sefydlog Enghreifftiol y Bwrdd Iechyd Lleol.

Yn gywir,

Jeremy Miles AS/MS

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

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Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Diwygiadau i Reolau Sefydlog Cyd-bwyllgor Comisiynu GIG Cymru

Adran 7 – Cyfarfodydd Pwyllgor: Hysbysu'r cyhoedd ac eraill

Diwygio'r testun a amlygwyd yn y paragraff canlynol, o:

- 7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting, **and the public part of the agenda**, shall be displayed bilingually (in English and Welsh) as follows:
- **Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available;** as well as
 - Through other methods of communication as set out in the Joint Committee's communication strategy.

When providing notification of the forthcoming meeting, **each LHB** shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.

I:

- 7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):
- **On the JCC's website;**
 - **Each LHBs website shall link to the JCC website;** as well as
 - Through other methods of communication as set out in the JCC's communication strategy.

When providing notification of the forthcoming meeting, the committee shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc. **The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Committee.**

DIWEDD



Agenda Item

4.3

Audit, Risk & Assurance Committee

Update on Data Lapse & Data Loss

Dyddiad y Cyfarfod / Date of Meeting	13 November 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Andrew Nelson, Assistant Director of Data & Compliance
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital & Data
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital & Data
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Forum Individuals	Date	Outcome
N/A	N/A	N/A



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Acronyms / Glossary of Terms

CSIA	Cyber Security Impact Assessment
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health Care Wales
DPIA	Data Protection Impact Assessment
DR	Disaster Recovery
NCSC	National Cyber Security Centre
WG	Welsh Government

1. Situation /Background

Reducing data loss and lapses is a critical requirement for the Health Board given that confidentiality and data integrity underpin safe, effective care and public trust. Each lapse risks patient experience and potential harm (for example, missed appointments, delayed treatment, wrong-person access), and exposes the organisation to regulatory action and civil claims under UK GDPR/DPA, and diverts scarce clinical and operational capacity into remediation.

Reputational damage from avoidable breaches undermines engagement with services and data-driven improvement, while erroneous or misrouted data (e.g. address errors) cascades through dependent systems, degrading service reliability and decision-making. A visible commitment to minimising lapses is therefore fundamental to clinical governance, financial stewardship, operational resilience, and the Health Board's ability to realise benefits from digital transformation.

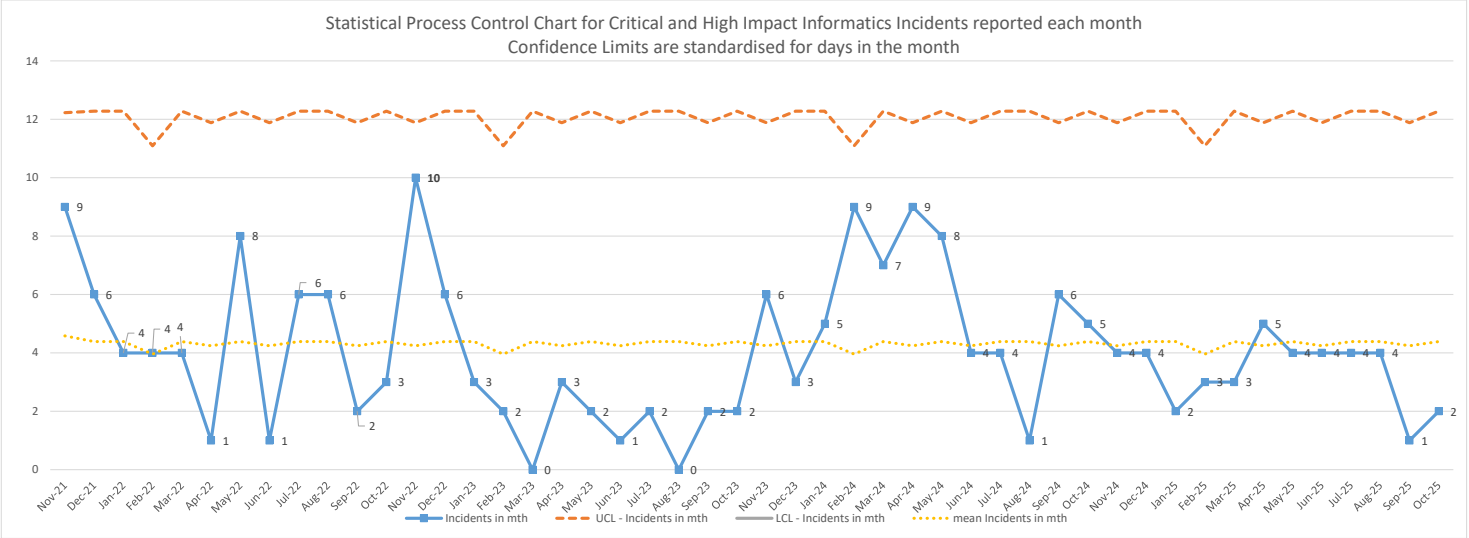
2. Specific Matters for Consideration

2.1 Cyber and Resilience Critical and High Impact Incidents

As the Health Board becomes increasingly dependent upon data science and digital technologies to provide care and manage its business, expectations and requirements for the provision of resilient and reliable services is also increasing.

To support the organisation in adopting an objective risk and benefit-based approach to strategic and tactical decision making, it is important to provide a record of the data related incidents that have occurred, which are in essence a record of these risks materialising. It is also imperative that we learn lessons from these incidents, to mitigate future risks.

As shown in the chart below, the number of critical and high impact data incidents recorded since June 2024 has reverted to the longer-term mean following the spike in the incidents associated with the national data centre migration and upgrade.



None of the incidents in the quarter met the threshold for needing to be reported to the Cyber Resilience Unit (who act as the delegated authority of Welsh Government, the Competent Authority under the requirements of the NIS-Regulations).

A list of the incidents investigated in the past quarter are detailed below:



Title	Issue description	Priority	Responsible Team	Risk to Health	No. of users affected	Date reported	Period of outage / incident	BC invoked?	Reported to CRU
Microsoft 365 Outage Blocking access to Teams, Exchange Online	Microsoft Eurpoe & Africa wide outage preventing users from accessing Microsoft 365 services, including Microsoft Teams, Exchange Online, and the admin centre.	High	3rd party	No	100	09/10/2025	Ongoing	Unknown	
WPAS - Performance Issues	The WPAS team have reported that when a Change is scheduled for a failover to a different Data Centre, there are multiple performance issues with the application freezing and preventing staff logging in. The WPAS team are unable to reset any sessions therefore preventing the service being unavailable.	Critical	National	Yes	1000	08/10/2025	Ongoing	Unknown	
WPAS - Frozen and Unable to Log In	WPAS application stopped working and prevented users from logging into the application.	Critical	National	Yes	1000	08/09/2025	30 Minutes	Unknown	
Citrix Storefront Expired Certificate	Expired certifications on Citrix due to no renewal prevented logging on to services and IGELs not being able to connect to the network	High	Local - Infrastructure	No	100	23/08/2025	90 minutes	No	
DHCW Network Issues	DHCW network became unperformant, including internet, teams, sharepoint, porter track, terrapace etc.	Critical	National	Yes		20/08/2025	3 Hours 30 Minutes	Yes in GPOOH	
PCH - Network Outage Impacting GFDC	Network issues impacting PCH Production Cluster bringing the following services offline: X Drive Fileshare Access North Phone System - Lost Switchboard as well. IT Portal Middlewear servers Xen Servers impacting Citrix Cardiology 3rd Party Servers PCH RadIS & Synapse. IEP also impacted.	High	Local - Infrastructure	Yes		07/08/2025	20 Minutes	Unknown	
DHCW - SQL Issues	ServicePoint and WCP impacted by an outage with DHCW SQL	High	National	Yes	100	06/08/2025	44 Minutes	Unknown	
Mobile Service Outage - EE, Three, Vodafone, BT & O2	A nationwide issue impacting call connectivity between networks of EE, Three, Vodafone, BT & O2. BT stated that a number of landlines were impacted as well.	High	3rd party	No	100	24/07/2025	12 hours	Unknown	
Paging Outage PoW 11/07/2025	PoW Multitone (MT) detected as down Friday PM due to 'old' system conflicting with present system	High	Local - Infrastructure	No		11/07/2025	2.5 hours	Yes - radios	
Mura Websites - Unavailability	Multiple Mura websites experienced service disruption. These are public facing websites used to advertise NHS services and more.	Low	National	No		10/07/2025	2 Hours 30 Minutes	Unknown	
PoW Switchboard Issues 10/07/2025	POW switchboard suffered power outage	High	Local - Infrastructure	No		10/07/2025	2.5 hours	Yes - radios	
WPAS - Performance Issues	PAS performance deteriorated, causing long lag times to access and enter records	High	National	Yes	50	08/07/2025	1 hour 40 minutes	Unknown	
RGH & PCH External Call Outage	2 outages during 03/07/2025 related to a scheduled IT changes (CR 148504 & 148506). CRs to make SIP circuits in RGH and PCH private (as part of cyber May's cyber incident).	High	Local - Infrastructure	No	650	03/07/2025	3 Hours	No	

2.2 Data Protection Incidents

All incidents reported via Datix to the Information Governance Team are risk assessed to determine if they meet the criteria to be reported to the Information Commissioner's Office (ICO) as a personal data breach. The risk assessment criteria are in line with the guidance provided by the ICO and the risk scoring is entered into each of the Datix incident progress notes section.

During the period July 2025 – September 2025 there have been 60 Information Governance related incidents reported accurately on DATIX. The table below shows the number of incidents split by category for July 2025 – September 2025.



Month	July	August	September	Total
Breach of patient / service user confidentiality	16	16	12	44
Breach of staff / contractor confidentiality	8	5	3	16
Total	24	21	15	60

	Breach of patient / service user confidentiality	Breach of staff / contractor confidentiality	Total
Patient records/information inappropriately accessed	8	0	8
Patient records/information inappropriately divulged	7	0	7
Patient records/information lost	4	0	4
Patient records/information sent to wrong recipient	21	0	21
Staff records/information inappropriately accessed	0	9	9
Staff records/information inappropriately divulged	0	3	3
Staff records/information lost (electronic and paper)	0	1	1
Staff records/information sent to wrong recipient	0	2	2
Other incident(s)	4	1	5
Total	44	16	60

None of the incidents in the quarter have been referred to the ICO. During the period the criminal investigations team at the ICO closed a case reported to them

in 2024 relating to the inappropriate access to family records, with a decision that no further action is needed. In addition, the Health Board received a claim from a solicitor regarding an 'inappropriate access' breach we reported to the ICO in December 2024, which is now being handled by the Health Board's Legal and Risk team.

With regards to actions and mitigations, the IG team are providing advice and support to care groups to improve both their reporting of incidents and their awareness of how incidents can be avoided. All Datix incidents where there are information governance considerations, are investigated, and recommendations added into each report.

Where incidents are reported to the ICO, an action plan with recommendations is issued after the ICO has confirmed what action they will take. This identifies a clear lead and a timescale to enable us to evidence that mitigations have been put in place and that there is accountability and assurance whilst enabling us to close off the incidents appropriately.

2.3 Inappropriate Access by Staff

The National Intelligent Integrated Audit Solution (NIIAS) is a software auditing tool available to all Health Boards / Trusts across NHS Wales. It is used to detect potentially inappropriate access to electronic clinical records, where employees may have viewed data that they are not entitled to as part of their official duties. The number of incidents reported by NIIAS is shown below.

NIIAS - Year 2024			NIIAS – Year 2025	
	Own Record	Family Record	Own Record	Family Record
January	22	4	16	11
February	25	8	21	10
March	18	14	17	9
April	7	6	21	12
May	3	3	20	16
June	15	7	19	14
July	25	20	18	6
August	21	12	6	0
September	20	10	9	6

-

Note: Data post the 10 September 2025 is missing due to the Master Patient Index (MPI) having disconnected itself from NIIAS causing it to cease functioning. DHCW are working to resolve this. They will need to reconnect MPI before they can resend any audit logs that may be missing, otherwise that will only increase the queue.

Risks remain regarding any claim that is made due to concerns of inappropriate access to patient records by a member of staff.

2.4 Partner Health Board Master Patient Index Incident

An update to the Master Patient Index, that was triggered outside of CTMUHB, caused an erroneous update to a high number of patient demographics (i.e. address information) during the period 2 June and 5 June 2025. It is now understood that up to 11,600 patient demographics were amended across Wales, although numbers identified in CTMUHB are thus far very small, <100.

During this period there is the potential for those patients who were due to receive correspondence, such as letters for appointments (urgent or routine), were potentially sent to the wrong address, meaning patients may have missed appointments. There are also examples identified of other systems failing due to validation errors when they check against the MPI system.

In September 2025 these erroneous updates were corrected. A review within CTM is underway to ascertain exact numbers affected; determine the extent to which patient experience may have been adversely impacted.

3. Highlights / Key Risks / Matters for Escalation

- 3.1 Critical / High-impact data incidents have returned to trend, but two cyber events required notification to the Cyber Resilience Unit, signalling persistent exposure that warrants continued executive oversight and lessons-learned follow-through.
- 3.2 Data protection risk remains material (60 IG incidents July–September 2025, predominantly mis-addressed disclosures and inappropriate access), with a live legal claim highlighting financial and reputational exposure.
- 3.3 Ongoing issues with NIIAS availability since 10 September 2025, due to MPI disconnection. The Health Board is in discussion with national teams at DHCW to restore NIIAS / MPI linkage and recover missing logs as a priority.
- 3.4 The Partner Health Board MPI issue, with potential misdirected correspondence and missed appointments plus downstream system validation failures. Work is required to complete the harm review, quantify impact, implement patient notification/remediation where required, and confirm permanent technical fixes with DHCW.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below: Data Loss demonstrates significant potential impact on patient care.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Sustaining Our Future
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Not Applicable
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Undertaken for work programmes as required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: Undertaken for work programmes as required
Cyfreithiol / Legal	Yes (Include further detail below)	
	Health Board Compliance with GDPR & NIS-D	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

The Committee are requested to note the contents of the report.



Agenda Item

4.4

Audit, Risk & Assurance Committee

Declarations of Interest & Gifts, Hospitality and Sponsorship Register

Dyddiad y Cyfarfod / Date of Meeting	13/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Executive Leadership Group	03/11/2025	PENDING

Acronyms / Glossary of Terms

1. Situation /Background

- 1.1 In accordance with the requirements of the Health Board's Standing Orders and Standards of Good Governance & Probity, a report is required to be received by the Audit, Risk & Assurance Committee as a standing agenda item which will detail the Declarations of Interest, Gifts, Hospitality and Sponsorship etc. activities approved within the Health Board. This report has also been considered by the Executive Leadership Group prior to the Committee.

2. Specific Matters for Consideration

- 2.1 The form in the Standards of Good Governance & Probity or online via SharePoint should be used to declare interests and/or seek approval for receiving hospitality/sponsorship/gifts and this should help or prevent the omission of crucial information that the authorising officer requires making an informed decision on approval or rejection. The authorised signatories should also be scrutinising the declarations prior to authorisation, in order to ensure the correct information is captured on the form before it is submitted to the Corporate Governance Team.
- 2.2 In June 2025, all Board Members were formally asked to review and update, where appropriate, their declarations for the new financial year 2025-2026. A response from all Board Members was received and is captured in Appendix 1. A further update will be sought from Board Members in November 2025 asking them to revisit their declarations to ensure it remains up to date, and any amendments received will be captured in the register as appropriate.
- 2.3 A targeted email was also issued by the Corporate Governance Team in May 2025 to 1187 members of staff, which included all Consultants, Very Senior Managers and Staff at Band 8a and over). It should be noted that some of the returns received to date and captured in Appendix 1 are from individuals that did not receive the targeted email as there is a responsibility for all employees to declare interests. This exercise will be repeated in May 2026 for the 2026-2027 reporting period.
- 2.4 As at 16 October 2025 there have been:
- 27 declarations of interest received from Board Members (Independent Members, Associate Members, Executive Directors and members of the wider Executive Team). Please see Appendix 1 – Sheet 1 – "Board Members".
 - 216 declarations of interest received from staff (excluding Board Members / Executive Team colleagues). Please see Appendix 1 – Sheet 2 – "Non Board Members".
 - To date there have been six declarations of gifts, hospitality and sponsorship received and approved – please see Appendix 2. It should be noted that some colleagues capture this information in their declaration of interest form. Please note there is a further one

declaration that is awaiting Executive approval. These will be captured in the next iteration of the report.

- 2.5 Previous advice received from Information Governance is that any information published on the register, which is then published in the public domain, excludes first and last names and includes job titles only (for non-Board Members). This has been actioned in terms of the appendices to this report.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to the register for the Declarations of Interest included at Appendix 1.
- 3.2 Please refer to the register for Gifts, Hospitality and Sponsorship included at Appendix 2.

4. Assessment

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



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

5. Recommendation

- 5.1 The Audit, Risk & Assurance Committee are asked to **NOTE** the entries on the registers included at Appendix 1 and Appendix 2.

6. Next Steps

- 6.1 The Board Members register of interest is published on the Health Boards public facing website available here: [Register of Interests, Gifts, Hospitality and Sponsorship - Cwm Taf Morgannwg University Health Board](#) .

Full Name	Designation	Date DOI Approved	Nature of Declaration	Period of Involvement "From"	Period of Involvement "to"	Financial Benefits /Benefits in Kind
Neil Mesher	Independent Member	27.3.2025	Director, Mesher Consulting Ltd	From November 2023	Present	Financial
			NED, Life Science hub Wales Ltd	From September 2023	Present	Financial
			NED, MyHealthChecked plc	From 2004	Present	Financial
			Director, Little Court Fram Res Co Lrd	From 2004	Present	Benefits in Kind
			Advisor, Ibex AI Ltd	From December 2023	Present	Financial
			Chair Tandridge Village Hall Management Co.	From 2022	Present	Nil
			Wife, Director Mesher Consulting Ltd	From December 2023	Present	Financial
Philip Daniels	Independent Member	5.6.2025	Chair of the Faculty of Public Health (FPH) in Wales	From 2022	Present	Nil
			Board Member / Trustee of UK FPH	From 2022	Present	Nil
			Wife: Artistic Director / Coach / Founder of the Performance Centres Ltd.	From 2008	Present	Yes
Jonathan Morgan	Independent Member - Chair	23.6.2025	Trustee and Director of NHS Confederation	apr-24	Present	Travel expenses reimbursed.
			Director of Insight Wales Consulting Limited	2012	Present	No financial benefits or benefits in kind
			100% Share Ownership of Insight Wales Consulting Limited	2012	Present	Dividend
			Associate Consultant with Practice Solutions Limited	aug-11	Present	Fees for work undertaken.
			Independent Member on the Hendre Limited Board	des-24	Present	Remunerated
			Director of Yellow Wales (Added Sept 25)	aug-25	Present	No financial benefits or
			Director of Hafod Resources Limited (Added Sept 25)	sep-25	Present	No financial benefits or benefits in kind
Kath Palmer	Vice Chair	1.7.2025	Wife employed as a Welsh Government Lawyer	2010	Present	Salaried.
			Natural Resources Wales – Board member and Chair of Audit, Risk and Assurance Committee.	feb-23	31-mai-25	Remunerated
			Trustee of Crisis (national homelessness charity) and chair of the client services governance committee.	des-22	Present	Expenses paid
			board Member (Crisis Trustee) for Pathway UK (Subsidiary of Crisis)	08-jul-24	Present	Expenses paid
Helen Lentle	Independent Member (Legal)	3.7.2025	Non Executive Director CISWO (the Coal Industry Social Welfare Organisation)	sep-22	Present	Voluntary Role
			Trustee - Dyslecsia Cymru / Wales Dyslexia Charity	sep-22	Present	Voluntary Role
Dilys Jouvenat	Independent Member (Third Sector)	12.6.2025	Trustee at South East Wales Citizens Advice	mai-22	Present	Nil
			Trustee at Interlink	nov-22	Present	Nil
			Trustee Rhondda Cynon Taff Citizens Advice	nov-23	Present	Nil
			Trustee of the Cymru Older Peoples Alliance (COPA)	sep-24	Present	Nil
Rachel Rowlands	Independent Member (Community)	24.6.2025	Age Connect Morgannwg (Appointed as CEO in 2005 and then appointed as Company Secretary in December 2021)	2005	29-aug-25	Salaried
			Age Connect Wales Charity Trustee	2017	Present	Nil
			Director of Community Housing at Trivallis	sep-25	Ongoing	Salaried
Hayley Proctor	Independent Member (Trade Union)	12.6.2025	Sister: civil servant of WG - Head of Pharmacy and Prescribing, Primary and Community Care Division	2019	Present	Salaried Position

Board Members Declaration of Interest 2025-2026 as at 16 October 2025

Patsy Roseblade	Independent Member (Finance / Audit)	10.6.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable
Carolyn Donoghue	Independent Member (University)	18.6.2025	Independent Member of the Board of Governors - University West of England	2021	Present	No financial benefits or benefits in kind
			Senior Professional Fellow - Cardiff University	2020	Present	No financial benefits or benefits in kind
			Member of Health and Care Research Wales Advisory Board	mai-24	Present	No financial benefits or benefits in kind
			Trustee Staple Hill Community Hub	20-mar-25	20-mar-28	No financial benefits or benefits in kind
			Son employed as a Business Development Manager at Seating Matters	Not stated	Present	Not Stated
Geraint Hopkins	Independent Member (Local Authority)	12.6.2025	Clerk to Llantrisant Community Council	okt-21	Present	Remunerated
			Elected Member, Rhondda Cynon Taff County Borough Council	2006	Present	Remunerated
Independent Member (Digital Vacancy)						
Paul Mears	Chief Executive	9.6.2025	Member of the Advisory Board, Awen Cultural Trust	sep-22	Present	Nil
Gethin Hughes	Chief Operating Officer	9.6.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable
Sally May	Executive Director of Finance	9.6.2025	Cousin - Director of DECIPHER / Professor in Social Interventions and Health at Cardiff University	Not known	Ongoing	Salaried Position
			Cousin - Regional Sales Manager at South West Arthrex Ltd.	Not known	Ongoing	Salaried Position
			Cousin - Partner in Knight Frank Project and Building Consultancy	Not known	Ongoing	Salaried Position
			Daughter - Clinical Operations Manager at InHealth	01-apr-25	Ongoing	Salaried Position
Dom Hurford	Executive Medical Director	9.6.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable
Greg Dix	Executive Director of Nursing / Deputy CEO	17.7.2025	Trustee - Royal College of Nursing Foundation	sep-21	Present	Voluntary - Travel and Accommodation Paid for by the Charity
			Visiting Professor at the University of South Wales	2020	Present	Nil
Hywel Daniel	Executive Director for People	30.06.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable
Lauren Edwards	Executive Director of AHPs and HS	9.6.2025	Trustee and Director of Royal College of Speech and Language Therapists	08-nov-23	Present	Nil.
			Visiting Professor at the University of South Wales	01-okt-27	Present	Nil.
Claire Thompson	Executive Director of Strategy & Transformation (From 9 June 2025)	11.6.2025	Parent Governor at Writhlington School, Knobsbury Lane, Writhlington, Radstock, BA3 3NQ	sep-24	Present	Nil
Victoria Oxley	Interim Executive Director of Strategy & Transformation (Up until 8 June 2025)	8.6.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable

Board Members Declaration of Interest 2025-2026 as at 16 October 2025

Stuart Morris	Director of Digital	9.6.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable
Simon Blackburn	Director of Communications, Engagement and Fundraising	26.6.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable
Gareth Watts	Director of Corporate Governance / Board Secretary	11.6.2025	Board Member of Coleg Gwent (Further Education College)	2015	Present	Nil
			Member of the Joint Audit Committee of Gwent Police and Crime Commissioner for Gwent	2022	Present	Daily rate for meeting attendance and preparation
			Chair of the Joint Audit Committee of the Office of the Policy and Crime Commissioner for Gwent and Gwent Police	mar-25	Present	Daily rate for meeting attendance and preparation
Cllr Paul Deenik	ABM - Chair of the Stakeholder Reference Group	24.6.2025	Chair, Ynysawdre Community Council	feb-23	Present	Minimum Expenses
			Councillor, St Bride's Minor Community Council	okt-24	Present	Minimum Expenses
Lisa Curtis-Jones	ABM - Director of Social Services	24.6.2025	Director of Social Services-Merthyr Tydfil	apr-15	Present	Remunerated
Sally Bolt	ABM - Chair of the Clinical Advisory Group	9.6.2025	Nil Interests Declared	Not applicable	Not applicable	Not applicable
Kathy Mason	Independent Member - Digital	27.8.2025	Director and Company Secretary. Libero MC Ltd (Co number: 04973190)	feb-24	Present	Interest on Director's Loans. Dividends
			Trustee. Challenge Wales (sail Training for Young People in Wales) Charity number: 1111859	nov-24	Present	None
			Non Exec Director. Topp Pro Cycling Ltd Co number: 15090381	mar-24	Present	None
			Senior Associate. In-form Solutions Limited (https://www.in-formsolutions.com/)	Consultancy fees earned and invoiced by assignment		
			Husband Director and founder Libero MC Ltd			
			Son Founder and Owner, Topp Pro Cycling Ltd			

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
09.04.2025	Peer Mentor	Primary & Community Care Group	Second employment as a receptionist in a private chiropractic clinic	Since August 2024	Paid employment part time wage	Not applicable
24.04.2025	Clinical Lead and Teacher Practitioner Pharmacist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
02.05.2025	IBD Pharmacist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.05.2025	Clinical Pharmacist - IBD	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
07.05.2025	Primary Care Estate Manager	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
07.05.2025	Consultant Child and Adolescent Psychiatrist	CAMHS	1. Director of my own company A HASSAN LTD. Do private assessments and consultations 2. Husband is a Partner in the above company A Hassan LTD	1. Since 12 May 2022	1. Financial	Not applicable
08.05.2025	Principal Occupational Therapist - Adult Mental Health	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
09.05.2025	Staff Nurse	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
13.05.2025	Interim Clinical Director for Allied Health Professionals	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
14.5.2025	Consultant Clinical Psychologist	Mental Health & Learning Disabilities	Individual is owner of RFPsychology Ltd and provides assessments of young people for court, family proceedings and Local Authorities. There is occasional consultation work following these assessment. From the commencement of this post I will not see children or families from the Cwm Taf Morgannwg area	Since May 2020	Paid for reports and consultation work.	Manager confirmed no potential conflict of interest. Individual confirmed they do not see children or families from the CTM area.
21.05.2025	Physiotherapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
22.05.2025	Rotational Physiotherapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
28.05.2025	Principal Pharmacist MH	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
04.06.2025	MSK Clinical Specialist Physio	Diagnostics, Therapies, Pharmacy & Specialties	Started private evening clinic for joint/soft tissue corticosteroid injections Performance Physiotherapy Ltd in Pontypridd	May 2025 to present	Monthly invoice sent to practice	Not applicable
05.06.2025	Deputy Director of Allied Health Professions and Health Sciences / Clinical Director of Health Sciences	Allied Health Professions	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant in Public Health	Public Health	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Dental Director Primary Care and Communities	Primary & Community Care Group	1. Director Birchgood Ltd. – provision of private dental services outside of HB area 2. Landlord – Cefn Coed Dental Practice Buildings- provision of contract undertaken by an independent company. 3. Trustee – Gateway Church Cymru	1. 2010-to date 2. 2015-to date 3. 2016-to date	1. Not applicable 2. No financial involvement or ties to the contract. Only rental income on two buildings 3. Not applicable	Not applicable
05.06.2025	Consultant Anaesthetist	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Senior Nurse	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Head of Operational Estates	Estates	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Head if Orthoptic Services	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant Oral & Maxillofacial Consultant	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant Anaesthetist	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant Surgeon	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Principal Psychologist	Diagnostics, Therapies, Pharmacy & Specialties	Works as a private Psychotherapist	14 years	None	Not applicable

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
05.06.2025	Clinical Director/Consultant Dermatologist	Planned Care	1.DIRECTOR: ANTANA KAMHAT LTD (spouse is also a Director) 2.DIRECTOR: KAMATH DERMATOLOGY LTD (spouse is also a Director) 3. CARDIFF MULTISPECIALITY LTD 4. Dermatology Meeting attendance sponsored by Sanofi London 5. Dermatology meeting attendance sponsored by Novartis London	1. SINCE JAN 2021 2. SINCE JUNE 2020 3. SINCE NOV 2022	1. Rental Income from BTL Properties 2. Private Practice Income 3. Private Clinic for Multispecialty Medical Services	Not applicable
05.06.2025	Head of Charity & Income Generation	Communications	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Head of Patient Flow	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant in Public Health	Public Health	1. Advanced Paramedic Practitioner (Welsh Ambulance Services NHS Trust) . 2. Bank Paramedic (South Western Ambulance Services NHFST and South Central Ambulance Service NHFST) 3. Senior Lecturer (University of the West of England)	1. Ongoing 2. Ongoing 3. Ongoing	1. Salaried 2. Salaried 3. Salaried	Not applicable
05.06.2025	Head of Assets, Governance & Technical Services	Estates	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant Anaesthetist	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Advanced Nurse Practitioner	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
05.06.2025	Head of Adult Speech & Language Therapy	Diagnostics, Therapies, Pharmacy & Specialties	Yoga teacher training currently	January 2025 - February 2026	Nil payments taken currently but will likely charge a nominal amount for classes once qualified in 2026	Not applicable
05.06.2025	Deputy Head of People for Planned Care & DTPS	People Services	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Assistant Head of Estates	Estates	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Head of Children's Speech and Language Therapy	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Head of Commissioning	Planning & Performance	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Senior Estates Manager	Estates	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant Neonatologist	Children & Families	Honorary Senior Lecturer Cardiff University year 4 medical students in placement at CTM	feb-17	Monthly Honorarium	Not applicable
05.06.2025	Programme Director PCH	Estates	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Principal Audiologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Consultant in Public Health	Public Health	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Principal Occupational Therapist for POW	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Deputy Head of Pharmacy	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Assistant Director (Operational Support) & HTA Designated Individual	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Deputy Director of Planning (Primary Care)	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
05.06.2025	Deputy Director Commissioning & Engagement	Joint Commissioning Committee	Voluntary Member of Swansea University's Industry Panel in the School of Media	Since 2021	Not applicable	Not applicable
06.06.2025	Deputy Head of Service, Nutrition & Dietetics	Diagnostics, Therapies, Pharmacy & Specialties	Spouse is Director of Nursing and AHP's in Velindre NHS Trust	Not applicable	Not applicable	Not applicable
06.06.2025	Director of Midwifery & Nursing	Children & Families	Spouse is the Director of Workforce at NWSSP	Not applicable	Not applicable	Not applicable

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
06.06.2025	Consultant Physician	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Professional Manager, Paediatric Physiotherapy	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Clinical Lead Paediatric Physiotherapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Haematology Service Manager	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Community Dietetic Professional Manager	Diagnostics, Therapies, Pharmacy & Specialties	Historical honorarium via malnutrition pathway for work undertaken (funded by Nutricia) and conference sponsorship from both Abbott and Fresenius Kabi. Nil recent sponsorship.	Not applicable	Not applicable	Not applicable
06.06.2025	Consultant	Diagnostics, Therapies, Pharmacy & Specialties	ERH PATH LTD Private limited company Nature of business: specialists medical practice activities	Incorporated May 2022	Director (ad hoc payments)	Not applicable
06.06.2025	Consultant Psychiatry	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	LHP Infrastructure Programme Director	Executive Team	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Consultant	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Consultant Physiotherapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Clinical Scientist - Cardiology	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Head of Audiology	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	principle pharmacist aseptic services	Pharmacy	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Consultant ENT	Rhondda Taf Ely Integrated Locality Group	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Assistant Director of Evidence Evaluation and Effectiveness	Joint Commissioning Committee	1. Bank position in TriTech, Hywel Dda University Health Board 2. Associate Editor, BMJ Leader 3.Trustee, UK Research & Development Forum 4. Honorary Senior Lecturer, Swansea University 5. Brother is Senior Programme Manager in Becton Dickinson 6. Brother has shares in BD 7. Doctoral Candidate (DRA - MRC) in Swansea University.	1. Since 2023 2. Since 2023 3. Since 2024 4. Since 2018 5. Since 2015 6. Since 2015 7. Since 2024	1. Financial 2. Fiancial 3. Benefits in kind 4. Benefits in kind 5. Financial Transaction 6. Financial Transaction 7. N/A	Not applicable
06.06.2025	Consultant Ophthalmologist	Planned Care	1. Director Optimal Eye Care Ltd. Limited company 10555090 2. Educational grant for study and conference from Bayer and Roche 3. Private practice at Spire Cardiff and Nuffield Hospitals	1. 7 Years 2. 3 years 3. 27 years	1. Company Shareholder 2. £12428.07 including event registration and travel and professional fees. 3.	Not Applicable
06.06.2025	Clinical Lead Physiotherapist / Living Well Strategy Group Clinical Director	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Consultant Radiologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Consultant in emergency medicine	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Advanced Primary Care Pharmacist	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
06.06.2025	Head of Commissioning - Ambulance Services and 111/Interim Assistant Committee Secretary	Joint Commissioning Committee	Spouse is NWSSP Principal Internal Auditor currently seconded to NWSSP Corporate Governance Department	Ongoing	Not applicable	Not applicable
07.06.2025	Directorate Manager	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
07.06.2025	Clinical Director for Primary Care	Primary & Community Care Group	1. Clinical Director for Primary Care, Aneurin Bevan University Health Board 2. Sessional GP Locum	1. June 2024 to present 2. October 2022 to present	1. Employed role (0.4 WTE) 2. Self Employment	Not applicable
08.06.2025	Consultant Dermatologist	Planned Care	1. Director in Cutis Consulting Limited 2. Spouse is Director in Cutis Consulting Limited	1. Since Nov 2014 2. Since March 2019	1. Ltd Company through which I conduct my Private Practice	Not applicable
08.06.2025	Deputy Director of Strategy and Transformation	Planning & Performance	Nil return	Not applicable	Not applicable	Not applicable
08.06.2025	Dental & Maxillofacial Laboratory Manager	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Chief Pharmacist for Primary Care and Medicines Optimisation	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Consultant Radiologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Director of Nursing Primary Care and Localities	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Lead Pharmacist and Non-Medical Prescriber for the Neurodevelopmental Service	Children & Families	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Principal Psychologist	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Locum Consultant Radiologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Consultant	Children & Families	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Clinical Pharmacist - Rheumatology	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Assistant Director - Children & Families and DTPS. Formerly Hospital General Manager POW.	Children & Families	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Consultant Emergency Department	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
09.06.2025	Assistant Director of Governance & Risk	Corporate Governance	Spouse is co-owner of Emrys Darts Limited.	Since June 2025	Not applicable	Not applicable
10.06.2025	Consultant Physician	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	ACSP Programme Director	Strategy & Transformation	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Senior Clinical Psychologist	Older Adult Mental Health	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Senior Fire Advisor	Estates & Capital	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Consultant Clinical Psychologist and Clinical Lead for Multi-Disciplinary Therapies,	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Head of People Policy and Compliance	People Services	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Consultant	Planned Care	1. COMMITTEE SECRETARY FOR WELSH HOSPITALS DENTAL SPECIALITIES 2. HONARARY LECTURER - CARDIFF DENTAL SCHOOL	1. Ongoing since approximately 2018 2. Approximately 2023	1. Nil 2. Nil	Not applicable
10.06.2025	Pharmacist High Cost Medicines	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Consultant in Acute Medicine	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Consultant Podiatrist	Diagnostics, Therapies, Pharmacy & Specialties	1. Director of Theatre Soar (Arts Centre) , Merthyr Tydfil 2. Private Practice Delivered out of KHHP paying CTM for room usage	1. 10 Months 2. Over 2 years	1. None 2. Yes financial transactions	Not applicable
10.06.2025	Stroke Consultant	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
10.06.2025	Consultant Radiologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
11.06.2025	Assistant Director of Finance	Finance	Nil return	Not applicable	Not applicable	Not applicable

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
11.06.2025	Service Director	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
11.06.2025	Deputy Director of Pharmacy and Medicines Management	Diagnostics, Therapies, Pharmacy & Specialties	1. Trustee and Treasurer Hands up for Downs Registered Charity (CIO) 2. Vice Chair Welsh Pharmaceutical Committee (Statutory Ministerial Advisory Committee.WG).	1. 2016 - Present 2. 2018 - present	1. No Financial Transactions or Benefits in Kind at all as Voluntary work 2. None	Not applicable
11.06.2025	Senior Finance Manager	Finance	Nil return	Not applicable	Not applicable	Not applicable
11.06.2025	Senior Nurse Surgery	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
11.06.2025	Assistant Director - Capital and Estates	Estates	Nil return	Not applicable	Not applicable	Not applicable
12.06.2025	Consultant Old Age Psychiatrist & Clinical Director	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
12.06.2025	Consultant Psychiatrist	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
12.06.2025	Speech and Language Therapy Professional Manager	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
12.06.2025	Advanced Pharmacist - formulary and Interface	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
12.06.2025	Senior Nurse Complex Care	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
12.06.2025	Lead Nurse Children & Young People	Children & Families	Nil return	Not applicable	Not applicable	Not applicable
12.06.2025	Consultant Clinical Psychologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
13.06.2025	Consultant Urologist and Clinical Director Urology	Planned Care	1. Director of Appanna Healthcare Ltd 2. Spouse is Director of Appanna Healthcare Ltd	Ongoing	Yes financial transactions	Not applicable
13.06.2025	Chief Paediatric Audiologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
13.06.2025	Senior Advanced Clinical Practitioner	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
16.06.2025	Consultant Upper GI Surgeon	Planned Care	Chughtai Surgery Limited (for private practice, one person in company i.e myself)	Since January 2024	Private practice – Clinics at Nuffield Health Cardiff Bay and Vale of Glamorgan, St Joseph Hospital Newport and Oak tree Clinic Cardiff.	Not applicable
16.06.2025	Consultant Pathologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
16.06.2025	Consultant General Surgeon	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
17.06.2025	Principal Occupational Therapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
17.06.2025	Consultant Clinical Psychology	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
17.06.2025	Emergency Medicine Consultant	Unscheduled Care	Nil return	Not applicable	Not applicable	Not applicable
17.06.2025	Deputy Assistant Medical Director for Education	Medical Director Function	Also hold the role of Faculty Lead with HEIW	Since November 2023	Salary attached to role	Not applicable
17.06.2025	Locum Consultant Psychiatrist	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
17.06.2025	MH&LD AMH Acute Service Manager	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
18.06.2025	Weight Management Service Professional Manager	Diagnostics, Therapies, Pharmacy & Specialties	Partner employed by NHS supplier "The Owl Centre"	Started employment July 2023	Receives salary	Not applicable
18.06.2025	Consultant	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
18.06.2025	Deputy Director of Commissioning for Ambulance Services and 111	Joint Commissioning Committee	Nil return	Not applicable	Not applicable	Not applicable

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
19.06.2025	Professional Manager SLT	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
19.06.2025	Head of Speech & Language Therapy	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
20.06.2025	Care Group Nurse Director	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
23.06.2025	Clinical Lead ACP Frailty	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
26.06.2025	Consultant	General Surgery	Nil return	Not applicable	Not applicable	Not applicable
26.06.2025	Cluster Pharmacist	Pharmacy	Author and freelance writer for Lingo360 (Welsh learner's magazine), Cip and Bylines Cymru.	Not applicable	Not applicable	Not applicable
26.06.2025	Consultant Dermatologist	Planned Care	1. Sponsorship received by Almirall pharmaceutical to attend the EADV conference in Amsterdam in September 2024 2. I hold the title of Honorary lecturer for Cardiff University. Title awarded in recognition of medical student teaching and training of students rotating through Princess of Wales Hospital Dermatology.	1. 25th - 28th September 2024 2. Ongoing	1. Sponsorship for conference fees, travel and hotel and dinner 2. No financial reward	Not applicable
29.06.2025	Directorate Manager, Prison Healthcare	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
30.06.2025	Medical Secretary	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
30.06.2025	Head of Digital Service Management	ICT	Nil return	Not applicable	Not applicable	Not applicable
30.06.2025	Advanced Nurse Practitioner	Children & Families	Director of JCDC properties Ltd. Property investment company	Since February 2025	Money from personal re finance of residential and buy to let mortgage transferred from personal accounts to business account.	Not applicable
30.06.2025	Consultant Cardiologist	Unscheduled Care	1. Trustee for Swansea Chinese Christian Church 2. Received funding from pharmaceutical company to attend meeting (hotel, transportation, course fee) Honorarium for giving talks and producing teaching materials for pharmaceutical companies and HEIW. Pharmaceutical companies bring lunch to support departmental meeting and Bridgend Cardiac Study Day. Joint working between pharmaceutical company and health board to fund nurses /pharmacists to improve heart failure care in the locality. 3. Hold Honorary Lecturer Post with Cardiff University Medical School)	1. Since 2012 Since 2015 Since 2016 3.	2. 1. Nil Yes from HEIWs 2. 3. 1 PA	Not applicable
01.07.2025	Support Manager - GSGL	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
01.07.2025	Consultant	Planned Care	1. SPECIALIST IN PRIVATE PRACTICE AT SOUTH WALES SPECIALIST ORAL SURGERY AND DENTAL IMPLANT CENTRE 2. PREVIOUS HONONARY CONTRACT (LECTURER) WITH CARDIFF UNIVERSITY (not renewed 2025).	1. Since April 2024 Prior to April 2025	2. 1. Patients for private patients None	Not applicable
01.07.2025	Consultant ENT	Planned Care	1. Director of Vale ENT Ltd (private ENT services provider) 2. QI Course Director for the Royal College of Surgeons of Edinburgh 3. Spouse is a co-Director of Vale ENT Ltd 4. NB TALGITS Trial closed recruitment March 2025 5. I am an Honorary Senior Lecturer for Cardiff University. I was recruited by CTMUHB Education department to organise delivery of PoWH Phase 1 (Years 1 & 2) medical student education in POWH	1. Vale ENT Ltd since 2018. RCSED QI Director since 2018 3. Since 2018 N/A Since 2022	2. 1. Vale ENT Ltd has been dormant since 2020 (covid pandemic) but I hope to restart an ENT private clinic service this year. 2. RCSED will cover my travel / accommodation expenses when I organise / attend the annual QI Symposium. 3. £500 annual dividend and some paid employment 4. N/A Once session per week paid	

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
02.07.2025	Consultant	Gastroenterology	Nil return	Not applicable	Not applicable	Not applicable
02.07.2025	Deputy Head of Occupational Therapy	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
02.07.2025	Head of Quality and Patient Safety	Patient Care & Safety	Nil return	Not applicable	Not applicable	Not applicable
02.07.2025	Advanced Primary Care Pharmacist	Pharmacy	Nil return	Not applicable	Not applicable	Not applicable
02.07.2025	Interim Deputy Head of Dietetics	Diagnostics, Therapies, Pharmacy & Specialties	1. Short term contract to produce prehabilitation information for Abbott Nutrition 2. Short term contract to write chapter for the Manual of Dietetic Practice for the British Dietetic Association 3. Volunteer committee member (secretary) on the British Dietetic Association Oncology Group 4. Volunteer committee member on a social running group	1. June 2024 - December 2024 2023 to present 2. 2018 3. 2018 4. 2019 to present	1. Financial payment 2. Currently unpaid 3. No financial transactions 4. No Financial transactions	Not applicable
04.07.2025	Neuro rehab rotational physiotherapist	Diagnostics, Therapies, Pharmacy & Specialties	Father owns his own food company	Since 2023	Not applicable	Not applicable
07.07.2025	Physiotherapy Assistant Practitioner	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
08.07.2025	Physiotherapist	Children & Families	Nil return	Not applicable	Not applicable	Not applicable
10.07.2025	Clinical Psychologist	Perinatal Mental Health Team	50% Owner of HR Properties	Since 16th May 2016	Monthly Rental Payments	Not applicable
10.07.2025	Speech & Language Therapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
10.07.2025	Consultant Physician	Unscheduled Care	Spouse is Director/Owner of a Limited Company Arpita Chakraborty Limited	Ongoing in this financial year	Nil financial transactions or benefits in kind with this company	Not applicable
14.07.2025	Pharmacist	Patient Care & Safety	Nil return	Not applicable	Not applicable	Not applicable
14.07.2025	Head of Occupational Therapy Services	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
14.07.2025	Dietician	Diagnostics, Therapies, Pharmacy & Specialties	Private Business activity. Currently involved in new private business that provides online health and wellbeing support. This includes Online consultations via video call, WhatsApp, and app-based platforms. A range of 1:1 services, including initial and follow-up appointments, Ongoing messaging support for clients, Management of private clients focusing on weight management and the support of existing medical conditions. Please note that this service is delivered under the branding 'Not a Diet-itian' and is not affiliated with NHS services. It is designed to complement, not replace, medical advice or treatment	From mid May to present and is ongoing	Nil affiliation with any other limited or private companies. I operate my own independent business. Income is received directly from private clients in the form of consultation fees. No additional financial transactions or benefits in kind to declare at this time	Employee recognises the need to ensure that there is no conflict of interest with their CTM role and private practice and has agreed to notify me if any concerns arise to ensure full transparency
17.07.2025	Staff Nurse	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
17.07.2025	Physiotherapist	Primary & Community Care Group	Ownership of a holiday let on my own home property	Since 2018	Income from rental of property	Not applicable
18.07.2025	Clinical Nurse Specialist Safeguarding	Primary & Community Care Group	Aesthetics Clinic – to be completed outside of CTM employment working hours – own clinic	Since August 2025	Financial transaction	Not applicable
31.7.2025	Chief Information Officer / Data Protection Officer	Digital & Data	Personal: Aberdeen Asia focus	Not provided.	Shareholding > £5k	Not applicable
			Aberdeen New India (xvn)		Shareholding > £5k	
			Ashoka India Investment Trust		Shareholding > £5k	
			Berkshire Hathaway Inc Class B (NYSE:BRK.B)		Shareholding > £5k	
			Edinburgh Worldwide Ord (LSE:EWI)		Shareholding > £5k	
			Franklin FTSE India UCITS ETF GBP		Shareholding > £5k	
			Herald Ord (LSE:HRI)		Shareholding > £5k	
			Invesco S&P SmallCap 600 ETF (LSE:USML)		Shareholding > £5k	
			iShares Core MSCI Pac ex-Jpn ETF USD Acc GBP (LSE:CPJ1)		Shareholding > £5k	
			Spouse / Partner or other Close Family and/or Friend			
			Berkshire Hathaway Inc Class B (NYSE:BRK.B)		Shareholding > £5k	
			Scottish Mortgage Ord (LSE:SMT)		Shareholding > £5k	

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
			Rio Tinto PLC Ordinary Shares (LSE:RIO)		Shareholding > £5k	
			Franklin FTSE India UCITS ETF GBP (LSE:FRIN)		Shareholding > £5k	
			CQS New City High Yield Ord (LSE:NCYF)		Shareholding > £5k	
			Schroder Asian Total Return Inv. Company (LSE:ATR)		Shareholding > £5k	
			Murray International Ord (LSE:MYI)		Shareholding > £5k	
			Chenavari Toro Income Fund Ord (LSE:TORO)		Shareholding > £5k	
			Shell PLC (LSE:SHEL)		Shareholding > £5k	
			Vanguard FTSE Dev AsiaPac exJpn ETF \$Dis GBP (LSE:VAPX)		Shareholding > £5k	
			Herald Ord (LSE:HRI)		Shareholding > £5k	
			Oryx International Growth Ord (LSE:OIG)		Shareholding > £5k	
			Markel Corp (NYSE:MKL)		Shareholding > £5k	
			Invesco S&P SmallCap 600 ETF (LSE:USML)		Shareholding > £5k	
			iShares Core MSCI Japan IMI ETF USD Acc GBP (LSE:SJPA)		Shareholding > £5k	
			Baillie Gifford Japan Ord (LSE:BGFD)		Shareholding > £5k	
			Edinburgh Worldwide Ord (LSE:EWI)		Shareholding > £5k	
			iShares Core MSCI Pac ex-Jpn ETF USD Acc GBP (LSE:CPJ1)		Shareholding > £5k	
			Rights & Issues Investment Trust Ord (LSE:RIII)		Shareholding > £5k	
04.08.2025	Principal Pharmacist Critical Care & Surgery	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
04.08.2025	Lead Nurse Advisor Medicines Management and Medication Safety	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
05.08.2025	Consultant Ophthalmologist	Planned Care	Nil return	Not applicable	Not applicable	Not applicable
13.8.2025	Senior Finance Manager – Financial Accounts	Corporate Finance Directorate	Nil return	Not applicable	Not applicable	Not applicable
15.08.2025	Senior Nurse for Professional Development	Unscheduled Care	I am a director for 'Trauma Nursing Limited' which is the company that runs the Trauma Nursing Core Course, this course is an educational requirement for Emergency Department Nurses	Dec 2022 - present	Honorarium for teaching and directing courses. Hotel accommodation and travel expenses paid by the company. Evening meal paid for the by the company	Not applicable
18.08.2025	Prescribing Support Dietitian	Primary & Community Care Group	Nutricia - to work as a consultant at training session in London.	One day - 15th October 2025	Hotel accommodation and payment	Existing governance safeguards within Dietetics and Medicines Management are sufficient. No further action required.
18.08.2025	Rotational Physiotherapist	Primary & Community Care Group	Club physio for Rhiwbina RFC. Due to start August 2025	August 2025 - February 2026	Paid per session - irregular shifts	Not applicable
18.08.2025	Occupational Therapist	Primary & Community Care Group	I will be undertaking occasional, low-volume expert witness work. For Jill Ferrie & Associates Ltd. I will ensure there is no overlap between my NHS work and any expert witness cases, and no conflicts of interest will arise. I have private indemnity insurance cover.	Commencing 28 August 2025	None	
18.08.2025	Clinical Psychologist	Mental Health & Learning Disabilities	Nil return	Not applicable	Not applicable	Not applicable
19.08.2025	NICE Co-ordinator	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
20.08.2025	Physiotherapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
08.09.2025	Assistant Director of Claims and Complaints	Patient Care & Safety	Volunteer for Women's Aid on various projects. SWAN project etc. Separation coaching.	Approximately 12 months and ongoing	No financial benefits or benefits in kind	Not applicable
9.09.2025	Head of Innovation	Patient Care & Safety	Director GALLOWAVE LTD (15815356)	July 2024 - Present	None	Management action agreed - 1.Adhere to all relevant CTM policies and procedures 2.Do not undertake commercial activity with CTMUHB where a conflict of interest could be said to exist

Date Approved	Designation	Department	Nature of Declaration	Period of Involvement	Financial Transaction or Benefits in Kind	Management Action Taken
			Ely Vale Innovations LTD (16563357)	July 2025-Present	None	Management action agreed - 1.Adhere to all relevant CTM policies and procedures 2.Do not undertake commercial activity with CTMUHB where a conflict of interest could be said to exist.
			Spouse - Director/Chief Financial Officer HEALTH ECONOMICS AND OUTCOMES RESEARCH LTD (07532879)	December 2023-to date	None	N/A
09.09.2025	Senior Nurse	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
09.09.2025	Senior Nurse	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
10.09.2025	Senior Nurse Palliative Care	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
12.09.2025	Principal Clinical Psychologist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
12.09.2025	Physiotherapist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
15.09.2025	Service Project Manager, Capital Planning	Estates Directorate	Nil return	Not applicable	Not applicable	Not applicable
15.09.2025	Senior Nurse	Primary & Community Care Group	Nil return	Not applicable	Not applicable	Not applicable
23.09.2025	Highly Specialist Weight Management Dietitian	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
25.09.2025	Dietetic Assistant Practitioner	Diagnostics, Therapies, Pharmacy & Specialties	Part time work (less than 20hrs a month) as a personal assistant in care for a young adult with disability.	Once a month over the weekend	Paid at hourly rate for time	Not applicable
3.10.2025	Primary Care Pharmacist	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
7.10.2025	Highly Specialist Diabetes Dietitian	Diagnostics, Therapies, Pharmacy & Specialties	Nil return	Not applicable	Not applicable	Not applicable
8.10.2025	Prescribing Advisor Pharmacist	Diagnostics, Therapies, Pharmacy & Specialties	Work for Tarian Group GP practice as a practice pharmacist helping deliver GMS services 3 days per week in the same area that I work for the health board for my prescribing advisor role	Ongoing	Not applicable	Not applicable



Agenda Item

5.1

Audit, Risk & Assurance Committee

Losses and Special Payments 01.07.25 to 30.09.25

Dyddiad y Cyfarfod / Date of Meeting	13/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Owen James – Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May - Executive Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
NWSSP – legal services and Risk Pool	Click or tap to enter a date.	NOTED

Acronyms / Glossary of Terms

WRP NWSSP VER DEL GMPI	Welsh Risk Pool NHS Wales Shared Services Partnership Voluntary Early Release Departmental Expenditure Limit General Medical Practice Indemnity
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1. Situation /Background

- 1.1 This report advises the Audit & Risk Committee on the losses and special payments made by the University Health Board (UHB) for the 3-month period from 1 July 2025 to 30 September 2025, as required by the Standing Financial Instruction.
- 1.2 The Health Board is liable for the first £25k of any Personal Injury or Medical Negligence claim (not including Redress cases), with amounts over this being borne by the Welsh Risk Pool (WRP) managed by the NHS Wales Shared Services Partnership (NWSSP). For any "other" cases such as Employment Matters or Voluntary Early Release (VER) for example, the full cost of the loss is borne by the UHB. Where the WRP would be liable for a reimbursement to the UHB then there will be timing differences between payments being made and any reclaim from the Risk Pool. There is a strict protocol in place for reclaiming from the WRP.
- 1.3 General Medical Practice Indemnity Scheme (GMPI) was introduced in recent years by the Welsh Government as a state-backed scheme within NHS Wales. Legal and Risk Services and WRP operates this scheme, and cases settled under the scheme are presented to WRP for reimbursement.
- Scrutiny of the Learning from Events Report is conducted in the same manner as cases settled under NHS Indemnity or as part of the redress scheme.
 - Payments in relation to claims managed under GMPI are made by the defendant Health Board, and reimbursement by the WRP is made to the Health Board.
 - No excess in relation to reimbursement of cases settled under the GMPI will apply to the Health Board and all costs incurred are fully reimbursed.
- 1.4 In accounting for losses on claims, liability is recognised when legal advice states that there is a probability in excess of 50% of the Health Board having to settle. The quantum of the claim, and associated plaintiff costs are therefore recognised as "expenditure" at this point, with the risk pool recovery element also being recognised. Other losses are recognised as and when they arise.

1.5 There is therefore a significant timing issue (which can be several years) between expenditure being recognised within the Health Board's accounts and cash payments being made. Write-off approval action is only required for cash payments. This report highlights:

- a) Losses & special payments recoded during the period.
- b) Claims that have been identified as a provision on the balance sheet as they have been deemed as probable but have yet to be paid.
- c) The impact of these claims being recognised on the Health Boards in year revenue position.

2. Specific Matters for Consideration

2.1 Standing Financial Instructions require all losses to be reported to the Audit, Risk & Assurance Committee. This report is therefore a key element of the governance process around losses and special payments.

2.2 The number of claims, both Medical Negligence and Personal Injury, continues to result in significant levels of expenditure. These levels of expenditure are determined case by case and are based on information supplied by Welsh Legal Services.

a) Losses and Special Payments recorded during period

2.3 The losses and special payments recorded during this period totalled £12,785K, with the majority of this comprising of payments in respect of Clinical Negligence, Redress and Personal Injury.

2.4 It is important to note that the majority of these losses would have been recorded in the revenue position when the claim was deemed as probable, this is showing the cash impact of the payments made during the period.

2.5 The total recovered from Welsh Risk Pool during the period is £373k, giving a net cash out position for the period of £12,412k. The significant payment of claims, especially on medical negligence has increased the amount owed by Welsh Risk Pool and therefore the



debtor balance we are anticipating. At 30th September the amount paid but not yet received from Welsh Risk Pool is £31.875m.

- 2.6 This is c£13m higher than it was at the end of the 2024/25 financial year and will have a detrimental impact on cash flow if it is not reimbursed by the end of this financial year.
- 2.7 Reimbursement claims have been submitted and we anticipate receiving a large value following the next Welsh Risk Pool committee.
- 2.8 The losses and special payments are available in detail on request from the Head of Corporate Finance if required and are summarised in the table below.

	01.07.25 - 30.09.25 £000	Previous Periods	Total 25-26 £000
Medical Negligence Claims	10,387	1,732	12,119
Medical Negligence Costs	1,369	688	2,057
Medical Negligence Defence Fees	302	497	799
Medical Negligence Totals	12,058	2,917	14,975
Redress Medical Negligence Claims	10	3	13
Redress Medical Negligence Costs	4	6	10
Redress Medical Negligence Defence Fees	0	3	3
Redress Medical Negligence Totals	14	12	26
GP Indemnity Claims	45	0	45
GP Indemnity Costs	52	36	88
GP Indemnity Defence Fees	(2)	15	13
GP Indemnity Totals	95	51	146
Personal Injury Claims	12	11	23
Personal Injury Costs	140	38	178
Personal Injury Defence Fees	105	3	108
Personal Injury Totals	257	52	309
Permanent Injury Benefit	334	0	334
Permanent Injury Benefit Totals	334	0	334
Other:			
Ex-Gratia	21	18	39
Debt Write Off	6	0	6
WRP Penalty Charge	0	0	0
Ombudsman	0	2	2



Employment Matter/Other	0	0	0
Other Totals	27	20	47
TOTAL	12,785	3,052	15,837
Recovered from Welsh Risk Pool	(373)	(606)	(979)
Net Cash Write-Off/(Recovery)	12,412	2,446	14,858

2.9 There are three categories of Decision in relation to cases submitted to WRP:

APPROVE

APPROVE: The learning and case information submitted was accepted by the Committee and where reimbursement is requested it has been approved. Where the case is a review of learning only, the matter will be reconsidered when reimbursement is requested.

DEFER

DEFER: Additional information is requested which should be gathered and supplied to the Safety & Learning Advisor and this will be presented to the next WRP Committee.

We would like to receive this information within 1 calendar month. A maximum of six calendar months applies for the submission of additional information, from the date it was first requested. – after which the reimbursement will be permanently deferred. Details of the additional information requested is outlined in the case detail below

**DEFER UNTIL
INFO REC'D**

DEFER UNTIL INFO REC'D: The Committee delegated approval of the reimbursement to the Head of Safety & Learning. Additional information is requested which should be gathered and supplied to the Safety & Learning Advisor – who will present it to the Head of Safety & Learning. We would like to receive this information within 1 calendar month. A maximum of six calendar months applies for the submission of additional from, from the date it was first requested. – after which the reimbursement will be permanently deferred.

2.10 At its latest meeting, the WRP committee approved the payment of a further £373k of claims (12 claims), this was paid in June. 7 further claims reviewed by the committee were deferred, and another 13 claims were deferred until further information was received.

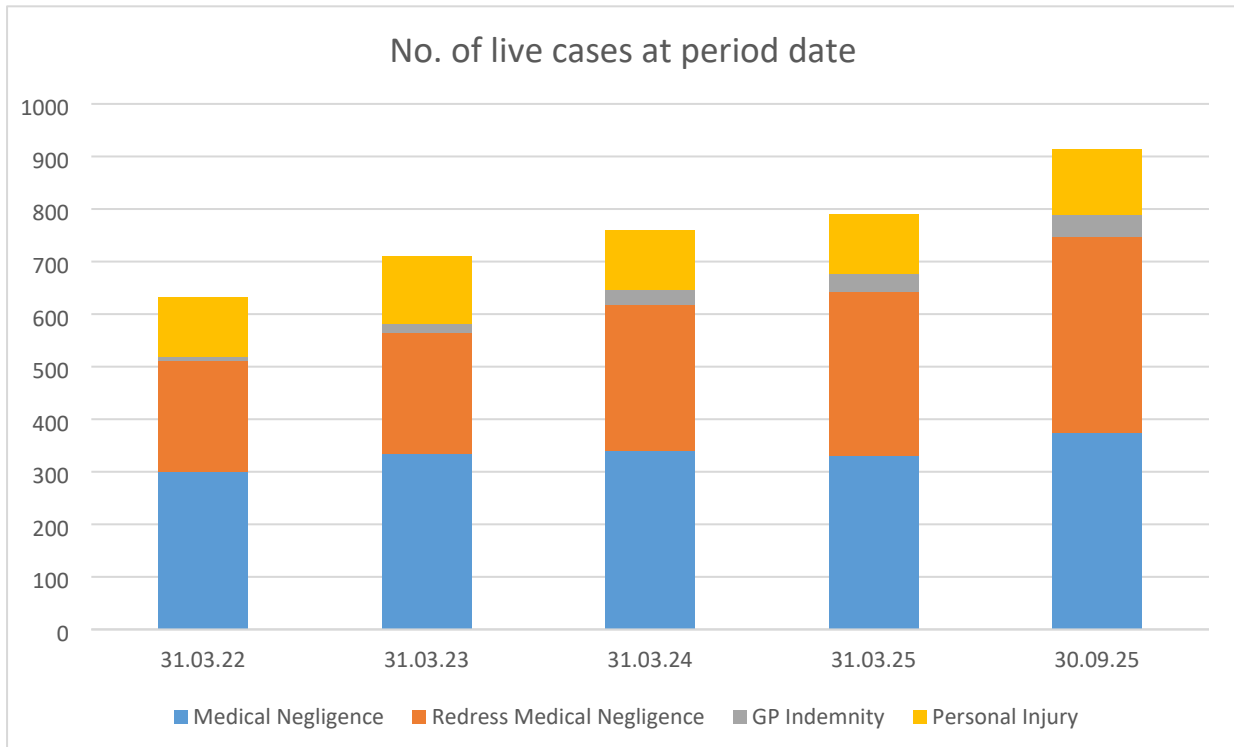
b) Provision as at 30 September 2025

- 2.11 A provision reflecting the estimated value of the claim will be made on the balance sheet as a claim is deemed probable. There will also be an estimate for the value recoverable from Welsh Risk Pool, leading to a net provision value on the balance sheet.
- 2.12 The table below shows the provision made for each type of claim and the amount recoverable from Welsh Risk Pool as at the period stated. It could be deemed the lower value the net claim provision the more efficient the health board are at recovering from Welsh Risk Pool i.e., payments have been made out and they have been recovered from Welsh Risk Pool in an efficient manner.
- 2.13 The total claims provision has decreased by £11,513k since 31 March 2025, this is mainly due to a decrease in value of medical negligence claims.
- 2.14 The net provision at the end of 30th September 2025 was £24,433k which is £10,341k higher than the previous reported period. This is due to the large claims that were paid for medical negligence claims that have not yet been reimbursed by WRP.

	30.09.25	31.03.25	31.03.24	31.03.23	31.03.22
	£000	£000	£000	£000	£000
	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative
Medical Negligence claims/costs	124,454	136,729	94,478	72,198	65,127
Redress Medical Negligence claims/costs	530	490	372	385	235
GP Indemnity (Note 1)	2,462	1,670	612	0	0
Personal Injury claims/costs	1,664	1,734	917	701	611
TOTAL CLAIMS/COSTS PROVISION	129,110	140,623	96,379	73,284	65,973
Recoverable from Welsh Risk Pool	(157,952)	(156,234)	(106,450)	(83,623)	(93,074)
NET CLAIMS / COSTS PROVISION	(28,842)	(15,611)	(10,071)	(10,339)	(27,101)
Permanent Injury Benefit	4,409	3,707	3,755	4,077	6,201
NET PROVISION inc Perm Injury Ben.	(24,433)	(11,904)	(6,316)	(6,262)	(20,900)

Note 1: GP Indemnity provision is fully reimbursable by WRP as such no net impact to the Health Board's Budget.

- 2.15 The chart below shows the number of live cases as at period stated. The rate of new cases being opened in 2025/26 has been relatively in line with previous years. However, the rate of cases being closed has been slower due to awaiting WRP reimbursement prior to full case closure. This is reflected in the number of live cases for the period to 30th September 2025 versus prior years.



c) Revenue impact for the year to date

- 2.16 As previously highlighted, the Health Board is liable for the first £25k of any Personal Injury or Medical Negligence claim (not including Redress cases), with amounts over this being borne by the Welsh Risk Pool (WRP). For any "other" cases such as Employment Matters or Voluntary Early Release (VER) for example, the full cost of the loss is borne by the UHB. The net impact of this value impacts the revenue account of the Health Board in the period the claim is recognised.
- 2.17 The table below shows the year-to-date position for each of type of claim. The "other" category mainly consists of payment of retirement gratuities, Employment Matters and voluntary early releases.

	Year to
	30.09.25
	£000
Medical Negligence claims/costs	2,700
Redress Medical Negligence claims/costs	63
GP Indemnity	938
Personal Injury claims/costs	239
Recoverable from Welsh Risk Pool	(2,697)
Net claim expenditure (Note 1)	1,243
Permanent Injury Benefit	1,036
Other	47
Total Net expenditure	2,326

Note 1: The annual budget for net claim expenditure for 2025-26 is £2,019k, with a year-to-date budget of £1,010k, actual expenditure for the year is £1,243k, therefore showing an overspend of £233k. It is important to note that these costs can fluctuate during the year.

WRP Risk Sharing Agreement

- 2.18 The Audit & Risk Committee will be aware that any overspend incurred by the Welsh Risk Pool will need to be shared amongst NHS organisations and is therefore an additional financial risk to those organisations.
- 2.19 For 2025/26 WRP are reporting a risk of significant overspend of based on the risk sharing agreement, this would equate to an overspend risk for CTM of between £6.1m and £7.8m. This is currently included as a risk within our reported position at Month 6.

3. Key Risks / Matters for Escalation

Net provision increase

- 3.1 Note that there is an increase in the net cash write off and net provision of values owed from WRP, which reflects that the amount being paid out is higher than the value being recovered.
- 3.2 This is largely a timing issue, but there is a need to ensure there is timely completion of learning submitted in order from reimbursements to be approved in a timely manner, reducing value owed from WRP.

4. Assessment

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



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	The majority of losses and special payments are as a result of things going wrong and where quality, safety or patient experience may therefore have been compromised. Details of medical negligence and personal injury claims are provided quarterly to the Concerns (Claims) Scrutiny Panel who subsequently reports to the Quality, Safety & Risk Committee	If no, please include rationale below:



Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: Completed as part of the Financial Control Procedures for Losses & Special Payments (FP 15)	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Losses provided for are informed by legal advice where appropriate based on probability of a successful claim	
Enw da / Reputational	Yes (Include further detail below)	
	As noted within Quality Impact Assessment section above, reputational risk is managed via the reporting hierarchy.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The report highlights the resource impact of losses both in expenditure and cash terms. It also highlights the level of provision within the balance sheet for potential future payments.	

5. Recommendation

5.1 The Audit, Risk & Assurance Committee is requested to:

- **NOTE** the losses and special payments made for the period 1 July 2025 to 30 September 2025.
- **NOTE** the risk of overspend on the WRP risk sharing agreement of £6.1 - £7.8m.
- **NOTE** the key risks for escalation on the increasing net provision value.
- **NOTE** the amount of claims that have been paid out but we are awaiting reimbursement from Welsh Risk Pool has increased significantly to £31.875m at the end of September.

6. Next Steps

6.1 The Audit, Risk & Assurance Committee is requested to note the information provided in this report and regular updates will be provided to the Committee as required by the Governance arrangements.



Agenda Item

5.2

Audit, Risk & Assurance Committee

Procurement & Scheme of Delegation Update

Dyddiad y Cyfarfod / Date of Meeting	13/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Owen James - Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May – Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
OJEU	Official Journal of the European Union
FCPs	Financial Control Procedures
SoD	Scheme of Delegation
PSPP	Public Sector Payment Policy



1. Situation / Background

1.1 Procurement Matters

The following areas within the Scheme of Delegation (SoD) are reported to the Audit, Risk & Assurance Committee so that members of the Committee have the opportunity to ask questions or request further information:

- a) Engagement off contract of non-medical staff not paid via the payroll. The Director of People and the Head of Procurement would need to confirm agreement prior to any commitment.
- b) Waiver of competitive tenders, as authorised by the Director of Finance and Procurement.
- c) Contracts requiring Ministerial approval (over £1m)
- d) Summary of contracts over £500,000
- e) Free of charge services
- f) Retrospective orders and non-receipting areas
- g) Consultancy contracts
- h) Invoices on Hold & No PO No Pay summary
- i) File Note Process

This report provides details of any such transactions within the period 01.07.25 to 30.09.25

1.2 Purchase to Pay (PSPP)

In order to comply with the Public Sector Payment Policy, 95% of the number of non-NHS invoices must be paid within 30 days. This report provides an update on the Prompt Payment compliance for 2025-26.

1.3 Scheme of Delegation and Financial Control Procedures

This report provides update to Scheme of Delegations (SoDs) or Financial Control Procedures (FCPs) are reported.

Financial Control Procedures (FCPs) should be reviewed periodically (at least every 3 years) to ensure they are up to date.

2. Specific Matters for Consideration

2.1 Procurement Matters

a) Engagement off contract of non-medical staff not paid via the payroll

There were no engagements or contracts entered into during the period 01.07.25 to 30.09.25

b) Waiver of competitive tenders, as authorised by the Director of Finance.

Standing Financial Instructions require 4 competitive tenders for supplies of goods and services over £25,000 up to the prevailing OJEU threshold and 5 competitive tenders above OJEU Purchases over £1m require Ministerial approval.

In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition;
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all-Wales competition/National strategy.

Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

Tables A and B below provides details of such actions during the period 01.07.25 to 30.09.25

Table A – Single Tender Actions 01.07.25 to 30.09.25

None for this period.

Table B - Single Tender Actions - Retrospective CTM

None for this period

c) Contracts requiring Ministerial approval (over £1m)

None for this period.

d) Summary of contracts awarded over £500,000

Health Boards must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being let. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. There are none for this period.

e) Free of Charge Services

Where free of charge services are made available to the Health Board, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Health Board does not unintentionally commit itself to a single provider or longer-term commitment. Below is a summary of free of charge services that have been provided between 01.07.25 to 30.09.25

There are no free of charge services to report for this period.

f) Retrospective orders and non-receipting areas

Below shows the trend of numbers of retrospective orders being placed across the Health Board and the main non-receipting areas:



Supplier	Area	Retro Orders	Comment
ARJO	555003 Clinical Engineering	148	BEDS
BOC Ltd	555100 PCH PHARMACY	98	Agency Staffing
	533041_DENTAL SURGERY YNYSHIR		
	559152_KH ADMIN BLK2		
ORTHO SOLUTIONS UK LTD	555046 PCH THEATRE	50	Loan Kit Implants

Top 3 Receipting Areas	Total
533862_RHG THEATRE	103
555150 PCH ESTATES	90
555181 PCH SURG APP	88

g) Consultancy Contracts

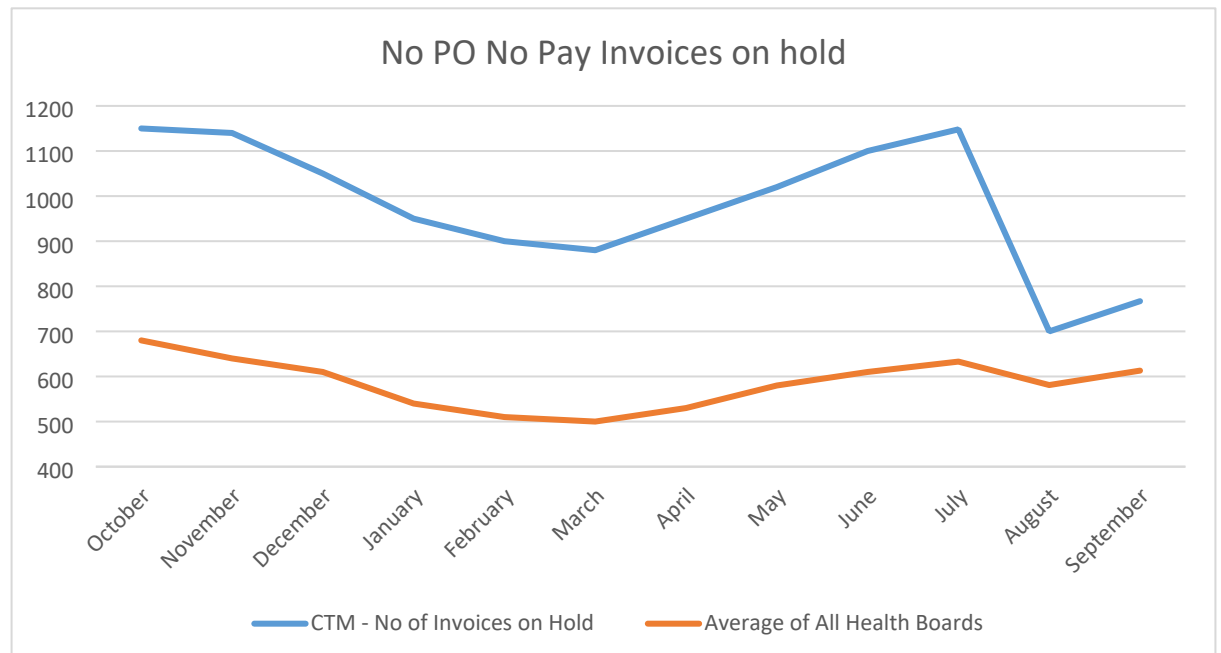
Below is a table detailing consultancy contracts that have been awarded between 01.07.25 to 30.09.25

Reference	Title	Supplier	Value	Date Awarded
CTM-DCO-60533	Professional Service Days	Phillips Electronics UK Ltd	£5,760	17/09/25

h) Invoices on hold & No PO No Pay Summary

Below shows the trend of number of No PO No Pay holds over the past 12 months.

The table below shows that the number of CTM invoices against the average across other Welsh Health Boards.



- CTM continue to have a higher number of invoices on hold due to NO PO compared to the average of all Welsh Health Boards, however you will note that in August the number of No PO No Pay holds fell significantly from nearly 1,200 to 700. This is due to dealing with one particular supplier and clearing over 400 invoices on hold.
- The procurement team alongside finance colleagues and directorate managers are now reviewing other suppliers with high number of holds to see if these can be resolved. Discussions with 3 of the top suppliers are progressing well and hope to have resolutions in the coming weeks.

i) 'File Note' process

It is proposed to implement a 'File Note' process in line with other Health Boards. The aim is to improve compliance on spend, in particular where spending has deviated from the documented procurement processes/SFIs and to deter 're-offending'. The criteria to use File Notes would be where the value is greater than £5,000 and only for retrospective expenditure. The relevant team/department which has not followed process completes a form capturing information about the spend and why the deviation occurred. This is emailed to the CTMUHB IP Frontline Procurement team, which does not 'approve' the form however captures the occurrence and provides a quarterly report to the CTMUHB Audit, Risk and Assurance Committee of all occurrences. In the event the process highlights officers who breach more than once, procurement awareness training will be made available.



2.2 Purchase to Pay (P2P)

The PSPP figures are reported to the end of 30th September 2025.

The Health Board has met its 95% target of paying non-NHS invoices within 30 days to Month 6 2025-26 achieving 96.2% (value 94.5%). This means the Health Board achieved the target of 95% for the year to date.

	0 - 30 Days		Total		%	
	Number	Value	Number	Value	Number	Value
Apr-25	23,349	48,613,792	24,243	52,792,910	96.31%	92.08%
May-25	21,336	48,846,593	22,188	50,835,517	96.16%	96.09%
Jun-25	20,173	46,562,058	21,139	49,596,993	95.43%	93.88%
Jul-25	22,139	51,418,725	23,270	54,118,296	95.14%	95.01%
Aug-25	22,125	21,528,540	22,842	23,221,715	96.86%	92.71%
Sep-25	21,787	19,158,156	22,541	20,159,890	96.65%	95.03%
Oct-25						
Nov-25						
Dec-25						
Jan-26						
Feb-26						
Mar-26						
YTD	64,858	144,022,443	67,570	153,225,419	96.0%	94.0%

The NHS invoice position continues to be challenging and shows a position of 86.8% (number) and 98.8% (value) of invoices were paid within 30 days to Month 6 2025-25. Velindre NHS Trust have recently piloted an Invoice Exception Approval workflow where invoices which are on the No PO No Pay exception list such as NHS Wales invoices can be approved in line with the approval hierarchy directly to the approver without need for PO. This could be an option to approve NHS Wales invoices in a timely manner. The Head of Corporate Finance is currently reviewing the process and engaging with appropriate stakeholders to understand whether this could be a viable

option to implement in CTM. This could improve the timely payment of NHS Wales invoices going forward.

2.3 Scheme of Delegation and Financial Control Procedures (FCPs)

There are a number of updates to FCPs for this report which have been considered either by the Finance Senior Management Team or relevant subject expert leads. The FCPs being updated are as listed below. These are included in the appendices to this report and are available for Committee members to view on Admin Control.

- FP 2 Budgetary Control (Appendix 1)
- FP 13 Requisitioning Goods and Services (Appendix 2)
- FP 16 Charitable Funds (Appendix 3)
- FP 18 Purchasing cards (Appendix 4)
- FP 20 Salaries and Wages (Appendix 5)
- FP 22 Continuing Healthcare (Appendix 6)
- OP 2 Counter Fraud Bribery and Corruption Policy (Appendix 7)

The main changes to each of the FCPs are outlined in Appendix A to this report.

FP21 Web Quotations and Tendering is out of review date, however, the service is currently reviewing structures, processes and key documentation in this area. The revised FCP will be reported to the February 2026 Audit, Risk and Assurance Committee once the process has been finalised.

3. Key Risks / Matters for Escalation

3.1 No matters for escalation

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:



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

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

5. Recommendation

5.1 **NOTE** the position on procurement matters for the period 01.07.2025 to 30.09.2025;

NOTE the update regarding Purchase to Pay and achievement of PSPP target up to Month 6 of 2025/26;

APPROVE the updated FCPs



Agenda Item

5.3

Audit, Risk & Assurance Committee

Post Payment Verification Mid-Year Report 1st April 2024 – 30th
September 2025

Dyddiad y Cyfarfod / Date of Meeting	13/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Amanda Legge – All Wales Post Payment Verification Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Amanda Legge – All Wales Post Payment Verification Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

1. Situation / Background

The purpose of the PPV process is to provide assurance to Health Boards that the claims for payment made by primary care contractors are appropriate and that the delivery of the service is as defined by NHS service specifications and relevant legislation.

The report details specific risks but provides the narrative for what PPV, Primary Care, Finance and Counter Fraud consider to be the best approach to support practices in improving.

The Audit, Risk & Assurance Committee is asked to note and take assurance of the contents of this report. This paper highlights PPV progress and how practices have been performing over the current Post Payment Verification (PPV) cycle. It also compares the overall performance of the Health Board against the national PPV visits.

PPV of claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP).

Mid-year and end of financial year, the PPV Manager will prepare a report for Health Board Audit Committees, which should provide reasonable assurance that public monies are being appropriately claimed and that PPV continue to maintain an excellent level of PPV across all disciplines.

2. Specific Matters for Consideration

The following key points should be noted:

General Medical Services (GMS): From April 1st – September 30th in 2025/2026 out of 41 visits planned for Cwm Taf Morgannwg Health Board we have 11 in progress. We did not start this financial years planned work until July which was a national issue and is not specific to any individual Health Board.

We check 100% of the services that have been triggered for a revisit, and these take a long time to finalise. Unfortunately, last year we experienced unexpected absence in the team in a disproportionate number and are in progress of recovering.

In the first 2 months of this new financial year, we completed all outstanding routine visits that were overdue before we began the new visit plan.

We have begun to undertake the additional verification of Covid and RSV vaccines as requested by Welsh Government which are claimed on the Welsh Immunisations System.

General Ophthalmic Services (GOS): The visit plans for GOS 2025-2026 are progressing well, and as above we did not begin the new financial year until July. More contractors have transferred to electronic patient records so we can undertake the visit remotely, however we do have to carry out elements of physical visits for the contractors who do not have electronic patient records.

We also began verifying claims for an additional 2 services this year for WGOS 4 (Glaucoma and Medical Retina) and IPOS (Independent prescribing) 5 urgent claims.

General Pharmacy Services (GPS): In 2025/2026 we continue to PPV the Collaborative Working Scheme along with the Quality and Safety Scheme which we can undertake remotely.

Additional Services: We have progressed with our quarterly dispensing data checks and have introduced a robust service moving forward into the new financial year, which have resulted in financial recoveries. The results are included in our PPV reports for this year.

Clinical Waste Self Assessments for GMS are going well and as planned to ensure compliance with legislation. We are hoping to incorporate these into our GOS visits this year to align to the WGOS reform and the managing of clinical waste.

The PPV team also manage the Waste Management Audit programme on behalf of the Health Boards offering advice and support to GP Practices and Community Pharmacies in respect of Waste Management.

Quarterly meetings are scheduled with all Health Boards and Counter Fraud teams to regularly review the progress report and to discuss themes, recommendations, and any risks.

We are continuing to investigate other avenues for savings from the provision of Clinical Waste services and produce a 'non-collection' report to all our Health Boards.

There are bi-monthly National GMS, GOS Working Group and Clinical Waste meetings with Primary Care Managers and PPV, to discuss and agree any issues regarding the national application of the programme. These are beneficial to all parties who attend.

PPV training events will continue to be delivered to our Health Boards and contractors when required, including one-on-one training requirements, particularly for new practice staff within the Primary Care setting.



3. Key Risks / Matters for Escalation

The reports provide the PPV overall progress of visits and narrative for what PPV, Primary Care, Finance and Counter Fraud consider the be the best approach to support practices in improving throughout the claiming process.

4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

It is recommended that the Audit, Risk & Assurance Committee Members note the contents of this report. There are no options included in this report. The report is for Assurance.

6. Next Steps

Produce Mid-Year Report and enhance future financial reports as requested.

Audit Report - 1st April to 30th September

General Medical Services (GMS) for 2024 - 2025		CTMuHB 32 visits completed	
GMS		Visit Type	HB Annual Visits Due
		Routine	27
		Revisit	14
		TOTAL	41
General Ophthalmic Services for 2024 - 2025		CTMuHB = 11 visits were completed	
GOS		Visit Type	Annual Visits Planned
		Routine	19
		Revisit	0
		TOTAL	19
General Pharmacy Services 2024-2025		CTMuHB = 32 visits were completed	
GPS		Visit Type	Annual Visits Planned
	Q&S Scheme / Collaborative Working Scheme	Routine	38
		TOTAL	38
New Recovery process			
DISPENSING		Quarter Period	Amount of Dispensing GP Practices
Dispensing GP practices should not dispense to patients who live within 1.6 kms / 1 mile from a Local Community Pharmacy		Quarter 4 2024/25 (Jan to Mar 2025)	3

er 2025 = Cwm Taf Morgannwg University Health Board

Completed with a total of recovery of £24,830.57

No. In progress	No. Recoveries	Value of recoveries	Value of Duplicate Recoveries	Total Recoveries	All Wales Visits Due
11	228	£8 027,44	£22 524,04	£30 551,48	103
0	0	£0,00	£0,00	£0,00	148
11	228	£8 027,44	£22 524,04	£30 551,48	251

Completed with a total of recovery of £1,349.54

No. In progress	No. Recoveries	Value of recoveries	All Wales visits due	All Wales No. in progress	All Wales Value of Recoveries
1	7	£170,00	164	39	£5 981,83
0	0	0	11	0	£0,00
1	7	£170,00	175	39	£5 981,83

Completed with a total of recovery of £2,436

No. In progress	No. Recoveries	Value of recoveries	All Wales visits due	All Wales No. in progress	No. Recoveries
8	0	£0,00	232	43	0

Value of Recoveries	All Wales Dispensing GP Practices	All Wales Value of Recoveries
£217,42	64	Pending



1 visits completed with a recovery of £215,110.39

All Wales No. in progress	All Wales Value of Recoveries	All Wales Value of Duplicate Recoveries	All Wales Total Recoveries
65	£44 538,69	£57 341,42	£101 880,11
0	£0,00	£0,00	£0,00
65	£44 538,69	£57 341,42	£101 880,11

visits were completed with a recovery of £16,316.67

visits were completed with a recovery of £48,153.27

All Wales Value of Recoveries
£0,00

GMS Summary								
PRACTICE	Routine or Revisit	Overall Sample size	Claim errors	% recovery	Value of recovery	Value of Duplicate recovery	Total recovery	Breakdown of Recoveries
Practice 1	Routine	349	22	6,30 %	£936,67	£14 922,92	£15 859,59	Care Homes, Denosumab, Pertussis and Gonadorelins.
Practice 2	Routine	343	17	4,96 %	£361,52	£19,32	£380,84	Disabilities, DOAC/R
Practice 3	Routine	301	15	4,98 %	£1 234,39	£795,26	£2 029,65	Learning Disabilities and Substance
Practice 4	Routine	434	21	4,84 %	£906,38	£3 255,81	£4 162,19	Warfarin A and Care Homes.
Practice 5	Routine	229	4	1,72 %	£188,96	£30,09	£219,05	recovery under
Practice 6	Routine	337	26	7,72 %	£682,57	£328,74	£1 011,31	Ukrainian Refugees and
Practice 7	Routine	388	27	6,96 %	£1 171,11	£2 580,62	£3 751,73	Denosumab and DOAC/R. Duplicate
Practice 8	Routine	269	15	5,58 %	£521,49	£20,06	£541,55	Denosumab, Imms and
Practice 9	Routine	471	25	5,31 %	£500,59	£177,70	£678,29	Care Homes, Gonadorelins and
Practice 10	Routine	600	11	1,83 %	£165,00	£253,74	£418,74	and Transgender.
Practice 11	Routine	450	45	10,00 %	£1 358,76	£139,78	£1 498,54	, DOAC/R and Warfarin.
GOS Summary								
PRACTICE	Routine or Revisit	Overall Sample size	Claim errors	% recovery	Value of recovery			
Practice 1	Routine	103	7	6,80 %	£170,00			

Advisory Notes

- The planned visits were sent to the HB for 2025/26 Visit Plan. These are subject to change due to ad hoc visits or closures/mergers.

- All closed visit files have been authorised by the Health Board GMS team with any concerns/issues being addressed.

- The high duplicate amount

Advisory Notes

- The



Agenda Item

6.2

Audit Risk & Assurance Committee

National Fraud Initiative Progress and Outcomes

Dyddiad y Cyfarfod / Date of Meeting	13/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Evans, Head of Local Counter Fraud Services
Cyflwynydd yr Adroddiad / Report Presenter	Matthew Evans, Head of Local Counter Fraud Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CFS Wales	Counter Fraud Service Wales
FI	Financial Investigator
LCFS	Local Counter Fraud Specialist
LPE	Local Proactive Exercise
NHS CFA	NHS Counter Fraud Authority

1. Situation / Background

- 1.1 The Health Board is a mandatory participant of the National Fraud Initiative. This report sets out current progress of review of the Organisation's matched data sets.

2. Specific Matters for Consideration

- 2.1 The report provides detail on tasks and actions undertaken with the four strategic counter fraud work areas.

3. Key Risks / Matters for Escalation

- 3.1 There are no specific key risks or matters for escalation. The report outlines progress and development work in potential risk areas.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee is requested to review the report for discussion.

6. Next Steps

6.1 Further update reports will be brought to Audit Risk & Assurance Committee in line with the Committee's work plan.



National Fraud Initiative Progress and Outcomes

Matched Datasets Background

Payroll to Payroll

To identify individuals who may be committing employment fraud by failing to work their contracted hours because they are employed elsewhere or are taking long-term sickness absence from one employer and working for another employer at the same time.

The criteria for a match are a person having one full-time post plus at least one other post elsewhere.

Payroll to Creditors

The match identifies instances where an employee and creditor are linked by the same bank account (report 80) or the same address (report 81) to identify employees with interests in companies with which your organisation is trading.

This may indicate potential undeclared interests and possible procurement corruption or where a member of staff has set up a creditor with their own bank details in order to receive payments they are not entitled to.

Duplicate Creditors by Credit Reference

Duplicates identified in this match suggest poor creditor management as the system has permitted a creditor reference to be used more than once.

Duplicate Creditors by Creditor Name

To identify instances where the same supplier has been set up with more than one reference number on the system thus increasing the potential for creditors to obscure fraudulent activity.

Duplicate Creditors by Address Detail

To identify multiple creditors operating at the same address. These may represent simple errors, where the same creditor may have been set up twice using a slightly different spelling, for example LIMITED and LTD, or an attempt to obscure fraudulent activity.

Duplicate Creditors by Bank Account Number

This output shows where the same bank account details appear on more than one record. Of particular interest is where the same bank details are shown against suppliers with different names. These may indicate where a supplier has changed trading name but the standing data has not been updated to reflect this or there are links between companies with different trading names.

Duplicate Records by Reference, Amount and Creditor Reference

This match highlights possible duplicate payments in excess of £500 that may have arisen as a result of poor controls or fraudulent activity by suppliers and/or staff.

Duplicate Records by Invoice Amount and Creditor Reference

This match highlights possible duplicate payments in excess of £1,000 that may have arisen as a result of poor controls or fraudulent activity by suppliers and/or staff. There are likely to be more matches than in report 707 as this report does not require the invoice reference field to match.

VAT Overpaid

This report identifies instances where VAT may have been overpaid. This is based on the information provided within the NFI invoice history data submission and the output includes the level and scale of overpaid VAT. The VAT amount is compared to a calculated maximum VAT of 20%, the maximum VAT rate in the payment period covered by the NFI exercise.

Duplicate Records by Supplier Invoice Number and Invoice Amount but Different Creditor Reference and Name

This match highlights possible duplicate payments for the same goods/services but to creditors with different reference numbers, which may have arisen as a result of poor controls or fraudulent activity by suppliers and/or staff.

Duplicate Records by Postcode, Invoice Date and Invoice Amount but Different Creditor Reference and Supplier Invoice Number

This match highlights possible duplicate payments for the same goods/services but to creditors with different reference numbers, which may have arisen as a result of poor controls or fraudulent activity by suppliers and/or staff.

Procurement - Payroll to Companies House (Director)

To identify potential undeclared interests that have given a pecuniary advantage. To do this we have matched your payroll data to companies house information and then to your creditors data.

The reports are split between those highlighting employees who appear to be registered directors of companies that the employing body has traded with (Report 750) and those where the employees address appears to have links to the company directors or the company (Report 752).

Report ID	Report Title	Responsible Lead	Total Matches	Status	Closed Matches	Further Enquiries	Matches Outstanding
65	Payroll to Payroll	Counter Fraud	9	Not Opened	0	0	9
66	Payroll to Payroll		143	Opened	129	14	0
67.1	Payroll to Payroll - Phone Number		1	Not Opened	0	0	1
68.1	Payroll to Payroll - Phone Number		3	Opened	1	0	2
78	Payroll to Pensions	Pensions/Counter Fraud	114	Not Opened	0	0	114
81	Payroll to Creditors	Counter Fraud	9	Opened	2	0	7
700	Duplicate creditors by creditor reference	NWSSP -Accounts Payable/Finance	1075	Not Opened	0	0	1075
701	Duplicate creditors by creditor name		4	Not Opened	0	0	4
702	Duplicate creditors by address detail		72	Not Opened	0	0	72
703	Duplicate creditors by bank account number		91	Not Opened	0	0	91
707	Duplicate records by reference, amount and creditor reference		6	Not Opened	0	0	6
708	Duplicate records by amount and creditor reference		4245	Not Opened	0	0	4245
709	VAT overpaid		43	Not Opened	0	0	43

Report ID	Report Title	Responsible Lead	Total Matches	Status	Closed Matches	Further Enquiries	Matches Outstanding
711	Duplicate records by invoice number and amount but different creditor reference and name		30	Not Opened	0	0	30
712	Duplicate records by postcode, invoice date and amount but different creditor reference and invoice number		21	Not Opened	0	0	21
713	Duplicate records by postcode, invoice amount but different creditor reference and invoice number and date		11	Not Opened	0	0	11
750	Procurement - Payroll to Companies House (Director)	Counter Fraud	30	Not Opened	0	0	30
752	Procurement - Payroll to Companies House (Director)		28	Not Opened	0	0	28
9999	Multiple occurrence report		7	Not Opened	0	0	7



Agenda Item

7.1

Audit, Risk & Assurance Committee

AUDIT RECOMMENDATIONS TRACKER UPDATE REPORT

Dyddiad y Cyfarfod / Date of Meeting	13 th November 2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Claire Brown, Head of Quality Assurance and Compliance
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Executive Leadership Group	27 th October 2025	Management sign off received - <i>Pending</i>

Acronyms / Glossary of Terms	
AMaT	Audit Management and Tracking
HIW	Healthcare Inspectorate Wales

Internal Audit Activity Limited Assurance Overdue Activity Comparison.

Internal Audit Areas of suggested focus

The following pie charts relate to **Limited Assurance** reports only and highlights the total 'overdue' actions based on the originally assigned due date. The position as at the last ARAC in May is included as a comparator for the July ARAC position. The actions are also split by the priority of High, Medium and Low as assigned at the finalisation of the Audit Review.

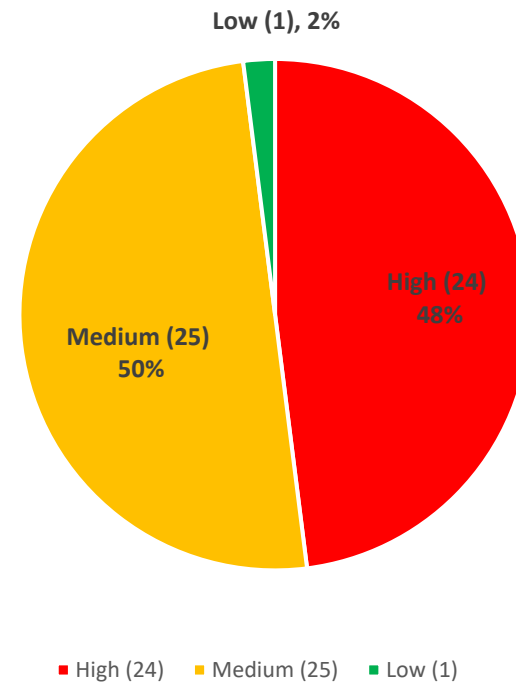
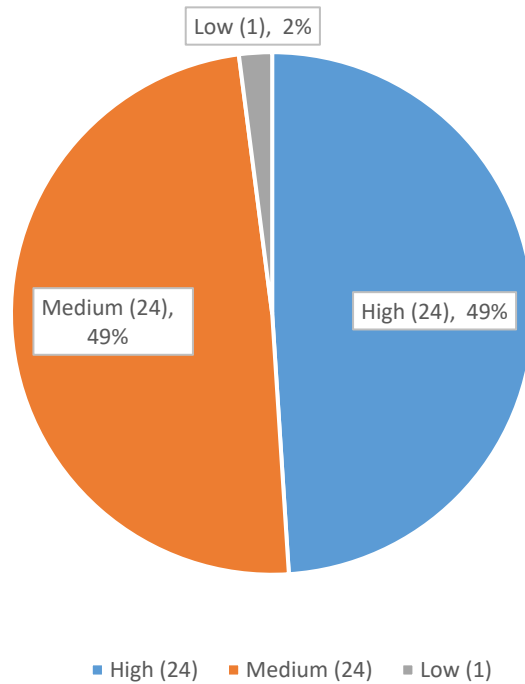
The following Internal Audit Reviews have the longest overdue audit actions against the original due date for Limited Assurance rated reports:

May 2025

November 2025

Limited Assurance reports. Overall overdue Internal Audit open inspection actions by action priority as at June 2025

Limited Assurance reports. Overall overdue Internal Audit open inspection actions by action priority as at 20/10/25



Internal Audit/2023/146. Interventions Not Normally Undertaken (INNU)_Final Internal Audit Report October 2023.

8 open actions overdue for between 598 - 780 days

Internal Audit/2024/162. 4-hour Emergency Department Performance Reporting_Final Internal Audit Report February 2024.

5 open actions overdue by 506 days

Internal Audit/2024/170. Gastro-Intestinal Pathways – Demand Management_Final Internal Audit Report April 2024.

7 Open actions overdue by between 262 and 324 days

These areas remain the same as in the previous report and will be escalated to the Executive Lead to ensure targeted focus on completing action activity.

Narrative Commentary – Despite the notable shift within teams with regards to updating of actions. Progress in the most overdue actions during this period has remained static indicating limited improvement on closing overdue Limited Assurance actions.

Overdue Limited Assurance Actions – Breakdown by Executive Portfolio

Overdue actions that fall within the portfolio of the Chief Operating Officer	23
Overdue actions that fall within the portfolio of the Executive Director of Finance	7
Overdue actions that that are split between the functions under the portfolios of the Medical Director and Executive Director for People	15
Overdue actions that fall within the portfolio of the Executive Director of Public Health	2
Overdue actions that fall within the portfolio of the Executive Medical Director	3

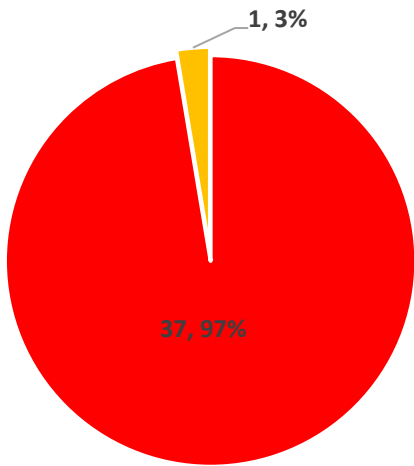
Audit Wales Activity Limited Assurance Overdue Activity Comparison

The following pie charts relate to 'overdue' actions from Audit Wales reviews. The position as at the last ARAC in May is included as a comparator for the July ARAC position. The actions are also split by the priority of High, Medium and Low as assigned at the finalisation of the Audit Review.

July 2025

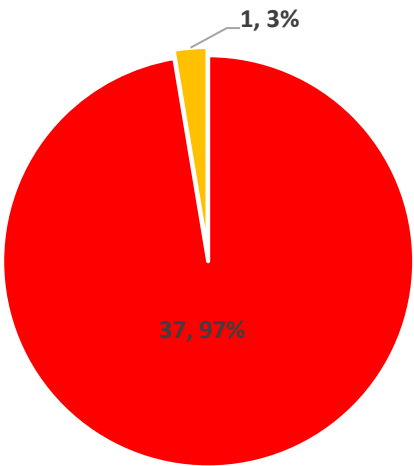
November 2025

Overall overdue Audit Wales open Inspection Recommendation Actions by Action priority as at 15/07/2025



■ High (37) ■ Medium (1) ■ Low (0)

Overall overdue Audit Wales open Inspection Recommendation Actions by Action priority as at 20/10/2025



■ High (37) ■ Medium (1) ■ Low (0)

Narrative Commentary - The number of overdue actions exceeding their original due date has remained the same during this reporting period limited progress, Increased focus is required in ensuring that all leads are updating actions regularly and the right leads are assigned.

Audit Wales Areas of suggested focus

The following Audit Reviews have the longest overdue audit actions against the original due date for Audit Wales Reports:

Audit Wales/2021/144 - Audit Wales Quality Governance Follow Up Review.

1 open action overdue by 1480 days from original due date

Audit Wales/2022/12 - Transformational Leadership Programme Board – Baseline Governance Review.

1 Open action overdue by 934 days

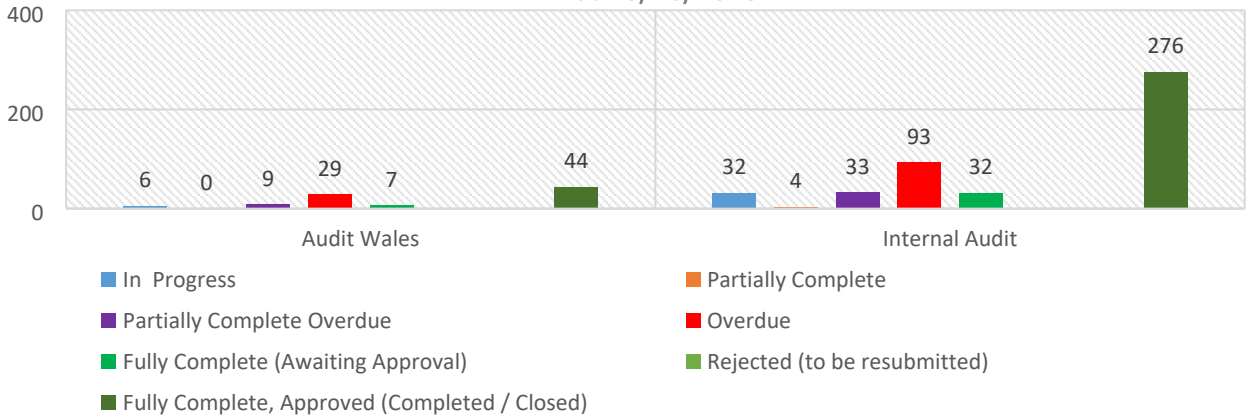
Audit Wales/2024/196 - Follow up review: Temporary Closure of the Ysbyty Cwm Cynon Minor Injuries Unit.

2 open actions overdue by between 873-934 days

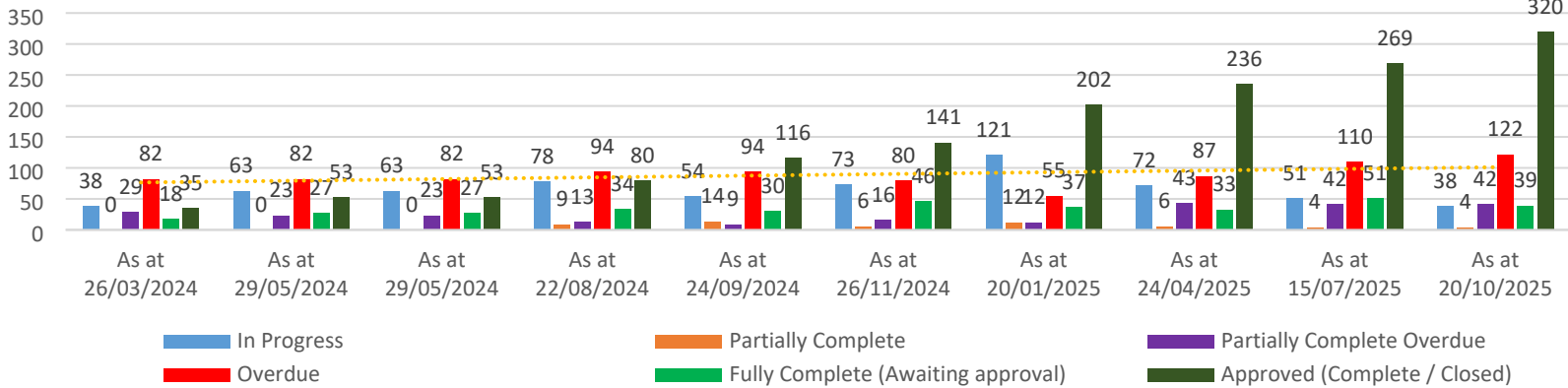
These areas remain the same as in the previous report and will be escalated to the Executive Lead to ensure targeted focus on completing action activity.

Overall position summary of all outstanding actions for Internal Audit and Audit Wales

Audit Wales and Internal Audit AMaT Inspection Recommendation Actions as at 20/10/2025



Audit Wales and Internal Audit AMaT Inspection Recommendation Actions Progress Monitoring/Change in Status - March 2024 onwards





1. Background

- 1.1 The main purpose of this report is to present an update to the Audit, Risk & Assurance Committee on reported progress of audit report recommendations with an increased focus on overdue actions with a Limited Assurance rating.
- 1.2 The scope of this report relates to both internal and external audit review recommendations. Information from HIW has been excluded on this occasion as this is next due to be received at the Quality, Safety & Experience Committee on the **18th November 2025**.

2. Specific Matters for Consideration

- 2.1 This report has been prepared using the agreed, updated format in order to highlight the areas of focus within the 'Overdue Actions Tracker' with increased focus on those actions with a Limited Assurance rating. The 'Overdue Actions Tracker' is included as *Appendix 1*, however please note if members would like to view the full tracker this will be made available to all members for scrutiny in the supplementary folder available on Admincontrol.
- 2.2 Please note that AMaT is a live system and therefore the data is true at the time of reporting which for 13th November 2025 Committee was the 20th October 2025.
- 2.3 In response to queries during the last committee meeting and following an extensive discussion with Internal Audit colleagues regarding the ***Internal Audit/2025/270/MD2/1 Decarbonisation follow up audit***, action 4.2 of this audit review has now been adjusted and strengthened in order to allow for a more achievable closure of the action going forward. The revised report is available upon request and has been updated on AMaT.
- 2.4 The dashboard found at the front of this report has been designed to evidence any progress and highlight areas that need an increased focus. This written report will add some narrative to the graph data to add context to the data.
- 2.5 The first graph is a direct comparison looking at Overdue Limited Assurance by action priority. Following on from a positive recent Internal Audit Report, the team have been looking at ways to improve upon the assurance provided and have made the move to return all data reports back to their overdue status based on **original due date**. This will provide members and teams with a truer picture in terms of overdue status. Teams will still be able to provide a revised implementation date for completion which again will allow members the ability to accurately scrutinise ongoing work. This revised due date will be noted in the Comments section of the tracker.

- 2.6 The data for overdue Limited Assurance shows figures which are unchanged from the July data. Although the team has seen increased involvement from teams in providing updates overall, more focus is needed on the most overdue actions with Limited Assurance ratings as highlighted on the dashboards at the beginning of the report.
- 2.7 Graph three on both Internal Audit and Audit Wales dashboards bring a highlighted focus to audits and actions that either need further attention or present a higher risk to the organisation. This is the first step towards triangulating the data we collect making scrutiny for Committee Members more meaningful and focus driven on areas that may need improvement. The areas of focus highlighted in both performance dashboards indicate those audits of which actions have the longest number of overdue days based on their original implementation date.
- 2.8 Cleansing of the Tracker continues in order to identify any recommendations that are easily achievable or may have been superseded in an attempt to make the Tracker a more manageable governance tool ensuring the focus is on current, existing and ongoing governance and assurance priorities of CTM. The team continue to engage Executive colleagues and Internal Audit as well as regular and increased meetings with the Business Managers for each Care Group in order to track the progress of ongoing Audit Recommendations.
- 2.9 Progress on this work continues to be reported to this Committee following appropriate Executive approval at Executive Leadership Group before closure on the system. There have been **39 total completed actions** proposed for **closure** this period with a further 38 new actions added across both Audit Wales and Internal Audit.
- 2.10 The current position on the status of recommendation actions which are overdue can be viewed in *Appendix 1*, with the most recent updates provided in red.
- 2.11 Further discussions on the progress of implementing audit recommendations and of the importance of providing management responses have been discussed at recent Executive Leadership Group meetings. Each Executive has booked some time in with the Assistant Director of Governance and Risk to discuss outstanding recommendations by the end of January 2026. The Chief Executive has also asked the Director of Corporate Governance for some focussed time on internal audit report statuses at a future ELG meeting so that collectively executive colleagues can address issues around the timely completion of management responses. The outcomes of these actions will be reported back to ARAC members at future meetings.
- 2.12 The Quality Assurance and Compliance team continue to actively offer support and encouragement to Care Groups and leaders to update actions independently onto AMaT. The team provide a step-by-step guide to all

involved to encourage prompt, succinct and quality updates. The system development gaps in the AMaT system continues to be a necessitate a prescribed process that must be strictly adhered to in the independent updating of AMaT to ensure the team are able to provide a robust level of assurance of the governance process supporting the production of the Audit Tracker report. It should be noted that the team has noted an increased engagement in the process for this past period.

2.13 The Quality Assurance and Compliance Team have developed an online Audit Handbook which covers information on the following:

- The Audit Process & Reporting Explained
- Internal Audit Services
- Audit Wales
- Audit Management and Tracking System (for tracking audit findings and actions)
- Roles & Responsibilities in Audit Reviews

The Handbook can be found via the following link: [Audit Process & Reporting Explained](#)

2.14 **Tracker Updates**

Internal Audit (NWSSP) - Since the last meeting the following changes and updates are noted:

- **7 New** Internal Audit Reviews have been added to the Audit Recommendations Tracker including **33** new actions.
- **7** Internal Audit Reviews have been completed and **32** audit recommendation actions are proposed for **CLOSURE**.

External Audit (Audit Wales) Since the last meeting the following changes and updates are noted:

- **1 New** External Audit Reviews have been added to the Audit Recommendations Tracker.
- **0** Audit Wales Reviews have been completed, however there are 7 audit recommendations actions which are proposed for **CLOSURE**.

Health Inspectorate Wales (HIW) – The latest position report for HIW was shared at the last Audit, Risk and Assurance Committee. The November iteration will be presented to Quality, Safety and Experience Committee on 18th November and data from that report will be included for information at the next Audit, Risk and Assurance Committee.

3. Key Risks / Matters for Escalation

3.1 The audit tracker will continue to be updated with a targeted focus on actions with Limited Assurance and are overdue from original due date. As previously mentioned, this report and tracker are continuously evolving with the aim of providing a transparent and assurance focus account of the Health Board's position.

3. Assessment



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	There may be an adverse effect on the organisation if CTMUHB does not fully implement learning and improvements identified as part of Audit arrangements.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	



Effaith Adnoddau (*Pobl*
/Ariannol) /**Resource Impact**
(*People / Financial*)

There is no direct impact on resources as a result of the activity outlined in this report.

5. RECOMMENDATION

- 5.1 The Audit, Risk & Assurance Committee are being asked to **NOTE** the report and **AGREE** that where applicable the progress updates provide Members with sufficient assurance, particularly in relation to closed recommendations.

Cwm Taf Morgannwg University Health Board

Audit, Risk & Assurance Committee Internal Audit Progress Report

November 2025

NWSSP Audit and Assurance Services

Contents

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2	Reports Issued	3
3	Delivering the Plan	3
4	Performance reporting	3
5	Revised approach to follow up	4
6	Other activity	4

Appendix A – Tables showing detailed progress against audit plans



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit, Risk and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Cwm Taf Morgannwg University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Cwm Taf Morgannwg University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

1 Introduction

- 1.1 This progress report provides the Audit, Risk & Assurance Committee (the 'Committee') with the current position of the work undertaken by Internal Audit as at 03 November 2025. This report provides information on the status of progress of our reviews.
- 1.2 We report the progress made to date against individual assignments both for the Health Board and Joint Commissioning Committee (JCC), along with details regarding the delivery of the plans and any required updates.

2 Reports Issued

- 2.1 Since the August meeting of the Committee three reports have been finalised, including one for the JCC. We have five reports in draft and ongoing fieldwork in relation to six reviews. A summary of the position of the finalised reports, including a summary of number of recommendations, is provided in Table 1 below.

Table 1: Summary of finalised reports

Assignments	High	Medium	Total	Assurance rating
PCH - Financial and Technical compliance	-	2	2	Substantial
Follow up – Vaccination policy implementation	-	1	1	N/A
JCC – Traumatic Stress Wales	4	5	9	Limited

3 Delivering the Plan

- 3.1 The programme of work for 2025/26 that was agreed with the Committee in May 2025. Our additional work programme for the Prince Charles Hospital redevelopment project is on the agenda for this committee.

4 Performance reporting

- 4.1 We monitor aspects of the Internal Audit service and report this information in our annual report. We also report performance during the year at Audit Committee.
- 4.2 Our agreed performance indicators, as at the time of this progress report, are set out in table 2 below:

Table 2 – Performance Indicators 2025/26 (ex. JCC)

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]	Green	100% (7/7)	95%	v>20%	10%<v ≤20%	v≤10 %

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time taken for management response to draft report [15 days per Internal Audit Charter]	Green	100% (2/2)	80%	v>20%	10%<v ≤20%	v≤10 %
Report turnaround: time from management response to issue of final report [10 days]	Green	100% (1/1)	95%	v>20%	10%<v ≤20%	v≤10 %

5 Revised approach to follow up

- 5.1 We have revised our approach to following up on internal audit recommendations following the implementation of the new Global Internal Audit Standards (April 2025), specifically Standard 15.2.
- 5.2 NHS Wales organisations currently use varied approaches to follow-up work. The new standard requires a consistent and robust method for confirming the implementation of recommendations or action plans. We have adopted a new approach from 2025/26 which aims to standardise follow-up assurance across all organisations.
- 5.3 Our approach to the follow up of agreed actions means that as a minimum, 50% of high-priority recommendations and 10% of medium-priority recommendations will be verified if reported as closed on the organisation’s tracker. Capital and IT agreed actions will be included in the sample. We will not produce an assurance rating where follow up work is either undertaken at year end or more formally reported during the year.
- 5.4 However, for some ‘limited assurance’ reviews we will undertake a re-audit of the area if, in our opinion, this would be the appropriate approach. Where we re-audit an area we will provide an opinion. A re-audit means that we will look again at the objectives agreed in the original review, although we will be pragmatic in our approach. For example, if an objective was to confirm the existence of a policy, we would not look to confirm this again. In terms of objectives where sample testing is necessary, our testing will be mindful of the previous outcome and adjusted accordingly.

6 Other activity

Joint Commissioning Committee (JCC)

- 6.1 We have agreed a programme of work for 2025/26 with officers of the JCC, this is for a total of four reviews (Appendix A – Table 7). We have ongoing work for one review and have held planning meetings for a further two reviews.

Meetings

- 6.2 We continue to meet regularly with the officers of the Health Board, Counter Fraud, and Audit Wales colleagues.

Appendix A – Programme of work**Table 3: 2024/25 Programme of work not previously reported**

Plan Ref.	Review	Rating	Status	Draft report issued < 10 working days	Management response received <15 working days	Notes
-	PCH Financial and Technical compliance	Substantial	Final	Y	N	-

Table 4: Core programme of work Q1-Q3

Plan Ref.	Review	Rating	Review period	AC	Status	Draft report issued < 10 working days	Management response received <15 working days	Notes
30	Follow up - Decarbonisation	N/A	Q2	Aug	Final	Y	Y	-
29	Follow up – Vaccination policy implementation	N/A	Q2	~~Nov~~ Feb	Final	Y	Y	-
N/A	Discharge planning	Limited	Q1	~~Aug~~ Feb	Draft	Y	N	Draft report issued 08.10.25, updated report issued 04.11.25 following feedback received on 03.11.25
9	Clinical coding	Reasonable	Q1	~~Aug~~ Feb	Draft	Y	N	Draft report issued 14.10.25

Plan Ref.	Review	Rating	Review period	AC	Status	Draft report issued < 10 working days	Management response received <15 working days	Notes
4	Operational response to critical incident	Reasonable	Q1	~~Aug~~ Feb	Draft	Y	-	Draft report issued 21.10.25
16	Stroke	Reasonable	Q2	~~Nov~~ Feb	Draft	Y	-	Draft report issued 17.10.25
20	Estates assurance – Asbestos Management	Reasonable	Q2	~~Nov~~ Feb	Draft	Y	-	First draft report issued 01.10.25, updated draft issued 16.10.25.
1	Individually commissioned packages of care	-	Q1	~~Nov~~ Feb	WIP	-	-	Fieldwork started 03.11.25. Taken time to agree the brief.
18	Savings	-	Q2	~~Nov~~ Feb	WIP	-	-	Fieldwork started 17.10.25. Taken time to agree the brief.
19	PoW roof replacement	-	Q3	~~Nov~~ Feb	WIP	-	-	Fieldwork started 05.09.25. Delay getting information from external contractor.

Plan Ref.	Review	Rating	Review period	AC	Status	Draft report issued < 10 working days	Management response received <15 working days	Notes
15	Long term strategy	-	Q4	Feb	WIP			Fieldwork has started earlier than originally planned.
7	Risk management	-	Q3	Feb	Planned	-	-	Draft brief issued 14.10.25. Areas of focus confirmed 28.10.25.
10	Cyber security	-	Q3	Feb	Planned	-	-	Brief agreed.
11	Digital – Bridgend disaggregation	-	Q3	June	Planned	-	-	Brief agreed. Fieldwork planned for January.
5	Medical sickness records	-	Q2	~~Nov~~ Feb	Planning	-	-	Updated draft brief issued 09.10.25. No response.
22	Re-audit - Gastro-Intestinal demand management	-	Q3	Feb	Planning	-	-	Draft brief issued 03.10.25. No response.
13	Falls management	-	Q3	Feb	Planning	-	-	-
24	Re-audit – Additional medical pay	-	Q3	Feb	Planning	-	-	-

Plan Ref.	Review	Rating	Review period	AC	Status	Draft report issued < 10 working days	Management response received <15 working days	Notes
2	Outpatient booking process	-	Q3	Feb	Planning	-	-	-

Table 5: PCH programme of work for 2025/26

Plan Ref.	Review	Rating	Review period	AC	Status	Draft report issued < 10 working days	Management response received <15 working days	Notes
1	Section 7 – Development of target cost	-	Q3	Feb	WIP	-	-	Fieldwork started 24.10.25.
2	Assessment of community benefits	-	Q4	June	-	-	-	-
3	Deep dive into the final account	-	Q4	June	-	-	-	-
4	Annual assessment	-	Q4	June	-	-	-	-

Table 6: Joint Commissioning Committee (JCC) 2024/25

Ref.	Review	Rating	Status	Notes
4	Traumatic stress Wales	Limited	Final	-

Table 7: Joint Commissioning Committee (JCC) 2025/26

Ref.	Review	Rating	Status	Notes
1	High cost drugs	-	Planning	Work planned for Q4. We have had initial planning meeting.
2	Individual Patient Funding Requests (IPFR)	-	WIP	Work planned for Q3, fieldwork on going.
3	Strategic planning	-	Planning	Work planned for Q4. We have had initial planning meeting.
4	Budget management	-	-	Work planned for Q4.

PCH Financial and Technical

Final Internal Audit Report

2024/25

Cwm Taf Morgannwg University Health Board



Substantial Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SSU-CTM-2425-39

April – June 2025

8th October 2025

13th November 2025

Sally May, Executive Director of Finance

Huw Richards, Head of Internal Audit

Laura Tovey, Audit Manager



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Executive Summary

Purpose

This audit originated from the 2024/25 integrated audit plan, agreed with management, and approved by the Audit & Risk Committee.

The focus of the review was the financial/ technical aspects of the project including follow up of areas identified as requiring improvement in the prior year audit.

Overview

In general, there were appropriate processes in place, which had been applied, in relation to both the review, challenge and authorisation of the Supply Contract Partner (SCP) payment submissions, and approval of invoices for fees and non-works costs.

As a result, **substantial** assurance rating has been determined. A small number of matters have been identified which require management attention including:

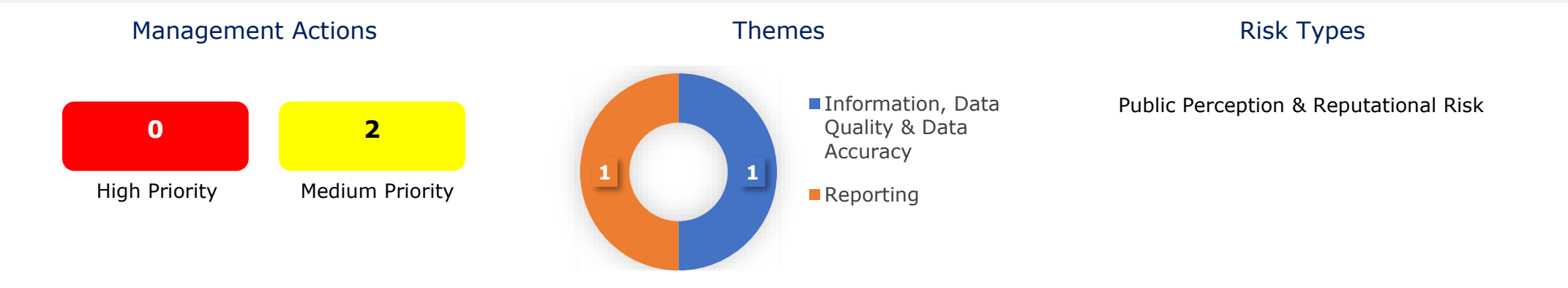
- Improved completion of the Project Progress Report (PPR) submitted to Welsh Government.
- Consistent application of the Datascope system (Site Entry/Exit).

Full details of matters arising are detailed within the Findings & Agreed Action Plan. An opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information i.e.:

- All SCP and subcontractors should be paid via the Project Bank Account (PBA) unless relevant opt out provisions have been made (92% of payments, but only 43% of contractors currently paid via PBA).
- Given the complexity of the financial information provided and the advanced stage of the current project programme, it would be beneficial that the Project Manager's report presents a clear, standalone overview for key stakeholders. In particular, the Executive Summary should: Clearly outline the banked and anticipated gain share, implications of VAT reclaim, and the current forecast outturn position and highlight any key programme considerations, including the estimated completion date, material variances, and any other significant impacts.

Scope & Assurance Summary

Objectives		The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	Assurance over financial monitoring and reporting: Assurance that overall financial monitoring/ reporting was sufficiently robust to reflect the multifaceted and complex nature of the project. Reporting/ monitoring recognised the original budget and any subsequent amendments.		1	Substantial
2	Sums claimed by the Supply Chain Partner are challenged and validated: Appropriate methodologies were established and followed to ensure sums claimed by the Supply Chain Partner were challenged and validated prior to payment.		2	Reasonable
3	Arrangements are in place to monitor professional, internal UHB and other fees against original approvals: Assurance that arrangements were in place to monitor professional, internal UHB and other fees against original approvals. Fees paid were monitored against performance expectations and any additional fees had been subject to appropriate scrutiny and approvals.			Substantial
4	Arrangements are in place to validate, monitor and report on non-works costs: To ensure suitable arrangements were in place to validate, monitor and report on non-works costs.			Substantial



PCH Financial and Technical - At a Glance

As a large project the redevelopment of the ground and first floors at PCH has been split into 7 sections. This enables defects periods and contractors shares to be assessed at the completion of the works sections.

The position in March 2025 relating to the anticipated outturn costs of the project is indicated in the table below:

Basis	Value	Notes
Approved Sum (inc. VAT)	£220.275m	Including inflation and Phase 3 fees
Forecast Outturn costs (inc. VAT)	£231.116m	An increase of 4.92% on Approved Sum
Potential increase in project outturn costs (incl. VAT).	£10.841m	
Expected Offset of banked and future Gainshare	£-7.275	Effect of gainshare and impact on inflation on contingency
Expected Outturn	£3.566m	Includes offset of gainshare to reduce inflation

Sections 1, 2, 3 and 6 were complete at the time of the audit and the project is in a gainshare position as a result:

Section 1	£794,629
Section 2	£710,031
Section 3	£3,169,545 Estimated
Section 4	TBD
Section 5	TBD
Section 6	£1,064,387
Total Agreed Gain Share	£5,738,592

Section 4 &5 of the programme were not sufficiently progressed at the time of the review to determine any associated gainshare (forecast completion dates April and October 2026 respectively). Works were progressing in week 222 of an overall contract period of 298 weeks as of March 2025. The contract completion was expected to be 1 September 2026 in line with the 6-week delay instructed as part of the project managers assessment for ITU issued on the 12 April 2024.

The contingency for Phase 2 stage 4 is £30,835,855 ex VAT. The current contingency commitment is £30,207,504 ex VAT indicating a potential under commitment on Phase 2 stage 4 of £628,351 ex VAT (available contingency).

Findings & Agreed Action Plan

Objective 1: Assurance over financial and technical monitoring and reporting

Substantial

Overview / Summary of Observations

Due to the size of the overall project to re-develop the ground and first floors of Prince Charles Hospital (PCH), the project has been split into 7 sections. The Cost Advisor’s reports reflect the current stage of the programme i.e. in addition, 7 individual cost reports are also produced. The Cost Reports are submitted and discussed at the Financial Review Group (FRG) meetings.

The Project Board is responsible for providing scrutiny, challenge, and approval throughout the project. The clarity of information provided to the Project Board is therefore paramount to the effective discharge of its role. Good practice was evidenced via the submission of monthly Project Manager’s reports to the Project Board and supported by regular and detailed financial reports.

Given the complexity of the financial information provided and the advanced stage of the current project programme, it would be beneficial that the Project Manager’s report presents a clear, standalone overview for key stakeholders. Noting the same, this review has recommended enhancements to the executive summary section for time and cost, to inform the Project Board.

The Project Progress Report (PPR) provided to the Welsh Government on a bimonthly basis required review and updating.

Recognising the above, and the nature of the finding, **substantial assurance** has been determined.

Key Findings		Risk & Impact	Agreed Management Action
1	Completeness of Project Progress Report (PPR) returns to Welsh Government. The Health Board is required to submit bimonthly PPR return to Welsh Government. Whilst the submissions were provided to Welsh Government, several areas of the proforma were incomplete or requirement improvement e.g.:	The completion of the PPR is a pre-requisite of the funding agreement letter; and as such incomplete returns could lead to the	Agreed Action: PPR to be more fully completed.

	- Section 3 – Top 5 Risks: The section was populated with probability ratings, but the 'Target Risk Rating' field was incomplete. - Section 6 – Resource Utilisation Profile: An increase to the opening CRL was shown, but the box requesting an "Explanation of resource utilisation by quarter – especially if material change to previous return" was not completed. Period dates also needed updating to reflect the current year. - Section 11 – Headline Comments: The section included references to VAT reclaim issues but did not forecast the potential sums. Whilst noting the same, Welsh Government had not commented on the completeness of the proforma at the time of the audit.	Welsh Government rescinding on their agreement to fund the project.	Expected Evidence of Implementation: PPR
		Medium Priority	Officer: Responsible Officer
	Theme: Reporting	Control Operation	Date: 30/11/25

Overview / Summary of Observations

Payment Certificate 53 had been issued with the net sum of £1,993,488.23 ex VAT. The total sum (ex VAT) expended on the SCP to date is £143,119,732.54 ex VAT against the current total of the Prices for Stage 4 of £171,063,519 ex VAT.

Material Costs

Material costs were sampled under Section 4 – Mechanical and Electrical (M&E), and it was found that requests had been made to subcontractors for invoice copies for items over £1,500. Notes from the Cost Adviser on settlement claims indicated that these invoices had been requested and reviewed prior to the audit. All invoices were reviewed, and no issues were identified.

Hours Claimed by SCP

The SCP is contractually committed to supply timesheets in support of staff costs claimed as part of the monthly payment process. Evidence was obtained to support the Cost Adviser’s assessment, and challenge of the SCP timesheet submission. For example trainees had entered college names in the ‘Working from Home’ section of their timesheets and were claiming for college days, which were not paid. The Cost Advisor assessed timesheets against Datascope (electronic site access system) records. Across a 4 week sample the difference in Timesheets and Datascope hours was 241.6hrs. This variance was mainly due to failure to comply with the Datascope (entry/exit controls). Whilst noting the variance, the assessment of timesheets and Datascope data enhances the controls and validation processes applied. However, the consistent application of Datascope would further validate the staff costs claimed (and ensure site access controls are robustly applied). In the previous audit, certain timesheets hours submitted by the SCP were noted to be excessive. There was a marked reduction in individuals working over 40 hrs during this review – and claimed within the payment submission (this may be attributed to the increased controls being applied or the current stage of the project). Noting the above, **reasonable** assurance had been determined.

Key Findings		Risk & Impact	Agreed Management Action								
3	Datascope (Site Entry/Exit) was not consistently utilised. A review of the SCP timesheets claimed within the valuation was reconciled to the Datascope on site entry system (site Entry/Exit), with the following example variances identified: <table><tr><th>Week</th><th>Timesheets (HRS)</th><th>Datascope (HRS)</th><th>Variance (HRS)</th></tr><tr><td>10/02/2025</td><td>777.25</td><td>696</td><td>81.25</td></tr></table>	Week	Timesheets (HRS)	Datascope (HRS)	Variance (HRS)	10/02/2025	777.25	696	81.25	Incomplete use of the Datascope system could compromise security and limits the ability to validate timesheet related settlement claims, which could result in financial	Agreed Action: PM/CA will include Datascope usage and variance figures within the established monthly reporting mechanism and recommend any associated actions.
Week	Timesheets (HRS)	Datascope (HRS)	Variance (HRS)								
10/02/2025	777.25	696	81.25								

	17/02/2025	947.05	847	99.8	loss to the Health Board	Expected Evidence of Implementation: Updated PM report.
	24/02/2025	754.9	737	17.9		
	03/03/2025	687.4	644.75	42.65		
	All the above variances were determined by the cost advisor to be as a result as a failure to apply the Datascope system. The timesheet hours submitted (contractually required) were assessed/challenged and considered reasonable by the Cost Adviser e.g. Evidence was provided of the Cost Advisor challenge to the difference between Datascope and timesheets. Whilst there is a satisfactory challenge process in place between the Cost Advisor and SCP, the Health Board should monitor the variance in usage to ensure continual improvement in the application of the Datascope system.					
					Medium Priority	Officer: Responsible Officer to instruct Project Manager/Cost Adviser.
Theme: Information, Data Quality & Data Accuracy					Control Operation	Date: 30/11/25

Overview / Summary of Observations

Strong management and control processes were noted in relation to the management of fees i.e. invoices were inspected and physically signed by the Senior Responsible Owner (SRO) before being entered onto Oracle. The Oracle workflow approval hierarchy was appropriately applied, enabling payment.

The Health Board's Finance Team collated data from Oracle to produce reports for the Cost Adviser. As part of this process, individual entries were reviewed to determine accrual requirements. It also identified invoices received during the month that had not yet been entered into Oracle, confirmed trends across periods, and highlighted variances against the budget

Associated internal costs were collated and payroll journals reviewed by the Finance Team. Any identified variances were appropriately escalated to the Financial Review Group and could be further escalated if required.

Of 12 fee entries on Oracle sampled (100% February 2025 invoices), all were processed and approved via the Oracle workflow approval hierarchy (in accordance with the Scheme of Delegation for the Health Board).

The strong invoicing processes and cost monitoring arrangements applied by the Finance Team contributed to the **substantial** assurance rating being determined.

Overview / Summary of Observations

The management process described for fees in Objective 3 was also applied to the management of non-works costs. Invoices were inspected and physically signed by the SRO before being entered into Oracle by a member of the Accounts Payable team aligned to the Project Team, where the workflow approval hierarchy for payment was applied.

Similarly, the validation process aligned with that applied at Objective 3 i.e. The Health Board's Finance Team collated data from Oracle to produce reports for the Cost Advisor – this process also included individually reviewing entries and determining accrual requirements. This process also identified invoices which had been received for the month but not yet entered onto Oracle, ratified trends across periods and identified variances to budget.

Variances were escalated to the Financial Review Group Meetings and further escalated if appropriate.

Of 13 non-works entries on Oracle sampled (100% February 2025 invoices), all were processed and approved via the Oracle workflow hierarchy (in accordance with the Scheme of Delegation for the Health Board).

Substantial assurance has been determined, recognising the adherence to Health Board's financial processes and strong monitoring controls applied.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

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Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Cwm Taf Morgannwg University Health Board, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Cwm Taf Morgannwg University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



PCH Redevelopment Programme Integrated Audit Plan 2025/26

October 2025

Cwm Taf Morgannwg University Health
Board



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University Health Board



1. Introduction

NHS Wales Infrastructure Investment Guidance (updated guidance issued by Welsh Government in October 2018) requires an Integrated Assurance and Approval Plan (IAAP), that sets out assurance and approval points for each stage of the Business Case process. Accordingly, the organisation is required to outline the various formalised assurance mechanisms proposed (e.g. internal audit, Gateway reviews, functional reviews etc.) and the timing of each.

The updated IAAP seeks to address a common misconception that Gateway reviews and Internal Audit Reviews provide the same level of assurance; it requires that Health Boards/ Trusts separately identify both.

The UHB made a provision for the Audit fee within the Phase 2 Business Case – accordingly, this paper updates the original plan and provides clarity on the potential coverage for 2025/26.

2. Methodology

This paper sets out the risk-based audit plan for 2025/26 – subsequent year’s requirements will be risk assessed and agreed with management. The proposal has been drafted in compliance with the Public Sector Internal Audit Standards.

For the purposes of this plan, key source information has been utilised as provided during the recent 2024/25 audits. The current programme anticipates:

Section	Status
1	Complete 31st March 2022
2	Complete 5 th December 2022
3	Complete 16 th September 2024
4	Anticipated Completion 16th April 2026
5	Anticipated Completion 10th November 2026
6	Complete 21 st March 2023
Overall	Anticipated Completion 10th November 2026

In addition to the above, the Full Business Case (FBC) is currently being developed for Section 7 of the works, with its anticipated submission to Welsh Government scheduled for October 2025.

The requirement has been developed based on our audit resourcing model and our experience of major project audits.

Applying our standard governance-based audit assessment methodology, the PCH Redevelopment Programme is identified as a high priority due to its significant cost, corporate importance and political materiality. As such, the audit plan has been developed to reflect this assessment.

The proposal includes a combination of programme-level, functional and consultancy assurance that, when combined, provide a balanced programme for the client to achieve the desired level of assurance.

The integrated audit plan will be kept under review and may be subject to change to ensure it remains fit for purpose.

3. Outputs

The plan detailed below outlines that a number of audit reports will be targeted during the year. These will be reported to the Lead Executive (SRO) and Audit & Risk Committee.

This will be further supplemented with output(s) from the Non-Opinion Assurance elements that will be shared with management for consideration/implementation as appropriate, advisory support and attendance at Project Board meetings.

Scope	Accordingly, the scope and remit of the 25/26 audit plan will include: 1. Section 7 – Development of the target cost – This audit will review the process for setting the Section 7 Phase 3 FBC target cost and will seek to ensure the demonstration of Value for Money at the pricing of individual works packages. The review will ensure that the Health Boards external advisors have applied appropriate scrutiny and challenge to establish robust budget estimates. This review will contribute to the assurance provided at the submission of the FBC. 2. Assessment of community benefits The review will assess the achievement and delivery of community benefits agreed as part of the business case. The review will confirm the accuracy of submitted information provided by the Supply Chain Partner and its advisors. Auditing community benefits supports transparency, ensures accountability, and demonstrates social value. This would provide a positive step in evidencing return on investment beyond financial metrics and ensuring communities receive meaningful, measurable outcomes from the project. 3. Deep dive into the final account The audit will examine the final account for section 3 completed in September 2024.It will assess the accuracy of cost reporting, validation of disallowed costs, application of pain/gain share, and compliance with contract terms. The review will also evaluate governance, record-keeping, and
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	lessons learned. Auditing the final account provides assurance on value for money, transparency, and contract management effectiveness. 4. Annual Requirements for Audit Committee The annual assessment of delivery against key project objectives (Time, Cost, Quality) i.e. an evaluation of the project's adherence to programme delivery, and an assessment of the project's anticipated financial outturn position confirming costs remain within budget, factoring in impacts from changes, identification of key delivery risks, assurance that key project deliverables meet or exceed established quality standards and requirements.
Associated risks	• Ineffective controls (including ineffective financial and contractual controls); • Breach of Standing Orders / Standing Financial Instructions / Welsh Government Guidance / Law. • Value for Money is not achieved; or • Liabilities are not appropriately safeguarded.
Approach	The approach to audit assignments is risk based, where the risks are identified with management. Controls are identified to manage those risks, and the assignment scope is designed to provide assurances on those issues. Prior to commencement of each review a detailed scope will be developed and provided to the lead executive for approval. Additionally, we reserve the right to liaise with Audit Wales, Welsh Government or any other parties pertinent to the review. Assurance opinions and action plan risk ratings

4 Recommendation

The overall audit plan was included within the Full Business Case for Phase 2 and, accordingly, the funding of the associated fee (£54,180) has been agreed with Welsh Government.

This paper has been developed after consultation with management and the Responsible Officer. The proposed coverage aligns with the assumptions of the initial plan, with costs adjusted for inflation. This has been agreed by the Director of Finance/ Senior Responsible Officer.

The Audit & Risk Committee is asked to note the proposed audit plan for 2025/26.

Follow-Up Vaccination Policy Implementation

Internal Audit Report

2025/26

Cwm Taf Morgannwg University Health Board

Contents

Executive Summary 1

Appendix A 4

Review Reference	CTM-2526-29
Fieldwork	October 2025
Executive Sign Off	November 2025
Audit Committee	November 2025
Executive Lead	Philip Daniels, Executive Director of Public Health
Audit Team	Paul Dalton, Head of Internal Audit Emma Samways, Deputy Head of Internal Audit



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Executive Summary

Purpose

We have completed a follow-up review of the implementation of the agreed management actions from our 2024/25 audit of Vaccination Policy Implementation that was issued in January 2025. This follow up review was completed in line with the 2025/26 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').

In our original report we issued a 'limited' assurance¹ opinion and identified three high or medium priority findings and management agreed actions to address risks associated with our findings. The Audit, Risk and Assurance Committee has monitored the progress made in implementing the management actions, via the internal audit tracker.

Overview

Our follow up review of the three agreed actions has identified the following:

Original Priority Rating	Number of agreed actions	Implemented / obsolete (Closed no further action required)	Action Ongoing (Further action required)	Not Implemented / Not due (Further action required)
High	2	1	1	0
Medium	1	1	0	0
Total	3	2	1	0

Full details of agreed actions requiring further work are provided in the table below. Where work is ongoing, we have re-assessed the priority rating for the action and revised these where appropriate.

For the agreed actions that have been closed or partially closed, management have undertaken work to address the key findings in our original report. This includes:

- Substantial work has been undertaken to address vaccination inequalities with those groups with the lowest uptake identified, the barriers to vaccination considered and approaches to mitigate them developed. There are fortnightly meetings of the Community Vaccination and Health Protection Working Group, which comprises Local Authority and Third Sector staff in addition to those from the Health Board, and this has led to the training of champions to support vaccinations in their localities, backed by tailored communication plans.
- In respect of staff vaccination rates, a multi-component approach has been developed including improving access through multiple sites and the use of Peer Vaccinators to encourage clinical colleagues to be vaccinated, which has already delivered benefits. The refinement of information to show relative performance at a more detailed level will enable the Health Protection Team to get the support of Executive Directors to target areas of weaker performance.
- Management are reviewing reporting and governance arrangements. At an operational level, the number of vaccinations that the Health Board delivers and the number of different providers of vaccinations results in a necessary complex and comprehensive reporting

¹ Limited Assurance definition 'More significant matters require management attention. There will be moderate impact on residual risk exposure until resolved'.

framework. Changes to committee structures at a strategic level in the Health Board have however helped to streamline reporting processes. The Health Protection Board is seen as the prime form of strategic governance and overview, and reporting arrangements are being formalised and enhanced. Going forward the intention is to ensure that the information being reported is used to better effect behavioural change and thereby improve overall vaccination rates.

Progress of Agreed Actions Not Fully Implemented

Ref	Previous Finding, Agreed Management Action, Original Responsibility & Timescale	Priority Rating	Status, Updated Action, Responsibility and Timescale	Revised Priority Rating
	Overarching Implementation Plan <u>Finding:</u> Whilst there are clear strategies in place which include specific deliverables for the Health Board to achieve, there is no overarching implementation plan to provide specific names, dates, and actions to achieve this, and to ensure that such actions are co-ordinated across the Health Board so that they are delivered in the most effective manner. Similarly, there are no department or directorate operational plans, although we do acknowledge that specific plans are often produced for individual vaccination campaigns. <u>Agreed Action:</u> Following recent recruitment activity, resource is now in place to produce an overarching implementation plan. Once this is complete, we will review planning at an operational level. <u>Original Responsibility & Timescale:</u> Julie Keegan, 30 June 2025	High Priority	Status: Partially Implemented An overarching implementation plan has been produced and includes a number of specific actions with names and dates, some of which have already had a positive impact on vaccination rates. However, there is still work to do in ensuring that the plan is kept up to date and that operational plans and associated actions are fully completed and monitored where required. Agreed Action: The overarching implementation plan, and the supporting operational plans will be fully developed and associated actions updated. Expected Evidence of Implementation: Completed Implementation Plan and supporting Operational Plans. Officer: Tracey Huggins, Directorate Manager, Primary Care Target Implementation Date: 31 January 2026	Medium Priority

Appendix A

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Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Audit Risk and Assurance Committee Update – Cwm Taf Morgannwg University Health Board

Date issued: November 2025

Document reference: 4695A2025

This document has been prepared for the internal use of Cwm Taf Morgannwg University Health Board as part of work performed / to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

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About this document

- 1 This document provides the Audit, Risk and Assurance Committee with an update on our current and planned accounts and performance audit work at Cwm Taf Morgannwg University Health Board.
- 2 We also provide additional information on:
 - Other relevant examinations and studies published by the Audit General.
 - Relevant corporate documents published by Audit Wales (e.g. fee schemes, annual plans, annual reports), as well as details of any consultations underway.
- 3 Details of future and past Good Practice Exchange (GPX) events are available on our [website](#).

Accounts audit update

4 **Exhibit 1** summarises the status of our current and planned accounts audit work.

Exhibit 1 – Accounts audit work

Area of work and	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of the 2024-25 Charitable Funds Annual Report and Accounts	Executive Director of Finance	To provide an audit and opinion on the Charity's 2024-25 Annual Report and Accounts.	Yet to commence.	The audit is scheduled to commence in the autumn, with certification by January. The Charity Commission's deadline is 31 January 2026.

Performance audit update

5 Exhibit 2 summarises the status of our current and planned performance audit work.

Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the Work	Current Status	Planned Date for consideration
Structured Assessment 2025	Director of Governance / Board Secretary	Our structured assessment work is designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2025 Structured Assessment will review: • Board and committee cohesion and effectiveness. • Corporate systems of assurance. • Corporate planning arrangements. • Corporate financial planning and management arrangements.	Fieldwork underway	February 2026
Structured Assessment	Director of Digital	This work will examine digital arrangements, with a particular focus on how the Health Board is investing in	Fieldwork underway	February 2026

Area of work	Executive Lead	Focus of the Work	Current Status	Planned Date for consideration
2024 – Deep Dive – Digital		digital technologies, solutions, and capabilities to support the workforce, transform patient care, meet demand, and improve productivity and efficiency.		
Review of Unscheduled Care	Chief Operating Officer	This work examines different aspects of the unscheduled care system and includes analysis of national data sets to present a high-level picture of how the unscheduled care system is currently working. The work includes an examination of the actions being taken by NHS bodies, local government, and Regional Partnership Boards to secure timely and safe discharge of patients from hospital to help improve patient flow (Part 1). We are also reviewing progress being made in managing unscheduled care demand by helping patients access services which are most appropriate for their unscheduled care needs (Part 2).	Part 1 – Report being drafted Part 2 – Report being drafted	February 2026 February 2026

Area of work	Executive Lead	Focus of the Work	Current Status	Planned Date for consideration
Review of Eye Care Services	Chief Operating Officer	This work assesses the Health Board's eye care services including plans to meet current and future population needs, regional working and arrangements to improve service efficiency. The review also considers how the Health Board is supporting patients to minimise the risk of harm occurring as a result of delays in access	Draft report issued.	February 2026
Structured Assessment 2024 – Deep Dive – Estates	Director of Finance	This work will examine the effectiveness of corporate arrangements to manage the Health Board's estate with a particular focus on ensuring the current estate is fit for purpose, represents value for money and supports organisation's wider strategic priorities	Scoping	To be confirmed
Review of cancer services	Chief Operating Officer	This work will follow on from the <u>review of national leadership arrangements for cancer services</u> .	Scoping	To be confirmed

Area of work	Executive Lead	Focus of the Work	Current Status	Planned Date for consideration
		Whilst the exact focus of this work is to be determined, it is likely to consider: • The progress NHS bodies are making towards achieving Welsh Government targets and quality standards for cancer services; • The efficacy of local plans and associated actions to recover cancer waiting lists; and • Use of the additional Welsh Government financial allocations to improve cancer services.		
Local project work – Follow-Up Outpatients	Chief Operating Officer	This work will examine the Health Board's arrangements to follow-up outpatient appointments, with the option to follow-up recommendations made in our 2015 and 2017 reviews of follow-up outpatient appointments.	Scoping	To be confirmed

Other relevant publications

- 6 **Exhibit 3** provides information on other relevant examinations and studies published by the Auditor General in the last six months. The links to the reports on our website are provided. The reports highlighted in **bold** have been published since the last committee update.

Exhibit 3 – Relevant examinations and studies published by the Auditor General

Title	Publication Date
<u>Digital Health and Care Wales – Review of Stakeholder Engagement Arrangements</u>	July 2025
<u>Temporary Accommodation, long-term crisis?</u>	July 2025
<u>Cost Savings Arrangements – A checklist for NHS Board Members</u>	June 2025

Additional information

- 7 **Exhibit 4** provides information on corporate documents published by Audit Wales since the last committee update. Links to the documents on our website are provided.

Exhibit 4 – Audit Wales corporate documents

Title	Publication Date
<u>Welsh Language Report 2024-25</u>	September 2025

- 8 There are no relevant Audit Wales consultations currently underway.



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telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

Briefing Note

National Fraud Initiative 2024-25: update for Cwm Taf Morgannwg University Health Board

About the National Fraud Initiative

- 1 The National Fraud Initiative (NFI) is a biennial UK-wide counter-fraud exercise. It helps prevent and detect fraud by electronically sharing and matching data sets. **Appendix 1** provides further information on how the NFI works.
- 2 In Wales, the NFI operates under the Auditor General's statutory powers. Participation is mandatory for unitary local authorities, NHS bodies, police forces, and fire and rescue authorities. Participating on a voluntary basis in the latest exercise are the Welsh Government, some Welsh Government arm's length bodies (Natural Resources Wales, Arts Council of Wales, Sport Wales, National Library of Wales, Transport for Wales), and South East Wales Corporate Joint Committee.
- 3 This briefing note provides an update on the latest NFI 2024-25 exercise at a national level and as at 31 July 2025. It also provides some local level data for your organisation, although we are encouraging those charged with governance to seek further local detail from lead officers.

Data submission for 2024-25

- 4 The NFI 2024-25 exercise is underway. Participants submitted data for the biennial batch data matching exercise in October 2024. This included data on housing benefits, housing tenants and waiting lists, blue badge parking permits, licences, and various payments such as creditor payments, payroll, and pensions.
- 5 The UK Public Sector Fraud Authority released most data match reports to participants by the end of December 2024. Council tax and electoral register data are submitted annually. The most recent deadline for submitting this data was February 2025.
- 6 Supplementary data runs take place during the exercise to process new, incomplete or missing data submissions. For example, progress is being made to amend the Public Audit (Wales) Act 2004 through a Legislative Reform Order which will enable the NFI to resume the matching of adult social care data during the NFI 2024-25 exercise.

National update

Data matches and investigation

7 To date, almost 440,000 data matches have been identified for the Welsh NFI 2024-25 exercise participants. **Exhibit 1** shows that most of these matches are for unitary authorities and health bodies.

Exhibit 1: NFI 2024-25 Welsh participant data matches by type of organisation, at end of July 2025

Type of organisation	Number of data matches	% of data matches
Unitary authority	373,114	84.9
Health	50,409	11.5
Police	2,641	0.6
Fire and rescue	740	0.2
Other	12,749	2.9
Total	439,653	100.0

Source: Audit Wales analysis of NFI web-application data

Note: % total does not match the sum of the parts due to rounding.

- 8 Data matching identifies potentially fraudulent or erroneous claims and payments. No assumption can be made about whether there is fraud, error, or another explanation until an investigation is carried out. There can, for example, be false positives around creditor payments if bodies are deliberately making staged payments of the same amount.
- 9 We recognise it is not practical to investigate all data matches, particularly for bodies with large numbers of matches. Bodies are encouraged to take a risk-based approach to assessing data match reports and deciding what type of, and how many, data matches they review.
- 10 By the end of July 2025, five participating bodies had not yet closed any data matches. Some participants are making good progress with reviewing NFI 2024-25 data matches, while others have made limited progress.
- 11 **Exhibit 2** shows the total number of data matches for each data match area. It also shows the number of data matches closed in a data match area, along with the number of participants that have matches in that area.

The absence of closed matches indicates that the participant has not reviewed any matches in that area.

Exhibit 2: NFI 2024-25 Welsh participant data matches processed and closed, at end of July 2025

Data match area	Data matches	Data matches closed	Participants with data matches	Participants with no closed statuses for their matches
Council tax single person discount	198,146	5,385	22	11
Creditors	187,228	19,791	48	16
Council tax reduction scheme	16,578	3,547	22	1
Blue badges	10,377	5,849	22	3
Payroll	8,150	1,705	46	6
Housing waiting lists	6,359	1,392	18	5
Housing tenants	4,636	879	11	2
Pensions	2,962	1,098	12	4
Resident parking	2,405	2,368	8	1
Procurement	1,985	400	42	28
Housing benefit	826	483	22	2
Taxi drivers	1	1	1	0
Total	439,653	42,898	49	5

Source: Audit Wales analysis of NFI web-application data

Note: After risk assessing data match reports and any subsequent investigations, each data match should be 'closed' and given a match status. There are a range of 'closed' statuses. Matches not investigated should be given the status 'Closed – Not selected for investigation'. Assigning match statuses to data matches can be done individually or by bulk selection.

Outcomes

- 12 Welsh participants recorded outcomes of £4.7 million for the period 1 April 2024 to 31 July 2025. **Exhibit 3** shows which matching process the outcomes relate to.

Exhibit 3: Welsh participant reported NFI outcomes, 1 April 2024 to 31 July 2025

NFI exercise	Outcomes (£s)
NFI 2024-25 biennial exercise	1,719,037
Late savings from the NFI 2022-23 biennial exercise	867,157
Annual council tax data matching exercises	2,080,831
Total	4,667,025

Source: Audit Wales analysis of NFI web-application data

Note: Outcomes are made up of (i) actual amounts participants have recorded as fraud or error; and (ii) estimated elements which seek to capture the value of loss from a fraud or error detected, and the value of any future losses that bodies may have incurred without intervention following an NFI match. Most datasets have a methodology to calculate estimated savings. All methodologies are reviewed by the Cabinet Office’s NFI Governance Board and approved by the Cabinet Office’s Fraud Prevention Panel.

Local update

- 13 Data matches are released in data match reports. Each report has a different purpose and compares data from two or more datasets. The reports are broken down into dataset types: for example, housing benefit, payroll, or creditors.
- 14 An organisation’s risk assessment of the data match reports should determine the types and numbers of data matches to be investigated. To aid risk assessment, the NFI web application flags some data match reports as ‘key reports’ with historically high success rates in identifying fraud or error. Also, most individual data matches are assigned a fraud risk score.
- 15 **Exhibit 4** shows the total number of data matches identified for Cwm Taf Morgannwg University Health Board, along with those recorded in key reports. **Appendix 2** provides some further analysis of these data matches by fraud risk score.

Exhibit 4: Cwm Taf Morgannwg University Health Board’s NFI 2024-25 data matches, at end of July 2025

Data match area	Data matches in all reports	Data matches in key reports with historically high success rates
Creditors	5,598	4,307
Payroll	280	152
Procurement	58	58
Total	5,936	4,517

Source: Audit Wales analysis of NFI web-application data

Note: Council tax single person discount data match reports are not formally designated as ‘key reports’ but are treated as such in practice.

- 16

Various factors can influence which data match reports are reviewed and when this takes place. For example, an organisation may prioritise looking at data match reports linked to areas where it has concerns about internal controls or where there is a history of fraud or error. Also, local resourcing will dictate the pace of progress. For these reasons, this general update does not provide further detail on where processing work and outcomes are recorded by your organisation at this stage.
- 17

The NFI web application features a dashboard and provides various reports on outcomes and processing activity. We encourage those charged with governance to seek more detailed updates on processing work and outcomes recorded from their NFI Senior Responsible Officer and NFI Key Contact.

Future Audit Wales work

- 18

For this NFI exercise we will carry out a high-level assessment of participants’ governance and follow-up arrangements. We will engage with bodies over the autumn/early winter to consider issues covered in our NFI self-appraisal checklist.¹ We will also analyse the risk assessment and data

¹ In December 2024, we shared the updated checklist with NFI senior responsible officers and key contacts. We encouraged all bodies to complete it and share it with those charged with governance.

match processing work carried out, and the outcomes recorded by participants, as reflected in the NFI web application.

- 19 This work will help us understand the factors influencing the outcomes reported by individual bodies and the variations between them. Findings from this assessment will inform our next national report in autumn 2026.

Appendix 1 – The National Fraud Initiative

The NFI uses data matching to detect and prevent fraud. It electronically compares sets of data against other records held by the same and other bodies, to see to what extent they match.

The data matching flags anomalies or inconsistencies that indicate potential fraud or error. Indicators of potential fraud are reported to the participants, who are responsible for following up these matches.

The effectiveness of the NFI depends on the thoroughness of the assessment and investigation of matches and recording of outcomes.

Bodies record the outcomes in the NFI web application. Each participant body has a nominated Senior Responsible Owner and Key Contact for the NFI, who in some cases may be the same individual.

The UK Public Sector Fraud Authority, part of the UK Government's Cabinet Office and HM Treasury, oversees the NFI across the UK. Audit Wales leads the exercise in Wales under the Auditor General's powers in the Public Audit (Wales) Act 2004. The Auditor General's Code of Data Matching Practice summarises the key legislation, and controls, governing the exercise in Wales.

We published a report on the outcomes from the 2022-23 NFI exercise in October 2024. Reports on the NFI for other parts of the UK are produced by the Public Sector Fraud Authority, Audit Scotland, and the Northern Ireland Audit Office.

There is no direct cost to participants for taking part in the exercise. Audit Wales receives funding, through the Welsh Consolidated Fund, to pay for bodies to participate in the NFI. This covers the central data matching processing for the biennial exercise, as well as the annual exercise for council tax and electoral register datasets. This remained the case for the NFI 2024-25 exercise. The main costs to participants are, therefore, the resources used to submit data and conduct follow-up work once data matches are released.

Appendix 2 – Analysis of data matches by fraud risk score for Cwm Taf Morgannwg University Health Board

The NFI assigns a fraud risk score of very high risk, high risk, or medium risk to most, but not all, data matches. This risk score is based on a combination of two factors:

- Risk logic – a set of criteria for each dataset combination that, when met, indicates a fraudulent outcome is more likely to occur.
- Footprint score – the number of times an individual in a match appears at the address across all NFI data. It is an indicator of whether that person resides at that address.

Exhibit 5 and **Exhibit 6** provide further analysis of Cwm Taf Morgannwg University Health Board's data matches by risk score for data matches in all data match reports and those in key reports. This analysis builds on **Exhibit 4** in the main body of this briefing note. Not all data matches are formally assigned a risk score. Council tax single person discount data matches and matches in key reports that are not formally assigned a risk score should generally be treated as 'very high risk' in practice.

Exhibit 5: Cwm Taf Morgannwg University Health Board’s NFI 2024-25 data matches by risk score for data matches in all reports, at end of July 2025

Data match area	All data matches	Very high risk	High risk	Medium risk	No risk score
Creditors	5,598	811	4,787	0	0
Payroll	280	29	123	74	54
Procurement	58	0	0	0	58
Total	5,936	840	4,910	74	112

Source: Audit Wales analysis of NFI web-application data

Exhibit 6: Cwm Taf Morgannwg University Health Board’s NFI 2024-25 data matches by risk score for data matches in key reports, at end of July 2025

Data match area	All data matches	Very high risk	High risk	Medium risk	No risk score
Creditors	4,307	772	3,535	0	0
Payroll	152	26	33	49	44
Procurement	58	0	0	0	58
Total number of data matches	4,517	798	3,568	49	102

Source: Audit Wales analysis of NFI web-application data

Agenda Item

Unapproved Minutes of the CTMUHB Audit, Risk & Assurance Committee

Date and Time of Meeting	Thursday 14 August 2025 @ 10:30am
Venue	Virtual via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member (Committee Chair)
	Dilys Jouvenat	Independent Member (Committee Vice Chair)
	Kath Palmer	Vice Chair / Independent Member
	Kathy Mason	Independent Member
	Helen Lentle	Independent Member
In Attendance	Sally May	Executive Director of Finance
	Dom Hurford	Executive Medical Director
	Richard Hughes	Deputy Executive Director of Nursing – For Agenda Item 5.3
	Claire Thompson	Executive Director of Strategy & Transformation – In Part for Agenda item 7.3.4.
	Owen James	Head of Corporate Finance
	Alison Williams	Local Counter Fraud Specialist
	Michelle Newport-Edwards	Local Counter Fraud Specialist
	Cally Hamblyn	Assistant Director of Governance & Risk (Meeting Secretariat)
	Darren Griffiths	Audit Manager (Performance) - Audit Wales
	Steve Stark	Auditor - Audit Wales
	Paul Dalton	Head of Internal Audit
	Emma Samways	Deputy Head of Internal Audit
	Andrew Doughton	Auditor - Audit Wales – for agenda item 7.5.
	Kelly Eddington	Quality, Assurance & Compliance Officer
Meeting Observers		

(Item heading i.e. "Unconfirmed minutes of the CTMUHB xxx held on the xxx")

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(Meeting Name)
(Meeting Date)



Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	P. Roseblade, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed. P. Roseblade advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.
1.2	Apologies for Absence
	Apologies were received from: • Gareth Watts – CTMUHB Director of Corporate Governance (Cally Hamblyn – Assistant Director of Governance & Risk Deputising) • Mark Jones – Audit Manager, Audit Wales (Steve Stark Deputising) • Nathan Couch – Audit Lead, Audit Wales (Darren Griffiths Deputising) • Matthew Evans – Head Local Counter Fraud (Alison Williams & Michelle Newport-Edwards Deputising)
1.3	Declarations of Interest
	No declarations were identified.
2.	CONSENT AGENDA BUSINESS
2.1	The Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 8) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.
3.	MAIN AGENDA
3.1	Action Log
	C Hamblyn presented the action log noting those proposed for closure and the update in relation to the one remaining open action.
<i>Resolution:</i>	The Committee DISCUSSED and NOTED the Action Log and APPROVED the actions for closure.
3.2	Matters Arising Not Captured on the Action Log
	No further matters were identified.
4.	COMMITTEE GOVERNANCE ARRANGEMENTS / IMPROVING CARE
4.1	Organisational Risk Register
	C Hamblyn presented the July iteration of the Organisational Risk Register drawing members attention to the detailed updates captured in the Cover Paper and Appendix to the report. She highlighted that the risks are updated regularly and acknowledged the significant engagement she receives by Care Groups and Central Directorates.

	The Committee commended those involved in the development of the Organisational Risk Register as it provides a comprehensive appraisal of the high-level risks negating the need for further clarity or questions to be sought during the meeting. P Roseblade drew attention to the emerging risk captured on page 6 of the cover paper, "Lack of Resuscitaire in Princess of Wales Hospital Emergency Department" (Datix Risk ID 6152), and sought assurance as to when the unit will take delivery of their own Resuscitaire equipment. C Hamblyn advised that this risk is in the process of being updated for the September iteration of the Organisational Risk Register and she is aware that the equipment is expected imminently if not already received. An update will be captured in the next update to the Committee.
<i>Resolution:</i>	The Organisational Risk Register was REVIEWED and CONSIDERED.
<i>Action:</i>	The September iteration of the Organisational Risk Register to capture an update on the "Lack of Resuscitaire in Princess of Wales Hospital Emergency Department" (Datix Risk ID 6152).
4.2	Interim Amendments to the Model Standing Financial Instructions (SFIs) Chapter 11 for Local Health Boards
	C Hamblyn presented this report and Members noted that the change to the SFI's was to ensure compliance with the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and the Procurement Act 2023 (and associated subordinate instruments) which required an amendment to Chapter 11 of the Health Boards SFIs. S May commented that the change presents a substantially different legislative framework than what the Health Board is currently operating within. P Roseblade requested that for future updates of this nature that a summary paragraph be provided so any change to the SFI's are clearly specified and visible to the reader.
<i>Resolution:</i>	The report was ENDORSED FOR BOARD APPROVAL
<i>Action:</i>	Future updates to the Standing Orders and Standing Financial Instructions to provide a summary paragraph so any amendments are specified and clearly visible to the reader.
5.	FINANCIAL GOVERNANCE ACTIVITY
5.1	Losses and Special Payments Report
	S May presented the report highlighting the significant potential additional cost related to the Welsh Risk Pool (WRP), outlining that for 2025-2026 the WRP are reporting a risk of all Wales overspend of £42m and based on the risk sharing agreement, this would equate to an overspend risk for the Health Board of circa £6.5m. S. May advised that this is reported as a financial risk at this stage while further work is undertaken to refine the estimated impact, As such, this is not yet

	reflected in the financial position forecast as yet; however, it is expected to crystallise as a pressure later in the year. It was noted that this risk has been included within the reported position at Month 3. K Palmer sought clarity as to what the Health Board could do to fundamentally make change happen in relation to this risk. In response, S May advised the aim of the Redress Scheme and the Learning From Events Reports and the like is to mitigate future claims being received, however, the trend is that the number of Clinical Negligence Claims are continuing to increase alongwith the costs associated with them due to their complexity, leading to the the financial risk pressures as indicated within the report. R Hughes added to this discussion by outlining the various learning approaches undertaken by the Patient, Care and Safety Directorate to learn from cases and identify trends and themes. He recognised that whilst there is still space to improve the team are responsive to changes and adapting ways of working. In response to a query from K Mason, R Hughes clarified that the learning and risk sharing processes are Wales-wide, and upcoming changes in the Putting Things Right Regulations will affect all Health Boards. He referred to his agenda item at 5.3, where the report explores what these changes mean for the Health Board and its relationship with the Welsh Risk Pool. S May commented that the Health Boards proportion of the risk sharing agreement is reassessed on a rolling three-year basis. In response to a question from P Roseblade, S May confirmed that whilst recognised as a financial risk it is yet to be captured in the financial position forecast as yet but is expected to feature as a pressure later in the year, circa Month 5 and Month 6. P Roseblade queried whether clinical negligence claims had increased since the introduction of the Duty of Candour. In response, R Hughes agreed to explore this point and provide an update outside of the meeting.
<i>Resolution:</i>	The Committee: • NOTED the losses and special payments made for the period 1 April 2025 to 30 June 2025. • NOTED the risk of overspend on the WRP risk sharing agreement of £6.5m. • NOTED the key risks for escalation on the increasing net provision value and the penalties imposed for overdue deferred learning.
<i>Action:</i>	R Hughes to provide an update as to whether there has been an increase in Clinical Negligence claims following the introduction of the Duty of Candour.
5.2	Procurements and Scheme of Delegation Report
	S May presented this item highlighting the following key areas: • Contracts requiring ministerial approval drawing attention to 'Table B' which related to Outsourcing Surgical Procedures to support the reduction of Waiting List Times.

	Retrospective Orders and Non-Receipting noting improvements following focussed education with some challenging areas resulting in the clearance of around 400 invoices.
	Consultancy Contract for Digital Consultancy and Advisory Services for Health. P Roseblade expressed concern around Dewi Sant Hospital falling within the Top 3 Non-Receipting Areas as a non-clinical site. In response, S May provided assurance to the Committee that targeted bespoke training continues to be provided to the Facilities Directorate and she will be liaising with the new Deputy Head of Procurement to highlight this issue for his attention. O James presented the Financial Control Procedure aspect of the report noting that the updates to the FCPs supported the ongoing delivery of the SFIs. Attention was drawn to the email shared with Members prior to the meeting which summarised the key changes made to the procedures. He further noted that there will be several FCPs coming forward to the November meeting. P Roseblade requested that future updates to FCPs included a detailed appendix to the report which outlines the key changes made.
<i>Resolution:</i>	The Committee: NOTED the position on procurement matters for the period 01.04.2025 to 30.06.2025; NOTED the update regarding Purchase to Pay and achievement of PSPP target up to Month 3 of 2025/26; APPROVED the updated FCPs.
<i>Action:</i>	Future updates to FCPs to include a detailed appendix to the report which outlines the amendments made to the documents.
5.3	Penalties for Late Submitted Evidence Update
	In presenting the report R Hughes provided a detailed overview of the process for Learning from Events Reports, associated triggers, the role of the Welsh Risk Pool Learning from Events Advisory Panel and a description of the panel outcomes. Furthermore, he provided a breakdown of the penalty status for the Health Board over the past three months as outlined within the report. R Hughes provided assurance to Members that an internal "Legal Services Recovery Programme" had been initiated and within this programme of improvement there has been direct engagement with the Welsh Risk Pool's, Head of Safety and Learning, who has applied one-time extensions for the Health Board cases and a stay in proceedings on penalty action for 4 months from August, pushing the deadline to 22 October 2025. These extensions are intended to allow time for learning to be approved by the National Learning Advisory Panel. Furthermore, Welsh Risk Pool advisors will be working within the Health Board to advise and support the design of the internal Learning from



	Events Report Panel which will oversee performance as well as make assessments on cases ahead of formal submission. This move reflects a collaborative effort to avoid penalties while maintaining accountability. The Members were assured that best practice from other areas such as Betsi Cadwaladr University Health Board is being benchmarked. R Hughes also advised that the Organisational Change Process (OCP) for Legal Services, now concluded, sets the foundation for a more robust and streamlined operational model that will be implemented in due course. The revised structure introduces separation within the existing legal team to allow greater focus on defined areas. He also noted that the aim is to withdraw from the recovery programme and revert to business as usual with more efficient and effective structures, systems and processes and with clear collaboration and engagement with key stakeholders such as the Welsh Risk Pool and Legal & Risk Services. R Hughes also confirmed that the Health Board is represented on the Welsh Risk Pool Learning from Event Panels which is providing valuable insight into the thresholds for evidence and the Panel's expectations around learning. H Lentle sought to understand the timings for implementing the new operational structures for Learning from Events and Claims. In response, R Hughes advised that with workforce support, the new structure should begin implementation within three to four weeks. He reported that the implementation was delayed, however, this was to incorporate team feedback and counter-recommendations, which led to a review and improvement of the proposed structure. P Roseblade queried if the restructure has required any additional resourcing. In response, R Hughes advised that due to improving the use of digital solutions there has been a small degree of efficiency which has allowed for the structure changes to be achieved within existing budgets.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No actions were identified.
6.	COUNTER FRAUD ACTIVITY
6.1	Local Counter Fraud Report
	A Williams highlighted the key areas of the report and noted that the team had been successful in recruiting to their Local Counter Fraud Specialist Vacancy, with the successful candidate due to commence at the end of August. P Roseblade drew attention to the formatting of the Counter Fraud Investigations Update report noting that the colour differential was helpful in seeking the assurances from the report. P Roseblade also drew attention to the 'Inform and Involve' section of the update report seeking clarity as to the reference to social media. In response, A Williams advised that the Counter Fraud Team are exploring the use of Viva Engage, an

	internal social media platform part of the Microsoft 365 package suite, as part of multi-modal means of raising awareness amongst a dispersed workforce. In concluding the last item of the report M Newport-Edwards provided an overview of the Economic Crime, Corporate Transparency Act 2023 (EKTA), focusing on the new corporate offence of failure to prevent fraud, which will take effect from September 2025. The key areas she highlighted from the report were: - that the offence holds large organisations criminally liable if they benefit from fraud committed by an employee or agent and cannot demonstrate reasonable fraud prevention procedures. - That actual benefit is not required—intended benefit is sufficient for liability. - That the criteria for organisations in scope at paragraph 2.4 of the report and references guidance from the UK Government and NHS Counter Fraud Authority to assess if the Health Board meets the criteria of a large organisation and that the team will link in with the Health Boards risk assessment processes as required. P Roseblade suggested that the Local Counter Fraud Team explore the possibility of mandating Counter Fraud Training requirements for the Health Board to improve learning in this area and advised the team to contact G Watts for advice and signposting.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	Local Counter Fraud Team explore the possibility of mandating Counter Fraud Training requirements for the Health Board to improve learning in this area and advised the team to contact G Watts for advice and signposting.
7.	AUDIT REVIEWS AND ASSURANCE ACTIVITY
7.1	Audit Recommendations Tracker
	C Hamblyn highlighted the following key areas in presenting the newly formatted report and approach: - The Audit Tracker report now only highlights overdue actions with the aim of streamlining Committee focus while keeping the full tracker accessible for deeper review available in Admincontrol. - Executive Leadership Group reviewed the tracker and recognised the need to assess relevance of old actions and escalate overdue items for review and closure. - Efforts are underway to cleanse obsolete actions, improve management responses, and educate teams with the introduction of a new Audit Handbook developed by the Quality Assurance & Compliance Team. - Open dialogue with Audit colleagues continues to ensure actions remain relevant and appropriate where they have been open for a long period. K Palmer expressed concern around the number of overdue actions and queried if due to the age of some actions whether they were still relevant or had become

	obsolete. C Hamblyn recognised the concerns noting ongoing efforts to cleanse the tracker and improve the quality of management responses and reemphasise to audit leads the importance of setting realistic deadlines from the outset and maintaining regular review. P Dalton assured the Committee that there is open dialogue between Audit and Health Board Colleagues and acknowledged that actions may become obsolete over time and that Committee scrutiny is key to maintaining focus and relevance. In concluding the item, P Roseblade thanked the team for the report developments, welcoming the new focussed approach. She drew attention to the "Internal Audit Areas of Suggested Focus" in the cover paper on page 2 and suggested that in future reports further narrative is added to this section providing comparative performance and rationale for any changes in focus quarter by quarter. C Hamblyn and E Samways also agreed to link in on this area as reference could also be captured here in relation to follow-up reviews.
<i>Resolution:</i>	The Committee NOTED the Report and AGREED the assurances provided.
<i>Action:</i>	Section on 'Internal Audit Areas of Suggested Focus' in the cover paper on to include further narrative providing comparative performance and rationale for any changes in focus quarter by quarter and reference to Internal Audit follow up reviews.
7.2	NWSSP Internal Audit Progress Report
	P Dalton drew Members attention to section 5 of the report and commended the Health Board for the improvement in post audit questionnaire performance. He also noted that the Prince Charles Hospital Financial and Technical Compliance Report currently shown as draft in table 3 of the appendices, has since been updated and provides for a 'Substantial Assurance' rating outcome. The final report is imminent.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No actions were identified.
7.3	NWSSP Internal Audit Review Reports
7.3.1	IA Review – End of Life Care Management – Final
	E Samways presented the report drawing attention to the key findings and recommendations and noting that the assurance rating was one of 'Limited Assurance'. Training was highlighted as a key area of risk within the review. C Thompson provided the Committee with assurance that the findings from this review will be built into the work programme of the Dying Well Strategy Group which reports to the Strategic Development Committee. In response, to K Palmer's query as to why training has only now been identified, C Thompson agreed to investigate this point and provide assurance to the Strategic Development Committee in October 2025.

	Following discussion, the Committee recognised that the structural landscape could be a little clearer in this area and reflected that it touches on several portfolios. Recognising the challenge the Committee were assured that C Thompson would revisit the audit review and recommendations with relevant Executive Leads and if there were any changes needed to the recommendations and management responses these would return to the Committee following engagement and agreement with Internal Audit Colleagues. In the meantime, the audit will be added to the Audit Tracker as per routine process for monitoring by this Committee.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	• C Thompson to revisit the audit review and recommendations with relevant Executive Leads and if there were any changes needed to the recommendations and management responses these would return to the Committee following engagement and agreement with Internal Audit Colleagues. • C Thompson to explore the risk around training identified within the audit review and report back to the next Strategic Development Committee.
7.3.2	IA Review – Welsh Risk Pool Final
	E Samways presented the report noting that this is a review that is completed on an annual basis in relation to the Health Boards arrangements for compliance with the Welsh Risk Pool Standards. P Roseblade referred to agenda item 5.3 and reflected on the position the Health Board has reported around Learning from Event Reports (LFERs) and associated penalties and how that did not correlate with this 'Reasonable Assurance' rated report. In response, E Samways confirmed that LFER process and performance was outside the scope of this review.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No actions were identified.
7.3.3	IA Review – Audit Recommendations Tracker Review
	E Samways presented the report noting the 'Reasonable Assurance' rating. She highlighted that the main finding of the review was strengthening the closure process narrative within the AMaT system which the team had already recognised and were taking forward.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No further actions were identified.
7.3.4	IA Review – Decarbonisation – Follow Up



	P Dalton advised that this was a follow up review of the implementation of the agreed management actions from the Decarbonisation Audit issued in May 2024. He drew attention to the overview within the report noting positive progress against the actions overall. C Thompson drew attention to recommendations 4.1 and 4.2 and suggested that she meet with P Dalton outside the Committee to review and further shape these recommendations so that they are both achievable and appropriate. C Thompson and the Committee commended the Sustainability Manager for his work in this area particularly against the challenging financial backdrop. S May reiterated the concerns she had previously raised around reference to a 'Costed Plan and Funding Strategy' and suggested that she also meets with C Thompson and P Dalton to revisit this audit recommendation as it is currently not achievable or agreeable from a financial perspective. P Roseblade queried why there was no follow up rating applied and P Dalton explained the changes in approach to follow up reviews following the implementation of the global Internal Audit Standards. It was agreed that he would reiterate the nuances around the follow up process within the Internal Audit Update Report to the next meeting.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	• C Thompson, S May and P Dalton to meet to review recommendations 4.1 and 4.2. • P Dalton to set out the approach to follow up reviews within the next Internal Audit Progress Report update to the November meeting.
7.3.5	IA Review – Financial Systems - Final
	E Samways presented the report highlighting the two areas of focus being petty cash and losses. The Committee congratulated the Finance Directorate on achieving a 'Substantial Assurance' rating.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No actions were identified.
7.3.6	IA Review – Access to Diagnostics Criteria
	P Dalton drew attention to the findings of the report noting that a 'Reasonable Assurance' rating was achieved. He advised the Committee that the leads involved in the review quickly committed to identifying the actions needed and set efficient timeframes for completion.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No actions were identified



7.4	Audit Wales Audit & Risk Committee Update
	Audit Wales colleagues provided the Committee with an update on the current and planned accounts and performance audit work. D Griffiths drew attention to the status of the planned performance audit work noting the separate update at agenda item 7.5 on the Audit Wales Review 'Tackling the Planned Care Challenges', for which A Doughton is in attendance to present. S Stark presented the accounts update noting that since the last meeting the financial statements had been signed and certified and the next substantive area of activity will be the audit of the 2024-2025 Charitable Funds Report and Accounts, which is scheduled to commence in the autumn to comply with the Charity Commission's deadline of the 31 January 2026.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No further actions were identified.
7.5	Audit Wales Review – Tackling the Planned Care Challenges
	A Doughton advised the Committee that this audit was part of a mandated review across all Health Boards in Wales to consider progress in tackling planned care challenges and reducing waiting list backlogs. In summarising the findings of the review, A Doughton reported that the report concluded that the Health Board is reducing the numbers of very long waits, although it was acknowledged that the October 2024 critical incident in Princess of Wales Hospital affected waiting list recovery. The report also noted that the Health Board has good short-term plans, however, it needs to develop its clinical services plan to help shape services that can sustainably meet expected growth in demand in the longer-term. The report also concluded that the Health Board needs to improve how it reports on harm resulting from planned care delays. A Doughton assured the Committee that the findings were not dissimilar to a number of other Health Boards in Wales and that the response to the Princess of Wales Critical Incident did not overly compromise recovery, therefore a positive response by management should be acknowledged. The Committee noted that there was work underway to improve the robustness of the management response and that this would be reported to the November 2025 meeting. K Palmer suggested that a focus for the Strategic Development Committee is how the Health Board compares service transformation with short term improvements and that sustainable transformation should be the focus and she



	would discuss this point with C Thompson as Executive Lead for the Strategic Development Committee. H Lentle sought clarity on a comment that the Health Board's engagement was only 'quite good' during the audit review. In response, A Doughton advised that the critical incident presented understandable pressures at the outset of the audit and that the return of the management response had taken a little longer than anticipated, however, overall there were no significant concerns and Health Board Officers were thanked for their engagement.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	A focus for the Strategic Development Committee is how the Health Board compares service transformation with short term improvements and that sustainable transformation should be the focus.
7.6.	Audit Wales – Audit of Accounts Report Addendum
	S Stark presented the report which sets out the recommendations arising from the Audit Wales review of the 2024-2025 accounts and an update on the progress the Health Board has made against previous years' recommendations. He noted that for an organisation the size and with the complexities of the Health Board, the shortness of the report reflects very positively on the quality of the account's submission. K Palmer drew attention to the recommendations relating to digital system issues from 2022-2023, noting some recommendations were not implemented. In response, S May explained that the Health Board did not agree with certain system-related recommendations from 2022-2023 because they concern external systems, that are not within the control of the Health Board. She further noted that retinue will be removed from the list as it is no longer used. P Roseblade drew attention to the recommendation relating to 'Salary Sacrifice Deductions'. In response, S May confirmed that following technical review, the Health Board believes their reporting is correct and that adding back salary sacrifice and disclosing benefits in kind would result in double counting. S Stark noted that this recommendation would be removed from future reports and other recommendations will be revisited in the 2025-2026 audit of accounts where appropriate.
<i>Resolution:</i>	The report was NOTED .
<i>Action:</i>	No actions were identified.
8.	CONSENT ITEMS
8.1	FOR APPROVAL
8.1.1	Unconfirmed minutes of the meeting held 22 May 2025



Resolution:	The Unconfirmed minutes of the meeting held on 22 May 2025 were APPROVED .
8.1.2	Unconfirmed minutes of the In Committee meeting held on 22 May 2025
Resolution:	The Unconfirmed minutes of the In-Committee meeting held on 22 May 2025 were APPROVED .
8.1.3	Unconfirmed minutes of the Extra Ordinary Committee meeting held on 25 June 2025
Resolution:	The Unconfirmed minutes of the Extra-Ordinary Committee meeting held on 25 June 2025 were APPROVED .
8.1.4	Draft Committee Annual Report 2024-25
Resolution	The Committee Annual Report for 2024-2025 was APPROVED .
8.2	FOR NOTING
8.2.1	Annual Cycle of Business 2025
Resolution	The Committee Annual Cycle of Business was NOTED .
8.2.2	Committee Forward Work Plan
Resolution	The Committee Forward Plan was NOTED .
8.2.3	Standing Orders – Variation or Breach Report
Resolution	The Standings Orders – Variation or Breach Report was NOTED .
8.2.4	Outcome of the Committee Self Effectiveness Survey & Improvement Plan
Resolution	The outcome of the Committee Effectiveness Self-Assessment was NOTED .
9.	CLOSE OF BUSINESS
9.1	Any other Business
	No further items were identified.
9.2	How did we do in this meeting?
	The Committee Chair advised that if Committee Members had any comments to raise as to how the meeting went today, then they could share these with herself and the Corporate Governance Team outside the meeting.
9.3	Committee Highlight Report
	The Committee Chair advised that this would be drafted outside the meeting by the Governance Team.
10.	ITEMS TO BE DISCUSSED IN CLOSED SESSION
10.1	Organisational Risk Register - Business Sensitive Risks

	Financial Control Procedure - Medical Variable pay - Summary of Authorised Breaches
11.	DATE AND TIME OF THE NEXT MEETING
11.1	The next meeting is scheduled for 13 November 2025.



Agenda Item

Unapproved Minutes of the CLOSED CTMUHB Audit, Risk & Assurance In Committee

Date and Time of Meeting	Thursday 14 August 2025 @ 12:30pm
Venue	Virtual via Microsoft Teams

Members Present	Patsy Roseblade	Independent Member (Committee Chair)
	Kath Palmer	Vice Chair of the Health Board / Independent Member
	Helen Lentle	Independent Member
In Attendance	Sally May	Executive Director of Finance
	Dom Hurford	Executive Medical Director
	Owen James	Head of Corporate Finance
	Cally Hamblyn	Assistant Director of Governance & Risk (Meeting Secretariat)
	Darren Griffiths	Audit Wales
Meeting Observers	Not applicable.	

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	P. Roseblade, Committee Chair welcomed everyone to the meeting.
1.2	Apologies for Absence
	Apologies were received from: - Gareth Watts – CTMUHB Director of Corporate Governance (Cally Hamblyn – Assistant Director of Governance & Risk Deputising) - Nathan Couch – Audit Lead, Audit Wales (Darren Griffiths Deputising) - Dilys Jouvenat, Independent Member (Committee Vice Chair) - Kathy Mason, Independent Member
1.3	Declarations of Interest
	No declarations were identified.

2.	MAIN AGENDA
2.1	Organisational Risk Register – Business Sensitive Risks
	C Hamblyn presented the business sensitive risks captured on the Organisational Risk Register which had been subject to review with detailed updates provided.
<i>Resolution</i>	The Organisational Risk Register was REVIEWED and DISCUSSED.
<i>Action</i>	No actions identified.
3.2	Medical Variable Pay – Summary of Authorised Breaches
	D Hurford briefed the Committee Members on the change in process that will be effective from the 6 August 2025, in that the additional payment over rate card is being adjusted to 5% and 5% respectively with the same financial control procedures being followed. A summary of the authorised breaches in accordance with the current Financial Control Procedure was presented to the Committee and assurance was provided that the data is closely monitored by the Medical Workforce Productivity Programme Delivery Group and other financial meetings as required. The Committee noted that the main reason stated across all the Care Groups in the use of agency locum staff is where there are 'establishment vacancies". D Hurford advised the Committee of the control measures in place to mitigate this risk and the focussed effort to recruit to the key areas where reliance on locum staff is highest. K Palmer raised concerns about high agency and bank staff costs within the Mental Health and Learning Disabilities Care Group and sought assurance as to workforce stability and organisational support for recruitment and retention. In response, D Hurford explained that mental health is the most challenging area for recruitment, with a shortage of specialists across the UK. He advised that the Care Group leadership team continue to explore alternative staffing models for delivery where possible, recognising the recruitment challenges and unsustainable cost pressures. The discussion continued with K Palmer querying whether Health Education Improvement Wales (HEIW) provide support to the Health Board in relation to trainee programmes and succession planning. D Hurford commented that there are very limited trainee Mental Health posts in Wales, however, HEIW will flex their programmes as appropriate if there is a demand in this area of specialty. In terms of a query relating to international recruitment D Hurford recognised the ongoing efforts in this area, however, highlighted than onboarding to highly specialised roles can also take several months.
<i>Resolution</i>	The report was NOTED and DISCUSSED.
<i>Action</i>	No further actions were identified.
3.	ANY OTHER BUSINESS
	No further items were identified.
4.	DATE AND TIME OF NEXT MEETING
	13 November 2025 @ 12:30pm
5.	CLOSE



Agenda Item

8.2.1a

Audit, Risk & Assurance Committee

**OUTCOME OF THE COMMITTEE REFERRAL FROM AUDIT
& RISK COMMITTEE
Clinical Negligence Claims**

Dyddiad y Cyfarfod / Date of Meeting	18/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kellie Jenkins-Forrester, Head of Concerns & Business Intelligence
Cyflwynydd yr Adroddiad / Report Presenter	Richard Hughes, Executive Director of Nursing, Midwifery and Patient Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing, Midwifery and Patient Services/Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Quality, Safety & Experience Committee	23/09/2025	Discussed and confirmed sufficient assurance received in terms of process.

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
ARC	Audit & Risk Committee

1. Situation / Background

- 1.1 The Audit, Risk & Assurance Committee (ARAC) receive financial reports in relation to Clinical Negligence and Personal Injury Claims. These reports indicated that there had been a potential increase in the number of claims being received.
- 1.2 Following receipt of this information, the ARAC requested that a review be undertaken to understand the Health Board's activity in relation to Clinical Negligence and Personal Injury Claims.
- 1.3 The ARAC also initiated a Committee Referral to the Quality, Safety and Experience Committee for them to receive the necessary assurances in relation to this matter and provide feedback to the ARAC once this had taken place.
- 1.4 The purpose of this report is for the Committee to receive the outcome of the Referral to the Quality, Safety and Experience Committee following detailed consideration and discussion at their meeting held on 23rd September 2025.

2. Specific Matters for Consideration

- 2.1 The Head of Concerns and Business Intelligence worked in conjunction with Corporate Finance to undertake a review of Clinical Negligence and Personal Injury Claims for the last 3 years.
- 2.2 The report produced as a result of the review and presented to the Quality, Safety and Experience Committee is attached at **Appendix 1**.
- 2.3 The Quality, Safety & Experience Committee concluded that they were assured from the information and explanations provided that the potential increase in claims received was a result of delays in the administrative process within the legal services function and not as a result of a quality and safety issues leading to an increase in clinical negligence claims being received.

3. Key Risks / Matters for Escalation

- The number of cases transferred to redress has continued to increase. This rise is likely to continue from 2026/2027 onwards if the proposal to increase the threshold of the value of redress cases to £50,000 as part of the revision of the Putting Things Right regulations is agreed. It is envisaged that as a result of this the number of clinical negligence claims received will decrease.



- Focused work is being undertaken to address the historic clinical negligence and redress cases currently awaiting conclusion. As this work progresses and cases are brought to a conclusion this will be reflected in an increase in the total payments made.

4. Assessment

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



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: This report outlines Inquest Activity one of the key areas of quality across the Health Board.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	The Report relates to the Coroner's process.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's quality & safety performance measures may result in impact to the trust and confidence in the Health Boards processes. This includes regulation 28 reports.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Committee are requested to **NOTE** the report and **CONSIDER** if they are satisfied that the review has provided sufficient assurances and that the Committee Referral can now be closed.



Agenda Item

8.2.1b

Quality, Safety & Experience Committee

Clinical Negligence Claims

Dyddiad y Cyfarfod / Date of Meeting	23/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Choose an item.
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Concerns & Business Intelligence
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Concerns & Business Intelligence
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

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

Acronyms / Glossary of Terms	
UHB	University Health Board

1. Introduction

A clinical negligence claim is a legal action for compensation arising from the alleged harm or loss to a patient as the result of substandard medical care.

For a negligence claim to succeed, the claimant must prove the following three elements:

1. **Duty of Care:** There is a duty of care owed by the Healthcare Organisation to the patient
2. **Breach of Duty:** The duty has been breached and
3. **Causation:** The breach in the duty has caused harm to the patient (and the harm was reasonably foreseeable). This is referred to as 'causation'.

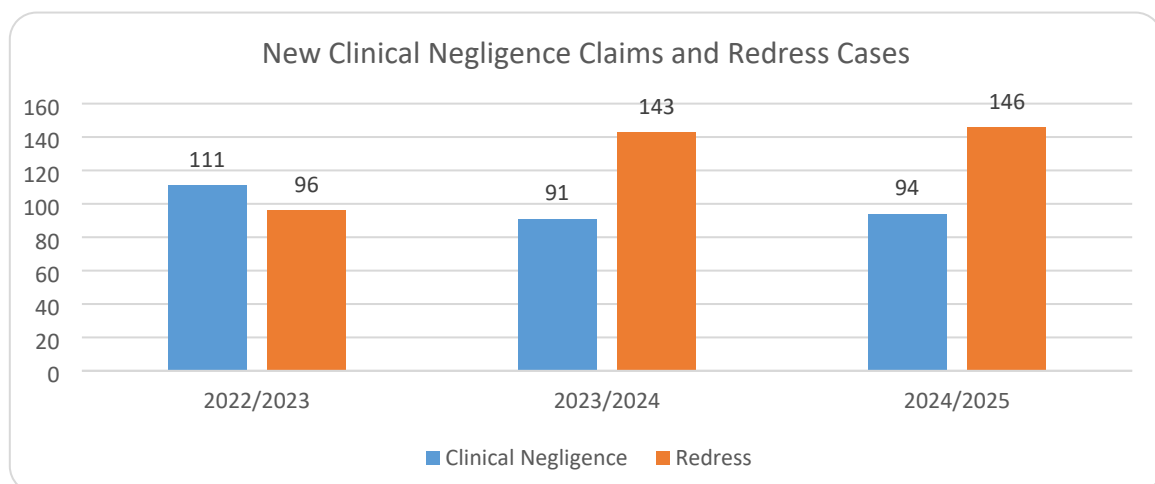
Where during an investigation of a complaint or incident a breach of duty of care is identified which has potentially resulted in harm to the patient, the case will be transferred to the Redress process for a further detailed investigation to establish if a qualifying liability exists.

Reports provided to the Audit and Risk Committee have indicated a potential increase in the number of clinical negligence claims received by the Health Board. This paper will outline an analysis of clinical negligence claims, along with redress activity for the previous 3 years (01.04.2022 to 31.03.25).

2. Specific Matters for Consideration

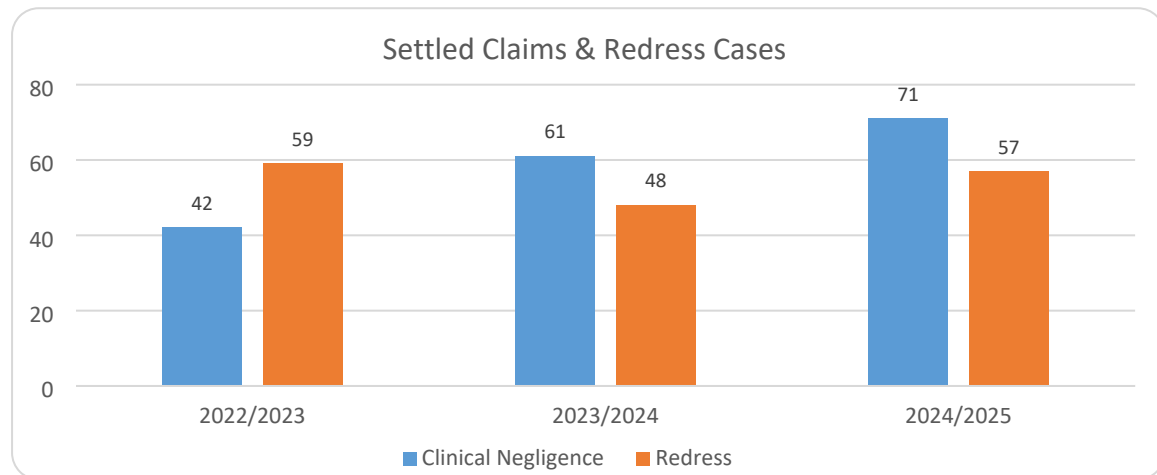
New Claims Received

The number of new confirmed clinical negligence claims received by the Health Board decreased in 2023/2024 when compared with 2022/2023 and remained consistent in 2024/2025. In comparison the number of new cases transferred to redress has increased. The correlates with the implementation of Duty of Candour on the 01.04.23. This trend is reflected in the chart below.



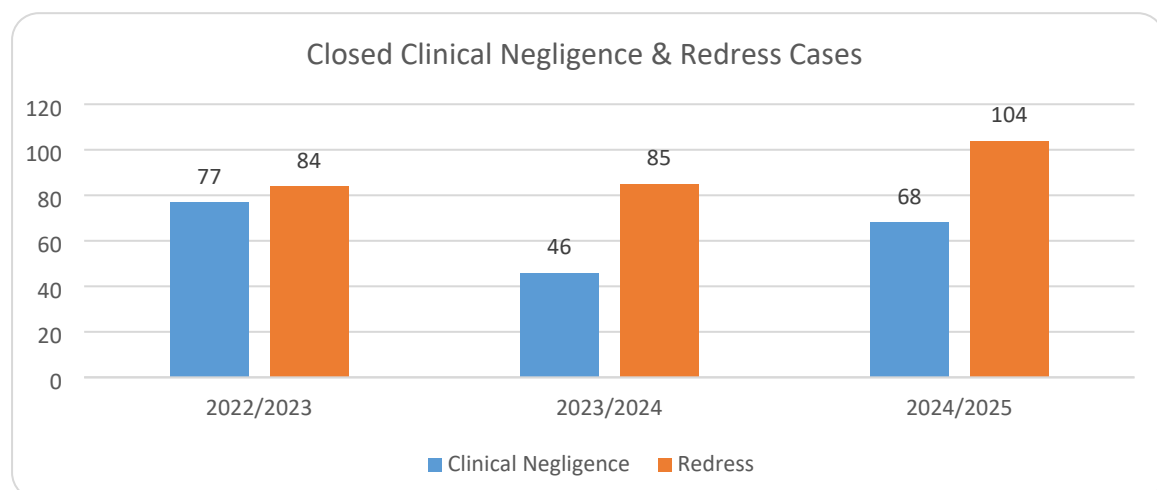
Settled Claims & Redress Cases

Whilst the number of new clinical negligence claims remained consistent, the number of cases where an admission of liability or offer of settlement was made continued to increase from 2022/2023. In the same time period, the number of redress cases where an admission of liability was made remained relatively consistent.



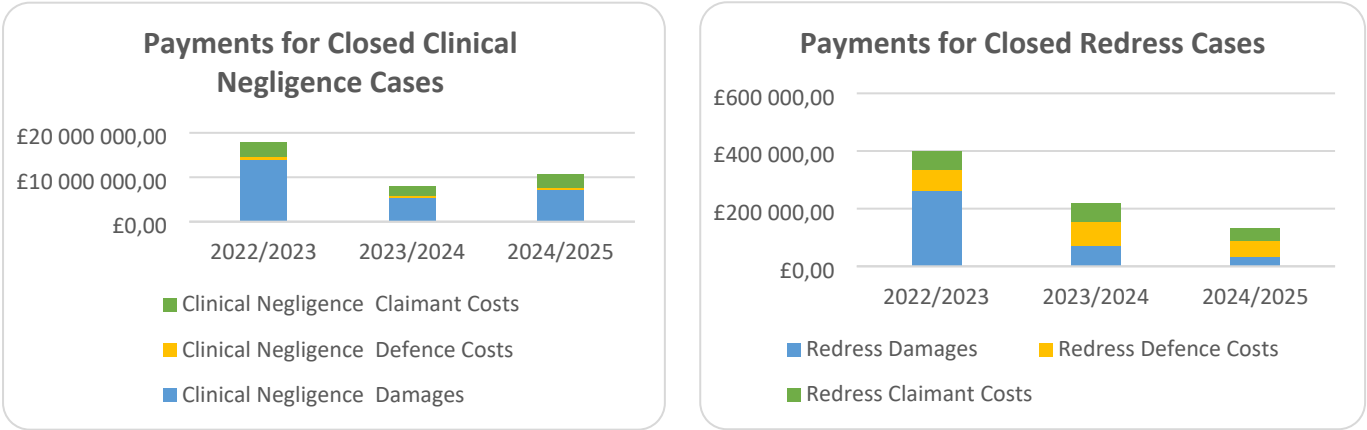
Closed Claims

As a result of a cleansing exercise and targeted work to conclude matters the number of clinical negligence and redress cases closed increased during 2024/2025. This is reflected in the chart below.



Throughout the management of a clinical negligence claim and redress case costs can be incurred which are categorised as damages, defence costs and claimant costs. It should be noted that payments can be made at various points throughout the case, frequently occurring in separate financial years. Review of the payments made for cases closed during the previous 3 years has identified that whilst there

was a continuation of the decrease of the total payments for redress cases, an increase has been highlighted in relation to clinical negligence claims during 2024/2025.



3. Key Risk / Matters for Escalation

- The number of cases transferred to redress has continued to increase. This rise is likely to continue from 2026/2027 onwards if the proposal to increase the threshold of the value of redress cases to £50,000 as part of the revision of the Putting Things Right regulations is agreed. It is envisaged that as a result of this the number of clinical negligence claims received will decrease.
- Focused work is being undertaken to address the historic clinical negligence and redress cases currently awaiting conclusion. As this work progresses and cases are brought to a conclusion this will be reflected in an increase in the total payments made.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	Not Applicable
	If more than one applies please list below:



Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Learning, Improvement & Research If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe If more than one applies please list below: Effective Efficient Timely Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒ Outcome: This report outlines Inquest Activity one of the key areas of quality across the Health Board.	No: ☐ If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐ Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	No: ☒ If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.



Cyfreithiol / Legal	Yes (Include further detail below)	
	The Report relates to the Coroner's process.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's quality & safety performance measures may result in impact to the trust and confidence in the Health Boards processes. This includes regulation 28 reports.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

The Quality, Safety & Experience Committee is asked to **NOTE** the information outlined in this report.

Tackling the Planned Care Challenges – Cwm Taf Morgannwg University Health Board

Date issued: June 2025

Document reference: 4666A2025

This document has been prepared for the internal use of Cwm Taf Morgannwg University Health Board as part of work performed in accordance with statutory functions.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Summary report

About this report

- 1 This report sets out the findings of work on planned care recovery that we have undertaken at Cwm Taf Morgannwg University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory duty under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure the efficient, effective, and economic use of its resources. Our work was delivered in accordance with INTOSAI¹ audit standards. This report excludes any examination of waits relating to cancer diagnosis and treatment, which are the subject of a separate examination by the Auditor General.
- 2 Tackling the planned care waiting list backlog is one of the biggest challenges facing the NHS in Wales. NHS waiting time targets in Wales have not been met for many years and the COVID-19 pandemic made an already challenging situation considerably worse as planned care services were initially postponed and then slowly re-started to allow the NHS to focus its attention on dealing with those seriously ill with the virus. Since the onset of the pandemic, the overall size of the NHS waiting list has grown significantly, and at the end of February 2025 there were 614,150 individual patients waiting for treatment.
- 3 In April 2022, the Welsh Government published its Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales. The programme includes £170 million recurring funding to support planned care recovery, together with an additional £15 million funding per year over four years to support planned care transformation. The Welsh Government subsequently allocated a further £50 million between September and October 2024 to reduce the longest waiting times². The programme includes specific targets and Ministerial priorities:
 - that no one should wait longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023³**);
 - to eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**);
 - people should receive diagnostic testing and reporting within eight weeks and therapy interventions within 14 weeks by Spring 2024; and

¹ INTOSAI is the International Organization of Supreme Audit Institutions

² Health Secretary response to latest NHS Wales performance data. The £50 million additional allocation comprised £28 million in September and £22 million in October 2024.

³ Health Boards did not achieve the original targets for first outpatient appointment and number of people waiting longer than two years for treatment. As a result, the Welsh Government agreed to set interim targets (**in bold**, above).

- to eliminate the number of people waiting longer than one year in most specialties by spring 2025.
- 4 In May 2022, the Auditor General for Wales published a commentary on [Tackling the Planned Care Backlog in Wales](#) which estimated that it could take up to seven years for the overall waiting list in Wales to return to pre-pandemic levels. The commentary highlighted key areas for action, including:
- having strong and aligned local leadership to deliver the national vision for recovering planned care services;
 - having a renewed focus on system efficiencies and new technologies;
 - building and protecting planned care capacity; and
 - communicating effectively with patients who are waiting for treatment and having systems in place to manage the clinical risks to those patients while they are waiting.
- 5 Our work has considered the progress Health Board is making in tackling its planned care challenges and reducing its waiting list backlog, with a specific focus on:
- action that the Health Board has taken to tackle the planned care backlog;
 - waiting list performance; and
 - understanding and overcoming the barriers to improvement.
- 6 We undertook our work between December 2024 and March 2025. The methods we used are summarised in **Appendices 1 and 2**. **Appendix 3** provides some additional data analysis on planned care services and **Appendix 4** contains the Health Board's response to any recommendations arising from our work.
- 7 The Health Board is facing some significant challenges. It is currently at Level 3 escalation status for finance, strategy and planning, and performance outcomes relating to cancer and planned care. It is at Level 4 escalation for performance and outcomes relating to urgent and emergency care under the [NHS Wales escalation and oversight framework](#). In addition, during October 2024, the roof at the Princess of Wales Hospital was declared unsafe, and a critical incident was declared. This led to the immediate closure of ten wards, eight theatres and the immediate relocation of the Intensive Care Unit. The impact of this was felt across the Health Board and plans were rapidly developed to redistribute services across to protect both unscheduled and elective care and mitigate shortfalls.

Key facts

£80.8m	the amount of additional funding the Health Board received from the Welsh Government between 2022-23 and 2024-25 to support planned care improvement.
111,179	the overall size of the waiting list in February 2025.
182%	the percentage growth in the overall waiting list between April 2019 and February 2025.
14,823	the number of patient pathways waiting more than one year for their first outpatient appointment in February 2025 against a national target of zero waiting. The number of one year waits for an outpatient appointment has reduced by 20% since April 2022.
2,347	the number of patient pathways waiting more than two years for treatment in February 2025 against a national target of zero waiting. The number of two-year waits has reduced by 82% since April 2022.
79%	the percentage diagnostic test waits that are within eight weeks in February 2025 against a national target of 100%. The Health Board has achieved a significant 80% reduction of 'over eight weeks' diagnostic waits since April 2022.
98%	the percentage of therapy waits that are within 14 weeks in February 2025 against a national target of 100%. The Health Board has achieved an 93% reduction of 'over 14-week' therapy waits since April 2022.
25,421	number waiting more than one year for treatment in February 2025 against a national target of zero for most specialties by spring 2025. This has reduced by 20% since April 2022.

Key messages

Overall conclusion

- 8 Overall, we found that **the Health Board is reducing the numbers of very long waits, although the October 2024 critical incident affected waiting list recovery. It has good short-term plans, but it needs to develop its clinical services plan to help shape services that can sustainably meet expected growth in demand in the longer term. It also needs to improve how it reports on harm resulting from planned care delays.**

Key findings

Action that the Health Board is taking to tackle the planned care challenge

- The Health Board has had some success protecting planned care capacity from wider unscheduled care pressures. However, the Princess of Wales critical incident impacted on the Health Board's ability to sustain the required level of elective services. To mitigate this, it has increased short-term planned care capacity through insourcing, outsourcing, waiting list initiatives and regional working.
- The Health Board is spending its additional Welsh Government planned care allocation in line with its plans. However, most of these funds have been aimed at short-term improvements with only some investment in sustainable service transformation.
- Plans set out clear actions for securing short-term waiting list improvements, but these plans do not yet sufficiently describe actions that can secure more sustainable improvements to planned care services.
- The Health Board has started to deliver efficiencies but there remains scope to maximise outpatient capacity, increase theatre utilisation and improve job planning.
- The Health Board has implemented the Welsh Government's Promote, Prevent and Prepare policy, and has a dedicated keeping in touch team for patients.
- The Health Board needs to strengthen reporting on actual harm resulting from long planned care waits.

Waiting list performance – is the action taken resulting in improvement?

- In overall terms, the Health Board has marginally reduced its overall waiting list, but the numbers waiting continue to present a substantial challenge for the Health Board. There are over 110,000 open treatment pathways.
- The Health Board made some good early progress to reduce its long waits but struggled to meet Welsh Government targets. Whilst the Health Board has not met the majority of the recent national planned care recovery targets in absolute terms:
 - the number waiting over a year for their first outpatient appointment has decreased from 20,975 patient pathways in April 2022 to 14,823 in February 2025; and
 - the numbers waiting over two years for treatment reduced from 12,046 patient pathways in April 2022 to 2,347 in February 2025.
- The Health Board is also performing well on its therapies waits and made significant and notable improvement in addressing long diagnostic waits.

Barriers to improvement and action being taken to overcome them

- There are a number of barriers to further planned care improvement. These include growing and competing service demands, continued recovery from the impact of the Princess of Wales critical incident, financial pressures and workforce shortfalls.
- The Health Board recognises these challenges and is introducing a number of actions to help address these issues. The Health Board needs to continue to embed these arrangements and develop its clinical services plan alongside securing the required pace of delivery from wider regional developments.

Recommendations

9 We have set out recommendations arising from this audit in **Exhibit 1**. The Health Board’s response to our recommendations is summarised in **Appendix 4**.

Exhibit 1: recommendations

Recommendations	
Planning	
R1	The Health Board needs to establish longer-term milestones, linked to clinical service plan development, to drive sustained planned care improvement (Exhibit 2).
Risk management	
R2	The Health Board should review and update the productivity, improvement and transformation programme risk register to ensure risks are up to date have a clear owner and include sufficient detail on actions required to mitigate the risks (Exhibit 3).
Monitoring impact of additional funding	
R3	The Health Board should strengthen its reporting on the impact of the additional Welsh Government planned care funding (Paragraph 23).
Efficiency and productivity	
R4	Our work has identified there are opportunities for further efficiency and productivity improvements (Exhibit 6). The Health Board should: 4.1 Address the causes of short notice surgical cancellations to improve use of theatre resources. As part of this, set a clear reduction target for short-notice surgical cancellations. 4.2 Improve theatre utilisation rates, with the aim of achieving the GIRFT recommended level of 85%. 4.3 Increase day-surgery rates to the GIRFT recommended level of 85%. 4.4 Increase job planning compliance to the 85% target. Use job planning as a means to drive improved productivity and to help shape and transform efficient services.

Recommendations

Treat in turn

- R5 The Health Board needs to strengthen its actions to achieve its treat in turn rate target of 80% within the next 12 months **(Exhibit 6)**.
-

Managing clinical risks associated with long waits

- R6 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks associated with long waits:
- 6.1 building on the harm review arrangements in ophthalmology services, develop and implement a consistent methodology across all specialties to assess the risk of, or actual harm, to patients caused by long waits **(Exhibit 7)**; and
 - 6.2 report the risks and actual incidences of harm resulting from delays in access to treatment to the Quality, Safety and Experience Committee **(Exhibit 7)**.

Detailed report

Action that the Health Board is taking to tackle the planned care challenge

- 10 We considered whether the Health Board is effectively planning and delivering planned care improvement, is appropriately utilising and monitoring the impact of Welsh Government funding, and is supporting patients who are at most risk of harm as a result of a delay.
- 11 We found that **the Health Board is understandably focussing its efforts and additional funding on addressing the consequence of the Princess of Wales critical incident to help reduce long planned care waits. However, it also needs to maintain the pace of planning to put planned care services on a more sustainable footing in the longer term as well as strengthening reporting on patient harm associated with long planned care waits.**

Planned care improvement plans and the programme to deliver them

- 12 It is important that the Health Board has a clear plan for tackling the waiting list backlog and delivering sustainable planned care improvement. We considered whether the Health Board has:
 - clear, realistic and costed improvement plans for planned care that align with the national recovery plan ambitions and Ministerial priorities; and
 - appropriate programme management arrangements to support planned care improvement, supported by clear accountabilities and clinical leadership and reporting to committees and the Board.

Planned care improvement plans

- 13 We found that **the Health Board has good plans to support short-term planned care waiting list recovery. However, it needs to ensure it sets out how it sustainably meets growing service demand through its clinical services plan.**
- 14 The findings that underpin this conclusion are summarised in **Exhibit 2.**

Exhibit 2: the Health Board's approach to planned care improvement planning

Audit question	Yes / No / Partially	Comments
Has the Health Board developed a clear plan to support planned care recovery?	Yes	The Health Board's Integrated Medium Term Plan (IMTP) 2025-28 includes a high-level plan for improvement of its planned care services. This provides reasonably clear actions for the next 12 months and wider 'intent' for the next three years. This is supported by the productivity, improvement and transformation programme which established an annual programme of work aimed to increase both outpatient and elective surgical capacity.
Is the approach for delivering planned care improvement costed and affordable?	No	The IMTP provides a high-level financial plan for the organisation and sets out the overall Health Board financial position. However, there is no costed planned care plan or route map to financially sustainable planned care services.
Are the Health Board's planned care priorities appropriately aligned to the national planned care recovery plan and Ministerial priorities?	Yes	The IMTP priorities are sufficiently aligned to the ministerial priorities and the national ' <u>transforming and modernising planned care and reducing NHS waiting lists</u> ' recovery plan.
Has the Health Board set out realistic yet challenging targets and milestones for planned care?	Partially	The IMTP describes short-term aspirations for planned care, with many targets and milestones linked to the national planned care recovery plan and the Ministerial priorities. The productivity, improvement and transformation programme sets out a clear programme of annual baselines and targets. However longer-term planned care objectives and milestones relating to programmes of change to deliver sustainable services are too high level (Recommendation 1).
Are the Health Board's planned care priorities informed by analysis and	Partially	The Health Board has undertaken demand and capacity analysis in some areas and is continuing this work across planned care in 2025-26 to inform service plan developments. To help it plan

Audit question	Yes / No / Partially	Comments
modelling of capacity and demand?		for sustainable services in the longer term and required workforce capacity planning, this would need to forecast and anticipate longer-term sub-specialty and condition-level demand growth. Regional projects are also supported by demand and capacity assessments.
Has the Health Board set out how it will transform its clinical service models to make them more sustainable in the future?	Partially	The Health Board's IMTP sets out high-level actions that focus on service modernisation and transformation. However, there is little detail on the future shape of services. This will be the focus of the Health Board's clinical services plan currently in development.
Are plans for planned care improvements aligned to other key corporate plans such as the IMTP and plans for workforce, digital and estates?	Partially	The IMTP refers to high-level enablers, including workforce, estates and digital services. This includes service developments at Llantrisant Health Park. However there needs to be a greater focus on how workforce, estates and digital services need to be shaped and invested in, to support planned care improvement and transformation.
Do the Health Board's planned care priorities align with those in other health boards and identify regional solutions to planned care recovery?	Yes	The Health Board has aligned its plans with its partners to create regional capacity in some areas. Regional partnerships between Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg health boards are making some progress. Aneurin Bevan is responsible for hosting the regional ophthalmology (cataracts) programme. Cardiff and Vale and Cwm Taf Morgannwg University health boards are starting to introduce regional orthopaedic arthroplasty and diagnostic services at the Llantrisant Health Park. There is a bi-monthly regional oversight board with regional delivery board taking place monthly. Regional working is considered further in paragraph 31 of this report.

Source: Audit Wales fieldwork

Planned care programme delivery and oversight

- 15 We found that **the Health Board has reasonably effective planned care programme leadership arrangements. However, it needs to strengthen how it manages programme delivery risks and seek to recover the pace of the programme following the critical incident at Princess of Wales hospital.**
- 16 The findings that have led us to this conclusion are summarised in **Exhibit 3.**

Exhibit 3: the Health Board's approach to the programme management of planned care improvement

Audit question	Yes / No / Partially	Comments
Does the Health Board have a clear and appropriately resourced improvement programme to support planned care recovery?	Yes	The Health Board launched its productivity, improvement and transformation programme in 2024. This is focussing on effective waiting list management, modernising outpatient and pre-operative services, maximising theatre capacity, getting it right first time (GIRFT) recommendations and diagnostics. The key programme goals were to increase new outpatient capacity by 15% and elective surgical capacity by 25% by April 2025, although we expect that the critical incident at the Princess of Wales hospital will have affected the pace of improvement.
Is planned care recovery supported by clearly defined operational accountabilities and effective clinical leadership?	Yes	The Chief Operating Officer has overarching operational responsibility for planned care and the planned care recovery programme. The productivity, improvement and transformation programme is monitored and scrutinised through the Improving Care Board which is chaired by the Deputy Medical Director. There is clear accountability and strong clinical leadership, with six improvement groups led by a senior responsible officer and a clinical lead. All elective services within the Health Board have also established a clinically led service improvement group, which has a directorate manager and clinical director as its lead.

Audit question	Yes / No / Partially	Comments
Has the Health Board undertaken a risk assessment to understand the issues that could prevent delivery of planned care improvement aims?	Partially	The Health Board has a productivity, improvement and transformation programme risk log to capture and manage risks. However, the risk log has not been updated since May 2024 and it needs to clearly set out mitigating actions and owners for each of the risks (Recommendation 2).
Is performance on planned care recovery routinely reported to the appropriate committee/s and to the board?	Yes	The Board and committees effectively oversee planned care performance and improvement. Board and committee performance reports track and monitor planned care targets, including the ministerial priorities, and contain good quality data.

Source: Audit Wales fieldwork

Utilisation of additional Welsh Government funding

- 17 We have looked at the Health Board's use of the additional planned care allocation that it has received from the Welsh Government. This section considers:
- the overall amount of additional planned care funding the Health Board has received from Welsh Government over the last three years;
 - how the Health Board spent the money; and
 - the Health Board's arrangements for overseeing how it has spent additional funding.

Use of additional funding

- 18 We found that **between 2022-23 and 2024-25, the Health Board received a total of £80.8 million in additional Welsh Government planned care funding. Similar to other health bodies in Wales, it is focussing the funding on short-term improvements with limited investments in service transformation to help make planned care services financially sustainable.**
- 19 To support planned care recovery over and above existing funding, the Health Board received a total additional Welsh Government allocation of £80.8 million between 2022-23 and 2024-25 (**Exhibit 4**).

Exhibit 4: the Welsh Government’s allocation to the Health Board to support planned care improvement

Financial year	Annual allocation (£m)
2022-23	27.5
2023-24	27
2024-25	26.3 ⁴
Total allocated	80.8

Source: Health Board financial self-assessment returns

- 20

We reviewed the use of funding in 2023-24 and 2024-25 in greater detail. We found that the Health Board can fully account for the Welsh Government planned care funding it has received. We did note, however, that during those years, the Health Board allocated £2.1 million of its planned care allocation to Emergency Department nursing. Health Board officers have indicated initial guidance on the use of this funding was quite broad and not specifically ring fenced to planned care improvement.
- 21

For 2024-25, we found that the Health Board utilised monies appropriately. However, the majority of schemes were short term and not focused on sustainable service change (**Exhibit 5**). During that year, the Health Board was allocated £26.3 million from the Welsh Government, which it supplemented by £3.1 million from additional local investment. In 2024-25, the Health Board spent £13.6 million to increase core short-term planned care capacity, £2.5 million on regional working and £7.5 million on external commissioning. However, of the total allocation only around £2.7 million was used to support transformation and change projects.

⁴ In November 2024, the Welsh Government allocated a further £4.6 million of non-recurrent funding to the Health Board, to address the risk to delivery of the 104-week target, subject to several conditions. £2.9 million of funding was also confirmed in November 2024 for the provision of temporary theatres at RGH to support the elective provision in the Health Board’s mitigation plan for the Princess of Wales critical incident.

Exhibit 5: use of the 2024-25 Welsh Government additional financial allocation, Cwm Taf Morgannwg University Health Board

Funded schemes	Annual allocation (£m)
Planned care improvement (including but not limited to, gastroenterology, therapies, endoscopy, CT, MRI, Ear Nose and Throat and dermatology).	13.602
Regional working on cataracts	2.500
External commissioning	7.485
Transformation and change projects	2.665
3Ps programme and harm reviews	1.076
Unscheduled care nursing	2.100
Total allocated	29.428

Source: Health Board self-assessment returns

Monitoring impact of additional funding

- 22 We found that **despite reasonable arrangements to oversee the use of additional Welsh Government planned care financial allocations, we have seen limited evidence of monitoring of impact or value achieved from the spending.**
- 23 We have considered the extent that the Health Board oversees the use of the Welsh Government planned care financial allocations. The Health Board effectively oversees and scrutinises its additional planned care financial allocation. This includes planned care financial reporting to each individual care group meeting, operational delivery committee and the executive management board. The Planning, Performance and Finance Committee and Board receives a high-level picture of planned care spending, and overall waiting list performance which includes performance against ministerial priorities. However, we have not seen any evidence that the Health Board is reporting on the extent that the additional investments delivered the expected impact. **(Recommendation 3)**

Operational management of planned care

- 24 Alongside the well-planned use of additional funding, health boards’ ability to secure meaningful and sustainable planned care improvements will be dependent on them optimising their routine operational arrangements for planned care. In this section we consider the actions the Health Board is taking:
- to maximise its use of existing resources; and
 - to protect and increase its planned care capacity.

Maximising the use of existing resources

- 25 We have examined some opportunities that exist for the Health Board to improve efficiency and productivity, and the actions it is taking to maximise the use of its existing resources. We found that **the Health Board is taking reasonable action to make services more efficient, but there is more to do. It needs to increase theatre utilisation, maximise outpatient capacity and improve job planning.**
- 26 **Exhibit 6** identifies efficiency and productivity opportunities that could help maximise the use of existing resources within the Health Board to support planned care improvements.

Exhibit 6: efficiency and productivity opportunities

Opportunity area	Audit findings
Responding to Getting it Right First time (GIRFT) reports	The Health Board is making reasonable progress in addressing its GIRFT recommendations. The Health Board has received reviews on its ophthalmology, trauma and orthopaedics, theatres/elective optimisation, general surgery and urology. Clinically led speciality improvement groups within the productivity, improvement and transformation programme are responsible for reviewing and implementing GIRFT recommendations, with progress monitored by the improving care board.
Arrangements for measuring and managing productivity of services	The Health Board is also focussing on improving productivity of services through its productivity, improvement and transformation programme. This includes initiatives that are focussing on improving health pathways, patient access, outpatient services, diagnostics, elective capacity and theatre utilisation. The Health Board has set delivery milestones, although the Princess of Wales hospital critical incident has impacted on the timely delivery of these. The Health Board's arrangements also include: • Establishment of a Theatre Improvement Board which monitors key performance metrics through a theatre's performance dashboard. • Establishment of a Diagnostics Improvement Group, which has achieved significant and notable improvements in addressing long diagnostic waits. • Improved demand and capacity planning. Neurology and ENT services in particular have subsequently improved productivity and achieved a sustainable demand and capacity position.

Opportunity area	Audit findings
Reducing non-attendance at outpatient appointments	Exhibit 18, Page 37 shows that the Health Board has been successful in reducing 'Did Not Attend' (DNA) rates within its outpatient clinics. The DNA rate has decreased from 8.2% in February 2024 to around 7.2% in February 2025. Over this 12-month period, DNAs have represented around 7.7% of the Health Board's total outpatient clinic activity. A DNA rate of 7.7% equates to a loss of approximately 43,500 outpatient appointments a year. If the Health Board could further reduce its outpatient DNA rate by a further 20%, it could potentially save around £1.3 million (£150 per appointment).
Making use of 'virtual' outpatient appointments	Virtual outpatient appointments can have a positive impact in reducing the need for travel and the risk of healthcare acquired infections. For the period April 2024 to February 2025, 13.5% of all the Health Board's outpatients' appointments were virtual (Exhibit 19, Page 38). Through its productivity, improvement and transformation programme, the Health Board has • created an Outpatients Improvement Board to drive improvement; and • set a target for the proportion of appointments that are virtual to 15% for new appointment and 25% for follow-up appointments.
Reducing the number of cancelled operations	While the Health Board is increasing its focus on reducing cancelled operations, it needs to ensure that the actions it is taking are having sufficient impact. Its Theatres Improvement Board is scrutinising cancellations, including those that occur on the day, with a dashboard used to monitor targets, trends and actions. In the 12-month period between March 2024 to February 2025, there were nearly 2,200 individual surgical procedures cancelled within 24 hours (Exhibit 20, Page 39). Cancellations accounted for 12% of all elective surgical admissions (Recommendation 4.1). The Health Board is struggling to recruit theatre staff and does not have sufficient clinical staff to support the three-site model, adding to these pressures.

Opportunity area	Audit findings
Improving operating theatre utilisation	The Theatres Improvement Board monitors key targets including theatre utilisation, fallow sessions, day surgery rates, cancellations, as well as late starts and early finishes. Its improvement actions include implementation of High Volume Low Complexity theatre lists and concerted action to protect day case capacity from unscheduled care. Whilst there are clear arrangements for monitoring and managing theatre utilisation, these are at their early stages and have not yet had the desired impact. Progress is also being curtailed due to issues with staff availability in some areas. The GIRFT target for theatre utilisation stands at 85%. Nevertheless, the Health Board's performance dashboard indicated that the average theatre list utilisation during 2024 was 70%, indicating significant room for improvement. (Recommendation 4.2)
Making more use of day case surgery	As can be seen in Exhibit 22 (Page 41) , for the period April 2024 to February 2025, 78% of all elective surgery within the Health Board was day case. While this is above the all-Wales average of 74%, GIRFT recommends that on average, 85% of all elective surgery should be day case. (Recommendation 4.3)
Effective consultant job-planning	In October 2024, Health Board job plan compliance was 26% against a target of 85%. An internal audit report in February 2025 evaluated the adequacy of the systems and controls in place for medical job planning and concluded there was limited assurance in this area. The Health Board recognises that it needs to improve, however, progress is slow with considerably more work needed. (Recommendation 4.4)
Pooled lists within a Health Board speciality to ensure it treats its patients in turn	The Health Board has introduced pooled waiting lists within some of its regional services, in particular within its cataract service. However, the use of two Welsh Patient Administration Systems ⁵ has resulted in significant challenges in pooling waiting lists, as well as managing Treat in Turn rates. The Health Board is tracking and monitoring Treat in Turn targets, with the Outpatients Improvement Board reporting an average of 15% in 2024, against a target of 80%. (Recommendation 5)

Source: Audit Wales fieldwork including analysis of NHS Wales data and Health Board self-assessment and data returns

⁵ The Health Board has had two patient administration systems since the transfer of Bridgend services in 2019.

Protecting and increasing planned care capacity

- 27 We examined the actions the Health Board is taking to protect planned care capacity by separating out elective and emergency activity. We also looked at the actions the Health Board is taking to increase its planned care capacity.
- 28 We found that **the Health Board has taken appropriate measures to protect and supplement its planned care capacity in the short term to help address the challenges caused by the Princess of Wales hospital critical incident.**
- 29 As of May 2025, the Health Board was still managing the impact of the critical incident, and theatre capacity remained lower than normal. To help mitigate the consequences of reduced capacity and to protect planned care capacity from wider unscheduled care pressures, the Health Board has:
- protected ring-fenced elective orthopaedic capacity at Royal Glamorgan Hospital;
 - increased theatre capacity through the procurement of mobile operating theatre units;
 - increased bed capacity through the procurement of modular wards;
 - outsourced capacity to meet demand, with orthopaedics and ophthalmology particularly supported through outsourced provision;
 - insourcing across a range of specialities, with an insourcing company used to facilitate three theatre teams; and
 - utilisation of waiting list initiatives, with over £1.1 million allocated during 2024-25.
- 30 The Health Board recognises that its actions are short term in nature but are fundamentally necessary. In the longer term, it intends to create more sustainable core capacity through the development of an elective centre as part of the Llantrisant Health Park developments.
- 31 The Health Board and its partners are starting to make progress with aspects of its regional planned care partnership. The Health Board is working jointly with Aneurin Bevan University Health Board and Cardiff and Vale University Health Board to provide services within south-east Wales, as well as the reconfiguration of specialist services. Each Health Board is leading a formal programme, with Cwm Taf Morgannwg University Health Board hosting diagnostics. The Health Board is currently progressing the development of a business case to develop an endoscopy regional facility.

Managing clinical risk and harm associated with long planned care waits

- 32 Long patient waits increases the risk of preventable irreversible harm. Patients' health may deteriorate while waiting, they may be waiting in pain and with anxiety and uncertainty not knowing when they will finally receive treatment. They may also not be able to work or support or care for others while they are waiting. We considered whether the Health Board has sound arrangements to:
- identify, manage, and report on clinical risk and harm associated with long waits; and
 - effectively communicating with patients who are on a waiting list and to manage potential inequalities in access to care.
- 33 We found that **the Health Board has implemented the first phase of the Welsh Government's Promote, Prevent and Prepare policy, but needs to strengthen reporting on actual harm resulting from long planned care waits.**
- 34 The findings which have led us to this conclusion are summarised in **Exhibit 7.**

Exhibit 7: the Health Board's approach to managing clinical risks and communicating with patients on waiting lists

Audit question	Yes / No / Partially	Comments
Has the Health Board implemented the first phase of the Welsh Government's Promote, Prevent and Prepare for Planned Care policy ⁶ ?	Yes	The Health Board has implemented the first phase of Welsh Government's Promote, Prevent and Prepare policy (3Ps). This policy aims to ensure that support and information is easily accessible for those who are waiting for appointments and interventions in secondary care. The Health Board has developed a dedicated webpage and recruited a Keeping in Touch Team. This team supports patients while they wait for appointments and treatments as part of the Health Board's waiting well programme. The Health Board has also set up a dedicated patient-initiated phone line. However, there are recruitment challenges maintaining the staffing needed to support this service.

⁶ Promote, Prevent and Prepare for Planned care policy to ensure that support and information are easily accessible to those waiting for appointments and interventions.

Audit question	Yes / No / Partially	Comments
Is the Health Board assessing the risk to patients waiting the longest?	Partially	The Health Board uses the DATIX system to record clinical risk resulting from a delay in treatment and these are reported using its incident reporting and management framework. However, there is no consistent methodology throughout specialties to assess risk of harm or instances of recorded harm. (Recommendation 6.1) The Health Board's organisational risk register identifies the failure to meet the demand for patient care at all points of the patient journey as a possible risk, which could result in potential avoidable harm to patients.
Is the Health Board capturing and reporting evidence of harm resulting from waiting list delays and is reporting on it to the Quality and Safety Committee?	Partially	With the exception of ophthalmology and cancer services, there are, in general, insufficient arrangements for routinely reporting actual harms associated with waiting list delays to Board and its committees. (Recommendation 6.2)
Does the Health Board monitor and record how many patients are leaving planned care waiting lists in favour of private treatment?	No	The Health Board has confirmed that it does not monitor and record how many of its patients leave planned care waiting lists in favour of private treatment. It is also unclear how many patients pay for a private outpatient appointment but then return to the Health Board for treatment, and if this occurs, whether they are treated more expediently.

Source: Audit Wales fieldwork

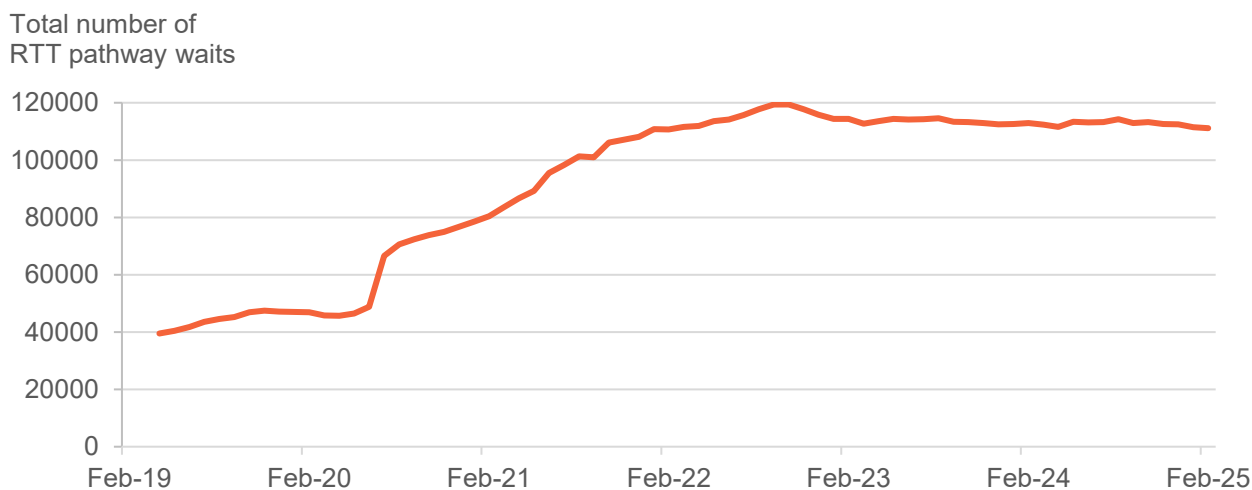
Waiting list performance – Is the action taken resulting in improvement?

- 35 We analysed current ‘Referral to Treatment’⁷ waiting list performance and trends to determine whether the Health Board is:
- reducing the overall levels of waits; and
 - meeting Ministerial priorities and Welsh Government national targets.
- 36 We found that **following deterioration in waiting list performance in 2024, the Health Board is seeing the volume of its longest waits reduce.**

The scale of the waiting list

- 37 Across Wales, the scale and extent of waits substantially increased following the COVID-19 pandemic. We have looked at these changes in terms of the overall size of the waiting list, by Health Board of residence. We found that **following substantial increases in the overall waiting list between April 2020 and October 2022, there are small signs of improvement.**
- 38 **Exhibit 8** shows the overall trend of planned care waits for the Health Board since November 2019. This indicates a 137% increase in the number of waits since 2019 from around 47,000 in 2019 to around 111,000 in February 2025. Overall, the action that the Health Board is taking to reduce the overall numbers of people waiting is marginally reducing overall waiting list size.

Exhibit 8: planned care waiting list size, Cwm Taf Morgannwg University Health Board

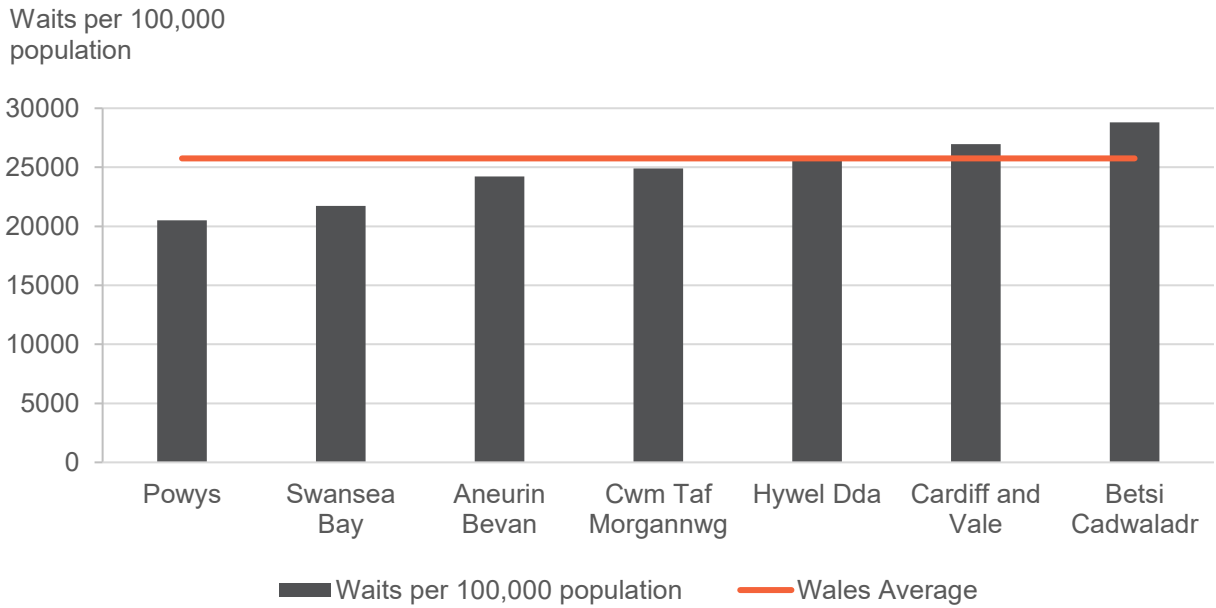


Source: Welsh Government, Stats Wales

⁷ Referral to Treatment is how the NHS records the timeliness of planned care. It starts when a Health Board receives a referral and finishes when it has treated the patient. During that patient pathway, the NHS records distinct stages, including new outpatient appointment, diagnostic, follow-up appointment or therapeutic intervention and treatment.

39 **Exhibit 9** provides a comparative picture of the volume of waits across Wales. It shows that proportionately Cwm Taf Morgannwg University Health Board has slightly lower levels of waits than the all-Wales average.

Exhibit 9: Waits per 100,000 population, by health board of residence, February 2025



Source: Welsh Government, Stats Wales. Note: Powys data is for December 2024.

Performance against national targets/priorities

- 40 We looked at the progress that the Health Board is making against the Welsh Government's aims⁸. These are:
- no one waiting longer than a year for their first outpatient appointment by the end of 2022 (**target date revised to December 2023⁹**);
 - eliminate the number of people waiting longer than two years in most specialties by March 2023 (**target date revised to March 2024**);
 - increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024; and
 - eliminate the number of people waiting longer than one year in most specialties by spring 2025.

⁸ We have not included the Welsh Government performance on Cancer services as this is outside the scope of this review.

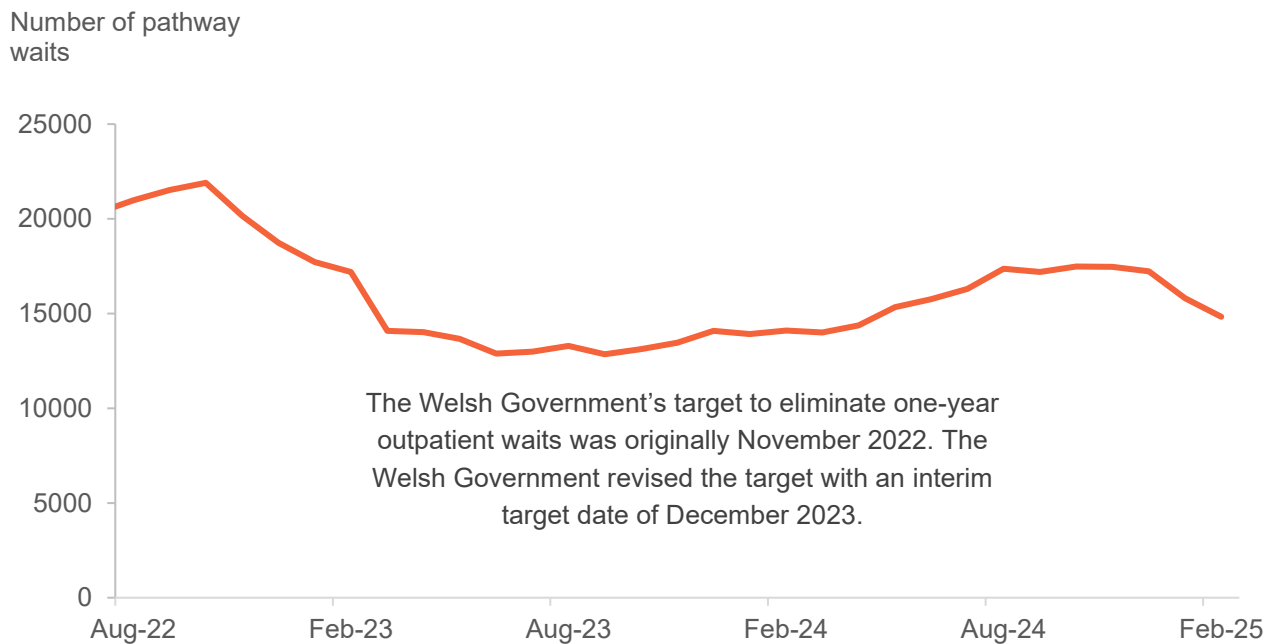
⁹ Health boards did not meet the original targets for first outpatient appointment and number of people waiting longer than two years. As a result, the Welsh Government agreed to set interim targets (**in bold, above**).

41 We found that **while the Health Board did not meet the Welsh Government’s waiting list reduction targets, it is showing some recent signs of improvement in addressing long waits. In addition, from a poor position on diagnostic waits, the Health Board has made significant improvements.**

No one waiting longer than a year for their first outpatient appointment

42 **Exhibit 10** shows Health Board waiting list performance for first (new) outpatient appointments. The Health Board failed to meet the revised December 2023 Welsh Government target to ensure no one waited more than a year for their new outpatient appointments. While initially improving, the Health Board did not achieve the Welsh Government’s target to eliminate outpatient waits that are over a year. It has struggled to maintain the early improvements and only recently made more tangible waiting list reductions.

Exhibit 10: the number of first (new) outpatient appointments waits that are over a year since referral, Cwm Taf Morgannwg University Health Board

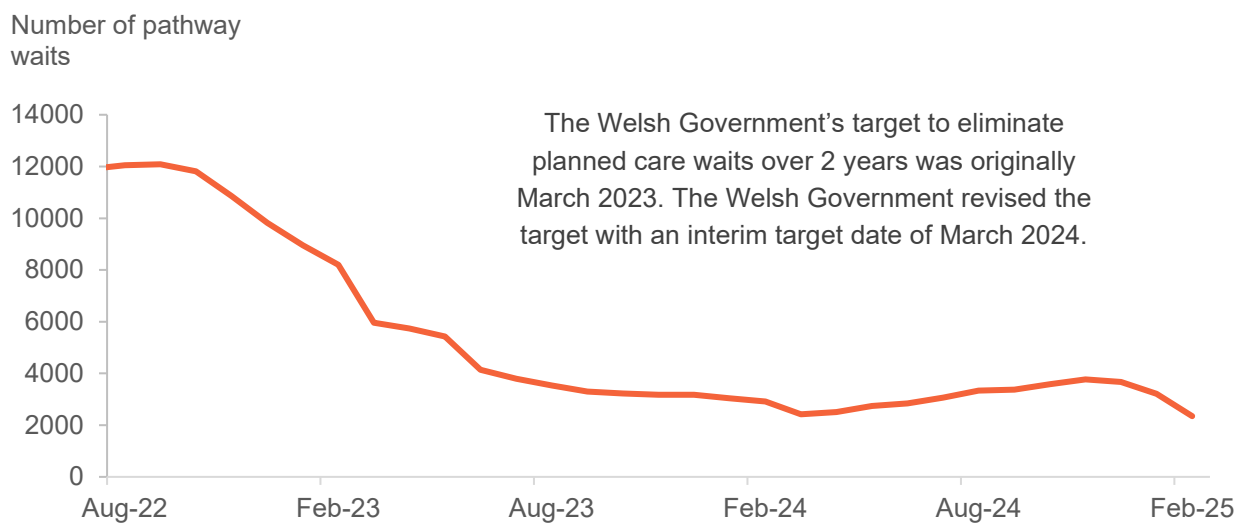


Source: Welsh Government, Stats Wales

Eliminate the number of pathways longer than two years in most specialties by March 2023

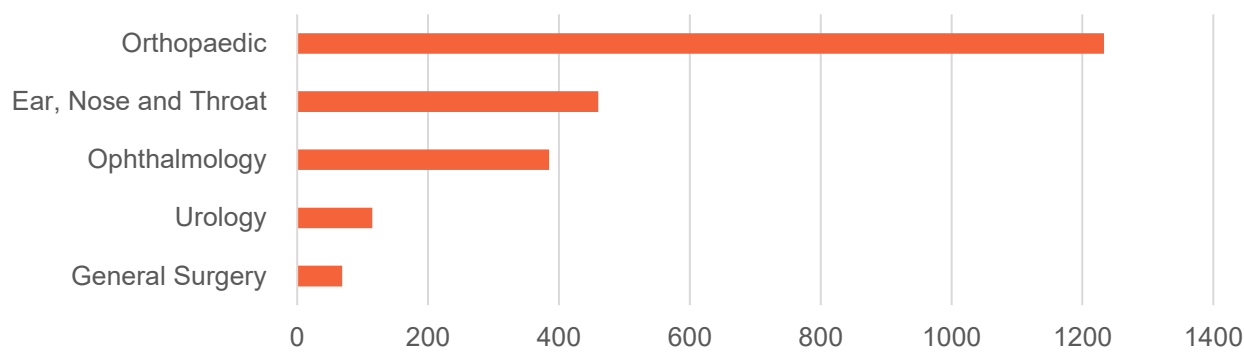
43 **Exhibit 11** shows that the Health Board did not meet the revised Welsh Government target to eliminate waits over two years by March 2024. Recent performance improvements are now resulting in the lowest level of two-year waits in the last three years. Of those waits currently over two years, **Exhibit 12** shows that the most extreme waits are in a small number of specialties. ENT, orthopaedics and ophthalmology are clear specialties of concern, but longer waits in other specialties may also present an elevated risk of harm resulting from treatment delays.

Exhibit 11: the number of planned care waits over two years, Cwm Taf Morgannwg University Health Board



Source: Welsh Government, Stats Wales

Exhibit 12: the number of planned care waits over two years by specialty as of February 2025, Cwm Taf Morgannwg University Health Board

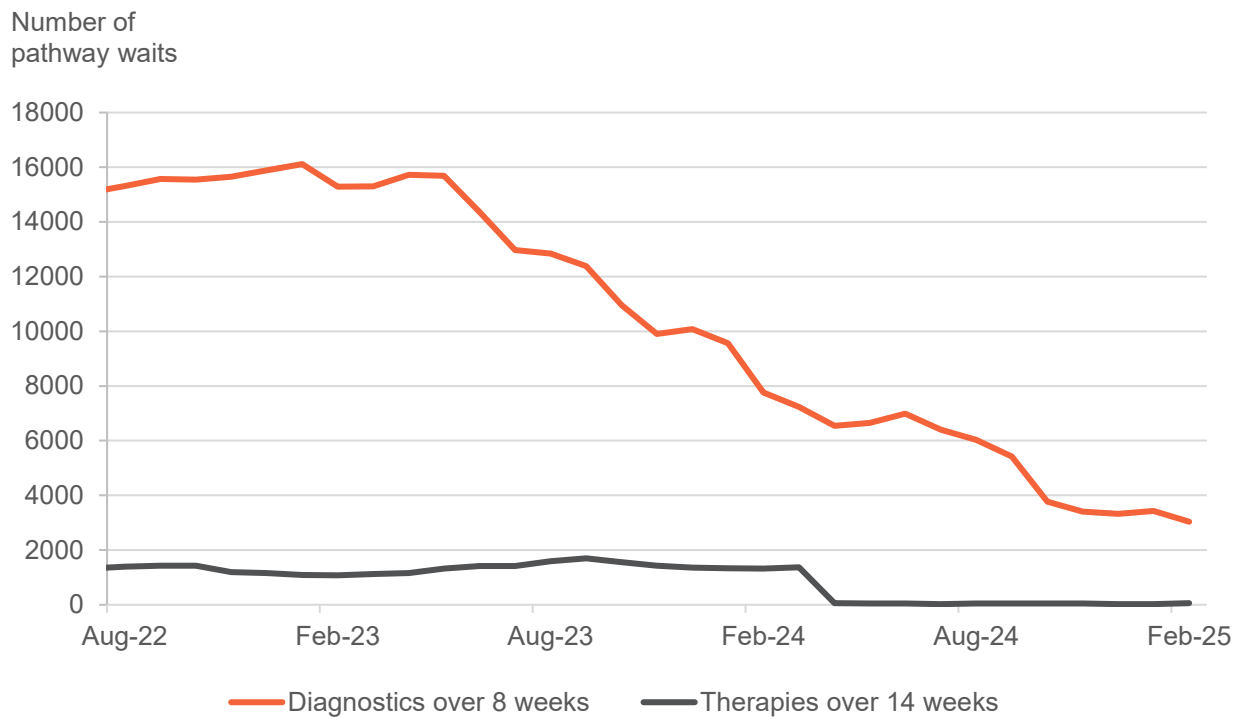


Source: Welsh Government, Stats Wales

Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by spring 2024

44 The Welsh Government sought to increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by spring 2024 (**Exhibit 13**). The Health Board is performing well on its therapies waits. It has also made significant and notable improvement in addressing long diagnostic waits. If the trend continues, the Health Board should eliminate all over eight-week diagnostic waits during 2025. Of its diagnostic services, diagnostic endoscopy and neurophysiology diagnostics are the areas of greatest concern because of the volume and proportion of long waits in those areas.

Exhibit 13: the number of diagnostic and therapy pathway waits that breach Welsh Government targets (Diagnostic waits is an eight-week target, therapies waits is a 14-week target), Cwm Taf Morgannwg University Health Board

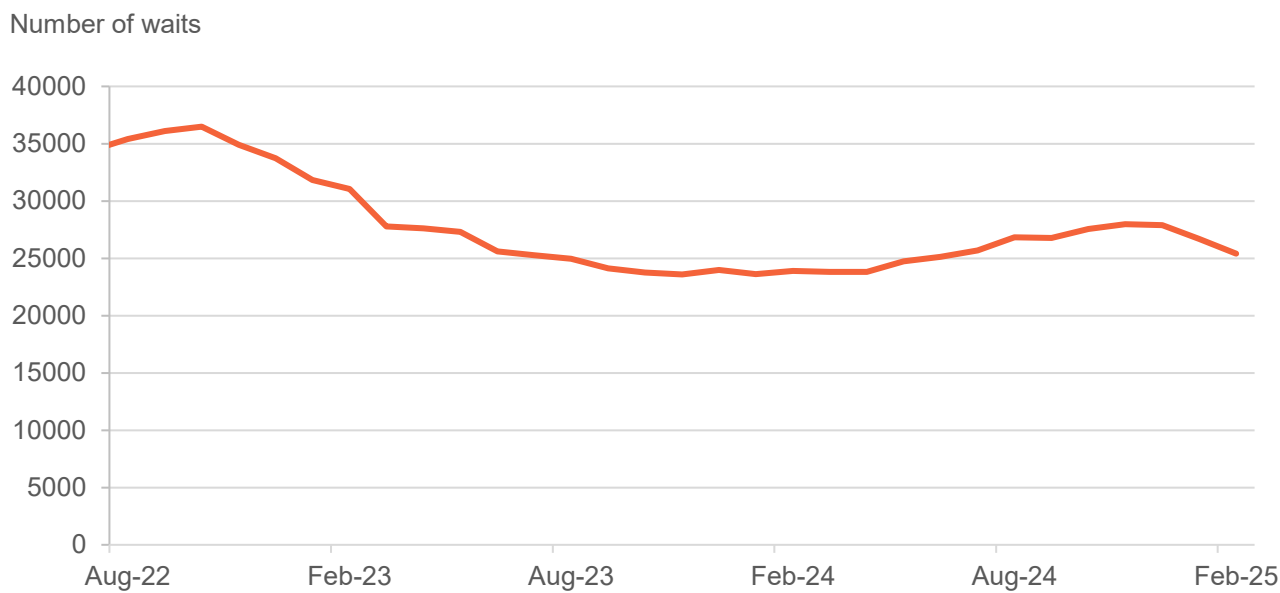


Source: Welsh Government, Stats Wales

Eliminate the number of people waiting longer than one year in most specialties by spring 2025

45 The Welsh Government’s longer-term ambition was to eliminate waits over one year in most specialties by the Spring of 2025. **Exhibit 14** shows a reduction in the numbers of one-year waits between November 2022 and 2023, deterioration during 2024 and some recent improvements since December 2024.

Exhibit 14: the number of pathway waits that are over a year, Cwm Taf Morgannwg University Health Board



Source: Welsh Government, Stats Wales

Understanding and overcoming the barriers to improvement

- 46 We have considered the factors that are affecting the Health Board's ability to tackle its waiting list backlog and secure sustainable improvements in planned care, together with actions that it is taking to address them.
- 47 We found that **the Health Board is taking positive steps to identify and address many immediate operational barriers to improvement, but it still has a number of challenging issues to address if it is to secure more sustainable planned care improvements.**
- 48 Our fieldwork has found challenges in the following areas:
- **Demand for planned care services** – The Health Board's referral levels (excluding the atypical pandemic period), show increasing demand (**Exhibit 16, Page 36**). At the same time, our analysis of the levels of medical and surgical admissions indicate that core service activity is lower than 2019 levels (**Exhibit 17, Page 36**). This suggests a possible increasing gap between demand and core funded capacity.
 - **Financial pressures** – While Cwm Taf Morgannwg University Health Board has been able to prepare a financially balanced IMTP, it still experiencing financial pressures. This has resulted in the organisation facing challenging decisions regarding the allocation of funding. In addition, it has been reliant on additional Welsh Government funding, which if not continued to the same extent in future, could mean that it cannot spend to the same extent on planned care service recovery as it has in the past.
 - **The Princess of Wales Hospital critical incident** – The Health Board has necessarily taken very short-term measures to address the immediate risks to planned care service continuity as a result of the Princess of Wales Hospital incident. However, it will need to return to business as usual and rebuild its core service capacity to a level that meets population demand.
 - **Operating two Welsh Patient Administration Systems (WPAS)** – The Health Board has been operating under two WPAS systems, which has caused complexities with treat in turn specialities and the movement of patients through pathways. These two systems will be integrated during 2025-26.
 - **Workforce capacity** – The Health Board has identified staffing issues are presenting operational challenges. This includes the recruitment of theatre staff, staffing the current three site model, as well as the recruitment and retention of its Keeping in Touch Team.
- 49 The Health Board has taken action to address some of these barriers. To address issues with productivity, the Health Board is focussing on improving health pathways, patient access, outpatient transformation, diagnostic and elective capacity and theatre utilisation. The Health Board needs to continue to embed these arrangements alongside securing the required pace of delivery from wider regional developments. In addition, as the Health Board develops its clinical services plan it needs to ensure that this drives practical transformation programmes to help ensure that services are well placed to meet forecasted growth in demand.

Appendix 1

Audit methods

Exhibit 15 sets out the methods we used to deliver this work. Our evidence is based on the information drawn from the methods below.

Exhibit 15: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Programme Initiation Document (PID) – Transformation of Planned and Elective Care – Productivity, Improvement and Transformation • Integrated Medium Term Plan 2024-2027 • CTMUHB Three Year Plan 2025-2028 • Annual Report and Accounts 2023-2024 • Public Board meeting papers • Planning, Performance and Finance Committee papers • Quality, Safety and Experience Committee papers • Audit and Risk Committee papers • Operational Delivery Committee papers • Service Improvement Group papers • GIRFT reviews • Internal Audit Reports • Highlight Reports • Operational Management Report • Llantrisant Health Park Infrastructure Programme updates • Board Assurance Framework Report • Risk registers
Self-assessment	We issued and then analysed a self-assessment completed by the Health Board.

Element of audit methods	Description
Interviews	We interviewed the following: • Chief Operating Officer • Operations Service Director for Planned Care • Medical Director for Planned Care (and Orthopaedic Surgeon) • Assistant Director of Transformation • Assistant Director of Finance for Financial Planning and Reporting • Deputy Director of Finance • Executive Director of Public Health • Head of Clinical Informatics • Head of Planning and Commissioning • Chair of the Quality, Safety and Patient Experience Committee
Observations	We observed the Operational Delivery Committee meeting in January and the Dermatology Service Improvement Group meeting in March 2025.
Data analysis	We analysed key data on: • waiting list performance; • financial spending; and • outpatient and inpatient efficiencies.

Appendix 2

Audit criteria

Main audit question: **Is the Health Board effectively managing its planned care challenges?**

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board's waiting list performance improving?	What is the scale of the challenge? Is the Health Board meeting Welsh Government targets/ambitions?	The Health Board has: - made progress reducing the overall number of referral to treatment waits for planned care services; and - met Ministerial priorities and national targets that were set by the Welsh Government.
Does the Health Board have a clear plan and a programme of action to support planned care waiting list recovery?	Does the Health Board have a clear, realistic, and funded plan in place for planned care recovery? Is there a clear programme structure to deliver planned care improvement?	The Health Board has: - clear, realistic and funded plan in place for planned care recovery in the short and longer term; and - a programme structure that appropriately supports the delivery of the plan.

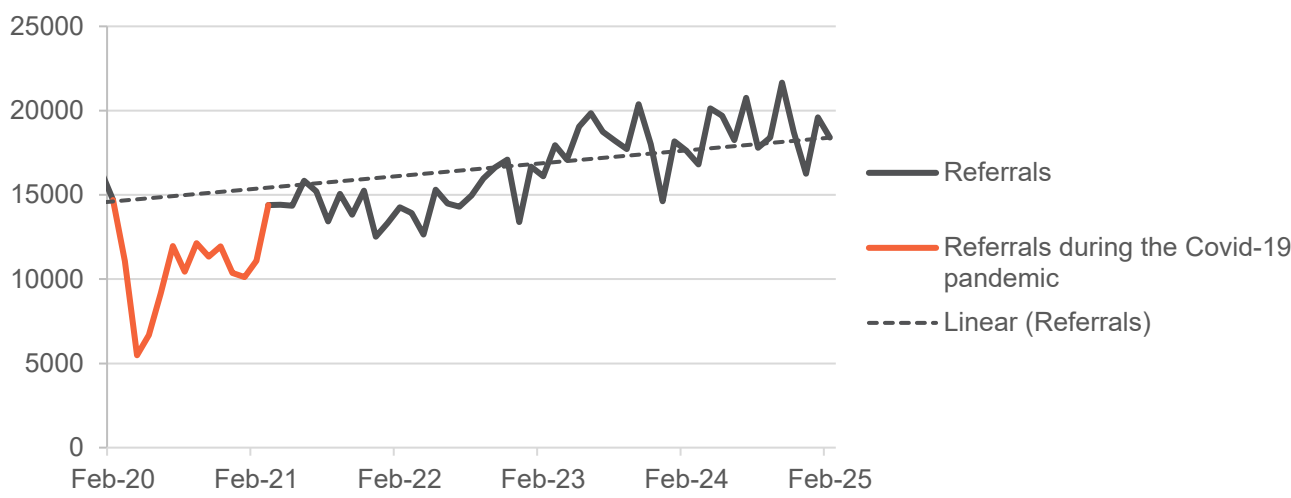
Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
Is the Health Board maximising the impact of its funding to address the planned care backlog?	Is it clear what additional monies have been received by the Health Board? Is it clear what the additional waiting list monies has been spent on? Did the Health Board aim to use all the money on planned care improvement? Can the Health Board clearly demonstrate that the money has resulted in performance improvement, enabled service efficiency and/or new ways of working? Is the Health Board's overall financial position affecting its ability to deliver sustainable planned care recovery?	• There is sufficient evidence that the Health Board spent the money as intended by the Welsh Government (ie.] addressing waits and transforming services). • The Health Board can clearly demonstrate that the spending has resulted in improvement. • The Health Board's overall financial position is not affecting its ability to support planned care recovery.
Does the Health Board have effective operational management arrangements to drive improvement and	Is the Health Board improving its operational management of planned care services? How does the Health Board capture information on clinical risk relating to long planned care waiting lists?	The Health Board is: • improving the operational management of planned care services; and • capturing information and managing clinical risks and harm related to long planned care waiting lists.

Level 2 questions	Level 3 questions	Audit Criteria (what good looks like)
management of clinical risks?	How does the Health Board capture information on clinical risk relating to long planned care waiting lists? Is the Health Board sufficiently managing clinical risks resulting from delays to treatment? Is the Health Board proactively ensuring clear routes of communication when patients are concerned that they are deteriorating?	The Health Board: • has sound arrangements to identify, capturing, and report on clinical risk and harm associated with long waits; • is proactively managing clinical risks resulting from delays to treatment and effectively communicating with patients.
Does the Health Board sufficiently understand barriers to improvement and what needs to be done to address them?	Does the Health Board understand the barriers it has experienced to improvement in planned care performance? (Capacity, funding, recruitment and retention, estates/use of facilities, commissioning external healthcare?) What mechanisms and interventions have been put in place by the Health Board to address these barriers? Is the Health Board learning and sharing good practice where things have gone well?	The Health Board has: • identified its risks and barriers and acted on these to address long planned care waiting lists in the short term and sustainable service models in the longer term; • good arrangements for seeking good practice and sharing and applying learning to improve planned care services.

Appendix 3

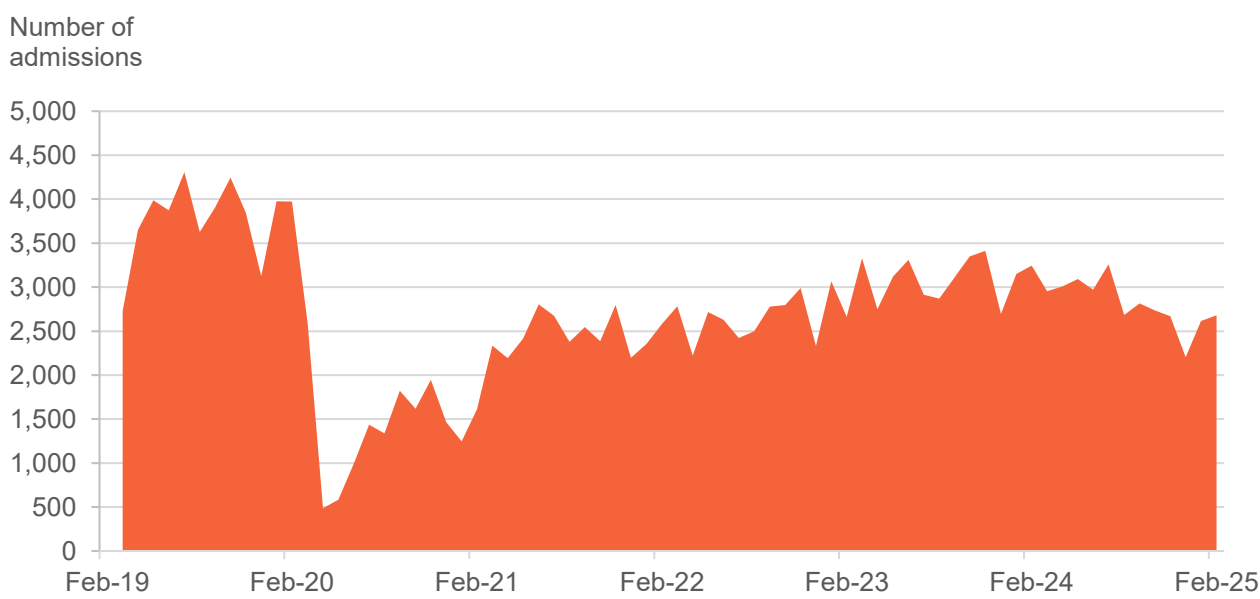
Additional data analysis on planned care

Exhibit 16: trend of monthly referrals to Cwm Taf Morgannwg University Health Board, by Health Board of residence



Source: Welsh Government, Stats Wales

Exhibit 17: monthly elective medical and surgical admission levels, Cwm Taf Morgannwg University Health Board

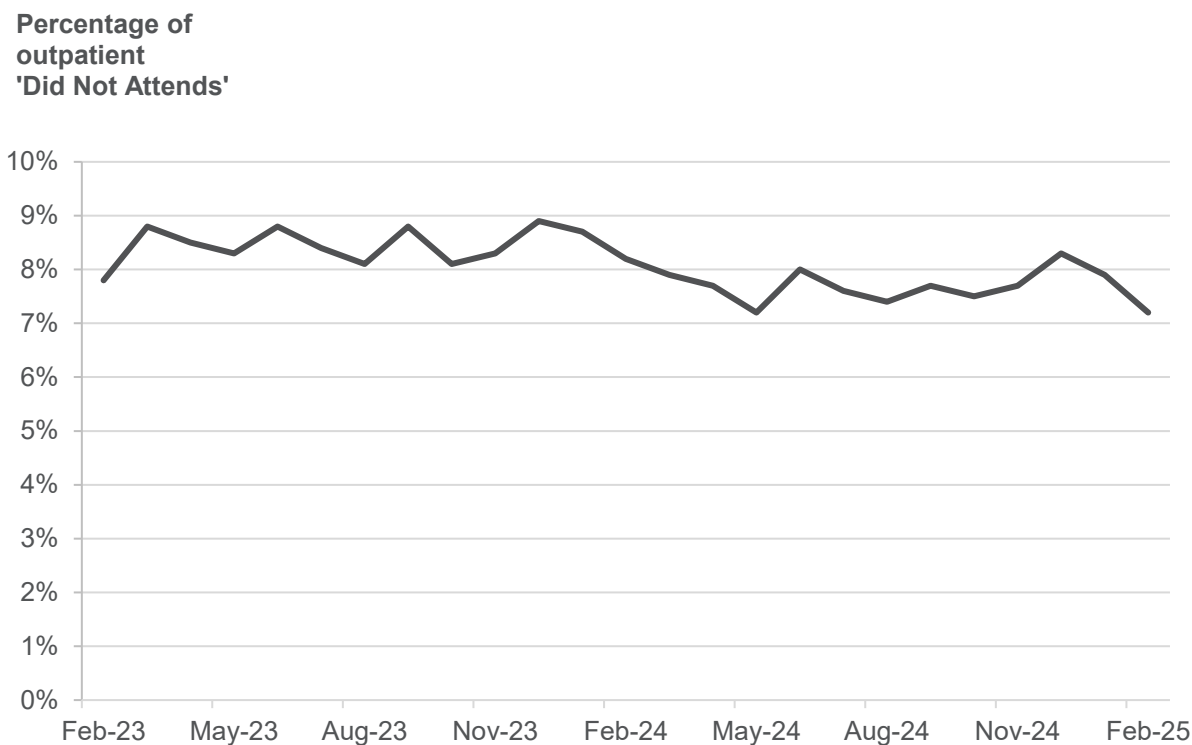


Source: [Digital Health and Care Wales secondary care dashboard](#)

Outpatient services

50 Outpatient appointments where a patient ‘did not attend’ are inefficient. **Exhibit 18** shows a positive improvement in performance. Nevertheless, the Health Board’s ‘Did Not Attends’ for the last 12 months are around 7.7% of total outpatient clinic activity. This equates to around 43,500 lost patient appointments in the most recent 12-month period to February 2025. It represents a lost opportunity cost of around £6.5 million (£150 per appointment¹⁰). If the Health Board could reduce its outpatient Did Not Attends by 20%, it could potentially save around £1.3 million.

Exhibit 18: the number and percentage of outpatient ‘Did Not Attends’, Cwm Taf Morgannwg University Health Board

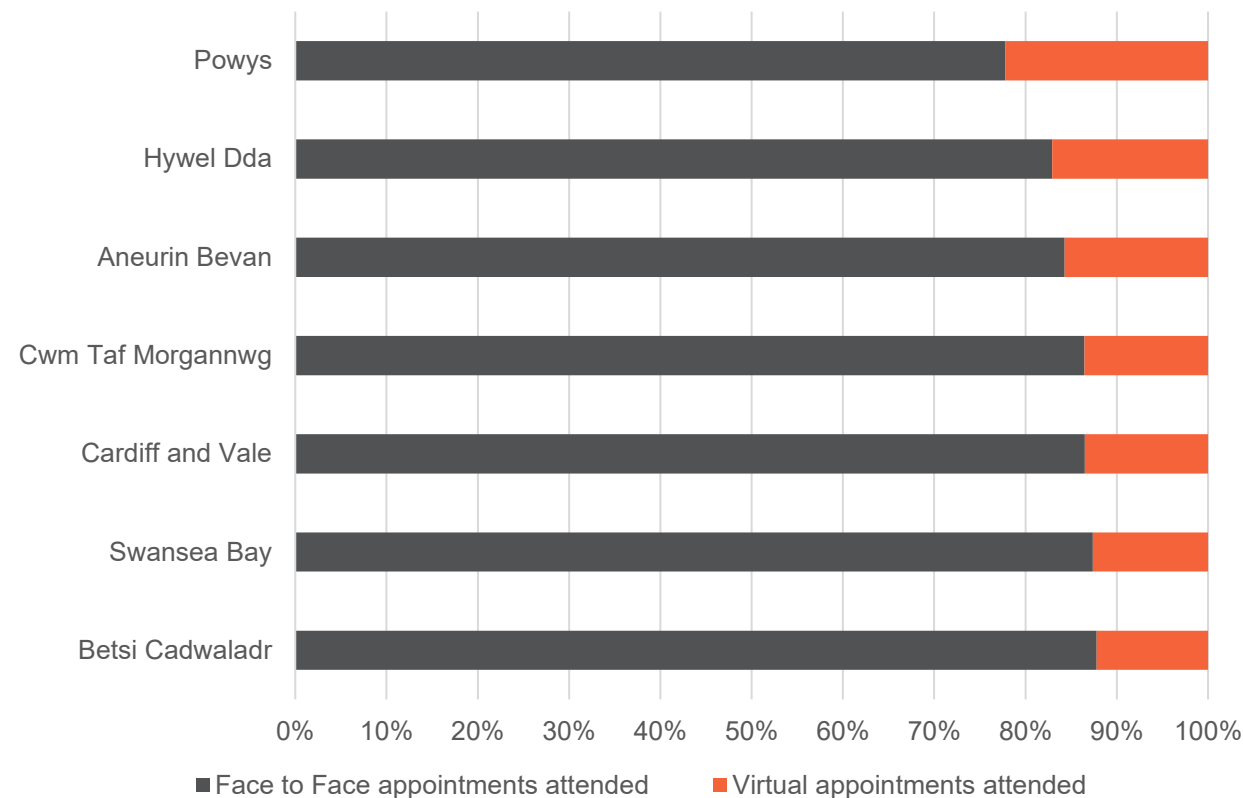


Source: [Digital Health and Care Wales secondary care dashboard and datasets](#)

¹⁰ We have adjusted the [2018 NHS England cost of an outpatient appointment](#) (£120) by [Bank of England CPI](#) rates to estimate current average outpatient costs in 2024.

52 NHS bodies can use virtual outpatient appointments for some but not all patients. **Exhibit 19** shows that the ‘virtual’ consultation approach is not well-adopted in most health boards.

Exhibit 19: proportion of outpatient attendances that are virtual appointments from April 2024 to February 2025

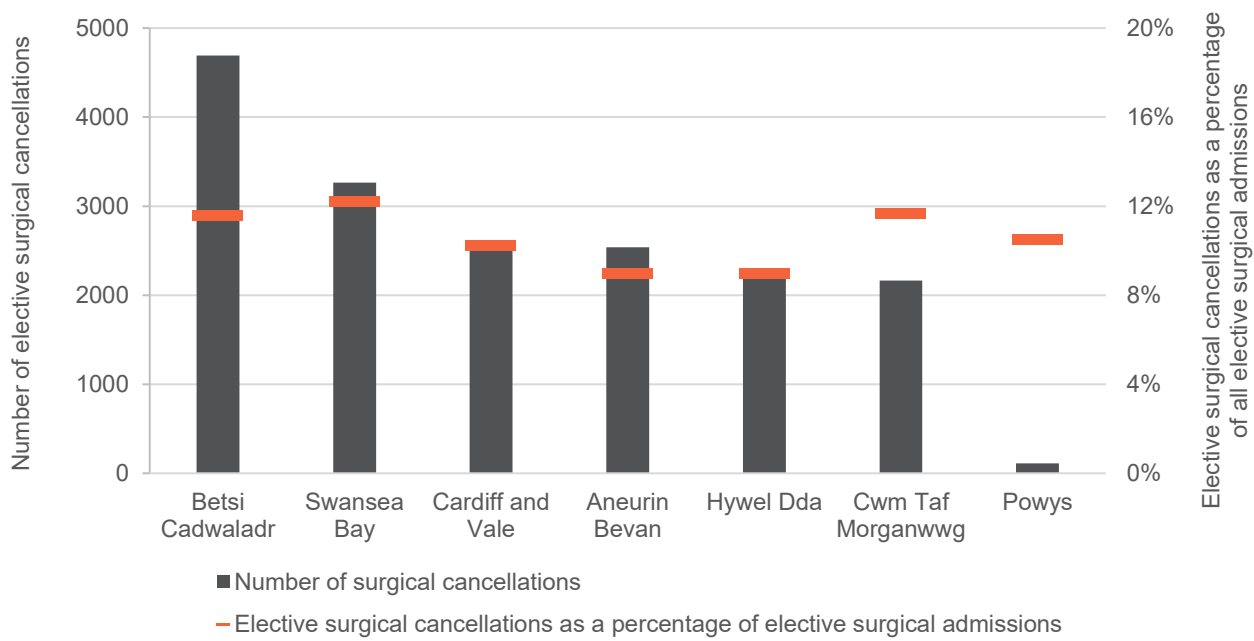


Source: [Digital Health and Care Wales secondary care dashboard and datasets](#)

Surgical cancellations

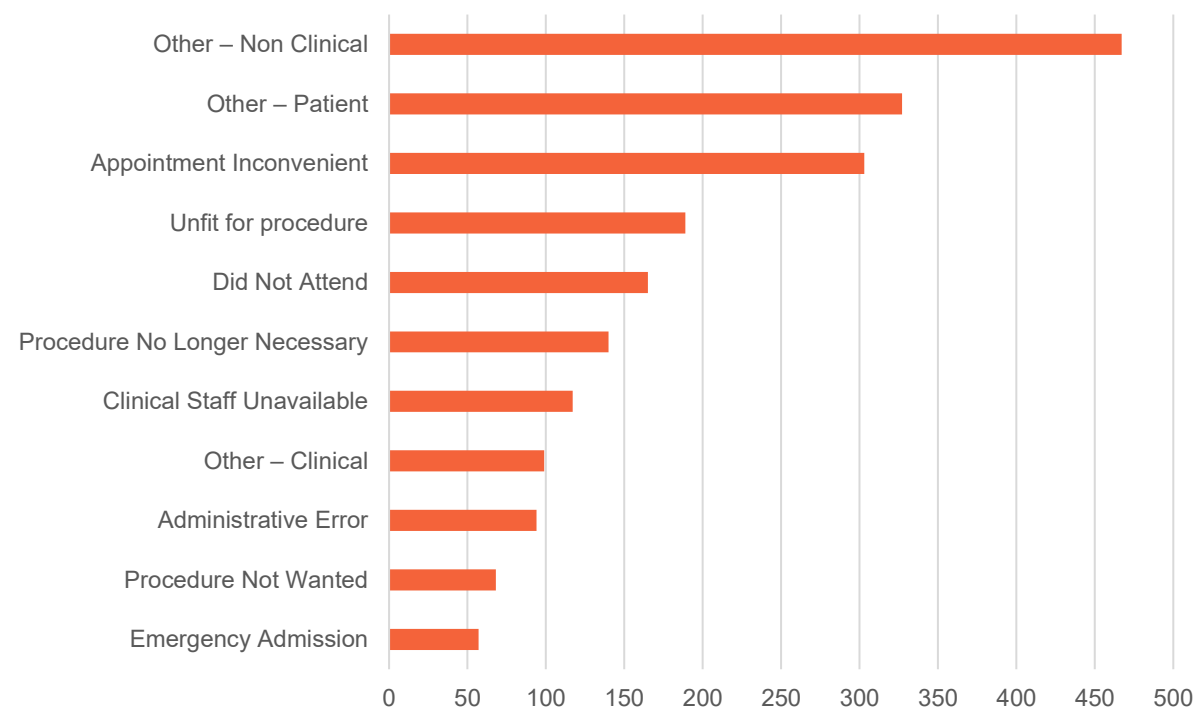
53 Short notice cancellations result in significant inefficiency because operating theatre sessions cannot be easily backfilled with other patients. The total number of surgical cancellations for the Health Board almost reached 2,200 for the latest 12-month published data (March 2024 to February 2025) (**Exhibit 20**). **Exhibit 21** identifies the cancellation reasons. The Health Board’s use of the recording category ‘other’ does not help it address the underlying causes of the cancellations.

Exhibit 20: the number of short notice (within 24 hours) surgical cancellations alongside cancellations as a percentage of all elective surgical admissions, March 2024 to February 2025



Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Exhibit 21: number of short notice (within 24 hours) surgical cancellations for the latest 12-month reporting period (March 2024 to February 2025), by reason, Cwm Taf Morgannwg University Health Board

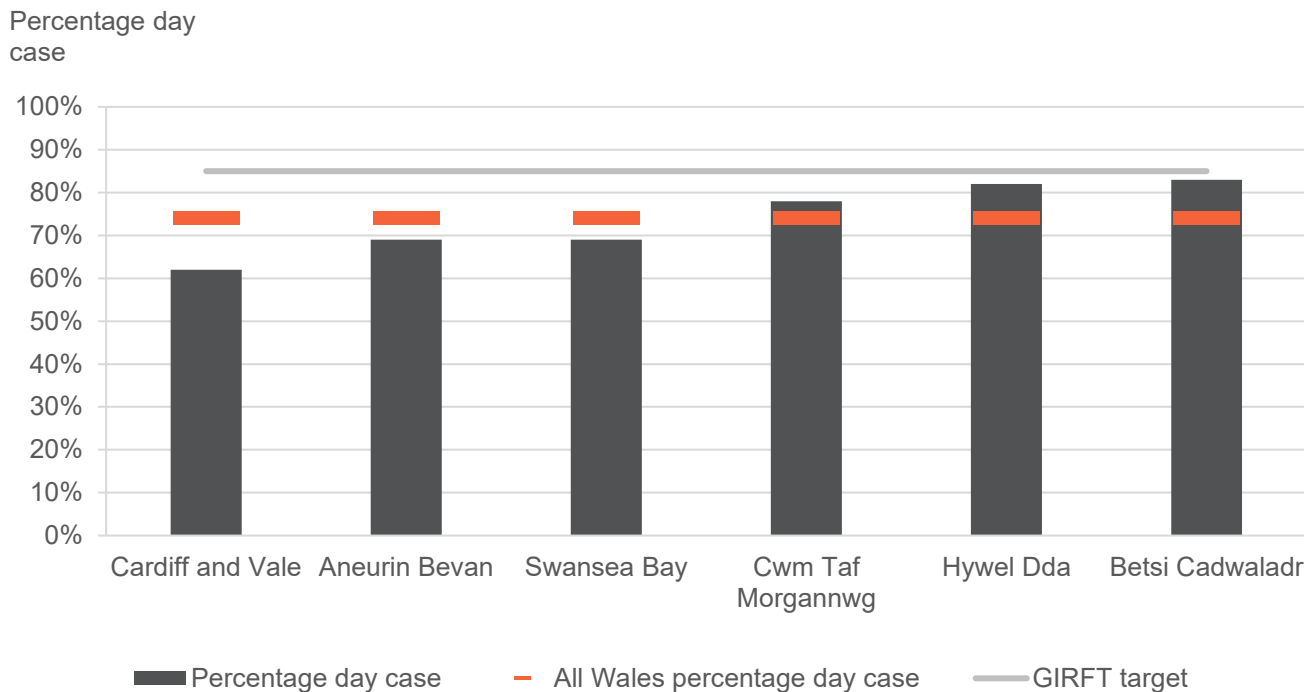


Source: Health Board submissions to the Welsh Government and Digital Health and Care Wales

Day case surgery

54 Day case surgery offers the potential for improved efficiency, lower costs, lower carbon footprint per patient¹¹ and a better patient experience when compared with inpatient services. Getting It Right First Time recommends that on average 85% of all elective¹² surgery should be day case¹³. Our analysis in **Exhibit 22** indicates that 78% of the Health Board’s elective surgery is day case.

Exhibit 22: proportion of elective surgery undertaken by Health Boards as day case for the period April 2024 to February 2025



Source: [Digital Health and Care Wales secondary care dashboard and datasets](#)

¹¹ [Paper outlines GIRFT’s ‘unique position’ in supporting the NHS drive for net zero carbon emissions – Getting It Right First Time – GIRFT](#)

¹² Elective surgery is the type of surgery associated with a planned care patient pathway.

¹³ [Getting it Right First Time – Elective Recovery High Volume Low Complexity guidance for health systems](#)

Appendix 4

The management response to audit recommendations

Exhibit 23 below sets out the Health Board's response to our audit recommendations.

Recommendation	Management response	Completion date	Responsible officer
Planning R1 The Health Board need to establish longer term milestones, linked to clinical service plan development, to drive sustained planned care improvement (Exhibit 2).	Interim service plans in place for a minimum of 12 months for services, due to critical incident The longer-term organisational strategy is in development. Development of the Llantrisant Health Park will influence the longer-term service planning.	April 2027	Acute Clinical Service Plan ACSP Programme Director
Risk management R2 The Health Board should review and update the productivity, improvement and transformation programme risk	Risk register is updated regularly and reported formally through the bi - monthly Productivity, improvement and Transformation Board (PIT). A business cycle has been agreed where the PIT board periodically report to the Executive Management Board, where risks are also noted and escalated where appropriate.	January 2026	Head of PMO

Recommendation	Management response	Completion date	Responsible officer
register to ensure risks are up to date have a clear owner and includes sufficient detail on actions required to mitigate the risks (Exhibit 3).	Risk register details action, lead and a timeline to ensure regular updates are provided to manage the risk.		
Monitoring impact of additional funding R3 The Health Board should strengthen its reporting on the impact of the additional Welsh Government planned care funding (Paragraph 23).	Planned care recovery funding tracked monthly. Detailed by intervention, proposed funding and activity and this is then tracked monthly against actual activity and spend. Submission to WG is made monthly	October 2025	Assistant director of finance
Efficiency and productivity R4 Our work has identified there are opportunities for further efficiency and productivity improvements (Exhibit 6). The Health Board should: 4.1 Address the causes of short notice surgical cancellations to improve	4.1 – Theatre improvement group to focus on cancellations in Q4 of 25/26. Baseline and target to be reviewed and set in Q2.	July 2026	Planned Care Medical Director

Recommendation	Management response	Completion date	Responsible officer
use of theatre resources. As part of this, set a clear reduction target for short notice surgical cancellations. 4.2 Improve theatre utilisation rates, with the aim of achieving the GIRFT recommended level of 85%.	4.2 – Priority for theatre improvement group. – Target set and monitoring of target in improvement group and reported to the PIT board. – Letter sent to all Consultant on the instruction of start times – 6-4-2 to ensure that all lists are booked to full utilisation and review taken of last week. – Speciality escalation to the Theatre improvement group on the specialities that are underutilising theatre sessions.	March 2026	Planned Care Medical Director
4.3 Increase day surgery rates to the GIRFT recommended level of 85%.	4.3 – day surgery rates already greater than 80%. Target set in theatre utilisation group to be monitored monthly.	March 2026	Planned Care Medical Director

Recommendation	Management response	Completion date	Responsible officer
4.4 Increase job planning compliance to the 85% target. Use job planning as a means to drive improved productivity and to help shape and transform efficient services.	4.4 – Medical workforce group focusing on and trajectories by directorate built in. All specialities escalating	April 2027	Directorate Managers
Treat in turn R5 The Health Board needs to strengthen its actions to achieve its treat in turn rate target of 80% within the next 12 months (Exhibit 6).	- Wales Patient Administration system (WPAS) merger completed in May 2025 - Dashboard to be established at speciality level - Trajectories to be set for each speciality	November 2026	PCR Manager / Directorate Managers
Managing clinical risks associated with long waits R6 The Health Board needs to strengthen its monitoring and reporting processes			

Recommendation	Management response	Completion date	Responsible officer
associated with managing clinical risks associated with long waits: 6.1 Building on the harm review arrangements in ophthalmology services, develop and implement a consistent methodology across all specialties to assess the risk of, or actual harm, to patients caused by long waits (Exhibit 7). 6.2 Report the risks and actual incidence of harm resulting from delays in access to treatment to the Quality, Safety and Experience Committee (Exhibit 7).	6.1 - DATIX process followed and investigated, and action taken accordingly. Incidents on DATIX are reviewed and presented monthly at Care Group Quality, Safety and Experience Committee 6.2 – Reviewed via Planned care Quality, Safety and Experience Committee and escalated as appropriate	August 2025 August 2025	Director of Nursing Planned Care Director of Nursing Planned Care



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



Agenda Item

8.2.3a

Audit Risk & Assurance Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	13/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms



1. Situation /Background

- 1.1 The Audit Risk & Assurance Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2025 to 31 December 2025.

2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Audit Risk & Assurance Committee Cycle of Business for further detail.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
	No - Not Applicable



Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	If more than one applies please list below:	
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee are asked to **NOTE** the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.

Audit & Risk Assurance Committee – Annual Cycle of Committee Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Audit & Risk Assurance Committee meets at **least 4 times per annum**. It is anticipated that an extra-ordinary Committee will need to be established in circa June / July to meet Annual Report requirements.

Committee Chair: Patsy Roseblade, IM Audit & Finance	Committee Vice Chair: Ian Wells, IM Digital & Data	Executive Leads for Agenda Planning Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance/Board Secretary
---	---	--

CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings		R Annual Review			R			R			R		R Except for the annual review in February	R Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually								R					X	R
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually								R					X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements CONTD																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually											Deferred to February 2026		X	
Corporate Governance & Risk Management Activity																
8. Declarations of Interest and Gifts, Hospitality & Sponsorship Report	Director of Corporate Governance / Board Secretary	Twice per annum													X	
9. Standing Orders – Annual Review	Director of Corporate Governance / Board Secretary	Annually														X
10. Standing Orders – Variation or Breach Report	Director of Corporate Governance / Board Secretary	All regular meetings if required														X
11. Annual Accountability Report (Governance Statement)	Director of Corporate Governance / Board Secretary	Annually													X	
12. Approval of the Annual Review of the Risk Management Framework / Board Assurance Framework	Director of Corporate Governance / Board Secretary	Annually													X	
13. Organisational Risk Register	Director of Corporate Governance / Board Secretary	All regular meetings													X	
14. Data Lapses /Data Loss Updates / Reports	Director of Digital	All regular meetings (as required)													X	

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Audit Reviews & Assurance Activity																
15. Clinical Audit Annual Forward Plan	Executive Director of Nursing / Deputy CEO	Annually											Deferred to February 2026			X
16. Clinical Audit Annual Report	Executive Director of Nursing / Deputy CEO	Annually														X
17. Audit Recommendation Tracker (AW, IA and HIW)	Director of Corporate Governance / Board Secretary	All regular meetings													X	
18. NWSSP Internal Audit Services – Progress Report	Head of Internal Audit	All regular meetings													X	
19. NWSSP Internal Audit Services – Annual Audit Plan	Head of Internal Audit	Annually													X	
20. NWSSP Internal Audit Review Reports	Head of Internal Audit	All Regular Meetings													X	
21. NWSSP Internal Audit Services – Head of Internal Audit Opinion	Head of Internal Audit	Annually													X	
22. Audit Wales Progress Update	Audit Wales - Performance Audit Lead	All Regular Meetings													X	
23. Audit Wales – Audit Review Reports	Audit Wales - Performance Audit Lead	All Regular where applicable													X	
24. Audit Wales Annual Audit Report	Audit Wales - Performance Audit Lead	Annually													X	
25. Audit Wales Structured Assessment Report	Audit Wales - Performance Audit Lead	Annually											Deferred to February 2026		X	
26. Audit Wales – Audit of the Financial Statement (ISA 260, Letter of Representation and Audit Opinion)	Audit Wales - Financial Audit Lead	Annually							An extra-ordinary meeting will be scheduled in June (Draft) and July (Final) as required in the Manual for Accounts						X	

27. Audit Wales - Audit of Financial Statements Addendum Report	Audit Wales - Financial Audit Lead	Twice per annum (if required)								R			R		X	R
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Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Financial Governance Activity																
28. Annual Financial Accounts	Executive Director of Finance	Annually						R An extra-ordinary meeting will be scheduled in June (Draft) and July (Final) as required in the Manual for Accounts							X	R
29. Losses and Special Payments Report	Executive Director of Finance	All Regular Meetings		R			R			R			R		X	R
30. Procurement & Scheme of Delegation Report	Executive Director of Finance	All Regular Meetings		R			R			R			R		X	R
31. Post Payment Verification Mid-Year and Annual Report	Executive Director of Finance	Twice a Year					R						R Mid-Year		X	R
Counter Fraud Activity																
32. Local Counter Fraud Report	Local Counter Fraud Specialist	All Regular Meetings		R			R			R			R		X	R
33. Counter Fraud Annual Report	Local Counter Fraud Specialist	Annually					R								X	R
34. Counter Fraud Annual Self-Assessment	Local Counter Fraud Specialist	Annually					R								X	R
35. Counter Fraud Draft Work Plan	Local Counter Fraud Specialist	Annually					R								X	R
36. National Fraud Initiatives Progress and Outcomes	Local Counter Fraud Specialist	Twice Per Annum					R						R		X	R
CTMUHB Hosted Bodies Audit & Risk Committee																
37. Joint Commissioning Committee Audit Recommendations Tracker	Director of Corporate Governance (JCC)	All Regular Meetings		R			R			R			R		X	R

CTMUHB Hosted Bodies Audit & Risk Committee																
38. Joint Commissioning Committee Corporate Risk Assurance Framework	Director of Corporate Governance (JCC)	All Regular Meetings		R			R			R			R		X	R
39. National Imaging Academy Risk Register	Director of the National Imaging Academy	All Regular Meetings		R			R			R			R		X	R
40. Hosted Organisation - Annual Governance Statement & Accounts	Director of Corporate Governance /Director of the National Imaging Academy	Annually						R An extra-ordinary meeting will be scheduled in June (Draft) and July (Final) as required in the Manual for Accounts							X	R
41. Hosted Organisation External / Internal Audit Reports	Director of Corporate Governance /Director of the National Imaging Academy	All Regular Meetings if a report is received.		R			R			R			R		X	R

Audit Risk & Assurance Committee – Non-Routine Committee Business Forward Plan

(1st January 2025 to the 31st December 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
28 October 2025	Notification from Welsh Government	Assistant Director of Governance & Risk	Amendments to CTMUHB Standing Orders (Schedule 4.1 – Standing Orders for the NHS Wales Joint Commissioning Committee)	Revised JCC Standing Orders	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	November 2025	This item is on the Agenda for the November 2025 meeting.
16 October 2025	Email	Audit Wales	Audit Wales Briefing National Fraud Initiatives 2024-25 CTMUHB Update	Audit Wales Briefing Report	Audit Wales Performance Audit Lead (Health)	Audit Wales Performance Audit Lead (Health)	November 2025	This item is on the Agenda for the November 2025 meeting.
24 October 2025	Email	Audit Wales	Audit Wales Report – Eye Care	Audit Wales Report	Audit Wales Performance Audit Lead (Health)	Audit Wales Performance Audit Lead (Health)	Deferred from November 2025	This item is on the Agenda for the February 2026 meeting.
10 October 2025	Email	Audit Wales	Audit Wales Report – Tackling Planned Care - Management Response	Audit Wales Report	Audit Wales Performance Audit Lead (Health)	Audit Wales Performance Audit Lead (Health)	November 2025	This item is on the Agenda for the November 2025 meeting.
February 2025	Audit, Risk & Assurance Committee	Committee	Outcome of Committee Referral to Quality, Safety & Experience Committee	Committee raised concern in relation to increased medical negligence costs and requested that the Quality, Safety & Experience Committee review	Head of Corporate Finance	Gareth Watts, Director of Governance/Board Secretary	November 2025	A verbal update was provided to Quality Safety & Experience Committee at its meeting on the 22 July 25 where it was noted that a written update would be presented to the September Quality, Safety & Experience Committee. This item has now been added to the November ARAC meeting to receive the outcome.

October 2025	Audit, Risk & Assurance Committee	Internal Audit	IA Review – Follow Up Vaccination Implementation	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	November 2025	This item is on the Agenda for the November 2026 meeting
November 2025	Audit Risk & Assurance Committee	Internal Audit	IA Review – PCH Financial and Technical – Final	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	November 2025	This item is on the Agenda for the November 2026 meeting
November 2025	Audit Risk & Assurance Committee	Internal Audit	IA Review – PCH Redevelopment Programme and Audit Plan	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	November 2025	This item is on the Agenda for the November 2026 meeting
August 2025	Audit, Risk & Assurance Committee	Internal Audit	IA Review – Operational response critical incident	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	Deferred from November 2025	This item is on the Agenda for the November 2025 meeting.
August 2025	Audit, Risk & Assurance Committee	Internal Audit	IA Review – Stroke	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	Deferred from November 2025	This item is on the Agenda for the February 2026 meeting.
August 2025	Audit, Risk & Assurance Committee	Internal Audit	IA Review – Estates assurance Asbestos Management	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	Deferred from November 2025	This item is on the Agenda for the February 2026 meeting.
August 2025	Audit, Risk & Assurance Committee	Internal Audit	IA Review – Clinical Coding	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	Deferred from November 2025	This item is on the Agenda for the February 2026 meeting.
November 2025	Internal Audit Progress Report	Internal Audit	IA Review – Follow up - Decarbonisation	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	August 2026	This item is on the Agenda for the August 2026 meeting.

COMPLETED ITEMS:

July 2025	Welsh Government	Welsh Government	Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards	Model Standing Orders, Reservation and Delegation of Powers for LHBs Schedule 2.1: Standing Financial Instructions Revised Chapter 11 May 2025	Gareth Watts, Director of Governance/Board Secretary	Gareth Watts, Director of Governance/Board Secretary	14 August 2025	Received at the August 2025 meeting. Closed.
July 2025	Audit Wales	Audit Wales	Audit Wales Review – Tackling the Planned Care Challenges	Audit Wales Review Report	Audit Wales	Gareth Watts, Director of Governance/Board Secretary	14 August 2025	Received at the August 2025 meeting. Closed
December 2024	Audit & Risk Committee	Internal Audit	IA Review – end of Life Care	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of	14 August 2025	Received at the August 2025 meeting. Closed

			Management – Final			Governance/Board Secretary		
December 2024	Audit & Risk Committee	Internal Audit	IA Review – Welsh Risk Pool	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	14 August 2025	Received at the August 2025 meeting. Closed
December 2024	Audit & Risk Committee	Internal Audit	IA Review – Audit Recommendations Tracker Review	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	14 August 2025	Received at the August 2025 meeting. Closed
December 2024	Audit & Risk Committee	Internal Audit	IA Review – Decarbonisation Follow Up	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	14 August 2025	Received at the August 2025 meeting. Closed
December 2024	Audit & Risk Committee	Internal Audit	IA Review – Financial Systems	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	14 August 2025	Received at the August 2025 meeting. Closed
December 2024	Audit & Risk Committee	Internal Audit	IA Review – Access to Diagnostics Criteria	Internal Audit Progress Report	Internal Audit	Gareth Watts, Director of Governance/Board Secretary	14 August 2025	Received at the August 2025 meeting. Closed
May 2025	Audit, Risk & Assurance Committee	Committee	Penalties for Late submitted Evidence Update	Action arising out of discussion on Losses & Special Payments Report	Deputy Director	Richard Hughes, Deputy Director of Nursing & Midwifery	14 August 2025	Received at the August 2025 meeting. Closed